quite, as marked as in the ordinary forms. (4) Cells containing red blood-corpuscles, of which a few examples occurred. There are no *myéloplaques*."

An instance of the rare condition of hypertrophic cirrhosis of the liver (Case I.) in a drunkard is given on page 56, with microscopic appearances; one (Case LXXXIV.) of cancer of the neck of the gall-bladder, with gall-stones; and a case (LXXXVIII.) of suppuration of the portal vein following typhoid fever, also are worthy of attention.

The editor has evidently given much care to the compilation and arrangement of this work; and is to be complimented upon the clear style of the reports, and the unusual freedom from typographical errors which so frequently disfigure works of this kind and detract so greatly from the pleasure of reading them. It is to be hoped that these pathological reports of the Montreal General Hospital will continue to be published, so as to preserve the records of cases of such unusual interest as appear in the first volume of the series. F. W.

ART. XXXII.—*Mortuary Experience of the Mutual Life Insurance Company of New York, with Tabulated Reports, and an Analysis of the Causes of Death.* By G. S. WINSTON, M.D., W. R. GILLETTE, M.D., and E. J. MARSH, M.D. Vol. II. 8vo. pp. 224. New York, 1877.

THIS work is a continuation of the one which we noticed in the number of this Journal for July, 1876. It deals much less with numerical facts, and more with general deductions from the experience of the company, as bearing on particular diseases. A large amount of space is devoted to consumption, with results extremely interesting, and, in some respects, surprising. One conclusion, somewhat at variance with the general impression, is, that the disease prevails with about equal frequency at all ages, from twenty to sixty years. Above the latter age, it even increases as a cause of death. In the especial field of the insured lives, the fatality more nearly approaches to the popular idea; apparently from the fact that tendency to the disease is much less discoverable in the young than in the middle-aged. That is, a young person not unfrequently passes rather suddenly from apparent health into a phthisical condition; while with older people the onset of the complaint is more gradual and more forewarned, so to speak. The latter class of cases, therefore, are detected and refused as risks by the medical examiners, while the former are accepted, and develop their malady later.

As to the alleged increased proportionate prevalence of phthisis as a cause of death after sixty years of age, we would suggest that many old people have a chronic bronchitic cough, and, dying from general debility or old age, the disease may be wrongfully attributed to "consumption."

The protective influence in favour of the company, exerted by its medical examinations, is shown in regard to this disease by the fact that, whereas in society at large phthisis destroys annually 35 out of 10,000 adults living, within the circle of the insured the number is only about 19. The effect of rigid examination is again shown in the small number of phthisical deaths in the first year of insurance. Thus, to 10,000 lives exposed, but 7 die in the first year, while 17, 21, and 25 to each of the succeeding three years mark the development of disease, undiscovered, and probably undiscoverable, at date of application.

The officers of the company have been unable to reach any conclusions as to the influence of occupations upon phthisis.

Chest-measure, while found to be somewhat less in consumptively inclined per-

sons than in others, is here regarded as an indication of less prognostic moment than is the weight of the body, in its proportion to the stature. Careful observations of large numbers of men (among them the U. S. Provost Marshal's observations noticed in this *Journal* for Oct. 1876) have established a standard of normal ratios whereby the weight of body, proper to each height, is ascertained. Among consumptives, we are here told, 80 per cent. fell below the right weight.

Hereditary predisposition, or "family taint," has not seemed to these writers worthy to exert quite so strong a prohibitory influence, as might have been anticipated, against the taking of risks. By itself alone, it is not considered decisive against acceptance. They have not found the disease earlier developed in the tainted than in those free from known predisposition.

Hæmoptysis, it would strike an outsider, is here a little overrated as condemnatory of an application. The company accepts no one within seven years after manifesting this symptom.

