

Annual report of

- ▼ THE UNITED STATES
- ▼ NATIONAL COMMITTEE
- ▼ ON VITAL AND
- ▼ HEALTH STATISTICS
- ▼ Fiscal Year 1965

Reproduced and distributed for the Committee by the
NATIONAL CENTER FOR HEALTH STATISTICS

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U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

Public Health Service

The U.S. National Committee on Vital and Health Statistics was created in 1949 by the Surgeon General of the Public Health Service at the recommendation of the First World Health Assembly. This Committee has been active since its inception as an advisory committee to the Surgeon General in securing technical developments in the field of vital and health statistics. Specifically, the functions of the U.S. National Committee on Vital and Health Statistics are to:

- (a) Delineate statistical problems of public health importance which are of national or international interest.
- (b) Stimulate studies of such problems by other organizations and agencies whenever possible, and make investigations of such problems through subcommittees appointed for the purpose.
- (c) Review findings submitted by other organizations and agencies, or by its subcommittees, and make recommendations for national and/or international adoption.
- (d) Cooperate with other committees or organizations concerned with public health statistics problems in the United States.
- (e) Serve as a link between the organizations in the United States engaged in public health statistics and the statistical secretariat of the World Health Organization and other international agencies concerned with public health statistics.
- (f) Cooperate with national committees of other countries in the study of problems of mutual interest.

MEMBERS OF THE U.S. NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

- Robert Dyar, M.D., Chief, Division of Research, State Department of Public Health, Berkeley, Calif. (Chairman)
- I. M. Moriyama, Ph.D., Chief, Office of Health Statistics Analysis, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)
- Loren E. Chancellor, Director, Division of Vital Statistics, State Department of Health, Des Moines, Iowa
- William Haenszel, Chief, Biometry Branch, National Cancer Institute, National Institutes of Health, Bethesda, Md.
- Dudley Kirk, Ph.D., Demographic Director, The Population Council, New York, N.Y.
- Everett S. Lee, Ph.D., Associate Professor of Sociology, University of Pennsylvania, Philadelphia, Pa.
- Forrest E. Linder, Ph.D., Director, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.
- Walter J. McNerney, President, Blue Cross Association, Chicago, Ill.
- Conrad Taeuber, Ph.D., Assistant Director, Bureau of the Census, Department of Commerce, Washington, D.C.
- Jacob Yerushalmy, Ph.D., Professor of Biostatistics, School of Public Health, University of California, Berkeley, Calif.
- Franklin D. Yoder, M.D., Director of Public Health, State of Illinois Department of Health, Springfield, Ill.

Activities during

FISCAL YEAR 1965

The U.S. National Committee on Vital and Health Statistics reviewed proposals to revise individual sections of the International Classification of Diseases made by the World Health Organization Expert Committee on Health Statistics in Geneva in November 1964. These proposed revisions were intended for final consideration and adoption by the International Conference for the Eighth Revision of the International Classification of Diseases to be held in Geneva in July 1965.

The year 1964 marked the 15th year of activity of the U.S. National Committee. In commemoration of the 15th anniversary the U.S. National Committee on Vital and Health Statistics held a conference in Washington, D.C., of the past and present members of the Committee. The discussion of statistics on demography, health, and health resources and services included review and evaluation of past activities and recommendations for attention in the future.

During the fiscal year three new subcommittees were authorized—the first on use of vital and health statistics for epidemiological research, the second on the epidemiologic use of hospital data, and the third on statistics of Indian health.

The Subcommittee on Fertility Measurement completed its study of methods for assessing changes in fertility in the United States. The report by the Subcommittee is being prepared for publication.

THE FIFTEENTH ANNIVERSARY CONFERENCE

Former and present members of the U.S. National Committee on Vital and Health Statistics met in Washington, D.C., on December 14 and 15, 1964, to review critically the activities of the Committee over the past 15 years, to identify gaps in the program, and to suggest areas that should receive attention in the future.

