

PUBLIC HEALTH

Health in 1942 Excellent

Outlook for 1943 is very uncertain, but we have health and medical resources to counterbalance special hazards in wartime.

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► THE FORECAST which I made at the beginning of 1942 concerning the health and mortality conditions among the people of the United States contained several serious reservations. I was at that time very cautious because of the uncertainties surrounding the future. There was first of all the question of what our direct war losses might be during the year. It was also impossible to foresee with any accuracy what indirect effect the war effort might have on the health of the people.

It has been very gratifying, therefore, to find, as the year progressed, that exceptionally favorable health and mortality prevailed month after month. In fact, at the end of the first nine months of the year, the death rate was the lowest on record for this period of the year among the many millions of Industrial policyholders of the Metropolitan Life Insurance Company, a group which covers a large enough cross-section of the whole population to serve as a reliable index of the general situation. Moreover, preliminary figures for the population of the large cities of the country confirmed this trend. No epidemics of any consequence were recorded. In fact, all infectious diseases were at a low ebb. Beginning with October, however, the mortality in 1942 has been

slightly higher than in the corresponding months of the previous year. But despite this setback, the whole year's experience has been exceptionally good and the death rate for the year will rank among the best on record—if it is not actually the best.

With the war uppermost in our minds, the first item of interest in the mortality picture for the year is the number of war deaths which have occurred. The record at hand is necessarily incomplete. Official reports indicate that at the end of the first year of war the number of dead, including the first returns from the African campaign, are between eight and nine thousand. With the wounded and missing included, our war casualties are in the neighborhood of 60,000 for the year. Expensive as the war has been in terms of human life, the war casualties have not, as yet, begun to compare with the loss which we normally suffer from accidents each year. It is a startling commentary on our way of life to note that each year there are as many homicides and many more suicides than the number of known battle deaths in the first year of the war.

Accidents in War

The accident situation is of particular interest this year because it is so closely related to our war effort. In the first place, the increase in industrial activity occasioned a considerable rise in occupational accidents. But at the same time,

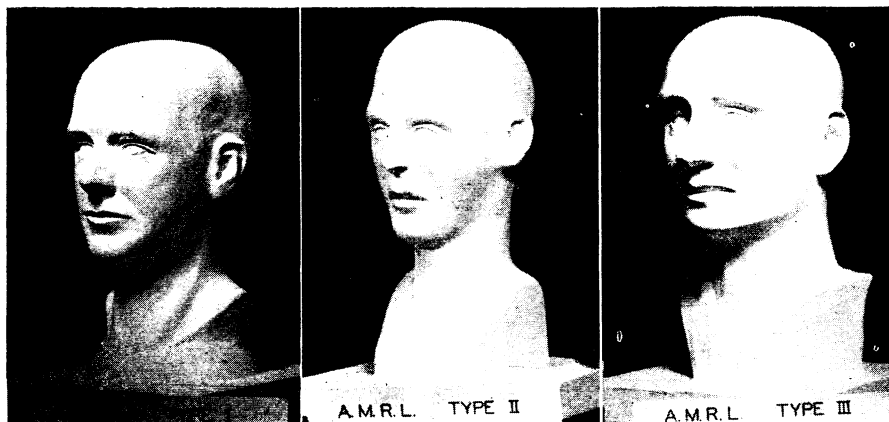
the restriction on automobile travel has reduced the number of motor vehicle fatalities. The deaths from motor vehicle accidents will be lower than last year by about a third. Other accidents in public places have been slightly higher this year than last. But, on the whole, the accident rate in 1942 will be less than in 1941.

Births in War

Another factor which is directly related to the war but which balances the mortality picture, is the sharp rise in the birth rate. Beginning with the time when the draft of men for war service appeared likely, the birth rate has risen constantly. Thus, from a figure of less than 17 per 1,000 in the middle 30's, the birth rate rose to 17.3 in 1939; to 17.9 in 1940, and to 18.9 in 1941. The preliminary figures for the first ten months of the year indicate a birth rate of approximately 20.5 per 1,000 in 1942. This increase in the birth rate not only increases the number of women exposed to the hazards of childbirth, but increases the population at the early ages where mortality is high. Fortunately, the improvement in maternal mortality has been great enough in recent years to overcome the extra hazard arising from the increase in births. The death rate from childbirth among women insured in the Metropolitan Life Insurance Company, after remaining fairly stationary in 1941, declined again in 1942. Presumably, the same thing occurred in the general population. The infant death rate was also lower.

