Guide to medical examination for life insurance / by Francis W. Moinet.

GUIDE
TO
MEDICAL EXAMINATION
FOR
LIFE INSURANCE

FRANCIS W. MOINET, M.D.

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FOR

LIFE INSURANCE.

BY

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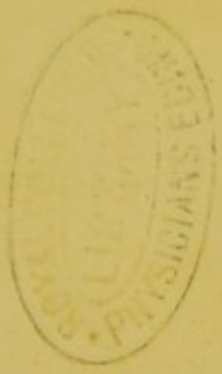

EDINBURGH:

MACLACHLAN AND STEWART, 64 SOUTH BRIDGE.

LONDON: SIMPKIN, MARSHALL, & Co.

1876.

PRINTED BY NEILL AND COMPANY, EDINBURGH.

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GUIDE TO MEDICAL EXAMINATION FOR LIFE INSURANCE.

INTRODUCTION.

The writer having frequently felt, and also having frequently noticed in medical reports the difficulties which apparently beset many medical men in judging as to the degree of eligibility of a life for insurance, and the different amount of importance attached by different examiners to certain facts brought out by the examination, has been led to direct his attention to the subject, in the hope of arriving at some conclusions to guide himself in judging such points. That these difficulties exist, and not unfrequently occur, will no doubt be readily admitted; and in striving to solve some of these for his own benefit, the writer hopes that by committing these pages to the press he may, in some measure, help also to solve the difficulties of others. The thought may occur to some on reading the title of these pages, that it is a very simple and easy matter to examine and report on a candidate for life insurance. Without in

the least wishing to exaggerate the difficulties, a little consideration will show that to do it in a manner satisfactory, not to himself or proposer, but for the interests of the company, is not such plain sailing as at first sight it may appear.

The simple examination to determine the present condition of applicant's health is quite a different thing from examining a patient for the purpose of diagnosing and treating any derangement or disease he may be labouring under.

In the one case you have to satisfy yourself that all the organs are sound, and the functions performed in a healthy manner—a much more difficult task in the majority of cases than to discover a disease of one organ to which, in many instances, the patient first directs your attention.

Whereas in the former case the proposer, although apparently in perfect health, and believing himself to be so, may yet be the subject of some incipient or latent disease. Besides, the physician is in the habit of frequently and daily doing the latter, while to many the former is only an occasional duty, sometimes occurring at rare and long intervals; so that he may be even at a loss and a little embarrassed by the thought of the proper way to conduct it, even with the help of the medical forms he has to fill up before him.

Supposing, however, this done, the greater difficulty still remains—namely, to form and state clearly an opinion from the facts before him as to the eligibility of the life for insurance. He has not, as after the

examination of a patient, simply to make a diagnosis and prognosis of his present malady. He has to form an opinion as to the probable expectation of his life, and, to do this, he has not only to take into consideration his present condition, but, in addition, he must consider the probable effects that his past history and family history may have on the duration of his life. To do this properly he has carefully to consider the chances and effects of the hereditary transmission of disease, and how these are modified by the age of proposer. The danger of the recurrence of certain diseases, habits, occupation, and climate must also be taken into account—points to which perhaps the medical examiner has not been called upon to pay particular attention.

He ought also to be aware of the general practice of Insurance companies in judging of certain risks—a practice founded not only on medical opinions, but also on the result of experience deduced from a large number of cases.

CHAPTER I.

PHTHISIS.

The subject naturally divides itself into two parts: I. Family history; and II. Personal history; and the latter may be subdivided into personal history, and the condition of proposer at time of examination; that is to say, his past and present condition, and from these various combinations may arise which must be taken into account. But for practical purposes the two cannot be easily separated.

I. Family history: its effects on the probable duration of life. This involves the hereditary nature of disease and its degree. A full discussion of this question, however, would be out of place and beyond the scope of this treatise. Without going into vague speculation or much detail, we will only try to give the results which are practically sufficiently sound to act upon. "Heredity," as Ribot states, "is that biological law by which all beings endowed with life tend to repeat themselves in their descendants; it is for the species what personal identity is for the individual." That both physical and mental attributes are so transmitted there is abundant proof—the former being much more decidedly characteristic, although

frequently modified afterwards by the operation of the latter, by education, and other influences. This heredity extends over all the elements and functions of the organism, to its external and internal structures, its maladies, its special characteristics, and its acquired modifications.

Seeing that peculiarities of healthy structures are, in accordance with certain physiological laws, liable to hereditary transmission, it cannot be a matter of surprise that pathological conditions, which are in many instances mere exaggerations of such peculiarities, should be found to be in like manner subject to continuation and even to further exaggeration *in transitu*. The more marked these changes are in the parent, and especially if both parents are so affected, the more decidedly may it be expected, as a rule, to show itself in their descendants. This susceptibility to disease of a particular kind we term a diathesis. Thus we speak of the strumous, the gouty, rheumatic, and hæmorrhagic diathesis, although the disease specified be not manifest at the time. This condition is brought about in various ways,—by ill-assorted marriages, climate, mode of life, and other agencies. In this respect hereditary disease, or a predisposition to particular forms of disease, must be regarded as part of the natural constitution of the individual; but as acquired may become habitual, and by children being begotten during their presence, so be liable to transmission.

The diseases usually considered as liable to heredi-

tary transmission are numerous, as scrofula or struma and its various manifestations, especially phthisis pulmonalis, because we believe these are just different forms of the same disease, depending on the part or tissues affected, the age of the individual, and the mode of exposure, &c.; gout, rheumatism, cancer, syphilis, insanity, erysipelas, epilepsy, asthma, &c. Of these we will consider the phthisical, tubercular, or consumptive tendency first, as it stands at the head of the list as regards importance in life insurance.