The Chairman pointed to the unique nature of the U.S. National Committee with responsibility ranging over the entire field of vital and health statistics. From the time the Committee was first established in 1949, the scope of its activities has been broad—ranging from recommending basic definitions to preparing a design for a national illness survey. It has been concerned with the improvement of the quality of existing vital statistics as well as with the development of new data. It has studied problems in the classification of diseases and has supported the preparation of a diagnostic index for hospital use adapted from the International Classification of Diseases. It has delineated areas of needed research in fertility analysis. The Committee has studied the objectives and the program of national vital statistics and has made recommendations for future development of a national program. It has given attention to the problem of pregnancy wastage and has pointed out needed improvements in fetal mortality statistics. It recommended a new type of medical certificate form for the collection of data on causes of fetal deaths, and this form was later incorporated in the Standard Certificate of Fetal Death.

The assessment of the past activities of the Committee pointed up gaps in the program, and these formed the basis of suggestions for future program items. The discussion

was organized around the following subject matter areas: demographic statistics, health statistics, and statistics on health resources and services.

Attention was called to the need for studies on the completeness of registration of vital events and on the accuracy of the reported items on vital records. The need for improvement of national statistics on marriage and divorce was noted to be one of the most important problems in the United States. The need for greater availability of existing vital and illness records for epidemiological studies was emphasized. This raised the question of maximizing the use of vital records and at the same time preserving the confidentiality of the records. The question of developing a linked record system for demographic research through the use of a universal number was brought up for discussion as was the potential usefulness of a population register for research studies.

More statistics are needed on illegitimate birth and on migration as related to health. It was suggested that health data be developed on the family as a unit rather than on the individual. More vital and health statistics are needed for small geographic subdivisions.

The limitations of official mortality statistics in adequately describing the causes of death of a population are now well recognized. The development of suitable statistics on multiple causes of death demands immediate attention. More information is needed on the mortality experience of the aged, the nonwhite population, and other special groups. Little is known about the problem of underregistration of deaths and about the biases in the reporting of age and other demographic characteristics. The social and economic correlates of mortality require further study and development.

There are difficult problems of measurement in obtaining counts of addictive disorders such as alcoholism and the habitual use of drugs; of mental disorders, including mental retardation; and of relatively rare diseases and conditions such as cystic fibrosis and congenital malformations. There are also problems of measurement of etiological factors such as emotional stress and nutritional status.

In the area of medical care statistics are needed for program planning and for the evaluation of services provided, including the quality of such services. How should the impact of medical care programs on incidence, prevalence, and prognosis of chronic diseases be measured? There is the problem of translating morbidity and disability statistics into the need for medical care. More needs to be known about the effectiveness of health protection through prepayment plans and other insurance coverage.

In the medical economics sector there is need to know more about the flow of funds in relation to private practitioners—dentists, pharmacists, physicians. No information is available about the investments private practitioners have made in setting up and amortizing their practices. Therefore there is no indication of how the private, institutional, and governmental services are intertwined economically.

No attempt was made to reach a consensus at the Conference. The future members of the U.S. National Committee on Vital and Health Statistics will have a large and useful reservoir of suggestions.

INTERNATIONAL CLASSIFICATION OF DISEASES

The U.S. National Committee on Vital and Health Statistics submitted to the Surgeon General the recommendations on the final revision proposals to be transmitted to the World Health Organization. The various national submissions were

then considered by the WHO Expert Committee on Health Statistics at its meeting in November 1964, and the Expert Committee instructed the Secretariat of WHO to prepare draft proposals for final consideration by the International Conference for the Eighth Revision of the International Classification of Diseases to be held in Geneva from July 6 to 12, 1965.

The U.S. view of the Eighth Revision of the International Classification of Diseases was that in addition to the traditional uses of the ICD for classifying causes of death it should be suitable for indexing hospital diagnoses and for classifying hospital morbidity as well as other morbidity data. This view was not shared by many countries which were preoccupied with the need for obtaining more information on causes of death by providing in the body of the International Classification of Diseases categories dealing with combinations of various diseases. This approach to the classification of diseases was, in the U.S. view, an inflexible and otherwise unsatisfactory method for producing cause-of-death statistics.

The U.S. position with respect to this problem was that while it would be unreasonable to press for the complete elimination of combination categories, it would be important to keep the number of such categories to a minimum. Also, it would be essential that the component parts of any combination of diseases be separately identified in the classification. The WHO Expert Committee on Health Statistics agreed with these principles at its meeting in November 1964.

