# Annual report of

- **▼ THE UNITED STATES**
- ▼ NATIONAL COMMITTEE
- V ON VITAL AND
- ▼ HEALTH STATISTICS
- ▼ Fiscal Year 1962

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 United States 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 to 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 in the United States so as to serve as a clearinghouse for activities dealing with public health statistics problems.
- (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 UNITED STATES NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

- Brian MacMahon, M.D., Professor, Department of Epidemiology, Harvard University School of Public Health, Boston, Mass. (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)
- Odin W. Anderson, Ph. D., Research Director, Health Information Foundation, University of Chicago, Chicago, Ill.
- Harold F. Dorn, Ph. D., Chief, Biometrics Research Branch, National Heart Institute, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md.
- Robert Dyar, M.D., Chief, Division of Research, State Department of Public Health, Berkeley, Calif.
- C. Horace Hamilton, Ph. D., Professor of Rural Sociology, North Carolina State College, Raleigh, N.C.
- Dudley Kirk, Ph. D., Demographic Director, The Population Council, New York, N.Y.
- Forrest E. Linder, Ph. D., Director, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

- Edward R. Schlesinger, M.D., Assistant Commissioner for Special Health Services, New York State Department of Health, Albany, N.Y.
- Margaret Shackelford, Director, Division of Statistics, Oklahoma State Department of Health, Oklahoma City, Okla.
- Conrad Taeuber, Ph. D., Assistant Director, Bureau of the Census, Washington, D.C.
- Franklin D. Yoder, M.D., Director of Public Health, State of Illinois Department of Health, Springfield, Ill.

# Activities during

### FISCAL YEAR 1962

The U.S. National Committee on Vital and Health Statistics has continued to give major emphasis to the preparatory work in connection with the Eighth Revision of the International Classification of Diseases. The Subcommittee on Classification of Cardiovascular Diseases in collaboration with its counterpart in the United Kingdom developed a joint revision proposal which was submitted for international consideration. The classification of diseases peculiar to the perinatal and neonatal periods was also transmitted to the World Health Organization (WHO) as a national submission.

During the year, draft classifications were prepared on external causes of accidents and other violence and on congenital defects. Both of these drafts will be subjected to field tests in the coming year. Arrangements were made with the Subcommittee on Classification of Mental Disorders, a subcommittee of the Medical Advisory Committee to the Registrar General of England and Wales, for a discussion on problems of developing a common classification of mental disorders. Further work in determining the range of use of diagnostic terms internationally is being arranged.

The final report on ways and means of developing national statistics on divorces was prepared. This report emphasizes the need for central files of divorce records in each State as a basis for statistical data and documentary evidence of divorce for legal and administrative purposes.

Significant progress was made in considering the need for statistics on the uses of and expenditures for medical care and health services.

The U.S. National Committee on Vital and Health Statistics supported the continuation of the reporting of race or color on vital records. Because of the importance of data by color for demographic and health purposes, the Committee took the position that the retention of the item on the vital records is in the public interest. However, it was recognized that the question of individual rights was involved, and that all actions concerning this item should be consistent with the protection of these rights.

#### International List Revision

The U.S. National Committee on Vital and Health Statistics has currently under consideration the problem of preparing revision proposals on the following sections of the International Classification of Diseases: cardiovascular diseases, diseases peculiar to the perinatal and early infancy periods, external circumstances of injuries, and congenital defects. Revision proposals on the first two sections have been submitted to the World Health Organization for international consideration.

The Subcommittee recognized that the various sections of the disease classification were being reviewed by experts in the particular field, and that overlaps in the proposals for the different sections of the classification are inevitable. From the overall view that this Subcommittee must take, it will be necessary to have some guidelines in order to make rational and consistent decisions on overlapping categories. Also lacking are guiding principles for developing the structure of the classification. This has given rise to a problem in some of the revision proposals. For example, the United

Kingdom and United States proposal for the cardiovascular disease classification contains a large number of cross-classifications or combination categories to meet the needs of primary mortality tabulations. The effect of these combination categories built into the classification is to interfere with the use of the disease classification for other purposes, such as indexing medical records in hospitals and obtaining a total count of diseases and conditions (multiple coding). Another objection in principle to this development is the inflexibility of this method for obtaining data on disease complexes. Before the next revision of the classification, the concepts reflected by the combination categories may be outmoded, and new concepts may be developed which will require new combination categories identifying other disease complexes.

