

IN THIS ISSUE

THE caloric content of diets of high school students from families of relatively high income is compared with that of diets of students from low-income families in the article entitled "Caloric Intake of High School Students in New York City" by Dorothy G. Wiehl. This report continues the series from an investigation on Medical Evaluation of Nutritional Status. Data are presented on caloric intakes and on estimates of energy requirements based on detailed histories which suggest that most urban high school students do not need as many calories as have been recommended for these ages. Furthermore, variation in caloric need among students is so great that no average requirement can be considered reliable for evaluation of the adequacy of an individual's caloric intake. Students in the high-income group received, on the average, the energy value needed, but those in the low-income group, especially boys, had an average caloric intake below their estimated requirement.



The successful application of public health procedures which require follow-up of certain individuals and their families is affected by the mobility of persons within the specific population unit. The article "A Study of Mobility Among Tuberculous Households in Upper Harlem" by Sally Preas and Jean Downes describes the flow of population through a group of Negro households in New York City. The amount of moving varied according to the composition of the household, the smallest amount occurring when no persons outside the immediate family were present and the greatest occurring when the household included both relatives other than the immediate family and lodgers.

The factor of migration in the population of Negro tuberculous households is discussed in relation to its importance and effect upon the program for control of the disease among them.

The *Quarterly* is fortunate in having obtained from the *British Medical Journal* permission to reprint Dr. John A. Ryle's article on the meaning and scope of social medicine. For social medicine is a current topic of considerable interest and it is well to have authoritative views on exactly what is meant by the term. Dr. Ryle emphasizes that social medicine is not to be confused with socialized medicine, nor is it just another name for preventive medicine.

The first Institute of Social Medicine in the United Kingdom was established recently by the University of Oxford, and Dr. Ryle heads that Institute as Professor of Social Medicine. The Institute houses the Oxford Nutrition Survey, plans to establish experimental bureaus for the collection and analysis of morbidity statistics, sponsors some studies of endemic goiter in rural England, and has initiated regular socio-medical teaching and demonstrations for medical students in their clinical years. Its further expansion must await the conclusion of the war.



The second report in a contemplated series bearing the general title "Social and Psychological Factors Affecting Fertility" appears in this issue. It was prepared by Clyde V. Kiser and P. K. Whelpton and carries the subtitle "Variations in the Size of Completed Families of 6,551 Native-White Couples in Indianapolis." Like the first report, the present one is based upon materials collected during the course of the survey of white families in Indianapolis. This "household survey" was conducted in the summer of 1941 in order to identify couples eligible for a later intensive study of personal and cultural factors affecting human reproduction. The present study deals with distributions of native-white couples of virtually completed fertility (wife 40-44) according to number of live births. The analysis is carried through for Protestant and Catholic couples separately by age of wife at marriage, monthly rental value of the dwelling unit, educational attainment, and birth region of the husband and wife.