

IN THIS ISSUE

WITH increasing numbers of patients being discharged from mental hospitals, it is obviously important to gain more understanding of the relation between the social environment of the discharged patient and his ability to adjust and to remain outside the hospital. The influence of social factors on the relapse or "failure" rates among 155 male patients discharged from mental hospitals in London was investigated by George W. Brown and his findings are reported in the article "Experiences of Discharged Chronic Schizophrenic Patients in Various Types of Living Groups." Two-thirds of these patients remained out of the hospital for at least one year. The data assembled suggest that those who lived with siblings or in lodgings were more likely to succeed in their post-hospital adjustment than the patients who returned to their wives or parents and that this was not due to differences in the clinical condition of the patients but was related more to the nature of the emotional ties and social contacts within these living groups. From this follow-up study of a group of discharged patients, patterns of social adjustment seem to emerge which should be helpful guides to further planned, controlled investigation.

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The great progress in the prolongation of life in the United States in the past half century is known to everyone. Mortality among children and young adults is now at levels thought unattainable in the foreseeable future only a few years ago, and, even at older ages, mortality has been declining steadily. In the article, "Projections of Mortality in the United States to 1970," Professor James D. Tarver, Oklahoma State University, using statistical measures of the rate of decline in

death rates for specific sex-age groups of the white and non-white population from 1930 to 1955, has extended these recent trends to look ahead to the mortality rates and average years of life that may be expected in the near future. Dr. Tarver finds that in 1970 the expectation of life at birth will have reached 70.3 years for white males and 77.8 years for white females, an increase of 3.0 and 4.2 years, respectively, over the lifetime years based on 1955 mortality. For the nonwhite population, greater increases of 5.6 years and 6.9 years are estimated for males and females, giving an expectation of life at birth of 66.8 and 72.8 years for nonwhite males and females, respectively. Predictions are at best uncertain, but in general, previous projections have underestimated the decline in mortality. Progress in the postponement of death from degenerative diseases could make these optimistic estimates conservative, or unexpected events unfavorable to health could temporarily halt the decline in mortality.

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Research on differentials in mortality by occupational class in this country has been handicapped by the lack of adequate data. Some of the difficulties have been "differences in definitions of occupation on the death certificate and for the census, in reporting practices and in coding." With the 1960 Census in the offing various students have suggested the desirability of planning a study of socio-economic differentials in mortality involving the use of census records for occupational description of decedents as well as that of the population bases for the computation of the rates. The National Office of Vital Statistics and the Bureau of the Census recently conducted a small study designed to test the feasibility of a large-scale study of variations in mortality by socio-economic status. The results are presented by Lillian Guralnick and Charles B. Nam in an article "Census-NOVS Study of Death Certificates Matched to Census Records."

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During the past decade induced abortions have constituted an important means of family limitation in Japan. Con-

cerned over the possible implications of this situation for maternal health and general welfare “the Maternal Health Committee of the Imperial Aid Society for Mother and Child cooperated with the Maternal and Child Health Section of the Welfare Ministry of Japan in a survey of the frequency of induced abortions . . . and the characteristics of women who had them.” The data are from questionnaires returned by physicians officially designated to perform abortions in Japan. In a paper in this issue, “Induced abortions in Japan in 1953–1954,” Mr. Masabumi Kimura reports on an analysis of the data contained in some 7,000 questionnaires.