The tendency to phthisis is more frequently congenital, but it can also be acquired. "When the congenital tendency is due to the fact that the parents were consumptive at the time of begetting their offspring, it may be properly spoken of as inherited." But diseases themselves, with the exception of syphilis, are seldom if ever directly inherited, but a tendency to them is. As Niemeyer puts it, "It is not, as is often asserted, the malady which causes the inheritance, but the weakness and vulnerability of the constitution which has already laid the foundation of consumption in the parents, or which had arisen in them in consequence of that disease, whether acquired or inherited by them." But this impairment of the constitution of the children may result from other diseases in the parents, and not phthisis. This is the reason why, when it occurs under such circumstances, that unless we remember, we are surprised at phthisis appearing in a family whose history is apparently and in reality free from any taint of this scourge of humanity, and also because it occa-

sionally misses one generation and appears in the next. Parents suffering from chronic exhausting diseases, or broken down by excesses, or who are well advanced in years, are almost as liable to beget children who are born with a predisposition to consumption; and whether the tendency is to remain latent during a long lifetime or to be easily developed into fatal action will depend in a great measure upon external circumstances. What effect these circumstances have already had on such a life can generally be judged of by his condition during examination and past history. It also appears that the tendency to consumption is more likely to be transmitted by the mother than by the father thus affected, and is naturally still more increased if both are so diseased. This may partly be accounted for by the fact that men are more exposed than women to such external influences through which they might acquire the disease, and at an age subsequent to the birth of their children. But all children of consumptive parents cannot be placed in the same category as risks; thus those born long before the disease has manifested itself in one or both parents are not to be looked upon with the same suspicion as children born after its manifestation. It is not always very easy, however, to ascertain distinctly the causes of the parents' death, either through negligence, or occasionally from wilful concealment, many deaths from phthisis being carelessly put down as from exposure to cold, childbirth, inflammation of lungs, debility, &c.; and it should be borne in mind that in children tubercle manifests itself more frequently

in the brain and abdomen than in the lungs, so that deaths from affections of these parts in early life must always be regarded with some suspicion if there is any doubt as to their hereditary nature, and also that phthisis often remains in abeyance during pregnancy, and after delivery runs a rapid course. For these reasons, if in a family history of proposer for life insurance you have one death from phthisis, and another, cause stated as above, it must always be regarded with suspicion, and for the interests of the company and those insured, it, and not the proposer, should get the benefit of the doubt; or if the consumptive taint be suspected, and if members of immediate family be few or very young, inquiries should be extended to next blood relations, as uncles, aunts, cousins, or grandparents.

In judging, then, of the risk of a life for insurance in whose family history there is evidence of this hereditary tendency, the medical examiner ought to be guided by attention to the following points, which require careful consideration:—The number of deaths in a family from this cause; the number, health, and ages of the survivors; age and condition of proposer past and present, and whether born before or after the manifestation of the disease in the parent or parents.

As regards condition of proposer particular attention of course must be directed especially to the respiratory organs, shape, size, resonance, &c., of the chest; points to which every well educated medical man would naturally direct his first attention. As regards past

history, whether proposer had suffered or did suffer from any of the ordinary manifestations of scrofula, as enlarged and suppurating glands, disease of bones, joints, kidneys, liability to bronchial attacks, &c.; proportion between height and weight and circumference of chest, and how his general health would be described, whether robust, delicate-looking, &c. All these points must be taken into consideration, and from a careful weighing of the *pros* and *cons*, the medical examiner should form his opinion without necessarily taking notice of them all in his report, or even requiring such questions to be put in the medical form of report, to be answered by an affirmative or negative. But they all require to be taken into account, and, in exceptional cases, stated in the medical opinion, when they are such as to require a deviation from the ordinary practice in charging an extra premium to cover such risks. But while a consideration of what I have stated must always guide us in judging of the risk of proposed lives with a hereditary taint of consumption, the addition to the premium, or, what is an equivalent, the number of years which require to be added to the age to cover the risk from such a cause, has been calculated roughly, so as to form an approximate rule for disposing of them according to the facts elicited by inquiry into these special circumstances. This calculation has been derived from noting the age at which consumption most commonly manifests itself, when there is good evidence of an inherited predisposition to the disease; and also the ages at death of insured lives from consumption,

when such a predisposition existed and was not known to exist, compared with those occurring in the general population.

In regard to this an examination of the causes of death among insured lives has brought to light some curious and apparently contradictory facts. It may be first premised that deaths from this cause among the assured are much fewer in proportion than in the general population. According to Dr Fleming, who has written ably on this subject, he finds that, "great as the mortality from consumption is among the assured, it falls far short of that in the general population, whether estimated on the lives at risk or on the deaths from all causes. By the first method the mortality among the members of the Scottish Amicable has been as nearly as possible one-half of that experienced in the community at large."* It may also be assumed that among the working classes consumption shows itself at a much earlier period, as a rule, than in the middle and upper classes, for the simple reason that they are more exposed to the exciting causes of the disease, and are not so favourably circumstanced for using precautionary or palliating means as in the middle and wealthier classes of society. This fact gives us a useful hint, namely, that when an insurer with a predisposition to phthisis is wealthy, or in the upper ranks of society, the probable time of its manifestation must be postponed considerably beyond what you would in a working man, *i.e.*, that he would require an additional

* Medical Statistics of Life Assurance, Dr Fleming, p. 36.

number of years to be added to his life to cover a similar risk occurring in a working man. Another curious point brought out by Sir Robert Christison and Dr Warburton Begbie in their reports regarding the causes of death in the Standard Life Assurance Company and the Scottish Widows' Fund Life Assurance Society, and which at first sight is a little startling, namely, that among assured lives the deaths from consumption occur in a much larger proportion above middle age, say 40, which is not the case usually met with in practice or in the general population,* "statistics having shown very conclusively that three-fourths of all the deaths from consumption in the general community take place under 45 years of age." But although in assured lives the number of deaths from phthisis are more than in an equal number of the ordinary population, or in what is generally believed to be, is in reality not the case, that is, in an equal number of the population at same ages. Besides, there is no doubt that if the same particulars and exactness were insisted upon in getting full particulars as to the causes of death among the general population as among the assured, the number of deaths from phthisis would not even be so apparently disproportioned. It also, at least to our mind, brings very prominently forward the opinion that this result is partly due to the care taken by medical examiners in refusing lives of great risk from this cause from hereditary predisposition. Hence we believe that under favourable circumstances the

* Dr Fleming, p. 39.

