

ANNOTATIONS

TWENTY-FIVE YEARS OF HEALTH PROGRESS

THE mortality experience among the industrial policy-holders of the Metropolitan Life Insurance Company has earned a unique position in the vital statistics of this country and Canada. The ranking achievements of the Company in this field, now of proven worth to commercial enterprise as well as to the American public in general, is a tribute to the extraordinary statistical organization under the able leadership of Dr. Louis I. Dublin. There is a striking similarity in the approaches of Dr. Dublin in utilizing the vital experience of the huge population segment of an American nonofficial agency and the methods of Dr. Farr's classical work in the field of official vital statistics in England. Both have broadened immensely our knowledge of the forces of mortality affecting the wage-earning population and the value of Dr. Dublin's contribution for this country is enhanced by the fact that nation-wide vital statistics in the United States are scarcely five years old.

TWENTY-FIVE YEARS OF HEALTH PROGRESS,¹ by Dr. Louis I. Dublin and Dr. Alfred J. Lotka, presents a statistical study of the mortality experience of the industrial policy-holders of the Metropolitan Life Insurance Company for the period 1911-1935. The material is thoroughly and scientifically treated and readably presented. The scientific value of such a study depends, among other things, upon the length of the period covered by the statistics and the comparability of the data throughout the period under consideration. One of the most difficult problems in securing comparability of data throughout a period covering a quarter of a century is the changes in classification from decade to decade that occur in the "International List of Causes of Death." In the publication

¹ Louis I. Dublin, Ph.D. and Alfred J. Lotka, D.Sc.: TWENTY-FIVE YEARS OF HEALTH PROGRESS: A Study of the Mortality Experience Among the Industrial Policy-Holders of the Metropolitan Life Insurance Company 1911 to 1935. New York, N. Y., Metropolitan Life Insurance Company, 1937. 611 pp.

under review the difficulty has been overcome wherever consistent and possible, by using the 1920 classification as a basis and by re-sorting titles wherever necessary to make them conform as nearly as could be with the 1920 list.

The first three chapters of *TWENTY-FIVE YEARS OF HEALTH PROGRESS* are devoted to general considerations. In Chapter 1 there is included a discussion of the demographic characteristics of the population under consideration. In brief, the experience relates to an insured population, 1-74 years of age, which increases from eight million persons in 1911 to seventeen million in 1935. These persons live in the United States and Canada, largely in urban communities and in widely different geographical areas. Including as it does principally the wage-earning population and their families, the experience has fewer employed males in the professional and semi-professional population than there are in the general population. On the other hand, there are relatively more persons classified under the heading of "Manufacturing and Mechanical Industries," transportation services, and public service occupations and, to a lesser degree, under trade, domestic and personal service, and clerical occupations. The economic status is, therefore, on the whole lower than that of the general population.

There are distinct differences between the distribution by age, sex, and color of the industrial policy-holders and of the general population of the United States. These differences are in the gross: (1) a considerable excess of females; (2) a larger proportion of young persons; and (3) an excess of colored persons, due entirely to a greater proportion of colored females. In order to adjust for these differences as well as to make the experience comparable throughout the period, standardized death rates are used in the discussion. The Standard Million Population of England and Wales is adopted in the case of death rates for white persons, colored persons and the entire group; special weights are applied to the standardized death rates for color and sex in order to secure such death rates for both sexes combined and for all persons. The other two introductory chapters in this volume deal with the general mortality from all causes and the trend of longevity throughout the period covered by the study.

The nine chapters that follow are actually distinct sections arranged into several chapters. Each section is devoted to detailed consideration of a group of causes of death as a whole and of the specific diseases operating

in the group. Although the treatment of these chapters is somewhat similar in content and order of presentation, namely the mortality for each cause by age, sex, and color, the trend of mortality during the period, special factors in the increase or decrease of the death rate, and the prevention of deaths in the future, yet the style of the authors is never stereotyped or boring. Throughout the discussion, data from other sources have been generously drawn upon from time to time in order to afford the reader a broader presentation of the subject and to assist him in the interpretation of the findings of the experience of the authors. In the chapter on influenza and pneumonia, there is a special essay on the epidemic of influenza of 1918 and 1919 in the United States.

The final discussion of the book, Chapter XII, deals with deaths from external causes and contains considerable data on fatal accidents that have not been generally available previously except for a limited number of states. There is given in Table 7, on page 439, the percentage distribution of accidental deaths by origin of hazard (home, public, occupational); in Table 11, on page 452, automobile deaths by type of accident; in Table 18, on page 473, the percentage of deaths from falls according to agency of fall; and in Table 22, on page 484, the percentage of deaths from burns according to agency of injury. If in computing the percentages in Table 11, 18, and 22 unspecified returns were excluded, the reviewer believes that the percentage distributions would have more extensive applicability.

The source of the facts upon which the volume is based made it impossible for the authors to present in Chapter X an entirely satisfying treatment of diseases of the puerperal state. The difficulty lies in the lack of information concerning births among the population at risk upon which to base the usual rates of maternal mortality. This chapter might well have contained a discussion of the relative importance of deaths from puerperal causes for women of childbearing ages.

The volume has two appendices: Appendix 1 discusses briefly the methods of compilation and analysis of data used in the report. Appendix 2 consists of four very valuable tables containing the detailed figures discussed in the report. The first of these tables gives the number of deaths and death rates for each cause from which the population at risk in each instance can be determined. The remaining tables contain standardized and specific death rates by age, sex, and color, for each cause for each year of the experience.

Taking the publication as a whole, the treatment has been such that for the first time there is available in a single volume the trend of mortality by specific causes over a relatively long period of time for a large portion of the population of this country and a comparison of the color, sex, and age specific death rates for two widely separated quinquennia, namely, 1911-1915 and 1931-1935. Workers in public health and others are indeed in debt to the Metropolitan Life Insurance Company and the authors for a book of splendid source material as well as for a valuable discussion of present mortality trends.

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BIRTH CONTROL AND THE PUBLIC HEALTH

THE status of birth control in the United States has undergone a marked change in the past year and a half. The decision of the United States Court of Appeals in December, 1936, and the action of the House of Delegates of the American Medical Association in June, 1937, paved the way for the prescription of contraceptives by physicians as a legally and medically approved service in preventive medicine. The majority opinion in the Court of Appeals decision ruled that the design of the present Act "is not to prevent the importation, sale or carriage by mail of things which might intelligently be employed by conscientious and competent physicians for the purpose of saving life or promoting the well-being of patients."¹ The recommendations of the Committee on Contraceptive Practices and Related Problems, which were accepted by the American Medical Association, follow:

1. That the American Medical Association . . . make clear to physicians their legal rights in the use of contraceptives.
2. That the American Medical Association undertake the investigation of materials, devices and methods . . . employed for the prevention of conception . . . and that the results of such investigations be published for the information of the medical profession.
3. That the Council on Medical Education and Hospitals of the American Medical Association be requested to promote thorough in-

¹ *New York Times*, December 8, 1936.