Because of these considerations, the Subcommittee recommended the reexamination of all proposals invovling combination categories with a view to obtaining data on disease complexes by other means such as multiple coding and tabulation.

#### Classification of Mental Disorders

The draft classification of mental disorders was transmitted to the World Health Organization for discussion purposes. At the November 1961 meeting of the Subcommittee on Classification of Diseases of the Expert Committee on Health Statistics, the U.S. draft classification was reviewed along with others submitted by the United Kingdom, Norway, Denmark, and France. This review indicated that considerable more work needs to be done in order to develop a classification that would be acceptable internationally.

As a first step in resolving differences in the classification scheme, arrangements were made to hold a meeting between the United States and the United Kingdom Subcommittees to explore the possibilities of developing a classification which could serve as a basis for a joint revision proposal of the two countries.

Another important area in which plans are being made for international collaboration is in the use of various diagnostic terms in the different countries. Arrangements are being made to prepare a set of case histories of psychiatric patients which will be reviewed by a sample of psychiatrists in the various countries. The primary and secondary diagnoses assigned to each case history will be studied to determine the range of diagnostic terms applied to each case as well as the degree of agreement in the diagnoses assigned.

Classification of Accidents, Poisonings, and Violence (External Causes)

A draft was prepared of the classification of the external causes of injury, including definitions, list of inclusion terms, and inclusion and exclusion notes. Plans were made for the testing of the draft classification of morbidity and mortality data in the next year.

## Congenital Malformations

In approaching the problem of revising the section on congenital malformations, the Subcommittee took the view that the present classification is too restrictive. The present classification includes only malformations or structural changes, and does not cover important congenital

anomalies which are classified elsewhere. It was felt that a more inclusive classification is needed for all manifestations of disease which are present or presumed to be present at birth. It was recognized that it would not be practicable to include all diseases or conditions which have some genetic background (e.g., diabetes mellitus), but that an effort should be made to bring together the important defects which have a fairly clear-cut genetic base.

The Subcommittee developed the first draft of a classification of congenital defects with three major subdivisions, namely, gross anatomic congenital defects, congenital defects recognized by microscopic examination, and congenital defects due to inborn errors of metabolism.

In an exchange of views with the Subcommittee on Classification of Congenital Malformations of the Medical Advisory Committee to the Registrar General of England and Wales, there was close agreement on the details of the classification of gross anatomic defects developed independently by the United Kingdom and United States Subcommittees. However, there appeared to be disagreement as to the scope of a needed classification. The United Kingdom Subcommittee proposed to limit the classification to structural defects whereas the United States group took the view that the needs for genetic studies could not be served satisfactorily by limiting the classification to gross defects.

The Subcommittee proposes to have further discussion with its counterpart in the United Kingdom. Also, it will prepare a tabular list of inclusions for the draft classification with the view to subjecting the classification to field trial. Also, the draft classification will be circulated for comments to those interested in the problem of congenital defects.

### Classification of Physical Impairments

The proposed system of codes for the classification of physical and mental impairments developed jointly by the Subcommittee on the Physical Impairment Code and the Rehabilitation Codes Project of the Association for the Aid of Crippled Children has now been printed and distributed as a part of the Five-Year Progress Report (1957-1962) of the Rehabilitation Codes. This draft incorporates the results of the further work of the active rehabilitation codes project subcommittees as well as the findings of the first series of field trials. It will provide the basis for the more extensive series of field tests to be undertaken beginning in the coming fiscal year. A 3-day workshop was held on the nomenclature of communicative disorders at Bethesda. Maryland, under the joint sponsorship of the Rehabilitation Codes Project and the National Institute for Neurological Diseases and Blindness. A similar workshop is to be held by the Subcommittee on Impairments of the Psychosocial Function. The findings of these and the other active subcommittees together with the information and suggestions gathered during the course of the forthcoming field trials will be incorporated by the joint group in the final proposed classification system which it is anticipated will form the basis for the report and recommendations of the Subcommittee on the Physical Impairment Code.