hereditary tendency to phthisis gradually dies out between 15 and 45, the disease manifesting itself the earlier in proportion to the degree of hereditary taint and unfavourable circumstances,—hence why some families are cut off at puberty or thereabout; but with a lessened amount of predisposition, a more just appreciation of the risks from such a predisposition, and careful attention, and with the means of warding off all exciting causes, its manifestations are frequently postponed to a much later period of life, or even prevented, than was at one time the case when a knowledge of such means was wanting, or, if known, carelessly or wantonly disregarded. We have also seen that in some, consumption can be acquired, and, if acquired, naturally manifests itself at a later period of life than when inherited. Because, in the one case, the individual comes into life with a constitution already delicate; whereas, in the other case, the individual has to impair his constitution, which generally takes some time, to put him on the same level with his unfortunate brother, and, as a rule, such circumstances are not brought into play until early manhood. Hence our reason for believing that a large proportion—in fact, I should say a very large proportion—of those cases of death among assured lives above 40 or 50, or upwards, are due to acquired causes, and as such, could not, with few exceptions, be checked at examination by the medical officer. It, however, points the lesson that personal history as to previous health and past and present habits ought to be carefully inquired into, because we are confident, if

information on such points were satisfactory and perfectly trustworthy, we would have fewer such deaths. Hence more attention should be paid to any suspicion of habits especially present, whether from appearance or otherwise, in a man about middle life than in a young man, simply because if they are bad they are less likely to be thrown off, and if commencing more likely to be carried to excess, and at an age when such excesses will much more severely and permanently derange and destroy his constitution. Besides, those who can and do afford to insure their lives may in general be stated to be better off as a rule in worldly circumstances, and so being more able to take care of themselves than the non-insured, may so postpone the inevitable for a time.

While, then, many things must be taken into consideration in judging of the risk of a life from this cause, still, running through them, we can trace certain well-defined principles which afford a good basis to act upon, although no rule can be laid down sufficiently full to embrace the numerous combinations which may arise, and also as exceptional cases are frequently comingbefore us. Still, as an aid, they are very useful, showing the results of experience from numerous such cases.

In 1867, Sir Robert Christison drew up the following rules to meet this want :—

1. One consumptive death in the immediate family, consisting of father, mother, brother, and sister. No positive personal objection. Fair average. No extra premium.

2. Two consumptive deaths, even three in a numerous family, personal points, age included, 35 or upwards, are decidedly favourable. Fair average. No extra premium.

3. Two consumptive deaths, even three in a numerous family. No positive personal objection, but personal points merely fair. Extra premium.

4. Numerous consumptive deaths in a family, personal points, age included, 35, all clearly favourable. Extra premium same as in No. 3.

5. Numerous consumptive deaths in a family, no positive personal objection, but personal points merely fair. Higher extra premium.

6. Numerous consumptive deaths in the family, life personally objectionable, uninsurable.

These rules, however, do not appear to us sufficiently exact or comprehensive enough to meet a great number of lives which are constantly proposed for insurance, nor do they take notice of certain facts which have an important bearing on the matter, and which, as will be seen, must be considered in judging the risk.

For instance, the risk varies according to the members of the family which have been affected with consumption. This will be seen in the following table of Dr Theodore Williams. Of a total of 484

10 had grandparents affected.

10 had cousins affected.

10 had both parents affected.

48 had uncles and aunts affected,

43 had father affected.

67 had mother affected.
72 father or mother; family particulars unknown.
224 had brothers and sisters affected.

From this table we see that phthisis in the mother is followed by phthisis in the children to the extent of 5 per cent. more than when it occurs in the father, while those cases having brothers or sisters affected constitute nearly 50 per cent. So that two brothers or sisters having died from phthisis in a family, the survivors should be looked upon with more suspicion than when say a father and one brother or sister died from this cause—a great deal depending, as we shall see, on their respective ages.

Another point is—that it has been found that a personal tendency to consumption is followed by a greater mortality among the insured than when there is consumption in the family history, showing that with a clean bill of health as regards family history, certain indications have been treated too lightly, which, if a suspicion had been drawn to them in the first instance by its presence in the family history, would probably have considerably modified our opinion. We must also remember that when two or more lives in a family of brothers and sisters have been lost from consumption at or near the same age, it shows that that age is a critical period. This has been especially seen when the so-called critical age has been early in life. Still it may occur in later life, hence it would not do to limit the rule in question to lives under 35 years of age, but should be extended to all consumptive risks to which

it can apply, the more so as, among the classes of society from which life insurers mostly come, as many persons die of consumption after 35 as before it.

From all these considerations we would propose the following rules to guide us in estimating the risk in such cases.

Rules.

1. One consumptive death in the immediate family, consisting of father, mother, brothers, and sisters. No positive personal objection. Fair average. No extra premium.—Exception. See Note 1.

2. Two consumptive deaths in a numerous family, one parent especially, father above 40. One brother or sister. Personal points favourable. Age above that at which brother or sister died; fair average. No extra premium.—See Note 2.

3. Two consumptive deaths among brothers or sisters; good personal history. Extra according to age, but should not be accepted unless at or above the age when they died, and personal points good.

4. Two consumptive deaths, as both parents (rare),

Note 1. Provided proposer was some years above the age at which father or mother died, if either died young of phthisis, or near the age of father or mother at death if they were more advanced in years. Otherwise an extra should be charged according to circumstances in their respective age and personal points.

Note 2. If in either two classes, the personal points were not favourable, an extra should be charged. In the first class, with little consideration as to the one death from phthisis in the family, but simply from the present and past condition of proposer's health. In the second class, any unfavourable points in proposer would increase the risk, and consequently the extra above the former.

good personal points. Extra according to age of proposer and ages of parents at death.

5. Three deaths or more from consumption, as one parent and two brothers or sisters; personal points good; not to be taken unless above critical period of family, and only with heavy extra; personal points not favourable, uninsurable.

6. No deaths from consumption in immediate family, but personal tendency to this disease, as evinced by liability to bronchitis or other lung affections, hæmoptysis, narrow chest, general configuration and appearance; extra according to age and gravity of the case.

7. No deaths from consumption, one from suspicious causes; infant mortality in family great; survivors very young, few, or none except applicant; extra according to age and condition of proposer.

Other cases frequently, however, come up, which are not embraced under any of these rules. Suppose the death of one parent at any early age from consumption, and the other at an early or comparatively early age from a disease indicating a certain amount of depravity of constitution or suspicion of it, as cancer, abscess, erysipelas, fever, intemperance, heart disease, insanity, disease of kidneys, &c.; on account of this unfavourable combination you would be entitled to charge an extra according to age and condition of proposer. And even supposing that both died young of some affection not distinctly traceable to the phthisical taint, and the proposer were still young, and other members of family very young, or infant mortality great, or no other members, an addition should

be made, as there would be good ground for believing that the parental constitution was not of the first order, unless, of course, either death was due to purely accidental causes.

