

# Annual report of

- ▼ **THE UNITED STATES**
- ▼ **NATIONAL COMMITTEE**
- ▼ **ON VITAL AND**
- ▼ **HEALTH STATISTICS**
- ▼ **Fiscal Year 1963**

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NATIONAL CENTER FOR HEALTH STATISTICS

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

Public Health Service

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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 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 U.S. 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. Moriama, 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.

Loren E. Chancellor, Director, Division of Vital Statistics, State Department of Health, Des Moines 19, Iowa.

Harold F. Dorn, Ph.D., Chief, Biometrics Research Branch (Deceased May 1963) 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.

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

Franklin D. Yoder, M.D., Director of Public Health, State of Illinois Department of Health, Springfield, Ill.

# Activities during

FISCAL YEAR 1963

The U.S. National Committee on Vital and Health Statistics has continued to devote a major part of its program to the preparation of revision proposals for the Eighth Revision of the International Classification of Diseases. An informal agreement was reached with the Subcommittee of the Medical Advisory Committee to the Registrar General of England and Wales to submit for international consideration a joint proposal on the classification of mental disorders. Also, preparations were made to discuss further with members of the U.K. Cardiovascular Disease Subcommittee major amendments on the cardiovascular disease classification jointly submitted to the World Health Organization by the United Kingdom and the United States in 1961.

The draft classification of congenital defects was subjected to field trials and circulated to technicians and interested agencies and organizations for review. On the basis of the trials and the comments received, further modifications were made and the final draft of the classification of congenital defects was prepared. Coding trials were also conducted on the revised draft classification of external causes of accidents, poisonings, and violence, and preparations were made to circulate the draft classification for comments.

During the past year, the U.S. Department of Defense and the British War Office have completed jointly a draft

classification of external causes of injuries to meet the specialized needs of the military forces. This draft classification was submitted to the World Health Organization with the request that it be circulated to member nations for trial use.

Work on the codes for classification of physical and mental impairments has continued, and a new series of field tests is planned for the fall of 1963.

In addition to the activities relating to the classification of diseases, the U.S. National Committee devoted consideration and study to the need for statistics on uses of and expenditures for medical care and health services. A study was made of requirements for basic data in the field of health economics, their current availability and limitations; an attempt will be made to assess anticipated requirements.

Establishment of three additional subcommittees was authorized: (1) to study the problem and recommend the best possible measures of fertility trends, because of concern about the adequacy of current fertility measurements in detecting changes in trend; (2) to study and make recommendations on the use of existing sources of vital and health statistics in the development of new data for epidemiological studies; and (3) to outline the kinds of statistical data obtainable through a system of uniform records for deaths that come under the purview of the medical examiner.

The Committee noted the plans of the National Vital Statistics Division for an accelerated publications program which will result in the publication in 1963 of the *Vital Statistics of the United States* for the years 1960-62. If effected, this will be a notable achievement, worthy of commendation.

The U.S. National Committee on Vital and Health Statistics notes with deep regret the death of Dr. Harold F. Dorn and records its indebtedness to him. A member of the National Committee since its inception and Chairman of its

Subcommittee on Revision of the International List, Harold Dorn provided one of the main supports on which the Committee's work on the classification of diseases depended. His outstanding ability, his dedication, and his vast experience as both scientist and administrator brought a degree of judgment to the Committee's proceedings that, if it can be replaced at all, will not be replaced by one man.

### INTERNATIONAL LIST REVISION

Beginning in 1956 the U.S. National Committee on Vital and Health Statistics, through its various subcommittees established for the purpose, undertook a review of the sections of the International Classification of Diseases in need of major modifications. The activities of these subcommittees resulted in revision proposals on diseases peculiar to early infancy which incorporated the causes of stillbirth to form a section on diseases peculiar to the perinatal and early infancy periods; a revised classification of mental disorders; a revision proposal for the classification of cardiovascular diseases; and a proposal for a modified section on congenital malformations to include the major congenital defects, including cellular defects and inborn errors of metabolism. Work on the classification of external causes of accidents, poisoning, and violence is still in progress.

