

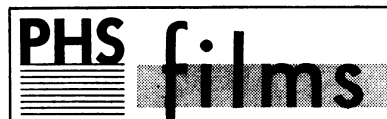
many older people left to profit from learning to use and enjoy leisure time through the activities outlined above. Such activities bring happiness and relief to the elderly. They are also a means of preventing, or greatly delaying, the appearance of symptoms of mental disease and thus of sparing society the high cost of hospitalization. However, there are no conclusive data available to evaluate this point. Admissions to psychiatric hospitals are a good index provided that the availability of beds is equal in the areas compared (which is not usually the case). The fact that 31.5 percent of admissions, for instance, to New York State psychiatric hospitals in 1947 were recruited from the group aged 65 and over (7) indicates the tremendous practical importance of finding and evaluating ways of postponing or making unnecessary hospitalization for mental illness. Proof that programs such as those discussed here actually accomplish this would be a great stimulus to their expansion. These data should be less difficult to obtain on older than on younger groups since the number of variables to be controlled is reduced among older people.

There are many compelling reasons for carrying out mental hygiene programs with the aged. Certainly one of these is the probable prevention of the social and financial load of

psychoses of old age. Another is the fact that a goal for youth is a satisfying old age. If this goal could be assured, many of the pressures and insecurities of younger people would be relieved. The giving of health, the helping to lead an aging person to a more abundant life—one with satisfaction instead of loneliness, with joy in creation instead of frustration, with pleasure in social contacts rather than irritation in meeting people—these are the most important aims of the mental hygiene of aging.

REFERENCES

- (1) Gesell, A.: Embryology of behavior. New York., Harper and Bros., 1945, pp. 144-159.
- (2) Bowlby, J.: Maternal health and child care. Geneva, World Health Organization, 1951.
- (3) Allee, W. C.: Social dominance and subordination among vertebrates. Biol. Symposia. 8: 139-162 (1942).
- (4) Martin, L. J., and DeGruchy, C.: Salvaging old age. New York, The Macmillan Co., 1930.
- (5) Unpublished teaching material. The Henry Phipps Psychiatric Clinic, The Johns Hopkins University Medical School.
- (6) Mental Health Film Board: The steps of age. Distributed by the International Film Bureau, Chicago, Ill., 1950.
- (7) The Council of State Governments: The mental health programs of the forty-eight States. Chicago, 1950, p. 215, footnote 7.



You Can Be Safe From X-Rays

16 mm., sound, black and white, 10 minutes, 1952.

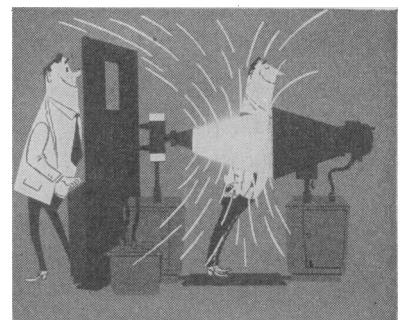
Audience: Personnel concerned with operating X-ray equipment.

Available:

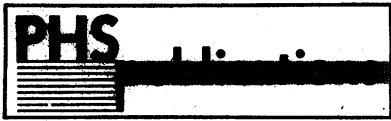
Loan—Medical Directors, (PHS) Federal Security Agency Regional Offices. Also from Communicable Disease Center, PHS, P. O. Box 185, Chamblee, Ga.

Purchase—United World Films, Inc., 1445 Park Avenue, New York 29, N. Y.

This filmograph was prepared by the Division of Chronic Disease and Tuberculosis of the Public Health Service, as a training aid for X-ray technicians and other personnel. It stresses the hazards of secondary radiation in X-ray installations and outlines protective measures against overexposure to radiation. In cartoon style, it depicts an X-ray technician who takes excellent care of his equipment but does not use the same care in protecting himself from the harmful effects of too much X-ray exposure. The effects of excess radiation are discussed, the hazards outlined, and protective measures de-



scribed in detail. The point is emphasized that X-ray can be safe when those who handle it know the facts and follow simple safety rules.



