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Quote: *Cont'd from page 1.*

ance managements averages unusually high, but it may be well to remind ourselves from time to time that the interests of all insurance companies demand the preservation of these high standards." *Ray D. Murphy, chairman of the board, Equitable Life Assurance Society.*

No greater security . . . "There is an alternative approach to overcoming the complexities of modern life, and that is to increase the predictability or the predetermination of the individual. There are few jobs in modern society where so much 'power to decide' rests with the individual, as in the case of the life underwriter. This individual can set his own goals, his own pace, actually decide his own income and retirement plans . . . or, indeed, whether to retire at all. Such high predictability over his own destiny is what gives the life underwriter 'security with freedom'" *S. G. Hale, Mutual of New York.*

Age of change . . . "Nothing will kill your business like better methods in the hands of a competitor. Today it is both smart and fashionable to change. Even the traditional family stability is being affected as one out of every five people move annually from one place to another. Major changes have taken place during the past few years in the techniques used to sell and service life insurance. The early do-it-yourself agent is now becoming a skilled specialist with elaborate scientifically prepared sales aids. More and more we are emphasizing living insurance. We have stopped guessing and started testing. This is a day of research." *L. L. Hoecker, executive vice president, Home State Life*

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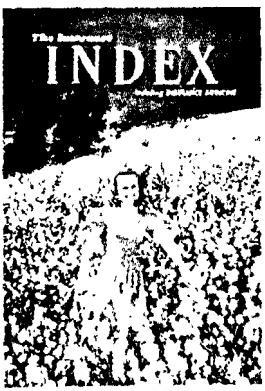
THE INSURANCE INDEX

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The Insurance
INDEX
including INSURANCE MEDICINE

MAY, 1956

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Late in actuality all over the country, a few substantial signs of spring show up at least on the Index's May cover. The season, in almost every region blighted by untimely frosts and unbelievable snows, is here properly treated by the camera of Mike Roberts, Berkeley, California. Absolutely everything here, states Roberts, including the winsome young lady also in full bloom, is California-grown.

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egg twins, 86%. . . Asthma. Genetic situation is confused. . . Risk for child (one parent asthmatic) 13 per cent of developing asthma, 7 per cent of developing hay fever . . Mental deficiency. Incidence 1 in 200 to 1 in 100 . . . empirical rates for siblings of mental defectives are approximately: up to 90 per cent when both parents are defective, 40 per cent when one parent is defective . . . Patent ductus arteriosus Risk for siblings about 3 per cent of having some congenital heart defect . . . Psoriasis. Empirical risk for siblings of affected-parents normal, 2 to 7 per cent; one parent affected, 9 to 20 per cent. Risk for children of affected parents 15 per cent"

These examples may suffice to display the extent and the significance of the contents of this book.

Medical Digest

Prognosis of the Suicidal Patient*

To determine the factors influencing the prognosis of the seriously suicidal patient, an analysis of the case histories of 50 such patients treated at the New York Hospital—Westchester Division was undertaken. In all cases, there was no doubt of the intensity of the suicidal drive. Of the 50 patients included, 35% were in the manic-depressive category; 25% were psychoneurotic; 22% were schizophrenic; 10% had involutional phychoses, and the remainder had either a psychosis with psychopathic personality or psychopathic personality without psychosis. Approximately 60% were considered psychotic on admission.

A characteristic reactivation of suicidal tendencies was found in 90% of all patients. This occurred when the patient was markedly improved and came into contact once more with the environment in which the illness began. The suicidal drive had, therefore, not completely subsided, even when the patient was relatively free from tension and was considered convalescent. Suicidal gestures, including successful attempts, took place in the majority of reactivations. Management of this phase is the most crucial aspect of therapy and the chief prognostic factor for the present illness. Recovery required a major change in the life situation. Only three recovered cases returned to the same environment in which the illness arose without fundamental changes in marital relationships, employment, or psychosexual orientation. The follow-up period averaged six and one-half years for recovered cases and 4 years for all cases. At the time of the last follow-up 50% were recovered and 20% much improved. 11 patients died by suicide. Of these, 7 were removed from the hospital against advice. These deaths occurred within 2 to 4 months after removal from the hospital. Four patients remained permanently hospitalized. Of the 37 patients considered recovered or much improved, 3 had a recurrence of the suicidal tendencies and 6 had subsequent psychiatric disorders.