In all these cases any doubt as to personal habits must be gravely considered, as intemperance or excess of any kind would be followed by much more serious consequences than in those with no such taint in their family. Hence why in hotel keepers or publicans the risk would be nearly doubled, unless it was shown, by a long period of service in the trade, that they had no tendency to indulgence. Besides, it has been found that such habits are sometimes so carefully concealed by proposer, or passed over carelessly by friends, that when a doubt is raised as to the point, it is a question whether any extra would be sufficient to cover the risk, seeing from how many different points life is endangered from this cause, however apparently healthy the individual may be; so that it behoves the medical examiner to be very careful not to omit or slur over any suspicious circumstance, whether known to himself, communicated, or revealed by examination; and if any doubt still remains, the company, and not proposer, should get the benefit of the doubt,—it being a well-known fact that many deaths among the insured are due to this cause, frequently taking place at so short a lapse of time after the insurance has been made, that strong suspicion may arise that the cause had been at work before the time of effecting the insurance.

To render these rules more convenient for reference,

we have attempted to tabularise them in the following tables, but only the first five rules, rules 6 and 7 presenting too many combinations to be treated in this way, and the family history of phthisis does not, as in the others, form the most salient point of interest.

These tables will also include some exceptions to the rules. In all these tables the personal points are taken as unexceptionable, and the minimum additional number of years proposed to be added represents the average number sufficient to cover the risk, stated under the heading of each separate column of the tables.

It must, however, always be borne in mind that there are frequently points occurring in a proposal of life insurance, which can never be calculated by the medical examiner by any such rules, and with which the directors of a company are alone competent to deal. Still the medical examiner, by attending to these rules, will be better able, we think, to form a correct opinion to offer to the directors, as to the medical question of proposer's eligibility for insurance, to guide them in estimating the risks in the cases submitted to them.

[TABLE I.

TABLE I.*—PERSONAL POINTS UNEXCEPTIONABLE.

One death only occurring from Phthisis in the immediate family.

Age of Proposer.	Of Brother or Sister.	Mother at 20 to 29.	Mother at 30 to 35.	Mother at 36 to 40.	Father 20 to 29.	Father 30 to 39.	Father 40 and upwards.
15 to 19	5	10	7	5	7	5	3
20 „ 24	0	7	5	3	5	3	0
25 „ 29	0	5	3	0	3	0	0
30 „ 34	0	0	0	0	0	0	0
35 „ 39	0	0	0	0	0	0	0
40 „ 45	0	0	0	0	0	0	0
and upwards	0	0	0	0	0	0	0

In the above Table it is supposed that the other surviving members of the family are healthy, and that the other deaths, if any, which have occurred are not due to hereditary disease. Where an extra is marked, it will be noticed it is only because the proposer is at an age when any hereditary taint would be likely to manifest itself, judging from the age it has shown itself in the member of the family so affected, the extra being small on account of all the other circumstances being favourable. It must also be borne in mind that when a death takes place from phthisis, above 30 or upwards, you must generally take off one or two years to get at the critical period of the family history, if there is one, as we have found that, as a rule, these cases run a more protracted course than when the disease manifests itself ~~above~~ puberty.

* Medical referees ought to remember that insurance companies take the age from the next birthday, and not from the one that is past.

TABLE II.—PERSONAL POINTS UNEXCEPTIONABLE.

Two deaths from Phthisis in immediate family.

Age of Proposer	Brother or Sister and Mother, under 35.	Brother or Sister and Mother, above 40.	Brother or Sister and Father, under 40.	Brother or Sister and Father, above 40.
15 to 19	12	8	6	5
20 „ 24	8	5	4	3
25 „ 29	5	3	2	0
30 „ 34	3	0	0	0
35 „ 39	0	0	0	0
40 „ 45	0	0	0	0
and upwards	0	0	0	0

This Table is applicable to a proposer for life insurance, if, notwithstanding the deaths from phthisis in his or her immediate family, some of the members of the family are well grown up and are healthy. The difference marked between the mother dying under 35 and above 40, is due to the fact, that in the latter case the immediate predisposing cause is in many instances the drain on her constitution from numerous confinements, nursing, trouble, and anxiety, inseparably connected with the care of a large family. While, if the disease manifests itself at an earlier period, there is more reason to fear a predisposition from hereditary influences, and so the danger to the offspring is increased. In this table it does not much matter at what age the brother or sister died.

TABLE III.—PERSONAL POINTS UNEXCEPTIONABLE.

Two deaths from Phthisis in immediate family, among the children.

Age of Proposer.	Two Brothers or Sisters, under 20.	Two Brothers or Sisters, under 25.	Two Brothers or Sisters, under 30.	One under 20, other 30.	One about 20, other 40.
15 to 19	15	18	18	15	10
20 „ 24	10	12	12	10	6
25 „ 29	6	10	10	6	4
30 „ 34	4	6	6	4	3
35 „ 39	3 to 0	4	4	3 to 0	0
40 „ 45	0	0	0	0	0
and upwards	0	0	0	0	0

In columns 2 and 3 the risks are very nearly equal. In No. 1 the extra is less because it will be seen that already at 25, 5 years have passed since what was probably the critical period in the family history; and in column 5 the disparity between the ages of the two deaths renders it doubtful if hereditary influences had much to do with it, at least in one of them. It will be noticed that with the proposer's advance in years the risk diminishes in a gradual scale; but when it arrives at that period when the addition stated is very small, practically this is of so little value that frequently it is passed over, as there is no doubt that the greater portion of the risk is spread over the first few years of insurance, if insured at an early age.

TABLE IV.—PERSONAL POINTS UNEXCEPTIONABLE.

Death of both parents from Phthisis.

Age of Proposer.	Parents Died between 20 and 30.	Parents Died between 30 and 40.	Mother 25. Father 40.	Father 25, Mother 40.
15 to 19	20	25	18	15
20 „ 24	18	23	14	12
25 „ 29	15	20 to 15	12	10
30 „ 34	10 to 8	15 „ 10	10 to 8	8 to 6
35 „ 39	5 „ 3	6	4	3
40 „ 45	0	2	0	0
and upwards	0	0	0	0

In columns 1 and 2 the risks are nearly equal, taking into account the respective ages. In No. 3 the risk is diminished by the probability of the father's death not having been due to hereditary causes; and in No. 4, by the danger of the inheritance of phthisis being less from the father than the mother, and the probability of the mother's death from that cause having been induced by the strain of the child-bearing period, and if that were the case the children would not be in danger of inheriting a predisposition to the disease from her at least.