# Military Health Statistics

The members of the Subcommittee on Military Health Statistics, in their service roles, have completed development of a draft classification of external causes of injuries for use by the Armed Forces. This draft constitutes, in

effect, a further revision of the detailed classification of injuries due to agents and circumstances peculiar to military activities which were submitted in 1951 to the World Health Organization jointly by the Advisory Committee to the Dominion Statistician of Canada and the U.S. National Committee. The report was circulated to member nations by WHO, but no final action was taken. It is anticipated that in the next fiscal year this revised draft classification together with recommendations regarding its further processing will be completed.

#### National Divorce Statistics

The final report of the Subcommittee was submitted and approved by the U.S. National Committee on Vital and Health Statistics. This report includes the results of a survey of consumer needs as well as recommendations on ways and means to make possible the establishment of a central file of divorce records in each State.

A central file of divorce records which now exists in 39 States provides an important public service in making documentary evidence of divorce accessible to the legal profession and clients. In States without a central file, it is difficult and time consuming to obtain a transcript of a divorce record, if, as is frequently the case, the interested persons do not know in what local court the decree was granted.

A central file of divorce records in each State will also greatly facilitate the annual collection of national divorce statistics. At the present time, the United States is one of the few developed countries of the world where adequate national statistics on divorces are not available.

#### Health Economics

In approaching the question of delineating needed routine data on the economics of health for planning purposes, the Subcommittee considered the various types of economic data that should be collected on a continuous basis as well as the needed improvements in existing information.

Five major divisions of essential data were identified. These relate to: physicians, dentists, hospitals, other institutions, drugs, and appliances. For each of these divisions, data are needed on resources (manpower or facilities), utilization, cost, price, consumer expenditures, and quality considerations. A seventh topic, prepayment, was added as a separate category which cuts across the other topics.

The Subcommittee explored the feasible extensions, improvement of available data, and possible development of new data for each of the categories within the framework of data needs outlined above.

After delineation of needed data, the Subcommittee will prepare statements as to why the specified data are needed, how often they should be collected, and what the priorities should be. A draft document will then be sent to national organizations for review and comment.

# SUBCOMMITTEES AND AD HOC COMMITTEES OF THE UNITED STATES NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

Fiscal Year Ending June 30, 1962

#### 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, Chief, Medical Statistics Division, 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.

W. V. Charter, D. P. H., Bureau of Medicine and Surgery, Department of the Navy, Washington, D.C.

### Fertility and Population Statistics

Appointed - December 1949

Assignment - To outline types of statistics (special and general) needed to study various aspects of fertility in the United States; to recommend studies of how to obtain these statistics; and to outline the kinds of population statistics needed for health study purposes; to study the kinds and methods of providing more detailed birth data on a current basis than is at present available.

Members - P. K. Whelpton, Director, Scripps Foundation for Research in Population Problems, Miami University, Oxford, Ohio. (Chairman)

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

> Wilson H. Grabill, Chief, Fertility Statistics Section, Bureau of the Census, Department of Commerce, Washington, D.C.

> Paul C. Glick, Ph. D., Chief, Social Statistics Branch, Population Division, Bureau of the Census, Department of Commerce, Washington, D.C.

> Robert D. Grove, Ph. D., Assistant Chief, National Vital Statistics Division, National Center for Health Statistics, Public Health Service, Department of Health, Education, and Welfare, 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, Chief, Medical Statistics Division, Office of the Surgeon General, Department of the Army, Washington, D.C. (Chairman)

Louise E. Bollo, Nosologist, National Health Survey Division, 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., Chief, Division of Research and Special Studies, Office of Vocational Rehabilitation, Department of Health, Education, and Welfare, Washington, D.C.

Maya Rivière, Ph. D., Project Associate, Association for the Aid of Crippled Children, 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.

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.

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

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

Carl L. Erhardt, Director, Bureau of Records and Statistics, 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.