The Expert Committee left to the WHO Secretariat the task of seeking solutions to several controversial problems in the classification of mental disorders and working out the details on the classification of congenital

defects, cardiovascular diseases, and the circumstances of injuries and poisoning.

Mental Disorders

The principal problem with the proposed classification of mental disorders resulted from differences in concept and nomenclature. The U.S. psychiatrists indicated the need for classifying antisocial personality and mental retardation due to social deprivation. These diagnoses are apparently not made in the U.S.S.R. Reactive psychosis on the other hand is a diagnosis frequently made in the Scandinavian countries and in France. In the United Kingdom and in the United States reactive psychosis is regarded as undesirable terminology because of its unspecific nature. In the view of the U.S. psychiatrists all psychoses are reactions.

These different views are not reconcilable, and concessions are needed if agreement on the classification is to be reached.

Cardiovascular Diseases

A proposal for the revision of the cardiovascular disease classification was submitted jointly by the United Kingdom and the United States in 1961. Subsequently, a question was raised by both England and the United States regarding the desirability of including in the classification a large number of categories showing associations between diseases. The representatives of the United Kingdom and the United States met in Washington, D.C., in July 1964 to redraft a new revision proposal, taking special notice of the question of combination categories. This new proposal was jointly submitted by the United Kingdom and the United States for international consideration.

Congenital Defects

The WHO Expert Committee on Health Statistics considered two proposals of the classification of congenital defects. The submissions by the United States and the United Kingdom agreed closely in the classification of gross structural abnormalities. However, the U.S. proposal was for a more inclusive classification designed for genetic study of the human population and included cellular and metabolic defects. The Expert Committee was inclined to favor the proposal of the United Kingdom, but suggested that microscopic defects and inborn errors of metabolism be included in the section on congenital defects if possible.

Diseases Peculiar to Perinatal Period

The U.S. proposal for the classification of causes of morbidity and mortality peculiar to the perinatal period to be included in the section on Certain Diseases of Early Infancy was accepted in principle by the WHO Expert Committee on Health Statistics. The Expert Committee proposed certain modifications to achieve consistency in the axis of classification. Under this rearrangement birth injuries will not be identifiable for those countries that choose not to resort to the details of the fourth-digit subdivisions.

Classification of Injury and Poisoning

Revision proposals on the nature of injury (N Code) and on the circumstances of accidents, poisonings, and other violence (E Code) were submitted independently by the United Kingdom and the United States. The United Kingdom submissions incorporated in part the classifications now

being used by the International Labor Organization. The nature of injury code proposed by the United States was oriented to the needs of hospitals whereas the E Code was designed for use by accident prevention programs.

It was the view of the Expert Committee that the E Code prepared by the United States was too detailed, but a synthesis of U.S. and U.K. submissions might be made after taking into account the comments received from countries to which the two proposals had been circulated.

MILITARY HEALTH STATISTICS

The members of the Subcommittee on Military Health Statistics are individuals who in their official capacities have a major responsibility for health statistics in their respective military departments. Hence, on many, perhaps most, matters considered by this Subcommittee for the U.S. National Committee there are collateral or corollary implications for the members' official activities as well. Thus, when the "Proposed Adaptation of the E Code of the International Classification of Diseases to the Needs of the Armed Forces" was forwarded by the U.S. National Committee to the World Health Organization in Fiscal Year 1963 for circulation to member nations for interim or trial use if desired and for comment, this represented not only completion of a project related to a National Committee assignment but also a culmination of joint official efforts by representatives of the Armed Forces of the United Kingdom and the United States to develop an improved statistical classification of external causes of injury specifically designed to meet military requirements. This cause-of-injury code is now in full use by the U.K. and U.S. Armed Forces. Agreement regarding its use has up to this

point also been ratified by some 10 other nations in NATO (Belgium, Canada, Denmark, France, Federal Republic of Germany, Greece, Italy, Luxembourg, Netherlands, and Norway). The Subcommittee on Military Health Statistics stands ready to review and consider proposals for further modification and improvement of this classification which may result from wider WHO circulation to member nations.

