

Srole L, Langner T S, Michael S T, Opler M K & Rennie T A C. *Mental health in the metropolis: the midtown Manhattan study*. New York: McGraw-Hill, 1962. 428 p.  
[State Univ. New York Med. Ctr., Brooklyn; Cornell Univ. Med. Coll., New York; and Univ. Buffalo Sch. Medicine, NY]

A representative probability sample of 1,660 white adult inhabitants of a metropolitan, "gold coast and slum" residential area was intensively interviewed in order to uncover the linkages of mental health differences to combinations of the following eight socio-cultural antecedents: age, sex, marital status, socioeconomic origins, rural-urban provenance, generation level (relative to immigration from abroad), nationality roots, and religious origin. [The *Social Sciences Citation Index*® (SSCI®) and the *Science Citation Index*® (SCI®) indicate that this book has been cited in over 1,670 publications.]

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No one associated with *Mental Health in the Metropolis (MHIM)* could have imagined that the book would be immediately greeted as front-page news by every New York daily and by national lay magazines as prominent as *Newsweek*, *Time*, and *Commentary*. Such a general press reaction was rare in the annals of the behavioral sciences and calls for an appropriate, at least cursory, explanation here.

In the perspective of 20/20 hindsight, we can discern that the Midtown study germinated during one of the earthshaking turning points of human history, with World War II accelerating a host of independent developments that converged upon the Midtown investigators, including these seven momentous developments. (1) Selective Service wartime screenings of young men had turned up psychiatric rejections in massive numbers beyond all previous professional awareness. (2) Out of the *Literary Digest's* earlier (1936) fiasco in attempting to predict the outcome of a presidential election had arisen the mathematically grounded science of probability sampling. (3) Standardized forms for interviewing and recording comparable information from large aggregates of individuals had emerged. (4) Precursors of the computer had been invented for analysis of previously indigestible masses of data. (5) Multidisciplinary research teams had crystallized to encompass the newly generated complexities. (6) The War Department had mounted an unprecedented series of socio-psychological investigations, under the overall title

of "American Soldier Studies." (7) Congress had created the National Institute of Mental Health, with funds to support large-scale investigations.

The research team assembled in 1952 to conduct the Midtown study was composed of prewar veterans of their respective disciplines. Facing the new developments, we all saw ourselves as technical neophytes, improvising our way into the unexplored frontier of mental health among a large, heterogeneous population at rest in the intimacy of their living rooms. The unknowns awaiting us—not least the potential sample-threatening refusals to cooperate in addressing psychological sensitivities—did not make for untroubled sleep.

Hitched to a newly constructed gradient of individual mental health classification, we were able to graph the scatter of our sample of 1,660 age 20-59 adults along the entire range of our novel yardstick. (We were interested in the "well" among them, no less than in the "impaired.") The identical yardstick was then applied to eight sets of sociocultural subgroups.

Preceded by a century of fragmentary, technically primitive forays into hospital patient aggregates, the *MHIM* monograph represented a giant leap toward a state-of-the-art, systematic, integrated cross section of the largest city on the American continent.

The *New York Times'* editors quickly recognized the historical significance of the *MHIM* volume and devoted the columnar equivalent of a full page to its contents, plus an editorial and a Sunday book review that characterized *MHIM* as "a pioneering work of great merit." The rest of the lay press promptly followed suit, with reviews in relevant professional journals bringing up the rear several months after, raising a controversial storm of critical approbation, skepticism, and disparagement. One of those reviews anticipated the ISI® findings by declaring that *MHIM* is "already a classic to which future studies must make reference for at least a generation."<sup>1</sup>

A decade later, when the dust had finally settled, I, as the book's principal author and senior social scientist, was elected an Honorary Fellow of the American Psychiatric Association.

However, *MHIM's* story is not yet finished. It continues in the follow-up study of survivors of the original Midtown sample, now being written under the title *Mental Health in the Metropolis Revisited: Twenty Years Later*.<sup>2</sup> An advanced presentation appeared in 1980.<sup>3</sup> We shall patiently await the ISI evidence on the differential impacts of the parent work and its sequel offspring.

1. Srole L & Fischer A K, eds. *Mental health in the metropolis: the midtown Manhattan study*. New York: New York University Press, 1978. 553 p.
2. Srole L, Fischer A K & Millman J. *Mental health in the metropolis revisited: twenty years later*. New York: Basic Books. (In preparation.)
3. Srole L & Fischer A K. The midtown Manhattan longitudinal study vs. "the mental paradise lost" doctrine. *Arch. Gen. Psychiat.* 37:209-221, 1980. (Cited 25 times.)

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