*L. M. Moss Prognosis of the Suicidal Patient New York Academy of Med., Sect. of Neurol. and Psychiat. and New York Neurol. Society Joint Meeting which was held on May 10, 1955

Carcinoma of the Lung*

Cancer of the lung may be due to occupational inhalation noxa: radium emanation in association with arsenic containing rock dust, generator gases, asbestos dust (mag-

*K. Randig The Causation of Carcinoma of the Lungs Questions and Answers Deutsche med. Wchnschr., 80 718, May 6, 1955.

nesium silicate), chromate dust, nickel dust. In Berlin, these causes of lung cancer play no role. The author analyzed the material of 30 hospital departments in West Berlin: 415 men and 33 women with bronchial cancer and a control group of 381 men and 131 women (study by questionnaire). Only established cases of lung cancer were included. There was only a slight predominance of the right lung, with 208 men and 17 women, as compared to 195 men and 10 women with involvement of the left lung. The questionnaire regards tobacco consumption extended over a 20-year period. Nonsmokers comprised 1.2% of the male cancer group and 5.8% of the male control group. A consumption of 1 to 4 cigarettes were reported by 3.1% of the cancer group and 7.3% in the control group. 5 to 9 cigarettes in 15.7 and 26.0%, respectively; 10 to 19 cigarettes in 45.8% and 43.0%, respectively; 20 or more cigarettes in 34.2 and 17.9% respectively. The differences are statistically significant at the level of 3.5 times and 5 times the mean error for the group of nonsmokers and heavy smokers, respectively. In the female cancer group, the percentages were: 51.5, 3.0, 36.4, 6.1 and 3 0 for the 5 groups of smoking intensity, respectively, and in the control group 70.3, 16.0, 9.9, 3.8 and 0.0, respectively. When the risk of a nonsmoker to develop bronchial cancer is used as a unit, the risk in males amounts to 2 1 for slight, 2.9 for moderate, 5.2 for heavy and 9.4 for excessive smokers with an average of 5 1 for all smokers, and to 2 2 for smoking women. The absolute low number of nonsmokers among the male population is conspicuous; it amounts to 4 to 8% of the total population. Cases of lung cancer among nonsmokers, particularly women, do not contradict the etiologic significance of tobacco in general, and the presence of other carcinogenic substances must be admitted.

Carcinoma and Thrombophlebitis[*]

Many physicians who had occasion to observe patients with carcinoma of an internal organ, noticed the development of thrombophlebitis in one or more superficial veins. W. E. Kenney (Surgery, 14:600, 1943) published a detailed study of vascular lesions which were observed in 51 cases of carcinoma of the pancreas. R. Elman and M. W. Wheat (Gastroenterology, 26:149, 1954) found that the presence of the ordinary type of multiple thrombi permitted an early preoperative diagnosis in 22% of 157 collected cases of carcinoma of the pancreas. There are two types of carcinogenetic thrombophlebitis: one is indistinguishable from classical thrombophlebitis; the other presents the characteristic lesions of thrombophlebitis migrans (they appear gradually, subside within two or more weeks, and within a similar period may recur in the same or in neighboring veins. Fever and leucocytosis play a part in each flare-up. Superficial veins are predominantly involved, deeper veins occasionally are implicated). The occurrence of either type, particularly in males beyond the age of 35 years, suggests the diagnosis of visceral carcinoma until proved otherwise. Prompt recognition of either of these types may permit detection of carcinoma months earlier than might be discovered by other diagnostic methods, thus affording more prompt use of protective anticoagulant therapy, and perhaps more successful surgical procedures. Unsuccessful treatment of thrombophlebitis by ordin-

[*]R. H. Durham. Thrombophlebitis Migrans and Visceral Carcinoma. Arch Int Med 3 380, September 1955