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THE social and economic characteristics of the chief sources of our future population are matters we can no longer safely ignore. Studies have repeatedly indicated that highest birth rates in this country are found in rural areas where levels of living are lowest, where schools are poorest, and where health facilities are most meager. The far-reaching implications of this situation are realized when we consider that, due to low birth rates in large urban centers, the cities must draw upon the surplus population of benighted rural areas for a substantial part of their population renewals. In an article, "Constructive Rural Farm Population Policies," Dr. Carl C. Taylor and Dr. Conrad Taeuber of the Division of Farm Population and Rural Life, United States Department of Agriculture, emphasize the need for attention to the problem and suggest several broad lines of attack.



During the last quarter of a century it has become increasingly evident that decentralization of some of the functions of the Health Department will make health services more effective in a great metropolis, where each neighborhood, equal in size to a small city, has its own characteristic population and health problems. In New York City, a broad district health administration program has been launched by the Department of Health. The article, "Four Years of District Health Administration in New York City," by Dr. John L. Rice, the Commissioner of Health, and Dr. Margaret W. Barnard, the director of the Bureau of District Health Administration, reports on the progress made since 1934 in organizing the City's health activities on a district basis. The experience of these four years has already demonstrated the advantages and soundness of a city-wide district program.

Dental defects of school children constitute an important health problem and it is known that the care of dental conditions in children is greatly neglected. The prevalence and extent of attack by caries and of accumulated, uncared for carious permanent teeth in school children is revealed in "The Dental Problem of Elementary School Children" by Drs. Henry Klein and Carroll E. Palmer of the United States Public Health Service. An examination of about 95 per cent of the enrolled white children in the grade schools of Hagerstown, Maryland, provided data to indicate that new dental carious defects accrue in the permanent teeth each year at a rate which is approximately six times the rate at which fillings are placed.



That tuberculosis, both because of its high incidence among adults and because of its long duration, tends to undermine the economic stability of families, has long been recognized. However, little data on the subject has been published. In the article, "Social and Economic Problems in the Control of Tuberculosis," Bailey B. Burritt, executive director of the New York Association for Improving the Condition of the Poor, summarizes the results of studies of the social and economic condition of the families of tuberculous patients living in Syracuse, New York, and in New York City. These studies present evidence that little attention has been paid to the provision of a budget adequate for the food, clothing, housing, and the necessities of life, needed in addition to medical treatment, nursing supervision, or sanatorium and hospital care.



The testing of distance vision has been a part of the routine health examination for many years. The examinations made on rural folk reported in previous issues of the *Quarterly* included distance vision tests, and the present article on "Results of Distance Vision Tests in a Rural Population," by Dr. Ralph E. Wheeler, extends the necessarily limited report previously made in the series on "Impairments in a Rural Population." Particular attention is paid to the question of the correction of defects of distance vision by glasses, and a supplement to the present method of testing is advocated as a further refinement of the routine procedure.

The seriousness of tuberculosis is shown by the high risk of mortality within a few years after diagnosis. The article "A Study of Mortality among Individuals with Active Pulmonary Tuberculosis" by Miss Jean Downes of the Fund's staff presents unique data based on the experience of a group of unselected cases followed throughout a period of years. For example, it shows that at the end of a five-year period after diagnosis of active disease the public health administrator may expect a mortality of approximately 22 per cent among active cases classed as minimal when diagnosed and a mortality of 43 per cent among those classed as moderately advanced. Relatively few diseases have such a high fatality as does tuberculosis and the study indicates the importance of prevention of the spread of infection so that active cases of the disease will develop much less frequently.