In 1961 the Public Health Service transmitted to the World Health Organization for international consideration revision proposals on a classification of diseases peculiar to the perinatal and early infancy periods and a classification of cardiovascular diseases. The latter was submitted as a joint proposal from the United States and the United Kingdom.

The Subcommittee charged with the overall responsibility in connection with the revision of the International

Classification of Diseases has reviewed all the recommended modifications proposed by the various subcommittees and suggested certain adjustments to resolve problems of overlap between sections of the classification. The Subcommittee also continued to press for an unduplicated list of unit conditions with provisions for showing all associations between diseases in the tabulation of data by multiple coding of diagnoses rather than incorporate combination categories in the main body of the classification. This position was taken with specific reference to the classification of cardiovascular diseases submitted jointly by the United States and United Kingdom which contains a large number of cross-classifications or combination categories. However, the Subcommittee has adopted the unduplicated list as a guiding principle for developing the structure of the whole classification.

#### Mental Diseases

The U.S. Subcommittee and its counterpart in the United Kingdom met in the fall of 1962 to resolve differences in the classification proposed to the World Health Organization at its meeting in November 1961. This discussion resulted in a classification that both countries could support. The proposal has been sent to State mental health programs for comment. The Subcommittee will review the comments and criticisms received and will propose further modifications, if necessary.

#### Cardiovascular Diseases

On the recommendation of the Subcommittee on International List Revision, an unduplicated list of unit conditions

suitable for statistical tabulations of morbidity and mortality data was prepared as a substitute for the classification of cardiovascular diseases submitted jointly in 1961 by the United States and the United Kingdom. To compensate for the loss of combination categories, a minimum list for tabulation of cardiovascular and associated diseases for international use was also proposed.

It is hoped that these new proposals will meet with the approval of the United Kingdom.

### Congenital Defects

A tabular list of inclusion terms for the draft classification of congenital defects was drawn up, and the proposed classification was used to code outpatient data for several health insurance plans and for coding mortality data. Also, the proposed classification was reviewed broadly by the maternal and child health program directors and geneticists. The final classification proposal was drafted on the basis of the comments received from the review and the field trials.

In the 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 appeared to be a possibility of a joint submission of a classification of congenital defects. However, the two Subcommittees could not agree on the scope of the classification, although there was close correspondence on the details of the major part of the section dealing with gross anatomic defects. Therefore, the Subcommittee proposed to present a more inclusive classification which brings together gross structural malformations, congenital cellular defects, and inborn errors of metabolism to serve the needs of genetic studies of the human population.



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

The Subcommittee prepared a draft classification of the "External Cause" portion of the International Statistical Classification including definitions and the list of inclusion terms. In preparing the proposed classification, the Subcommittee has attempted to provide additional meaningful detail in many areas which in the present classification fails to be detailed enough, and to eliminate detail which seemed undesirable or unnecessary.

The proposed classification was subjected to field tests on approximately 4,000 death records and 60,000 injury records. The results of these trials with comments concerning problems experienced in the coding trials provided the basis for further revision.

The revised draft classification will be circulated to appropriate officials in each State and to various organizations whose prime concern is with accident statistics and accident prevention programs. A final draft of the classification will be prepared on the basis of the comments received.

### MILITARY HEALTH

For several years the Subcommittee on Military Health Statistics has been working on an adaptation of the International Statistical Classification of Diseases, Injuries, and Causes of Death for the needs of the Armed Forces. An adaptation was needed because the section used to classify external causes of injuries ("E" code) was not adequate for the specialized needs of the military forces.

A draft classification for external causes of injuries was eventually developed jointly by the U.S. Military Departments and the British War Office and accepted by the

Armed Forces of both countries. The proposed statistical classification is intended only for use by the Armed Forces of various countries of the world and is not, in any way, a substitute for the corresponding section of the ICD intended for civilian use. It is to be used in lieu of the External Cause Code ("E" code) and in addition to the Nature of Injury Code ("N" code).

This draft classification has been sent to the World Health Organization to be circulated to member nations for interim or trial use with the idea of obtaining their views as to its usefulness. Actual experience in the use of the code by member nations will contribute to its soundness and validity and facilitate the eventual international standardization and acceptance of such a list.