CLASSIFICATION OF PHYSICAL IMPAIRMENTS

The principal current activities of the Subcommittee on the Classification of Physical Impairments are being carried on by the three members who provide the cross-representation on the Rehabilitation Codes project. These include the Subcommittee Chairman, the member who is also Executive Director of Rehabilitation Codes, and the member from the Social Security Administration. The full subcommittee probably will not resume activity until the Rehabilitation Codes project has completed the definitive draft of the descriptive Impairment Code. The two sections of the Impairment Code being worked on most intensively at present are those pertaining to Communicative Disorders and to Visual Impairments. These are being further developed under National Institutes of Health grants by means of national and regional workshops involving leading clinicians and researchers in the respective fields as well as by the efforts of the project staff. Rehabilitation Codes is now incorporated in New York State as a nonprofit educational agency, and efforts are under way to arrange for additional financial support which will permit more rapid progress in completion of the remaining portions of the project.

USE OF VITAL DATA FOR EPIDEMIOLOGICAL RESEARCH

The Subcommittee on Use of Vital Data for Epidemiological Research was established to study and make recommendations on the utilization of existing sources of vital and health statistics and on the development of new data for epidemiological studies. In an organizational meeting an outline was made of the scope of activities and methods of procedure. Discussion was focused upon sources of data, and useful items of information from birth and death records were enumerated. It was planned to discuss the various methodological problems in the conduct of epidemiological studies and genetic investigations of the human population.

EPIDEMIOLOGIC USE OF HOSPITAL DATA

The Subcommittee on Epidemiologic Use of Hospital Data is presently being formed to study and make recommendations on possible important uses of diagnostic and other data on hospital patients, including both inpatient and outpatient services, for epidemiological research, medical care research, studies of current therapeutic practices, and for health surveillance.

STATISTICS OF INDIAN HEALTH

The Subcommittee on Statistics of Indian Health was authorized to outline statistics needed to delineate major health problems in the Indian population and provide effective health services and to make recommendations on how statistics can best be obtained.

The first meeting of the Subcommittee is tentatively planned for the late summer of 1965.

FERTILITY MEASUREMENT

The Subcommittee on Fertility Measurement completed its assignment which was to assess the change in fertility trend in the United States and to study methods of measuring fertility trends. The report of the Subcommittee deals with the adequacy of current measures of fertility trend and the need for increased understanding of fertility changes in the United States.

The major conclusions and recommendations are as follows:

1. A change in fertility is occurring in the United States. Rates have declined since 1957 because of changes in the age composition of the population, lower age-specific birth rates, and cessation of a trend toward earlier marriage. In addition a trend toward higher completed fertility may be approaching an upper limit.
2. Current measures have merit but should be refined. Needed are more data on marital characteristics, including age at marriage; duration of marriage for parents and for total childbearing population in each year; socioeconomic information concerning parents; child-spacing information. The survey mechanism could provide some of these data and also would permit analysis of nuptiality and fertility in relation to health and disease. Cohort fertility rates should be obtained for birth and for marriage cohorts.
3. More research is needed on fertility projections, which should include expectations of births over the next 5 years and expectations of completed family size, both collected periodically. A fully articulated

methodology would account for at least the following variables: completed fertility, age of mother, marital status, parity of mother, and birth interval.

4. Further research is needed in areas where data are absent or scarce, as family planning practices and attitudes; fecundity and fecundity impairments; religion of parents. Some of these and other data might best be collected by nongovernmental agencies.
5. The growing interest of laymen in the meaning of birth statistics should be satisfied by communicating information on fertility developments to the general public.

The report lists in detail the kinds of fertility data currently being collected and analyzed by the National Center for Health Statistics and the U.S. Bureau of the Census and elaborates on recent trends in fertility. It also analyzes the measurement and interrelations of period fertility and cohort fertility, discusses surveys as sources of fertility data, and concludes with definitions of fertility terms and measures.

STATISTICS ON MEDICOLEGAL DEATHS

The Subcommittee in its final report proposed that an information center be established by a collaborative group of selected medicolegal systems with the functions of setting up a basic standard record and retrieval system on investigated medicolegal deaths and conducting *ad hoc* research studies. The U.S. National Committee recommended that the National Center for Health Statistics bring together a small group of potential collaborators to plan for the furtherance of utilizing medicolegal material for this purpose.