TABLE V.—PERSONAL POINTS UNEXCEPTIONABLE.

Three Deaths from Phthisis in immediate family.

Age of Proposer.	Mother under 30, and two children about 20.	Mother under 30, one child 20, another 30.	Mother under 30, one child 20, another 35.	Father under 30, two children under 25.	Both Parents under 35, one child 20.	Mother under 30, Father 40, one child 20.
Under 20	Uninsurable.	25	20	25	25	20
20 to 24	25	23 to 20	18	23	23	18
25 „ 29	20 to 15	16 to 12	14	16 to 12	16 to 12	14 to 12
30 „ 34	10	8	8	8	8	8
35 „ 39	6	4	3	4	4	3
40 „ 44	0	0	0	0	0	0
45 „ 50	0	0	0	0	0	0

In all the combinations which may occur under Table V. the risks appear to be very nearly equal at the respective ages. Because, when you have three deaths in a family from consumption, there is hardly any ground for shirking the fact of constitutional taint, so that it does not matter so very much from which parent it comes when it has shown itself actively reproducible; whereas, if only one parent is or has been affected with the disease, a certain amount of doubt may always exist and be acted upon according to whether it is the father or mother, and their respective ages at death. Again, as we have seen, where two children have been lost from this cause, a reasonable doubt may arise whether one case is not simply of accidental as distinct from constitutional origin, and the other taking place at an age when it might have been acquired by intemperance, fast living, exposure, &c.

All these circumstances, unless in very exceptional cases, offering no good ground for exemption under Table V.

In all these tables we have taken it for granted that as regards personal points the proposers are unexceptionable, otherwise, of course, they are inapplicable,—any personal fault increasing the risk, or, according to its importance, rendering the case uninsurable. The worst cases are those in which, along with such a history of family predisposition, you have had in the proposer at some former time symptoms showing a delicacy of the lungs, and their liability to be injuriously influenced by circumstances that would be inoperative in a perfectly healthy individual. It must, however, be remembered that in proposals for life insurance the proposer generally is, or believes himself to be, in good health at the time the proposal is made, otherwise the case would either be postponed or declined; but these are the exceptions, for this reason,—the complications, at least as regards personal history and condition, are limited.

It occasionally happens that some latent cardiac affection is detected, but what is of first importance are the illnesses proposer has already suffered from, their chances of recurring, or the bad effects they have left behind them, and whether the general appearance and the manner in which the functions are performed, indicate the possession of a *sound* and unimpaired constitution.

CHAPTER II.

CANCER.

In the family history of a proposer for life insurance, although without doubt the phthisical tendency is to be dreaded the most, still there are other constitutional conditions of body, which cannot be passed over, whether occurring along with, or independently of, the phthisical tendency. Next to the consumptive predisposition in importance as regards family history, the cancerous has generally been regarded—all the more to be feared if there is a combination of both in a family history; for although one death in a family from either disease separately would not, other points being favourable, be considered sufficient grounds for an extra, both certainly would, being almost as bad for the children as if two deaths from phthisis had taken place in the family. Although cancerous affections do probably sometimes result from constitutional predisposition, we do not think this occurs nearly so frequently as many appear to believe. "Cancerous disease," says Mr Paget, "or a tendency to it, is prone to pass by inheritance from parents to offspring, and to occur (probably by inheritance of common properties) in many members of the same family and generation." But other con-

ditions seem to favour the production of cancer much more than hereditary predisposition, as sex, age, marriage, mental distress, &c. Thus it is nearly three times more fatal to females than males. According to Simpson, 61,715 women and 25,633 men died in England of cancer between the years of 1847 and 1861. This is due to the frequency of cancer of the uterus and mamma; while in man the parts that appear to be more likely to be attacked* are the skin, bones, and digestive organs.

As regards age it seldom occurs before twenty-five, most frequently between forty-five and fifty, and then gradually declines in frequency as it gradually increases up to that age,—the climacteric period furnishing the largest number of deaths from cancer of the uterus, a third of all the women dying of cancer of the uterus, while cancer of the mamma stands second in the list. The influence of marriage on the frequency of cases is shown by the comparative statistics of Glatter.†

According to these there were—

	Single	Married	Widows
Out of 1,000 Vienna women over twenty years old,	459	408	133
,, ,, ,, ,, with cancer of the uterus,	229	503	268

It is very evident from this how very much less frequent death from cancer of the uterus is among single women; so that marriage, without doubt, increases greatly in the female the liabilities to cancer. Accordingly, it would seem that hereditary predisposition is

* Aitken, "The Science and Practice of Medicine," vol. ii. p. 107.

† Schroeder, "Cyclopædia of the Practice of Medicine," vol. x. Dr H. von Ziemssien.

only apparently one cause of cancer, and, according to Schroeder, is the least established of all the influences at work in its production, although he says, "We must allow that it has at least some slight foundation; among 326 cases collected by Gusserowe (Gusserowe, Tanner, Lebert, Scanzoni, and West) a hereditary taint could only be traced in 34; according to Sibley, 8 could be traced in 135; according to Barker, 36 cases in 487; taken altogether, 78 in 948 cases, or about 8 per cent." These are surely too feeble grounds to stake much upon as to the chances of the disease being transmitted from parent to child, at least as compared to phthisis. From these facts what ought we to infer for our guidance? First, that although cancer in a very small proportion of cases indeed occurs in an individual, one or both of whose parents have died of the disease, may lead to the idea of a hereditary predisposition. This idea must not be too hastily acted upon, because, as we have seen, this so-called predisposition, or rather, we should say, combination, occurs in a very small percentage of cases in which the *propter hoc* is not so very distinctly evident, and fair doubts may be entertained of it. So much is this the case, that the death of one parent from cancer cannot be considered a reasonable cause for an extra; but if both parents died of cancer, or one of cancer and another of phthisis, we certainly would be entitled to consider the family history below par, and act accordingly; because although we know very little as to the conditions which give rise to cancer, in the words of Mr Paget—"The richest and the poorest seem alike to

