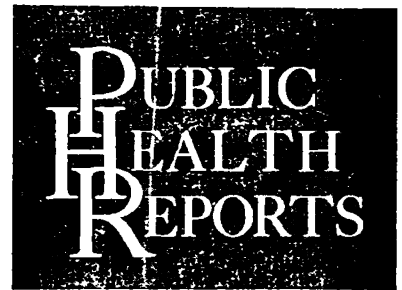




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THE INCIDENCE OF ILLNESS IN A GENERAL POPULATION GROUP

General Results of a Morbidity Study from December 1, 1921, Through March 31, 1924, in Hagerstown, Md.¹

By EDGAR SYDENSTRICKER, Statistician, United States Public Health Service

The problems and aims of public health are still set forth almost entirely in lethal terms whenever statistics are used. We speak of an unfavorable death rate and measure success in a lowered mortality. The best indices which have been available of the prevalence of nearly all diseases are the fatal cases only; and our epidemiology is limited, for the most part, to statistics of deaths.

The reasons for this condition are fairly clear to every vital statistician and will not be discussed here. Of greater pertinence is the result of a prolonged dependence upon mortality statistics. The effect has been to foster a fallacious premise for public health work, namely, that a low death rate indicates the presence of health. Obviously it does not. We know that, on the contrary, an exceedingly unhealthful region may exhibit a relatively low mortality, as, for example, a heavily infested hookworm locality or a section abounding in malaria. Pellagra may be widely prevalent in a community without affecting perceptibly its general death rate or even increasing materially the number of deaths from the disease itself. Instances of the same sort could be multiplied. The ill health that is manifested in symptoms, in discomfort, in lessened vigor and efficiency, even in illness and suffering, is not reflected in the death rate, except for certain diseases, for any purpose practicable in preventive work.

FEBRUARY 13, 1925, pp. 279-291

Edgar Sydenstricker's summary of provisional results of the first household survey by the Public Health Service in Hagerstown, Md., lit the path for the use of morbidity data about the Nation's population, in addition to mortality data.