SUBCOMMITTEES OF THE UNITED STATES NATIONAL
COMMITTEE ON VITAL AND HEALTH STATISTICS

Fiscal Year Ending June 30, 1965

Military Health Statistics

Appointed - September 1949

Assignment - To work on the problems of national and international importance referred to or undertaken by the U.S. National Committee on Vital and Health Statistics in which the Armed Forces are expected to have an interest or are able to make contributions.

Members - Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C. (Chairman)

H. M. C. Luykx, Sc.D., Chief, Biometrics Division, Office of the Surgeon General, Department of the Air Force, Washington, D.C.

Classification of Physical Impairments

Appointed - February 1951
Assignment - To determine current practices in coding physical impairments and the type of classification needed for statistical studies of data from hospitals, clinics, disability plans, and public health programs.

Members - Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C. (Chairman)

Louise E. Bollo, Nosologist, Division of Data Processing, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Henry H. Kessler, M.D., Newark, N.J.

Aaron Krute, Bureau of Old Age and Survivors Insurance, Social Security Administration, Department of Health, Education, and Welfare, Baltimore, Md.

Marjorie E. Moore, Ph.D., Research Program Analyst, Division of Research Grants and Demonstrations, Vocational Rehabilitation Administration, Department of Health, Education, and Welfare, Washington, D.C.

Maya Rivière, D.Phil. (Oxon), Executive Director, The Rehabilitation Codes Inc., New York, N.Y.

Barkev S. Sanders, Ph.D., Chief, Community Research in Public Health Practice, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.
(Retired)

Classification of Causes of Perinatal Morbidity and Mortality

Appointed - June 1956

Assignment - To recommend a method of classifying causes of fetal death as reported on vital and hospital records; to review existing classifications of causes of fetal death and causes of neonatal death; to develop a satisfactory classification after studying the interrelationships of existing classifications; and to determine the need for a nomenclature to use in reporting fetal deaths.

Members - Abraham M. Lilienfeld, M.D., Division of Chronic Diseases, Johns Hopkins School of Hygiene, Baltimore, Md. (Chairman)

Philip S. Barba, M.D., Associate Dean, School of Medicine, University of Pennsylvania, Philadelphia, Pa.

Marian Crane, M.D., Chief, Research Interpretation Branch, Division of Research, Children's Bureau, Social Security Administration, Department of Health, Education, and Welfare, Washington, D.C. (Retired)

Anthony D'Esopo, M.D., Professor of Clinical Obstetrics and Gynecology, College of Physicians and Surgeons, Columbia University, New York, N.Y. (Retired)

James F. Donnelly, M.D., Obstetrics Consultant, North Carolina State Board of Health, Raleigh, N.C.

Carl L. Erhardt, Sc.D., Associate Director, Office of Research, the City of New York Department of Health, New York, N.Y.

Edith L. Potter, M.D., Pathologist, Chicago Lying-in-Hospital, Chicago, Ill.

William Silverman, M.D., Associate Pediatrician, College of Physicians and Surgeons, Columbia University, Babies Hospital, Columbia-Presbyterian Medical Center, New York, N.Y.

Classification of Mental Diseases

Appointed - August 1957

Assignment - To develop a classification of mental illness within the framework of the International Statistical Classification of Diseases, Injuries, and Causes of Death.

Members - Benjamin Pasamanick, M.D., Professor of Psychiatry, Ohio State University Hospitals, Columbus, Ohio (Chairman)

Henry Brill, M.D., Deputy Commissioner, New York State Department of Mental Hygiene, Albany, N.Y.

Leon Eisenberg, M.D., Psychiatrist-in-charge, Children's Psychiatric Service, Harriet Lane Home for Children, Johns Hopkins Hospital, Baltimore, Md.

Morton Kramer, Sc.D., Chief, Biometrics Branch, National Institute of Mental Health, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md.

Joseph Zubin, Ph.D., Chief of Psychiatric Research (Biometrics), New York State Department of Mental Hygiene, New York, N.Y.

Classification of Cardiovascular Diseases

Appointed - January 1958

Assignment - To study the problems in revising within the framework of the present classification the section of the International Statistical Classification of Diseases, Injuries, and Causes of Death relating to Diseases of the Circulatory System.