Zymotic diseases have a peculiar importance to insurance companies, inasmuch as no care in selection can avail to guard against losses, and as the causes which produce epidemics are wholly beyond their control. Some forms of zymotic disease, however, but rarely attack the class of people who insure their lives. Hence we see that, while typhoid prevails equally among the insured and among the general city population, smallpox is at 7 to 48,¹ as cause of death in these two classes; typhus fever, 5 to 20; dysentery and diarrhœa, 24 to 67; and relapsing fever caused no deaths in the company's 100,000 risks. Altogether, the zymotic mortality in the company is about one-half that outside. Conditions of age, and the fact noticed in the foot-note, of course aid in producing this great difference, which, however, seems yet to be chiefly due to the difference of class, as first referred to.

The apparent fact of a company-mortality from alcoholism of 6 against a general rate of 68, here attributed to the influence of careful selection of risks, we are inclined to discount considerably. The unpleasant word in question is rarely used, however appropriate, in the social class to which the company's clients mostly belong. Every medical man knows how very many terms may be employed in these cases, and often justified more or less by the symptoms, to avoid naming the ugly condition at the back and bottom of all the surface symptoms. Indeed, it is almost impossible to disregard the feelings of surviving friends in this matter.

We notice, by the by, that our authors include the affection just named among the zymotics.

Tables of deaths by decennial periods support the statement, that care in selection of risks has no protective power against losses by zymotic diseases generally, inasmuch as the number in each period varies but little, and with no apparent law.

We are somewhat surprised to learn that the mortality from smallpox is much smaller than among the insured of the German companies, in the ratio of 2.3 to 10, in the most fatal years of each. The absolute number of decedents in the "Mutual" from this cause is too small to warrant much argument, but out of the company's 23 deaths, in 1871-3, 12 were foreigners, including 8 Germans.

Typhoid fever tables indicate that *deaths* from this disease are by no means proportionately less frequent in advanced life. In fact, to 100,000 lives in the age-period 60-69, there are just double the number of decedents from typhoid that are found from 30 to 39. The sequence of mortalities, through the periods as here shown, is rather curious. Beginning with 87, from 20 to 29, we find in suc-

¹ This difference is in part due to the municipal statistics covering fewer years, and yet including the worst period of epidemic prevalence.

cessive decades, 52, 54, 58, 104, 86. Thus the general chances of death from this malady seem greatest in age and in youth, while least in middle life. Are any other modes of ending, among the old and debilitated, possibly liable to be mistakenly reported as typhoid?

A very large and somewhat inexplicable disproportion seems to exist as to cancer, as a death-cause, in and out of the company. In the lack of a better, may we not suspect as a reason for exemption the better food and sanitary surroundings of the class that insures?

Diseases of the nervous system, as a cause of death, rapidly increase with the age of the insured. Comparing the insured with the uninsured, the mortality to a certain number living is decidedly smaller with the former. *Among the dying*, in the respective classes, however, those from nervous diseases bear, to the total mortality, a larger proportion among the insured—owing, probably, as here suggested, to the extensive exclusion of other forms of disease, such as consumption, for instance, by the company's examiners. That the actual proneness of the class which insures, to fatal nervous trouble, is less than that of a more stolid and less intellectual one, is an occasion for some comment. The present writers point to superior knowledge of laws of health, better food and shelter, and especially to more temperate habits as to drink, as the probable causes which overbalance the greater nervous tension and wear and tear resulting from the severe mental and emotional strain attending the lives of the professional man and the merchant.

Deaths by apoplexy are fewer, to persons living, among the insured than outside; in both classes the number very rapidly increases in about an equal ratio—doubling with every ten years of age.

The fact and comment of the previous publication are here repeated as to the greater mortality from apoplexy in the first year of insurance than in the second. Fears and warnings, more or less vague, perhaps, led persons to insure their lives without mentioning sensations that would have excluded them if named. The peculiarity as to the first years obtains in all the decennial periods.

Some curious and interesting researches have been made to ascertain whether or not some recent writers are right in setting aside the idea that a stout and short stature favours apoplectic seizures. The company's experience decidedly supports the more popular and time-honoured notion.

