The introductory paper in this second issue of the *Journal* is the talk given by Professor Cochrane at the Sixth International Scientific Meeting of the International Epidemiological Association. Professor Cochrane's subject is the measurement of ill health and, although he puts forward a number of views, one should bear in mind that other approaches are feasible. The emphasis in the paper is largely on his own personal approach to the problem and the efforts that he and his colleagues have made in this field.

The question of the measurement of ill health raises a number of issues which are increasing in importance with the development of health services and the need to assess the best allocation of health resources.

In 1956, Dorn observed that William Farr made his analysis of official mortality records in the nineteenth century in order to discover and draw attention to significant variations in ill health among different sections of the population. Farr's work has been continued and extended by subsequent Registrars General in Great Britain and the most complete information on variations in mortality rates by occupation and socio-economic class available anywhere is that for England and Wales.

Dorn also pointed out that the study of mortality is not, in itself, sufficient in the twentieth century and that there was, in 1956, no comprehensive data on morbidity for the entire population of the United States. Since then there have been a number of general morbidity surveys of individual communities, a sample survey in one state and a few studies of morbidity from specific diseases.

Other studies on morbidity patterns include the classic one undertaken by Cullumbine in Ceylon in 1950. This was a sample survey to determine the prevalence of disabling diseases and was based on door-to-door interviewing of 17,946 households from all the districts, communities and ethnic groups in Ceylon. From the material collected, Cullumbine was able to determine the proportion of different groups of the population who suffered from disabling diseases.

More recently Pemberton and Macleod have demonstrated the need to undertake morbidity studies to ascertain the prevalence of disability, and Marks has also shown the importance of specific studies in understanding the pattern of illness in older people. In various studies attempts have been made to develop a unified health index to assign a given value to particular forms of disability: although its usefulness may be questioned, this is a field that will undoubtedly attract many people in the future.

Developing and developed countries alike must now decide priorities for spending money in health services. In Great Britain and the United States there has been an explosion of requirements in this area, due to the growing sophistication of curative medicine, and an increasing proportion of the national wealth is being spent on the provision of health services. It would be wrong, however, to assume that this is necessarily a good thing. In terms of ultimate benefit to the population, it has probably been wiser, in the poorer countries and in Great Britain, for example, to spend more money on education and housing than on health.

We are beginning to realize that some restriction of the amount of resources available for health is inevitable and, as a result of this, interest in the measurement of ill health is at last developing. We do intend to have a symposium on this important subject in a future issue of the journal and hope to persuade a number of eminent authorities to give us their thoughts on the problem. Contributions from any readers would also be most welcome.