be subject to it; so do the worst and best fed; those that are living in the best conditions of atmosphere, and those that are immersed in the worst; those that are cleanly and those that are foul; those of all temperaments and of all occupations; those that appear healthy and that are diseased. We can hardly lay our hand upon any one of the various circumstances of life, in the various orders of society in this country to which we can refer as rendering one more or less liable than another to the acquirement of the cancerous condition." Still, no doubt underlying the disease, there must be a depraved habit of body, whether due to an altered condition of the blood or nervous system, or both, although this may not always be shown in patient's appearance at first. This is further borne out by the age at which it most frequently makes its appearance, viz., forty-five to fifty, just when the processes of nutrition begin to fail, and which may occur—that is, the depraved habit of body—in all classes and conditions of society from a host of causes; and as the manifestations of the disease are generally, on the whole, postponed until a more advanced age than phthisis, it may be naturally conceded that the danger of its inheritance is much less, as it frequently does not occur until the child-bearing period is past, or, if before, at least in the woman pregnancy seldom occurs. Still indicating, as it does, an amount of impairment of health when it occurs in both parents, or one with cancer and the other with phthisis, it must surely be regarded as a bad omen for the children, and an addition should be made or not according to the circumstances of the

case, the age and health of proposer and other members of the family, so that while cancer by itself, occurring only in one member of a family, cannot be regarded as a sufficient ground for an addition to the ordinary premium, when combined with other unfavourable circumstances aggravates them, and renders an addition necessary when either separately would not. Such, we believe, is the view which ought to be taken of the occurrence of cancer in the family history of a proposer for life insurance.

CHAPTER III.

GOUT.

Gout is a disease which is either acquired, or a predisposition to it inherited, as is the case with phthisis, so that any individual may be afflicted with gout in one or other of these ways, as he may with some other disease.

As to the probability of a proposer for life insurance being affected with any given disease, we can only judge from the records of his family and personal history.

As a rule, gout occurs almost never in childhood, more frequently in men than in women, and most usually about or after the age of thirty. If there is a hereditary tendency to its occurrence, it will naturally be apt to show itself at an earlier age than in those without such a tendency, and some exciting influence, incapable of inducing the disease, may soon bring on an attack in those already predisposed to it, which is partly the reason of its invasion at different ages.

It is also important to remember, as is the case with phthisis, that children born before the development of gout in their parents, are not liable to suffer from it in after life unless their habits are such as to cause it spontaneously. But those borne after its manifestation

in the parents are very apt to become afterwards gouty. The influence of hereditary predisposition to the occurrence of gout is now recognised by most writers to be very powerful. Dr Cullen even went the length of believing it to be purely hereditary.

It was probably on this account that gout was considered such a respectable and fashionable disease, as it was thought to be an indication of good birth and high mental culture. This, however, is quite a mistake, as even among the poor and labouring classes, when the same exciting causes are at work, they not only cause an attack of gout, but also entail it on their children.

The extent or degree of this predisposition has been estimated differently by many writers, but most agree in considering it a most influential cause of the disease in a very large number of cases. Sir C. Scudamore gave a table showing how far hereditary influence could be traced on his cases, and in 522 patients arrived at the following results:—

Hereditary from the father,* . .	in 181	cases.
„ mother, . .	„ 59	„
„ father and mother,	„ 24	„
Of those whose grandfather on each side had gout, the number was, .	„ 3	„
Grandfather on one side only, . .	„ 37	„
Grandmother only had gout, . .	„ 3	„
Grandfather and grandmother, .	„ 1	„
Carry forward,	308	cases.

* Dr Garrod on Gout, p. 250.

Brought forward,	308	cases.
An uncle only in family had gout, .	in 21	,,
An aunt only in family had gout, .	,, 3	,,
Gout not known either on father's or mother's side, ...	,, 190	,,
Total,	552	

That is, in 322 cases out of 522, and according to Garrod, he traced it in 50 per cent. of his hospital cases, while in private practice he considers the percentage to be higher.

These results surely show that the influence is well pronounced, and evidently has an important bearing on the risk of lives on which it rests. Because, although we believe no exact data have been obtained as to the influence of gout on longevity, that it does act prejudicially is undoubted. But the risks from this disease do not commence very early in life, and so if the proposer for life insurance is young, and has not had any symptoms of the disease, even although a parent or grandparent may have suffered from it, the chances are that he will survive long enough to pay a sufficient number of premiums to cover the risk. On the other hand, if proposer has already had a fit of the gout, without, as far as can be ascertained, inheriting a predisposition to it, and is in middle life or older, the risks are necessarily increased, and will require an addition to the premium according to the circumstances.

It is also of importance that we should be aware of

the ages at which its occurrence is most common, so as to enable us the better to calculate the risk still to be run by any individual so exposed.

In 515 cases the period of the first attack was noticed by Sir C. Scudamore with the following results :—

Under 20 years of age,				.	13.
Between 20 and 25 years of age,					57.
,,	25	,,	30	,,	85.
,,	30	,,	35	,,	105.
,,	35	,,	40	,,	89.
,,	40	,,	45	,,	64.
,,	45	,,	50	,,	54.
,,	50	,,	55	,,	26.
,,	55	,,	60	,,	12.
,,	60	,,	65	,,	8.
At	66	,,		,,	2.

Thus the largest number of first attacks occur from 25 to 40 ; after that the number attacked gradually declines. Hence the danger to life and longevity is greater the earlier the first attack takes place, as every attack renders its victims more liable to another, and although occasionally gouty patients live to a good old age, this is decidedly exceptional, and while, if under proper medical treatment and control, a certain immunity is thereby conferred, still the great difficulty of getting the patient to submit to such control and self-denial, especially during the intervals of the paroxysm, prevents us from depending on this as a reason to place the life in a better class, *i.e.*, with a less addition to the premium.

The danger to life is due to the " wear and tear of the constitution which these attacks entail," to the frequent complications which are apt to follow in the course of the disease, and to the fact that they are liable to be more seriously affected by any intercurrent disease or other injurious agencies, which to a constitutionally healthy person would be harmless,—not to mention the habits which some gouty patients persist in, tending to affect injuriously their prospects of reaching old age.

For these reasons it appears to us that this class of cases should be judged in the following manner :—

First. Provided one parent or grandparent has suffered from gout, and proposer is in good health, has had no attack of the disease, and habits good, may be accepted whatever his age at the ordinary premium.

Second. But suppose both parents were affected, which is not very common, or one parent and one grandparent, uncle or aunt, a small addition should be charged if the proposer is very young, as the hereditary tendency in such a case must be very strong. But, on the other hand, if proposer is 35 or upwards, with no appearance or trace of the disease, and habits and mode of life temperate and regular, no extra, or very small. If, however, the proposer has had gout, then an extra should be charged according to age, frequency and severity of attacks, their results, and general health of the patient in other respects.

