

The record of subsequent mortality among persons with certain physical impairments has indicated a definite risk of excess mortality. The conditions to which this excess mortality is attached are largely the chronic diseases or diseases with a chronic aftermath. In the present article, "Chronic Disease among Middle and Old-Age Persons," Miss Jean Downes of the Fund's staff reports upon the risk of illness and disability for ambulatory persons with chronic disease. The broad indications of the study are that persons with serious chronic disease carry the main burden of illness in the population after age forty is reached. Such cases form a relatively small proportion of the population but are responsible for an excessive amount of sickness and disability. How to lessen the unusual hazard of sickness and disability for the ambulatory person with chronic disease is a pressing health problem.

The spread of the small family system has been an outstanding corollary of the change from frontier agricultural to urban industrial economy. Some of its effects are discussed by Clyde V. Kiser in an article, "Social Implications of the Under-Developed Family." The discussion is based mainly on recent findings by various investigators. It is chiefly concerned with problems attending the regional and rural-urban imbalance of reproductive levels and with problems inherent in the declining ratios of youth and increasing ratios of aged persons to our total population.

It has been difficult to educate people, especially in the low-income groups, to seek medical care before they become victims of incapacitating illness. This is perhaps especially true of women with the more common

types of gynecological pathology. In the article entitled: "Gynecological Case-Finding in Maternal Health Clinics," Dr. Regine Stix discusses the types of gynecological pathology found in pelvic examination of women seeking contraceptive advice in two maternal health clinics. The author stresses the importance of the maternal health clinic in reducing maternal morbidity by securing treatment of gynecological disease before it becomes serious.

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The anemia which results from a deficiency of iron is believed to be fairly prevalent during the period of adolescent growth. However, the hemoglobin and erythrocyte values for persons in this age period have been less extensively studied than those for very young children or for adults. In the third paper from a survey conducted in New York City, "Medical Evaluation of Nutritional Status," Miss Dorothy G. Wiehl presents data on hemoglobin and erythrocyte values for "normal" subjects of adolescent ages and discusses the need for better standards at these ages in order to identify persons who have mild or borderline anemia.

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General results from recent and earlier studies for this country have suggested that class differences in the fertility of married women are becoming less pronounced. They have indicated the emergence of exceptions to the traditional inverse order of birth rates along socio-economic lines. The lack of close comparability of the earlier and recent data for this country, however, has permitted only broad and qualitative descriptions of the newer trends in differential fertility. Dr. J. W. Innes' study, "Trends in Class Birth Rates in England and Wales from 1921-1931," is distinctive in that it affords the definitive and quantitative descriptions of recent trends thus far lacking in the studies for this country. His basic data relate to fertility of comparable occupational groups in 1921 and 1931 and were derived from the Registrar General's reports for the two periods.