Members - George Baehr, M.D., Mt. Sinai Hospital, New York, N.Y. (Chairman)

Thomas R. Dawber, M.D., Director, Heart Disease Epidemiology Study, National Institutes of Health, Framingham, Mass.

Charles E. Kossmann, M.D., New York University College of Medicine, New York University-Bellevue Medical Center, New York, N.Y.

Dean E. Krueger, Biometrics Branch, National Heart Institute, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md. (Secretary)

Harold E. B. Pardee, M.D., New York, N.Y.
David D. Rutstein, M.D., Department of Preventive Medicine, Harvard University Medical School, Boston, Mass.

David M. Spain, M.D., Director of Laboratories, Beth-El Hospital, Brooklyn, N.Y.

Jeremiah Stamler, M.D., Director, Heart Disease Control Program, Chicago Board of Health, Chicago, Ill.

International List Revision

Appointed - May 1959

Assignment - To coordinate activities in the United States with regard to the Eighth Revision of the International Statistical Classification of Diseases, Injuries, and Causes of Death.

Members - I. M. Moriyama, Ph.D., Chief, Office of Health Statistics Analysis, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Chairman)

Harold F. Dorn, Ph.D., Chief, Biometrics Research Branch, National Heart Institute, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md. (Chairman) (Deceased)

Eugene L. Hamilton, Director, Medical Statistics Agency, Office of the Surgeon General, Department of the Army, Washington, D.C.

Dorothy Kurtz, Chief Medical Records Librarian, Columbia-Presbyterian Medical Center, New York, N.Y.

Brian MacMahon, M.D., Professor, Department of Epidemiology, Harvard School of Public Health, Boston, Mass.

F. K. Mostofi, M.D., Armed Forces Institute of Pathology, Walter Reed Hospital, Washington, D.C.

Revision of the Classification of Accidents, Poisonings, and Violence

Appointed - May 1960

Assignment - To review the present section of the International Statistical Classification dealing with accidents, poisonings, and violence (external causes) to determine the needs for revision.

Members - Arthur J. McDowell, Chief, Division of Health Examination Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Chairman)

Robert A. Calhoun, Ph.D., Director, Public Health Statistics, State Board of Health, 1330 West Michigan St., Indianapolis, Ind.

Albert P. Iskrant, Chief, Developmental Research Section, Division of Accident Prevention, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Frank S. McElroy, Chief, Industrial Hazards Division, Bureau of Labor Statistics, Department of Labor, Washington, D.C.

Jules V. Quint, Supervisor, Occupation and Accident Statistics, Metropolitan Life Insurance Company, New York, N.Y.

J. L. Recht, Senior Statistician, National Safety Council, Chicago, Ill.

Joseph W. Spelman, M.D., Medical Examiner, City of Philadelphia Department of Public Health, Philadelphia, Pa.

H. C. Steed, Jr., Assistant Chief, Research Grants Branch, Division of Environmental Engineering and Food Protection, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

John H. Vinyard, Jr., Special Assistant to Director, Experimental and Research Statistics, Medical Statistics Agency, Department of the Army, Washington, D.C.

Classification of Congenital Defects

Appointed - October 1961

Assignment - To prepare a classification of congenital malformations suitable for application to morbidity and mortality data, with special reference to its use in genetic studies and other interests.

Members - Rustin McIntosh, M.D., Tyringham, Mass.
(Chairman)

Kurt Benirschke, M.D., Department of Pathology, Dartmouth Medical School, Hanover, N.H.

James D. Ebert, Sc.D., Carnegie Institution of Washington, Department of Embryology, Baltimore, Md.

Arthur S. Kraus, Sc.D., New York City Health Department, New York, N.Y.

Robert W. Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md.

William A. Silverman, M.D., Associate Pediatrician, College of Physicians and Surgeons, Columbia University, Babies Hospital, Columbia-Presbyterian Medical Center, New York, N.Y.

Josef Warkany, M.D., Professor of Research Pediatrics, University of Cincinnati, College of Medicine, Cincinnati, Ohio

Fertility Measurement

Appointed - November 1962

Assignment - To study the change in fertility trend and recommend methods that will yield the best possible measure of fertility trends.

