

To be returned to Cop

Report of Committee on Uniform Tables
Appointed by The American Public
Health Association.

Annual Report, New York State Dept. of Health
1912.

The committee appointed to cooperate with a corresponding committee of the American Statistical Association and with the Bureau of the Census begs leave to submit the accompanying memorandum on uniform tables as its report of progress, with the request that such of the specific recommendation as may seem advisable be adopted as rules of statistical practice.

The cooperating committee of the American Statistical Association, through its chairman, Professor Walter F. Willcox, presents a draft of a report of the Association, with forms of tables, which is incorporated in this report, subject to any amendments or alterations that may be made, prior to its adoption, by the American Statistical Association.

There is also appended to this report a circular letter issued by the Bureau of the Census, and it is urged that the report be published, if feasible, perhaps as a census pamphlet, as a basis upon which definitive recommendations and forms of tables may be presented for adoption at the next session of the Association.

The problems involved are so far reaching and difficult in their practical solution that it would seem unnecessary to proceed slowly and cautiously rather than to exhibit undue haste in the formulation of proposed forms.

Respectfully submitted,

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Committee.

Memoranda on Uniform Tables for Vital Statistics.

1. It is more expedient to discuss the general question of securing uniformity and to agree upon some general principles than it is to adopt at this time any actual forms of standard tables.

2. Standard tables should be considered with reference to their appropriateness for, first, the census reports; second, state reports and bulletins; third, city reports and bulletins.

3. Census reports should deal primarily with states and large cities, giving only the fundamental data for small cities and counties. They should deal with data in the mass, for broad comparisons chiefly, and to establish standards (e.g., corrected rates, general life tables) with which local comparisons can be made.

4. State reports should begin where census reports leave off, and study the state as a unit; and they should give special attention to counties and groups of counties (e.g. see Bulletins of Indiana, Michigan, and New York), and should present data in considerable detail for small cities and villages, singly and grouped into cities of from 5,000 to 10,000 population, etc. They may even take up the individual towns or townships when such units are important, but they should not go into the subdivisions of large cities that maintain an efficient registration service.

5. City reports, especially those of large cities, should deal with the primary units of area (city blocks) grouped into such larger aggregates (wards or sanitary districts) as may be found advisable, and they should specialize on morbidity statistics and their relation to mortality statistics.

6. Whatever mortality statistics are worth printing at all are, as a rule, worth printing with full details of sex, age, and color (when colored population is ten or more percent) . This refers to the primary tables.

7. "Unknowns" should never be "distributed" but should appear as a criterion of registrative efficiency for sex, age, color and all other ~~forms~~ items.

8. Important general tables, and especially those for causes of death, should show ages, by sex, for each ~~xx~~ quinquennial period from 0-4 to 95-99. The first quinquennial period should be subdivided into single years. A detailed list of centenarians should be given, and for infant mortality the first year of life should be stated by months, the first month by weeks, and the first week should show at least the first five days individually. For tables of occupations the periods should be: 10-14, 15-19, 20-24, 35-44, 45-54, 55-64, 65-74, 75-84 and 85 and over, with special statement for children under 10 years, when child workers under that age are found.

9. All main tables of causes of death in reports of states and large cities should use the detailed International Classification without change or alteration, except the Subdivisions (but not additions or changes) of titles may be made when necessary. For minor tables in the same way, and for special purposes shorter selected lists may be made, each title representing certain definite titles of the detailed International Classification. Each title should bear its International Classification number to assure ease of comparison and certainty in regard to the inclusion of terms.

10. For the following diseases, tables should be presented by calendar months and by the regular series of age periods until less than five per cent may be embraced in the final period:

- Typhoid fever
- Malarial fever
- Measles
- Scarlet Fever
- Whooping Cough
- Diphtheria and croup
- Influenza
- Tuberculosis
- Bronchitis
- Pneumonia

Bronchitis

Penumonia

Diarrhea and entritis

By months, weeks and days of age.

Congenital debility, etc

By months, weeks and days of age.

11. Causes of death with death rates should be presented for each year since the beginning of registration if practicable according to the abridged International Classification, otherwise according to the list of the International Table of the Registrar-General's Report.

12. The first general tables constructed should provide for the data contained in the main tables of the international statistics of the Statistique Generale of France.

13. Every report should contain a table showing the dates and population, by sex and ages, at several recent censuses.

14. Every report should contain a table showing the elements of population, by sex, age, color, nativity, etc., at the last census.