For a compendium of information contained in the sixteenth census and for a history of the United States census this book should be adequate. It would be a much better book if it had wider coverage, more recent information, and a background of some expressed theoretical framework.

Louis A. Hartheimer

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SOCIAL MEDICINE: ITS DERIVATIONS AND OBJECTIVES[1]

A BASIC concept of the field of social medicine—the importance of consideration of social as well as natural science factors in provision for illness and health—was given definite expression at a conference sponsored by The New York Academy of Medicine in 1947. Discussion centered on the following subjects:

1. Changing concepts of the relation of medicine to society.
2. Social medicine: its differentiation from and relation to clinical and preventive medicine.
3. Epidemiology in social medicine.
4. The place of nutrition in social medicine.
5. Social psychiatry and social medicine.
6. Social applications of psychiatry.
7. Social medicine: the appeal of the common man.

The papers presented are available in the book SOCIAL MEDICINE: ITS DERIVATIONS AND OBJECTIVES. Certain highlights of the book are noted in the paragraphs which follow.

Dr. Owsei Temkin gave the first paper on changing concepts of the relation of medicine to society. He indicated that in ancient Greece physicians had few social responsibilities. However, during the Middle Ages they began to assume some responsibility toward the community. In the sixteenth century

[1] SOCIAL MEDICINE: ITS DERIVATIONS AND OBJECTIVES. The New York Academy of Medicine Institute on Social Medicine, 1947. Edited by Iago Galdston, M.D. New York, The Commonwealth Fund, 1949, 294 pages.
Also, London, Oxford University Press, Geoffrey Cumberledge.

town physicians who engaged actively in public health work became widespread. The rise of Christianity brought an obligation for physicians to care for the sick.

Dr. George Rosen noted two factors resulting in proposals for government measures to protect health in the late seventeenth and early eighteenth centuries: (1) rising industrialism in which healthy workers were economically productive; and (2) appearance of the paternalistic theory of government of the system of absolute monarchy in Germany. In the last half of the eighteenth century, increasing public interest in the welfare of man was reflected in three developments: (1) proposals for hospital insurance and plans for care of the sick; (2) provision of health facilities for special groups (infants, mothers, industrial workers); and (3) interest in health education.

Richard H. Shryock indicated that middle-class humanitarianism prompted health programs in the 1840's and 1850's. Considerable interest was taken in statistics at this time. For example, Chadwick found a close relation between environment and mortality. In Liverpool the average age of the gentry at death was 35, and of the laborers was 15. Government concern for health followed the collection of such data. Dr. Henry E. Sigerist noted the rising interest in compulsory health insurance in the period from "Bismarck to Beveridge."

Absorbed in scientific problems involved in the care of sick individuals many physicians had limited awareness of the broad social and economic changes. In an introduction to the book, Dr. Howard Reid Craig stressed the present need for realization that medicine is an integral and interrelated part of the social organism. The need is recognized in the field of social medicine, which he defined as the product of the "anabolism of the biological, psychological, and social sciences." Persons trained in these three fields contributed to the discussion of epidemiology, nutrition, and psychiatry.

In the papers on epidemiology, two types of studies in which attention should be given to social factors in illness and health were mentioned. Dr. Ernest L. Stebbins noted the increasing concern for social factors following the rise of studies of non-infectious disease. Margaret Merrell and Lowell J. Reed pro-

posed epidemiological studies emphasizing health in which consideration is given to the nature of the environment.

Dr. Hugh R. Leavell followed with suggestions for a broad program of social medicine including:

1. Extension of basic public health services, with greater attention to social conditions affecting tuberculosis, venereal disease, and industrial illness.

2. Additional concern for geriatrics, mental health, nutrition, and housing in public health programs.

3. Provision of facilities for early diagnosis and adequate care of illness.

4. Education in social and economic factors in sickness.

Dr. Dean A. Clark pointed out that individuals must assume responsibility in the programs of social medicine.

The broad economic and political considerations ultimately involved in provision for health were particularly evident in the discussion of nutrition. Dr. Frank G. Boudreau stated that a World Food Survey by the Food and Agriculture Organization of the United Nations showed that before World War II, food supplies at the retail level were adequate for provision of less than 2,250 calories per person daily. These supplies were unevenly distributed. John D. Black noted that index numbers for the diets of 70 countries reported in the 1935–1939 World Food Survey ranged from 113 for New Zealand to 33 for India and Java.

Numerous means of securing improved nutrition were suggested:

1. Proper care of the soil, concern for climatic factors affecting food, production of kinds of food needed by the people, and use of processing methods involving least loss of food value to solve problems of food supply.

2. Supplementary food distribution programs, such as school lunches, in-plant feeding, and food stamp plans, to assure food to certain groups.

3. Food enrichment and guaranteed nutritional quality of food through legislation to meet difficulties the consumer faces in wise choice of foods.

In a broad introduction to the discussion of psychiatry, F. S.

C. Northrop noted the influence of philosophic ideologies on the social practices of particular cultures. He suggested a world philosophy reconciling the diverse ideologies of various areas as a means to international peace and to adequate self-expression by persons of diverse potentialities and values. Along this line, Dr. Iago Galdston stated that "modern dynamic psychiatry traces much of the prevailing psychopathy to the conflict between the primitive drives and singular goals of the individual and the restrictions and exactions imposed upon him by the group in which he dwells."

Specific consideration was then given to problems of adjustment in various life situations. Mary Fisher Langmuir stressed the influence of infancy and early childhood on later mental health. She noted the importance of competent parents who recognize the changing needs during the early years of life, such as the desirability of early mothering followed by later independence. In a paper on adolescence, Dr. Phyllis Greenacre suggested "social awareness of the needs of adolescence—its susceptibility to new ideals and particularly its need for social group activities." In a discussion of the family, Dr. William Line noted the relationships between family and community adjustments of individuals.

The purpose of this book, as stated by Dr. George Baehr, was "not so much to reveal new knowledge as to take a first step toward the correlation of available information." This purpose was realized.

ELIZABETH H. JACKSON

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AGE AND WASTAGE IN INDUSTRIAL POPULATIONS[1]

IN order to study the relation between age and the incidence of specific disease, Padley made use of data on illness for the insured working population of Scotland during the period 1931–1936 and for various insured working groups at particular periods during the past century.

[1] Padley, Richard: Studies on Age and Wastage in Industrial Populations. *British Journal of Social Medicine*, October, 1947, 1, No. 4, pp. 213–237.