Members - Clyde V. Kiser, Ph.D., Senior Member, Technical Staff, Milbank Memorial Fund, New York, N.Y. (Chairman)

Donald S. Akers, Assistant Chief, National Population Estimates and Projections Branch, Population Division, U.S. Bureau of the Census, Department of Commerce, Washington, D.C.

Arthur A. Campbell, Chief, Natality Statistics Branch, Division of Vital Statistics, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

David Goldberg, Ph.D., Professor, Department of Sociology, University of Michigan, Ann Arbor, Mich.

Wilson Grabill, Chief, Family and Fertility Statistics Branch, Population Division, U.S. Bureau of the Census, Department of Commerce, Washington, D.C.

Anders S. Lunde, Ph.D. Assistant Chief,
Division of Vital Statistics, National
Center for Health Statistics, Public Health
Service, Department of Health, Education,
and Welfare, Washington, D.C. (Secretary)

Norman B. Ryder, Ph.D., Professor, Depart-
ment of Sociology, University of Wisconsin,
Madison, Wis.

Statistics Available from Medicolegal Deaths

Appointed - May 1963

Assignment - To outline the kinds of statistics that can be
derived on medicolegal deaths by the estab-
lishment of uniform records and special
protocols for study of specific disease and
injury problems from various viewpoints.

Members - Morton Robins, Division of Chronic Diseases,
Public Health Service, Department of Health,
Education, and Welfare, Washington, D.C.
(Chairman)

Margaret Bright, M.D., Associate Professor,
School of Hygiene and Public Health, The
Johns Hopkins University, Baltimore, Md.

Helen C. Chase, Dr. P.H., National Center
for Health Statistics, Public Health Service,
Department of Health, Education, and Wel-
fare, Washington, D.C. (Secretary)

Irvin G. Franzen, Director, Division of Vital Statistics and Records, State Board of Health, Topeka, Kans.

S. R. Gerber, M.D., Coroner, Cuyahoga County, Cleveland, Ohio

William C. James, Division of Accident Prevention, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Deceased)

Rudolph J. Muelling, Jr., M.D., Professor and Director, Division of Legal Medicine and Toxicology, University of Kentucky, Lexington, Ky.

Charles S. Petty, M.D., Assistant Medical Examiner, Office of the Chief Medical Examiner, State of Maryland Department of Post-Mortem Examiners, Baltimore, Md.

Pauline Stitt, M.D., Chief, Child Health Studies Branch, Division of Research, Children's Bureau, Social Security Administration, Department of Health, Education, and Welfare, Washington, D.C.

Use of Vital and Health Statistics for Epidemiological Research

Appointed - March 1965

Assignment - To study and make recommendations on the utilization of existing sources of vital and health statistics and on the development of new data for epidemiological studies.

Members - Brian MacMahon, M.D., Professor of Epidemiology, Harvard School of Public Health, Boston, Mass. (Chairman)

John Cassell, M.D., Professor of Epidemiology, University of North Carolina, Chapel Hill, N.C.

Elmer A. Gardner, M.D., Assistant Professor and Director, Division of Preventive Psychiatry, University of Rochester School of Medicine and Dentistry, Rochester, N.Y.

Robert Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, National Institutes of Health, Bethesda, Md.

Donald L. Rucknagel, M.D., Department of Human Genetics, University of Michigan Medical School, Ann Arbor, Mich.

Colin White, M.D., Professor of Biometry, Department of Epidemiology and Public Health, School of Medicine, Yale University, New Haven, Conn.

Carl L. Erhardt, Sc.D., Associate Director,
Office of Research, the City of New York
Department of Health, New York, N.Y.

Epidemiologic Use of Hospital Data

Appointed - May 1965

Assignment - To study and make recommendations on the possible important uses of diagnostic and other data on hospital patients (covering both inpatient and outpatient services) such as statistics needed for epidemiological research, medical-care research, studies of current therapeutic practices, and health surveillance.

Members - Paul M. Densen, Sc.D., Deputy Commissioner of Health, City of New York Health Department, New York, N.Y. (Chairman)

Jacob E. Bearman, M.D., Professor, School of Public Health, Biostatistics Division, University of Minnesota College of Medical Sciences, Minneapolis, Minn.

