

Rendich's logic may point in the right direction, since the stress of successful activity could well accentuate the physicians' already strong tendency to die of degenerative disease; his facts, however, are inadequate to establish the point. A more complete investigation of the subject brings out some rather striking information.

In Table 1 are given the mean ages at death of physicians awarded, respectively, 2, 3-5, 6-10, 11-15, 16-20 and 21 or more lines in the "Death Notices" columns of the *Journal*. Two hundred cases in each group were considered adequate to give a stable mean, but this number could not be obtained for the two upper classes without going back more than five years; use of older death lists was considered inadvisable because of sharp changes in certain disease mortalities—such, for instance, as has followed introduction of the newer forms of chemotherapy.

TABLE 1
DEATH AGE OF PHYSICIANS ACCORDING TO DEGREE
OF PROMINENCE

Number of lines in death column notices	Number of cases	Mean age at death years
2	200	71.2750 $\pm$ 0.5134
3-5	200	67.1750 $\pm$ 0.5875
6-10	200	65.2250 $\pm$ 0.5384
11-15	200	65.9250 $\pm$ 0.5096
16-20	100	68.0000 $\pm$ 0.6643
21+	136	70.5885 $\pm$ 0.5520

Here is evident a very definite and statistically significant trend in death age according to degree of prominence attained. Those whose deaths received bare mention lived to the greatest age but were closely followed by those whose achievements gained wide attention. Those achieving only mediocre success seemed to pay the highest price in terms of an earlier death age. The difference between the mean death ages of those with 2 lines and those with 6-10 lines is 6.0500 ± 0.7439 years; this difference is 8.1 times its own probable error and would almost never occur by

chance alone (only once in 100,000,000 times, more or less). Likewise, the difference in death age between those with 6-10 lines and those with 21+ lines (5.3635 ± 0.7711 years) is 7 times its own probable error and would occur by chance only once in about 500,000 times. The differences between the 6-10 and the 11-15 line groups and between the 2 and the 21+ line groups are only of the same order as their own probable errors and hence are without significance.

Interesting speculation may well be given to these observed differences in the mean life span. Do the really great live longer and achieve more because of a greater vitality and working capacity, or do they reach a higher plane of success as a result of their added years of effort? Since most great physicians have already made a name for themselves in the medical world by the time they are 50 years old, it seems likely that a high vitality of brain and body is the responsible factor. At any rate, the great seem not so inclined to die young or break down in the struggle as are the somewhat less successful; instead, their heritage appears more likely to be a ripe old age. This is indeed fortunate for society, for their great intrinsic capability is thus seasoned by a longer lifetime of experience and observation; these are the men whose counsel becomes increasingly valuable with advancing age.

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CORRECTION

THE 1942 U.S.D.A. Yearbook, "Keeping Livestock Healthy," page 1096, fails to give proper credit to the research workers responsible for the experimental production of goiter in poultry. This was first accomplished in 1938 by A. R. Patton, H. S. Wilgus, Jr., and G. S. Harshfield (*SCIENCE*, 89: 162, 1939).

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SPECIAL CORRESPONDENCE

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