In regard to "softening of the brain," we think the compilers might wisely have pursued the same course as with "disease of brain"—dismissed the matter as too vague to be recognized as an entity. We mean, of course, the manner in which the term is ordinarily applied—to any and every case of progressive mental weakness.

Apropos to the question of insanity and suicide, noticed on another page of this Journal, we find here the significant fact that of the 70 decedents from "insanity," 39 committed suicide! Even supposing that other deaths should properly have been attributed to insanity—instead of "brain disease," or some intercurrent or terminal malady—this extraordinary proportion speaks in trumpet-tones of the peculiar weakness (*we cannot call it belief*) of juries, which seem to have no other term which they can possibly apply to suicide than those sapient words, "temporary insanity." How they arrive at a knowledge of its temporary character we cannot imagine, unless because the victim passes from time to eternity.

The very decided proportional infrequency of mortality from heart-disease, which exists in the earlier years of insurance, gradually diminishes, though it never wholly disappears. That is, among persons who grow old in the company the affection becomes more and more prevalent. And its frequency increases with age, even in those recently insured.

A somewhat remarkable disproportion exists between the general and the com-

pany mortality from pneumonia. Partly to selection, but especially to exemption from poverty, hardship, and intemperance, is attributed the fact that deaths from pneumonia among the insured are only from one-third to one-half the number, to so many persons living, that obtains in the general population of New York City.

It is a sign of honest purpose and a right spirit to make here one or two acknowledgments of erroneous deductions in the previous publication. The supposed excess of casualties among the young as compared to elder people, formerly charged to activity of life and recklessness of spirit, is now stated to be apparent rather than real, arising from the absence of many other death-causes proper to more advanced life. The interpretation of figures is a very difficult art, and the acknowledgment of error in particulars increases our faith in the general correctness of the work.

In connection with the statements regarding insanity, above noticed, we may remark that the total number of deaths by suicide was 62; so that there were actually 23 *not* adjudged to be manifestations of insanity.

We have far from exhausted the interest and value of this volume, and can only hope we have not misinterpreted its teachings.

B. L. R.

ART. XXXIII.—*On the Use of Wines in Health and Disease.* By FRANCE E. ANSTIE, M.D., F.R.C.P. 12mo. pp. 74. London: Macmillan & Co. 1877.

ALL the writings of the late Dr. Anstie form instructive and interesting reading, and the little *brochure* before us is no exception to this rule. As indicated in the title, the work is divided into two parts: in the first, on the use of wine in health, without discussing the lawfulness or advisability of such use, the author adopts as a fact "established both by wide-spread custom and by the most recent physiological research, that alcohol, as such, has its legitimate place in the sustentation both of the healthy and diseased organism." He shows, however, that wines, in addition to being first and more especially considered as alcoholic fluids, contain various other ingredients, such as sugar, acids, salts, astringents, and the fixed and volatile ethers, scarcely less worthy of study in the selection of wines for ordinary use, and of particular value in their application to the treatment of disease. The second part is occupied with the consideration of the uses of wines in acute and chronic diseases, sound general principles being laid down to govern their use in the febrile and non-febrile diseases, severe hemorrhages, acute neuroses, shock; and, under the head of chronic diseases, in debility from failure of primary digestion; in defective conditions of the blood, such as anæmia, chlorosis, hydræmia, etc., not yet complicated with tissue change; in phthisis, and the wasting diseases of childhood; in the chronic neuroses of the aged; in exhausting mucous discharges, and in chronic suppuration. Here again the author shows the value of a familiar acquaintance with the different vinous ingredients, the practical application of which is well illustrated in the following passage:—

"The ethereal constituents of wine have a special value in the latter stage of severe febrile disease, with great exhaustion of the heart, especially when combined with sleeplessness. On the other hand, a low alcoholic strength of wine, together with the presence of carbonic acid, as in the finer effervescing wines, is particularly useful in cases where the violence of the fever, the nervous prostration, and the derangement of digestion, are out of proportion to the gravity of the case as regards danger to life and continuous destruction of tissue."