CHAPTER IV.

RHEUMATISM.

As in the case of gout, a predisposition to rheumatism seems to be inherited. According to Chomel, as the result of an investigation into the history of a number of cases treated by him at La Charité, not less than 50 per cent. were the offspring of rheumatic parents. But the exciting causes are equally powerful, and one attack is very apt to be followed by another, every attack rendering the patient more susceptible to the disease,—that is, a less powerful exciting cause would be sufficient to cause a second or third attack, but not a first.

Acute rheumatism or rheumatic fever is, however, *per se*, not very fatal, the number of deaths from this disease hardly exceeding one out of every thousand deaths for all causes,—the real danger being from the cardiac complications which so frequently occur in the course of the disease in about 50 per cent. of the cases, and which in many instances prove fatal very speedly, or afterwards expose life to greater risk than any extra premium would be able to cover.

The frequency of cardiac complications shows that danger from this cause is one that deserves grave consideration when examining for life insurance.

It must be remembered, however, that rheumatism is a disease especially of early and middle life. This accounts for the reason that frequently in such cases we find heart complications never suspected by the proposer, as he may have felt no inconvenience from it, the danger being as life advances, and the walls of the organ become implicated more than is compensated for by the existing hypertrophy, and which also jeopardizes the life from many other causes that would not be dangerous unless for the heart affection.

The ages at which rheumatism is most frequent and the percentage of cardiac complications is seen from the following table compiled from Dr Fuller's work, p. 281 :—

Ages.	Number of Cases of Rheumatism.	Number of Cases with Heart Complications.	Percentage of Heart Complications or Total Cases.
under 25	196	110	56·12
25 to 35	119	55	46·22
35 „ 45	43	17	39·53
45 „ 55	17	4	23·53
55 and upwards	4	1	25·00
Total	379	187	49·34

This table shows us what a very large number of cases occur before twenty-five, more especially under 35, so that even with a trace of it in family history, after that age if applicant has never had an attack, the probilities are that he will remain free of it.

But evidence of a rheumatic tendency in family

history is not a sufficient reason for any addition, whatever the age of proposer may be, as it is quite as possible as not that it was simply due to one of the ordinary exciting causes; and although, no doubt, the percentage of cases in which the hereditary tendency is stated to exist in cases of rheumatism is greater than is found in phthisis, the reason of attaching such different degrees of importance to the two is the difference in the mortality from these diseases.

The only danger you may say from rheumatism is from its liability to implicate the heart. Hence the risk from hereditary tendency is not of much account unless the applicant has already suffered from more than one attack. Then an extra ought to be charged on account of the danger from such a serious complication as heart disease.

But although one rheumatic attack, *i.e.*, of rheumatic fever, is no reason for an extra, it warns us to be very careful in our examination of the heart and circulatory system, and if it has left any organic change affecting the structures of the heart the case ought to be declined, because, although in a few exceptional cases of valvular disease from rheumatism the patients may reach a good old age, this is not the usual result, and it is only common prudence to calculate the danger from the usual course of such cases, and this danger being so uncertain, or rather impossible exactly to define, it must be left out of calculation.

We have thus tried to show the danger to be taken into account from gout and rheumatism in the family

or personal history of a proposer for life insurance. It sometimes happens, however, and what is worse than either, that you have in the same individual a combination of gout and rheumatism. By this we do not mean rheumatic gout—a very ambiguous term—but separate and distinct attacks of gout and rheumatic fever. The danger from this combination is naturally much greater than from either separately, and to meet it the premuim must be raised accordingly.

CHAPTER V.

INSANITY, EPILEPSY, SYPHILIS, ASTHMA, ETC.

There are some other diseases which a medical officer for an insurance company must gravely consider as to their bearing on applicant's health and longevity, as insanity, epilepsy, asthma, syphilis, erysipelas, &c., when they appear in the family or personal history.

The fact that insanity, epilepsy, mania, and some other cerebral diseases are liable to be transmitted from parents to children, is so well established as to need no confirmation here. According to different authorities the percentage of such cases with this hereditary tendency varies from 30 to 60 per cent. The danger from these diseases depends partly upon their cause, the age at which they manifest themselves in the parent, and whether proposer was born before or after their appearance. For instance, suppose a father of proposer died insane at forty-five or fifty from grief, over work, or money losses, &c., and proposer was a good life in all personal points, that would be no reason for an extra, provided no members of the family had shown any trace of mental derangement or weakness; or in the case of a mother having died from puerperal mania, that of itself would not damage proposer's case; or if one brother

or sister suffered from some form of mental disease, both parents being perfectly healthy, would form no barrier to life insurance at the ordinary premium.

But if, on the other hand, the parent had suffered long from mental disease, which had commenced gradually or without any traceable exciting cause, with a history of insanity in the family, then, unless proposer was well up in years, and had been borne before his parent was attacked with the malady, a higher premium would be required; and with a trace of it in family history, and one brother or sister or more having suffered from this baneful influence, would also require an extra; or if a proposer had suffered from epileptic fits, however long the interval between them, decline, although the occurrence of one fit a good many years previous to application for insurance, and about the true nature of which there reasonably might be some doubt, would not increase the risk much, if any, above the average, if habits are good. An attack of mania, however, would exclude the case, unless in a female and due simply to menstrual disorder, if other personal points and family history were favourable.

As regards syphilis, this is a disease and not merely a tendency to it; but the disease itself, which is transmitted directly from parent to child, from the mother directly, or through the mother from the father, the symptoms of the disease either being congenital or appearing speedily after birth, and either proving fatal to the life of the child, or gradually disappearing and apparently leaving no bad effects. Hence, as regards life insurance,

congenital or hereditary syphilis is of no account, and it is just as well it is so, because, as can be easily imagined, it would be hardly possible to get trustworthy information on such a subject.

Although occasionally in the adult symptoms of hereditary syphilis are manifest, according to Hutchinson the most well-marked of these are: prominence of the frontal protuberances, flatness of the tip of the nose, interstitial keratitis, a cloudiness of the cornea, fine white line as cicatrices radiating from the angles of the mouth or nostrils, and the peculiar notched condition of the incisor teeth. But even with these symptoms present, and the proposer personally a good life, they do not appear to us to increase the risk; so that in proposals for life insurance it is only as an acquired disease that syphilis can be regarded. We would limit, however, this term to the Hunterian or hard infecting chancre only.

