IN THIS ISSUE

WITHIN a short period of time, such as one year, only a small percentage of the population will experience illness which will require a large amount of medical care. This has been demonstrated in many studies and is, of course, the basic reason for application of the insurance principle for meeting unpredictable high cost of medical care. There is little evidence available, however, concerning the continuing need for medical care over longer periods of time by special groups of families or individuals. Using three years of experience for families insured in the Health Insurance Plan of Greater New York, Paul M. Densen, Sam Shapiro and Marilyn Einhorn examine the question of concentration of utilization of physician services in the article entitled "Concerning High and Low Utilizers of Service in a Medical Care Plan and the Persistence of Utilization Levels Over a Three Year Period." Distribution of services in one year showed that four per cent of the insured persons accounted for one-fourth of all physician visits and twelve per cent accounted for one-half the visits. For a group of high utilizers in the first year, it was found that one-fifth of them remained high utilizers in both of the following two years, and about one-third were high utilizers in at least one of the years. Thus, a small number of persons had a very large amount of medical care during the three years. The reasons for this need further investigation.

• • •

An association between health and social welfare problems in families is a familiar finding to professional workers in public health and social welfare. A statistical evaluation of this association is made by Zdenek Hrubec in the article entitled "The

Association of Health and Social Welfare Problems in Individuals and Their Families." Records of social agencies for families included in a community health survey provided data on social welfare problems and health status of individuals in the survey. The author is interested especially in the association of these problems within family units. His findings support the conclusion that "in addition to factors which produce a clustering of sick persons in families and factors which produce a clustering of persons with social problems in families, there are factors which affect both jointly."

The Indianapolis Study indicated that the extent of a wife's participation in activities outside the home is inversely related to her fertility and desired size of family. However, because of their *ex post facto* nature, the Indianapolis Study data do not provide much basis for separating cause and effect on this question. This weakness is diminished to some extent in Jeanne Clare Ridley's article in this issue "Number of Children Expected in Relation to Non-Familial Activities of the Wife." The data relate to number of children expected by wives 18–39 years old. They were collected in the 1955 Growth of American Families Study. This particular analysis is based upon the records for 1,794 white married women classified as fecund.

The registration of births and deaths is characteristically a function of the State Health Departments in this country. This pattern was set in Massachusetts as described by Dr. Robert Gutman in his third article of a series: "Birth and Death Registration in Massachusetts III. The System Achieves a Form, 1849–1869." This period of twenty years was one of "many noteworthy reforms in the operation of the registration system." It was notable chiefly for the struggle between those who regarded registration of births and deaths as a health function and those who regarded it as a civil function for the Courts and the Secretary of State. The inauguration of the State Board of Health in 1869, the first in the United States "finally resolved this controversy" according to Dr. Gutman.