

Were allocated according to place of occurrence. The subsequent trend toward allocation to usual place of residence was stimulated partly by the increasing proportion of deaths occurring in hospitals and partly by the desire to achieve comparability with residence of the living population as given in the census. However, for special studies of specific diseases there are advantages in having lifetime residence histories of the decedents. A recent collaborative effort of the Pennsylvania Department of Health and the United States Public Health Service to collect and use such data is described in the paper "Residence Histories of Deceased Persons" by Monroe G. Sirken, William Haenszel, and James W. Pifer.

In the paper "Another Look at the Indianapolis Fertility Data," Dr. David Goldberg explores the hypothesis that the presence of farm migrants in cities accounts for much of the tendency for birth rates in cities to be highest among the laborers and lowest among the white collar workers. In essential respects the data support the hypothesis. The occupational class differences in fertility were much weaker among the two-generation urbanites than among the migrants from farms residing in Indianapolis. The author discusses the findings and their significance for future trends and differentials in urban fertility.

Professor Dennis H. Wrong presents a paper "Class Fertility Trends in England and Wales," based largely upon data from the 1951 Census of those countries. As in our own country, some narrowing of the class differences in fertility occurred during the thirties in the context of general declines in fertility. Also as in our country, a decided narrowing of fertility differentials occurred during the forties in the context of general increases in fertility. However, the 1951 data also indicate some resurgence of the nonmanual-manual differential in fertility among couples married under four years.

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One measure of the health of a population is the amount of illness of different types for which the people sought service from a physician. In the article "Medical Care Plans as a Source of Morbidity Data; the Prevalence of Illness and Associated Volume of Service" by Paul M. Densen, Eve Balamuth and Neva R. Deardoff, the authors report rates for specific causes of illness and the number of contacts with a physician for care of different illnesses based on a ten per cent sample of the records for enrollees in the Health Insurance Plan of Greater New York in the years 1948-1951. Variation with age in the prevalence of different diseases and in the volume of physician service required for treatment is emphasized in the report. Data on morbidity in a population previously have been available chiefly from household surveys. Systematic studies of illness in an insured population can greatly increase present knowledge about the nature and extent of health problems and provide information useful in planning and administering health insurance programs.