#### National Divorce Statistics

Appointed - September 1956

Discharged - June 1962

Assignment - To recommend ways and means of making possible the central collection of divorce data in each State as a step toward developing national statistics on divorces.

Members - Ernest W. Burgess, Ph. D., Director, Family Study Center, University of Chicago, Chicago, Ill. (Chairman)

Hugh Carter, Ph. D., Chief, Marriage and Divorce Statistics Branch, National Vital Statistics Division, National Center for Health Statistics, Department of Health, Education, and Welfare, Washington, D.C. (Secretary)

Julius A. Jahn, Ph. D., Professor of Research, School of Social Work, University of Pennsylvania, 2410 Pine Street, Philadelphia, Pa.

Max Rheinstein, Dr. Utr. Iur., Professor, University of Chicago Law School, Chicago, Ill.

Edwin A. Robson, LL.B., Judge, U.S. District Court, Chicago, Ill.

Conrad Taeuber, Ph. D., Assistant Director, Bureau of the Census, Department of Commerce, Washington, D.C.

Melvin R. Wise, Director of Vital Statistics, State Department of Health, Phoenix, Ariz.

Miriam Yeazell, Chairman, Board of Directors, National Association of Clerks and Recorders, Springfield, Ohio.

## 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, Columbia Receiving Hospital and State Institute of Psychiatry, University Health Center, Columbus, Ohio. (Chairman)

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

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

Moses M. Frohlich, M.D., University Hospital, Veterans Readjustment Center, University of Michigan, Ann Arbor, Mich.

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

Joseph Zubin, Ph. D., Principal Research Scientist (Biometrics), 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., Medical 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 Krueger, National Heart Institute, Public Health Service, Department of Health, Education, and Welfare, Bethesda, Md.

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

Benedict J. Duffy, M.D., Professor and Chairman of the Department of Preventive Medicine and Community Health, Seton Hall College of Medicine and Dentistry, Jersey City, N.J.

Eugene L. Hamilton, Chief, Medical Statistics Division, 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.

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, Health Examination Survey, National Health Survey, 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, Operational Research, Accident Prevention Program, 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, III.

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

H. C. Steed, Jr., Director, Accident Prevention Section, Environmental Health Branch, State Department of Health, Atlanta, Ga.

John H. Vinyard, Jr., Chief, Biostatistics and Health Education Division, District of Columbia Department of Public Health, Washington, D.C.

#### Health Economics

Appointed - April 1961

Assignment - To make a study and prepare recommendations as to areas relating to the economics of health where data are not now available or are not adequate for national planning in the health field.

Members - Arthur Weissman, Director, Medical Economics, Kaiser Foundation Health Plan, Inc., San Francisco, Calif. (Chairman)

Agnes Brewster, Medical Economist, Division of Public Health Methods, Public Health Service, Department of Health, Education, and Welfare, Washington, D.C.

Martin Cohen, Social Security Department, UAW-CIO, Detroit 14, Mich.

Paul J. Feldstein, Ph. D., Department of Research and Statistics, American Hospital Association, Chicago, Ill.

Joseph Follman, Jr., Director, Information and Research Division, Health Insurance Association of America, New York, N.Y.

Leonard Martin, Ph. D., Director of Economic Research, American Medical Association, 535 North Dearborn St., Chicago, Ill.

Nathan Morrison, Executive Associate, Associated Hospital Service of New York, New York, N.Y.

Nora Piore, Consultant, Public Health Economics, New York City Health Department, New York, N.Y.

Milton Roemer, M.D., School of Public Health, University of California, Los Angeles, Calif.

# Classification of Congenital Malformations

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., Babies Hospital, Presbyterian Medical Center, New York, N.Y.

Josef Warkany, M.D., Associate Professor of Pediatrics, Children's Hospital, Cincinnati, Ohio.

#### 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

Annual Report of the United States National Committee on Vital and Health Statistics, Fiscal Year Ending June 30,1956

# Annual Reports for:

Fiscal Year Ending June 30, 1957 Fiscal Year Ending June 30, 1958 Fiscal Year Ending June 30, 1959 Fiscal Year Ending June 30, 1960 Fiscal Year Ending June 30, 1961