

TODAY, two-thirds of all deaths among persons between 20 and 65 years of age are due to the chronic diseases. These diseases, frequently accompanied by disability and premature death, are demanding consideration as leading medical, social, and public health problems. That the chronic diseases cast their shadow before them is revealed in the article "Risk of Mortality among Persons with Chronic Disease" by Rollo H. Britten, Senior Statistician of the United States Public Health Service. He finds that persons in comparatively good health who on medical examination are found to have specific impairments or a history of certain diseases have an added risk of mortality. The material presented in this study indicates the need for study of two aspects of the problem of control; how to identify the signs of chronic disease at the earliest possible moment, and how to eliminate the associated risk of mortality.

Better control of tuberculosis is the constant aim of public health workers engaged in combatting the disease. With this purpose in mind a special tuberculosis program is being conducted in one of the congested areas of New York City. A critical appraisal of the results of the first two years of this intensive study is contained in the article, "Tuberculosis Control in the Mulberry District of New York City," by Jean Downes and Clara R. Price. The comparative value of various experiments in case-finding is discussed, volume of service in relation to cost is analyzed, and the accomplishment in certain procedures for control, such as examination of family contacts and the extent of clinic and nursing supervision, is tested. The Fund is cooperating in this special study which is being conducted by the Association for Improving the Condition of the Poor and the Bureau of Tuberculosis of the New York City Department of Health.

The extent to which maturing adults replace the existing segment of the population of working ages is fundamental to many of our current problems. It has obvious bearing on questions of future labor supply, demand for housing and other commodities. It is immediately pertinent to the rural youth problem, for young men and women attaining their majorities on the farm must find opportunities there, or migrate to the cities. As Coordinator of Rural Research for the Works Progress Administration, Dr. T. J. Woofer, Jr., has constantly needed accurate predictions with reference to the course of the problems mentioned above. This need is not fulfilled by the ordinary estimates of total increase in population. In "Replacement Rates in the Productive Ages," Dr. Woofter submits what he believes to be a fairly accurate method of measuring and forecasting this situation. In this article, chief consideration is given to present and projected replacement rates of rural farm males 18-65 years of age in different sections of the country. For the whole country the author compares the projected trends 1935-1955 for males 18-65 in urban, rural nonfarm, and rural farm populations.

A pioneer attempt to appraise health teaching activities in elementary schools is described in the article "Evaluation of a Rural School Health Project," by Ruth M. Strang, Ruth E. Grout, and Dorothy G. Wiehl. For this study of the teacher's work in health education, certain significant aspects of health instruction were formulated as a basis for rating an individual teacher's methods. The immediate purpose of this evaluation of teaching activities was to obtain some measure of the effectiveness of specialized supervision in the development of a sound program of health instruction in the one and two teacher rural schools in Cattaraugus County, New York. The methods applied, however, should be useful to supervisors and others who may be concerned with the problem of rating teachers' reports of their health work. This investigation gives evidence of the rural teacher's need for education in methods of teaching health information and of utilizing her opportunities for developing in the child habits of healthful living.

Under the title "Impairments in a Rural Population" is offered the second article on the health status of people in a typical rural area. The present note takes up the prevalence of impairments (chronic illnesses

In This Issue

and defects) which could only be diagnosed by the history obtained from the examined individuals. These impairments are kept separate from the impairments ascertained from other parts of the medical study (physical and laboratory examinations) because they lack an objective basis. Despite this handicap, however, they are felt to offer more reliable data on prevalence than the more frequently given estimates.

Ten years ago modern medicine, except as provided in the missionary hospitals, was a curiosity in the rural sections of China, and public health work was unknown. For more than a thousand years, the great mass of the Chinese people had lived together in villages which were merely agglomerations of farming families held together by ownership of land, common ancestry, and the simplest form of democratic government. Over 90 per cent were illiterate and even the so-called middle classes kept their domestic animals in the quarters where they slept, cooked, and ate. In 1927, the Chinese National Association of the Mass Education Movement, which since 1923 had been carrying on a program of large scale mass education to reduce illiteracy, decided to engage in an intensive "qualitative" experiment in public health, agricultural extension, industrial education, social surveys, and research in methods of teaching. An experimental unit was set up in Ting Hsien, a remote farming community of some 400,000 population about 130 miles southwest of Peiping. The annual report of the Department of Public Health for 1936, "Ting Hsien and the Public Health Movement in China," describing the vast strides made since 1930 in introducing public health work to rural China, is published in this issue.