Medical Group Practice in the United States

The data in this publication were obtained from a survey initiated by the Public Health Service in 1945 and conducted with the cooperation of most of the medical groups in the country. The report is a summary of recent published material and supplementary unpublished data on fees and volume of work. It is largely restricted to the quantitative aspects of medical group practice. It deals with the development and trends of group practice, reporting on personnel and organization, administration, income, prepayment plans, fees, and volume of work. The statistical material is based upon a questionnaire survey of all listed medical groups in the United States in 1946, an intensive study of 22 selected medical groups, and an additional 80 groups which were visited briefly.

Hunt, G. Halsey, and Goldstein, Marcus S.: *Medical Group Practice in the United States*. (Public Health Service Publication No. 77.) 1951. 70 pages. From the Superintendent of Documents, Government Printing Office, Washington 25, D. C., 25 cents.

The National Health Survey, 1935-36—Scope, Method and Bibliography

Continued interest in the National Health Survey of 1935-36, and requests for information on the methods used in its house-to-house canvass of some 700,000 households, have made it necessary to reissue "The National Health Survey; Scope and Method of the Nation-Wide Canvass of Sickness in Relation to Its Social and Economic Setting." This paper, which was first published in *Public Health Reports* in 1939, comprises part I of this new publication. Part II is a comprehensive list of references, briefly annotated, to

some 180 reports and articles which present descriptions or findings of the survey and which have been published over more than a decade in many different journals and bulletins.

• • •

The National Health Survey, 1935-36—Scope, Method, and Bibliography. Public Health Bibliography Series No. 5. (Public Health Service Publication No. 85). 1951. 67 pages. From the Superintendent of Documents, Government Printing Office, Washington 25, D. C., 30 cents.

Monthly Vital Statistics Report

The *Monthly Vital Statistics Report*, a new publication of the National Office of Vital Statistics, Public Health Service, will replace three current publications, *Monthly Marriage Report*, *Monthly Vital Statistics Bulletin*, and *Current Mortality Analysis*. Starting with data for January 1952, it will contain monthly and cumulative figures on births, marriage licenses, deaths, and infant deaths for States, certain cities, and Hawaii, and on marriage licenses for major cities, with a brief analysis of these vital statistics. The first issue will carry divorce data for a limited number of States and Hawaii, starting with figures for December 1951.

In addition, the new report will contain death rates by cause, age, race, and sex estimated from the returns of a 10-percent sample of death certificates filed in State and independent city vital statistics offices. The first issue will present these preliminary death rates for the United States for December 1951 and the year as a whole, with an analysis of current mortality conditions.

Volume 1, No. 1, of the new series will be published in March 1952.

The mailing lists of the three merging periodicals are being combined for the new *Monthly Vital Statistics Bulletin*. Requests to be placed on the lists should be addressed to the National Office of

Vital Statistics, Public Health Service, Washington 25, D. C. Requests should include a statement as to how, by whom, and to what extent the publication will be utilized.

Cancer Morbidity Series

This series represents the first publication of comparative cancer morbidity data for 10 major cities in the United States. A decade ago the initial studies were published in *Public Health Reports*. The material was gathered during 1937-39. The data in the current series were collected during resurveys in 1947 and 1948.

The first three studies in the current series, published in 1950 and 1951, are on Atlanta, Ga.; San Francisco and Alameda Counties, Calif.; and New Orleans, La. The other seven cities under study include Birmingham, Ala.; Dallas, Tex.; Denver, Colo.; Chicago, Ill.; Detroit, Mich.; Pittsburgh and Philadelphia, Pa. The individual reports on each city will be followed by a United States summary.

Each report includes statistics on the number of cases reported and the completeness of reporting, and on the source and accuracy of reports. Incidence, prevalence, and mortality rates are given, as are relative frequencies by sex, age, and color. Figures are given on the stage of the cancer at diagnosis, time of hospitalization, mortality rates, survival prospects, and medical check-ups.

• • •

Cancer illness among residents in Atlanta, Georgia. Cancer Morbidity Series 1 (Public Health Service Publication No. 13) 1950. 43 pages; tables. (Not for sale.)

Cancer illness among residents of San Francisco and Alameda Counties, California. Cancer Morbidity Series 2 (Public Health Service Publication No. 65) 1951. 46 pages; tables. (Not for sale.)

Cancer illness among residents of New Orleans, Louisiana. Cancer Morbidity Series No. 3 (Public Health Service Publication No. 67) 1951. 52 pages; tables. (Not for sale.)