THE BEARING OF ALBUMINURIA ON LIFE ASSURANCE.

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SINCE Dr. Grainger Stewart read a paper before the Royal Society of Edinburgh, in June last, on the discharge of albumen from the kidneys of healthy people, the attention of the profession has been directed to this important subject. I would suggest that before the word "healthy" be inserted "apparently," so that the sentence would run: "the discharge of albumen from the kidneys of apparently healthy persons." It is, I think, begging the question to call persons healthy who are passing albumen; and I gather that this is also the view of Dr. Stewart, as in the report of the meeting in the JOURNAL for June 11th, from which I get my information, he is said to have arrived at the following conclusion, amongst others: "That there is no sufficient proof that albumen is normally discharged from the human kidneys."

The point, however, to which I wish to direct attention is the bearing of albuminuria on life assurance. The question at once arises, Are medical officers to life assurance companies justified in rejecting or referring all applicants found to be passing albumen? I am distinctly of opinion that at the present time there is not sufficient evidence before the profession to allow of any answer except an affirmative being given to this question. If Dr. Saundby could give us the result of his experience of the last ten years a little more definitely, it would make a good commencement.

The only attempt with which I am acquainted to follow up in a systematic manner the after-history of cases of albuminuria is that made by the medical staff of the United States Life Insurance Company in their annual reports to the board of directors. Struck by the fact that nearly 10 per cent. of all the deaths of policy holders in their company occurred from Bright's disease, an examination of the urine was required in the case of each applicant. In the first year, twenty-four cases of albuminuria were detected. "In each the heart and lungs were found to be normal, and nothing could be learned from the past history to lead to the suspicion that albuminuria existed; furthermore, the physical appearance in every case (with, perhaps, two exceptions) indicated a healthy condition. Each one considered himself in perfect health, and really appeared as if he were. They were all excluded solely on account of albuminuria, and formed 11 per cent. of those presenting themselves to me for examination. In nearly every case two or more specimens taken at different times were examined and albumen found in each." A similar procedure was adopted in 1879, with the result that nineteen cases, or 12 per cent., and in 1880 twenty-six cases, or 10 per cent., were found to be suffering from albuminuria.

In his concluding report Dr. Munn sums up his experience of the 69 cases as follows: "In view of the fact that four of the number have died, and that the general appearance of the majority of those who have been under observation for more than one year is gradually deteriorating, I am led to believe that albuminuria should be regarded as of grave significance. In some cases, however, it may be of slight importance, and further research may possibly enable us to discriminate between them."

The reports are accompanied by tables recording the occupation, age, weight, height, frequency of pulse, amount of albumen, presence or absence of casts in each case.

In favour of the line of action that I am recommending, namely, that persons suffering from albuminuria should not be accepted, is the fact that the vast majority of applicants for assurance are examined some hours after breakfast, so that those cases in which albumen is only found immediately after that meal would not be excluded from the benefit of life assurance.

In analysing Dr. Stewart's tables contained in your issue of October 15th—and I only take into consideration Tables II, III, and IV, the other tables, embracing children and scarlet fever patients, having no practical bearing on the assurance aspect of the question—I find that, of cases of Bright's disease (including those probably due to Bright's disease), in forty-nine instances the albumen was detected by nitric acid, and in five instances by picric acid only; grouping all the other conditions giving rise to albuminuria together, in forty-seven instances albumen was detected by nitric acid, and in twenty-eight instances by picric acid only;

therefore if picric acid had been dispensed with, five cases of Bright's disease would have been overlooked; but on the other hand, twenty-eight instances where there was no evidence of organic disease of the kidneys would not have been included in the category of persons unsuitable for assurance purposes on account of renal disease. Using nitric acid only, forty-nine cases were referred to Bright's disease and forty-seven to other causes. The outcome of this analysis is that in more than half the cases in which albumen was detected by cold nitric acid Bright's disease was the cause. I am therefore of opinion, as I have already stated, that medical officers to assurance companies should not recommend cases of albuminuria for acceptance where the albumen has been detected at mid-day or in the afternoon, on boiling the urine, or by means of cold nitric acid. From an assurance point of view I think it would perhaps be better not to employ picric acid, as otherwise fairly good lives might be excluded.

Before concluding, I must express my admiration of the able manner in which Dr. John Munn, one of the medical officers to the United States Life Insurance Company, has drawn up his tables, and of the very careful directions he gives for examining the urine.

CLINICAL MEMORANDA.

A CASE OF "QUINTAN" AGUE.

Mrs. B. M., a widow, aged 46, consulted me in October last. She was suffering from an attack of ague, which had commenced in the preceding June. The symptoms were very typical, the cold, hot, and sweating stages being well marked. The temperature rose during the cold and hot stages, reaching 105° F., and fell during the sweating stage, being normal during the intervals. The spleen was slightly enlarged, the other organs normal.

The most interesting feature of the case which leads me to record it was the rare interval between the attacks, namely, four days. I have consulted most of the books dealing with malarial diseases, but find that, while they all mention the ordinary types—quotidian, tertian, quartan, and the double varieties of these—none of them mention what may be called a "quintan" type, in which the interval was four days. Another interesting point was that a spot about the size of a shilling, near the tip of the tongue, became pale, cold, and anæsthetic during the height of each attack, and was accompanied by an eruption of herpes on the inside of the lips and cheeks. Those symptoms subsided during the interval, to return afresh on the fourth day, with the next paroxysm of ague.

At the Plymouth and Devonport Medical Society, on December 12th, Dr. W. H. Pearce said that in India herpes and ague sometimes alternate, but in this case they occurred concurrently. The patient had been in Massachusetts, U.S.A., in her youth, but does not remember having had ague there, but may possibly have forgotten, as it is twenty-six years since she returned from that country. There is a large swamp adjacent to her residence, which was lately in process of drainage, and the drying of this under the intense heat of last summer was probably responsible for the malarial infection.

I put the patient on treatment by quinine, which produced an immediate improvement. The next attack was much reduced in severity, while the one following that was only represented by a slight rise of temperature, headache, and malaria. After this all the symptoms disappeared; the spleen decreased in size; she had no return of the herpes or anæsthesia of the tongue. Her general health also rapidly improved, and I had a letter from her shortly before Christmas, in which she stated that she felt in better health than she had done for several years.

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A CASE OF MELANCHOLIA PRESENTING SOME EXCEPTIONAL FEATURES, PROLONGED REFUSAL OF FOOD, AND FORCED ALIMENTATION.

INTEREST attaches to cases of melancholia of the kind here reported owing to the relation which they bear to, and the light which they tend to throw upon, the cause or causes in operation which sometimes lead to prolonged fasting in so-called "fasting girls" and others; for I may at once say with regard to this case, before entering upon any details, that, as a result of delusion, no less than 123 days have elapsed since food or nourishment of any