Each of the principal communicable diseases of childhood registered rates as low as, or lower than those of last year. At the same time, the absence of any epidemic of respiratory diseases and the success of the sulfa drug therapy have

TYPICAL FLYERS — From measurements of 2,000 flyers, conducted at the Army's Aero-Medical Research Laboratory at Wright Field, it was found that these seven basic composite types of model heads could be made for the fitting of oxygen masks. Type one, at the left, is the average Army flyer. The other six types represent extremes of contours and out-sizes who could not be fitted with the same mask that would fit type one. The heads were made at the Field Museum of Natural History, Chicago.



reduced the deaths from influenza and pneumonia by more than 15% in the year. Tuberculosis, which is an excellent index of the current health of the population, has recorded a minimum rate virtually every month this year.

Even the diseases of the heart, coronary arteries and kidneys, which we have come to expect to show increases corresponding to the aging of the population, recorded rates little above those of last year. Cancer and diabetes, two other important causes of death in middle and later life, showed higher rates than in 1941. For cancer, the rate was a new high; for diabetes, the increase was 3.0% but the rate is still below that of 1940.

No Serious Epidemic

We may then say that the health of the people remained excellent in 1942. There was no serious epidemic and the prevalence of the communicable diseases remained low. Likewise, there was no serious outbreak of meningitis such as occurred in the camps in World War I and which it was feared might recur. The chronic degenerative diseases, although some of them showed slightly higher rates than in 1941, were, with the exception of cancer and diseases of the coronary arteries, more favorable than in the years immediately preceding. Altogether, the first year of our participation in World War II has left us virtually unscathed so far as the nation's health is concerned, a very different situation from that among the other belligerents.

But despite this excellent showing in 1942, the outlook for 1943 is still very uncertain. On the favorable side, there is an assurance that the advances in medical science and practice have made it possible for us to control the acute conditions. On the unfavorable side,

there are several items of great potential danger. There is first and foremost the unpredictable number of war casualties. Certainly, there is every reason to expect that such casualties in 1943 will be far greater than they were in the past year. Secondly, there is the danger inherent in the crowded living conditions and the temporary makeshift homes in which many workers are compelled to live near the defense plants. There is also the problem of maintaining adequate heating in the buildings in the areas where the shortage of oil is most acute. It is to be hoped that the relatively unfavorable death rates recorded in the closing weeks of the year do not reflect a permanent rise resulting from these factors. In addition, there are also signs that a scarcity of physicians may develop in some localities. The absorption of hospital staffs in the Army and in the war industries has created a serious problem for many communities and their health institutions. These items may well cause us trouble if an outbreak of serious respiratory disease occurs.

Blackout a Hazard

The blackout in coastal areas to prevent the sky glow dangerous to coastwise shipping also contributes a new accident hazard. It was found in England that the blackout there contributed to a marked increase in the number of road accidents. Nevertheless auto travel restrictions should continue to reduce the number of motor vehicle accidents in spite of the poor illumination on streets and highways. Strict observation of traffic rules by pedestrians will help to minimize the danger.

But in spite of all of the uncertainties and difficulties, we can face the year 1943 with the knowledge that we have many resources available to counterbalance the special hazards. Apart from the

dangers inherent in the war, there is no untoward circumstance as to the public health. We have an abundance of natural resources, an excellent medical profession and skilled health agencies which, working together with an informed public, should see us through.

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PSYCHIATRY

Promotion Depression Is Another Manpower Hazard

► LATEST MANPOWER hazard to be described by medical men is the Promotion Depression, or depression due to being promoted.

While most of us would be willing to risk a little depression in this cause, some people go all to pieces when faced with a raise and sudden increase in responsibility, according to Dr. Norris B. Flanagan, of Boston, reporting three recent cases in the *Journal of the American Medical Association* (Dec. 26).

Three reliable, overconscientious employees, who were suddenly shifted by war conditions to positions of increased responsibility, reacted with severe depression, reports Dr. Flanagan. Symptoms included suicidal ideas, loss of sleep and appetite, and impotence. One patient, after six weeks in a hospital, was able to adjust to a routine job, but unable to accept his promotion.

People subject to promotion depressions can be recognized by industrial doctors and personnel officers, says Dr. Flanagan, since they are generally overconscientious, reliable workers because of their fastidious, or even fussy attention to detail.

But by definition, a "boss" must be one who can delegate his work and not feel compelled to do it all himself, explains Dr. Flanagan.

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