Alexander D. Langmuir, M.D., Chief, Epidemiology Branch, Communicable Disease Center, Public Health Service, Atlanta, Ga.

Alfonse T. Masi, M.D., Dr.P.H., Assistant Professor, School of Hygiene and Public Health, Department of Epidemiology, The Johns Hopkins University, Baltimore, Md.

Robert W. Miller, M.D., Chief, Epidemiology Branch, National Cancer Institute, National Institutes of Health, Bethesda, Md.

Robert Sigmond, Executive Director, Hospital Planning Association of Allegheny County, Pittsburgh, Pa.

Vergil N. Slee, M.D., Director, Commission on Professional and Hospital Activities, Ann Arbor, Mich.

Paul F. Wehrle, M.D., Chief Physician, Pediatrics and Communicable Disease Services, Los Angeles County General Hospital, Los Angeles, Calif.

Warren Winkelstein, Jr., M.D., Professor, School of Medicine, Department of Preventive Medicine, State University of New York at Buffalo, Buffalo, N.Y.

Statistics of Indian Health

Appointed - January 1965

Assignment - To outline statistics needed to delineate major health problems in the Indian population and to provide effective health services

including medical care, taking into consideration the mobility in and out of the Indian health service areas, and to make recommendations on how such statistics can best be obtained.

- Members - Frank R. Lemon, M.D., Department of Preventive Medicine, School of Medicine, Loma Linda University, Loma Linda, Calif. (Chairman)
- Leah Resnick, Chief, Program Analysis and Statistics Branch, Division of Indian Health, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)
- Melvin W. Brethouwer, Statistical Advisor, Bureau of Indian Affairs, Department of the Interior, Washington, D.C.
- Robert A. Hackenberg, Ph.D., Biometry Branch, National Cancer Institute, Bureau of Ethnic Research, Department of Anthropology, University of Arizona, Tucson, Ariz.
- Denis F. Johnston, Ph.D., Division of Population and Labor Force Studies, Bureau of Labor Statistics, Department of Labor, Washington, D.C.

Enrico Leopardi, M.D., Deputy Director,
Alaska Native Health Area Office, Public
Health Service, Department of Health, Edu-
cation, and Welfare, Anchorage, Alaska

Margaret Shackelford, Associate Pro-
fessor, Department of Preventive Medicine
and Public Health, University of Oklahoma
Medical Center, Oklahoma City, Okla.

Cecil Slome, M.B., Ch.B., D.P.H., Associate
Professor, Department of Epidemiology,
School of Public Health, University of North
Carolina, Chapel Hill, N.C.

Reports of the

UNITED STATES NATIONAL COMMITTEE
ON VITAL AND HEALTH STATISTICS

United States National Committee on Vital and Health Statistics, October 1949

International Recommendations on Definitions of Live Birth and Fetal Death, Public Health Service Publication No. 39, 1950

"Statistics Needed Concerning Fertility," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 33, No. 11, 1952

"Major Problems in Fetal Mortality," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 33, No. 13, 1952

Proposal for Collection of Data on Illness and Impairments: United States, Public Health Service Publication No. 333, 1953

"Using Hospital Morbidity Data to Study Morbidity in Communities," *Hospitals*, Vol. 27, No. 9, 1953

"Recommendations for the Improvement of Fetal Death Statistics," *Public Health Reports*, Vol. 70, No. 11, 1955

"Progress in Development of Fertility Statistics and Population Estimates," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 39, No. 8, 1956

"National Vital Statistics Needs," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 45, No. 11, 1957

"Fertility Studies Based on Data for the 1960 Census Period," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 47, No. 5, 1959

Medical Certification of Medicolegal Cases, Public Health Service Publication No. 810, 1960

"Improving National Divorce Statistics," National Office of Vital Statistics, *Vital Statistics—Special Reports*, Vol. 47, No. 13, 1962

The First Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30, 1950, Public Health Service Publication No. 40, 1950

United States Statistics on Medical Economics, Public Health Service Publication No. 1125, 1964

Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30

1956	1959	1962
1957	1960	1963
1958	1961	1964