#### CLASSIFICATION OF PHYSICAL IMPAIRMENTS

Developmental work has continued on the set of codes which will constitute the draft system of classification of physical and mental impairments. The current activities are principally those being carried on by the Advisory Committee and subcommittees of the Rehabilitation Codes project in the areas of communicative disorders, visual impairments, and impairments of neurological and sensory function. The serial record forms, including the active service cumulative record, were completed and printed and thus made available for use in the planned field trials of the full system of rehabilitation codes, which includes the impairment codes. Some delays were encountered, however, in completion of final arrangements with the testing agencies; this has resulted in deferral of the actual start of the new series of field tests until the fall of 1963.

It is anticipated that when the results of the field tests (including proposals for further improvements in the basic codes) and the results of subcommittee activities currently

underway are available, a more definitive version of the impairment classifications will be completed and serve as the basis for the report to the U.S. National Committee. In the light of the current status and rate of progress, this will probably be in 1965.

## HEALTH ECONOMICS

The first draft of a report on needs for data relating to the economics of health was prepared and reviewed. It is expected that the final report will represent a beginning rather than a definitive statement of requirements for basic data in the complex field of health economics. Data requirements, their current availability and limitations, will be reviewed. Recommendations regarding new series of primary significance and others of less importance will be made.

The report will include needed data on health manpower, facilities and resources; utilization of services, price to the consumer, expenditures by and on behalf of consumers, costs, insurance and prepayment, and quality measurements, and will include facsimiles of all primary source documents from which existing data are derived. The Subcommittee has assessed the state of current data collection and indicated optimum future requirements, but has limited its recommendations to those attainable.

## FERTILITY MEASUREMENT

Present measures of the birth rate indicate that fertility of the population has declined during the years following World War II. If there has been a turning point in the trend, it should be reflected in present statistics. Since currently published measures as indicators of change in fertility

seem inadequate, a subcommittee was established to study this problem.

The Subcommittee agreed that there was evidence of change in fertility, but such change is not easily detected by current fertility measures, and further meaningful analysis of causal factors is practically impossible in terms of current measures alone. Other data such as birth interval and marriage and remarriage rates are needed. Consideration will be given to specific measures that need to be developed, as well as to needed improvements or alternate series, in order to provide the best possible measures of trends in fertility in the United States. Measures of fertility which would have some value for projections into the future will also be examined.

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

Fiscal Year Ending June 30, 1963

*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.

Bureau of Medicine and Surgery, Department of the Navy, Washington, D.C. (Member of)

## *Fertility and Population Statistics*

Appointed - December 1949

Discharged - November 1962

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. (deceased May 1963)

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., Research Program Analyst, Division of Research Grants and Demonstrations, Vocational Rehabilitation Administration, 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, 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, Collège 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, Columbus 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.

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) (Deceased May 1963)

Benedict J. Duffy, M.D., Director, Center for Population Research, Georgetown University, Washington, D.C.

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, 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., 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, Health Insurance Plan for Greater New York, New York, N.Y.

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., U.S. Chamber of Commerce, Washington, D.C.

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

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

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

### *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 interest.

Members - Rustin McIntosh, M.D., Tyngham, 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 Measurements*

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, Population Division, Bureau  
of the Census, Department of Commerce,  
Washington, D.C.

Arthur A. Campbell, Scripps Foundation for  
Research in Population Problems, Miami  
University, Oxford, Ohio.

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

Wilson Grabill, Chief, Family and Fertility  
Statistics Branch, Population Division, Bu-  
reau of the Census, Department of Commerce,  
Washington, D.C.

Anders S. Lunde, Ph. D., Chief, Natality  
Statistics Branch, National Vital Statistics  
Division, National Center for Health Statis-  
tics, Public Health Service, Department of  
Health, Education, and Welfare, Washington,  
D.C.

Norman B. Ryder, Professor, Department of  
Sociology, University of Wisconsin, Madison,  
Wis.



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

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*Annual Reports for:*

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