The influence of an attack of syphilis on longevity is so modified by various causes in different individuals that it is impossible to trace distinctly the mortality from the disease. The modifying influences are—age, habits, treatment of the disease; these are the most important. As to the length of time that will elapse before a cure is effected, it must vary in different cases, as it also is modified by the above-mentioned influences; but that syphilis is curable we know for a certainty, although for long it has been denied, because cases are on record of second infection some years after contracting the disease. We also know that a spontaneous

cure of syphilis may take place at any stage. That it does impair the health at the time, and sometimes severely, must be admitted; but, on the other hand, we also find that when judiciously treated, by enforcing regular living, nutritious but not too stimulating a diet, a moderate amount of stimulants if patient has been accustomed to their use, the employment of baths, regular hours, and avoidance of exposure to cold, &c., the patient, if not already weakened by excess, or of impaired constitution, or well advanced in years, will usually make a perfectly satisfactory recovery, and in two or three years may safely marry and have healthy children. If, however, he is of a strumous constitution, or of intemperate habits, or has been poisoned with mercury, the results may be far otherwise, because we feel perfectly convinced that many so called syphilitic affections have entirely a different origin; at the same time we must admit that the syphilitic taint would be sure to aggravate any other constitutional infirmity or disease.

So that the points to be attended to are the length of time that has elapsed since syphilis was contracted, when its last manifestations disappeared, and the present health of proposer and his habits. The answers to these questions ought to regulate our judgment of the risk, and provided two or three years have elapsed since the disease was contracted, and the personal points are all satisfactory, the danger does not appear to us to be above that of an average life.

Asthma also may be distinctly traced to hereditary

influence in many cases, but unless proposer is or has been subject to its paroxysms, we cannot regard its presence in family history as an adequate reason for increasing the premium. The danger from this disease must be simply judged from our knowledge of the disease, the frequency and severity of the attacks, age of proposer, freedom or presence of complications, &c., each case being judged solely on its own merits.

The same may be said of erysipelas, some people being more liable to it than others, and when this has been shown by the occurrence of two attacks or more, the case is below the average, or if the proposer has hæmorrhagic diathesis he must be declined.

CHAPTER VI.

PERSONAL POINTS, CHILDBIRTH, ETC.

We have thus seen that family and personal history must practically be taken together—the two being inseparable, as the risk in any proposal for life insurance must be judged from a consideration of both, although in some, the danger may be either from family history alone, or personal history alone, or frequently from both. As to merely personal points any medical man who makes a careful examination, and is conversant with his profession, ought to be able to give an opinion as to the effects of any past disease, the chances of its recurrence, and the present health of proposer, and to do this well a thorough knowledge of disease is indispensable. Medical men naturally vary somewhat in the amount of importance they attach to some symptoms or disease, for medical science is not as yet by any means an exact science, although struggling on amidst many difficulties to reach that desirable but far distant haven. Still, long and careful observation has certainly well established the amount of danger that we are exposed to from different diseases, and with a careful and conscientious study of each case, a very good approximate opinion can be formed as to the risk.

This having been done, the next thing is to state it clearly. From failures in this respect a great deal of unnecessary trouble is given to insurance companies, medical examiners, and applicants, and when any question in the medical form is answered in an unfavourable, or doubtful manner, the medical examiner ought to state distinctly his reasons for thus answering it; and if, on the other hand, a case with some doubtful point comes before him which appears favourable, it is also very necessary to state his reasons for arriving at such a conclusion. There are other circumstances, however, in connection with a proposer for life insurance, which demand an extra, as the presence of rupture, if he is going to an unhealthy climate; also certain callings, as that of a sailor or publican, &c. In regard to the latter some offices always charge an extra; but what we would term a better plan is only to charge it during the first ten years of his business, because after he has been that length of time in the trade, and if satisfactory evidence is produced as to his habits being temperate, and his appearance bears it out, then the life may be considered an average one, as there is no doubt that it is the first few years in such a business that will determine whether the man has sufficient moral courage to resist the temptation, or lacks the inclination for such indulgence.

It must also be remembered that although in some cases a proposal is inadmissible for the whole term of life, it may be accepted for a limited number of years, and also that an insurer may have an addition dimi-

nished or withdrawn after a certain number of years, if the danger was in an especial manner limited to that time; or a case may be postponed and afterwards accepted as an ordinary risk, if he is in doubtful health at time of examination.

The only other point we will notice is the risk that females are exposed to from child-bearing, and how an addition should be made to cover this.

It may be premised that females are better lives than males, if you exclude the risks from child-bearing, especially from primiparity. After the child-bearing period is past they are much better. The risk from child-bearing is greatest with primiparæ, and if there is a large family, say nine or ten, the risk is again increased.*

For these reasons insurance companies ought, and do, as a rule, charge an extra on female lives, which strictly should only commence with child-bearing and cease when that period is past; then it would only apply to fertile marriages, as many women never marry, and a considerable number who do are sterile.

How then should an extra be added to cover this risk, and yet not affect those who are not exposed to it?

The present plan is to charge a small extra on all female lives, with an additional extra for first confinement only. The objection to this method is that it is manifestly unjust to a large number of the female population who insure their lives. To meet this Dr Matthews Duncan has suggested the following plan:— To double the extra at each confinement, which, in his

* Dr Duncan, "On Fecundity, Fertility, and Sterility."

opinion, would amply cover the risk in such cases—which is a good plan, and fair, if practicable, the only difficulty being as to who would inform the company of such events, as it is evidently not proposer's interest to do so. Still, with penalties attached to concealment, no doubt it might be managed, and if so would be a much preferable way of charging the risk than the present.

In examining a proposer for life assurance two objects must be kept in view, viz., to obtain all the information necessary to form an opinion on the case, and to do so with as little inconvenience to the proposer as possible.

We here append a form for a medical report, which appears to us to be sufficiently full to obtain all the particulars necessary for judging of the eligibility of the proposer for life assurance.

FORMS FOR MEDICAL REPORT.

(These, for use, should be extended on foolscap paper.)

FORM FOR MEDICAL REPORT.

Questions to be put by the Medical Examiner, with any additions he may consider necessary or desirable, to the person whose life is proposed for assurance.

1. Name, profession, and age next birthday? Married or single? . . . .

2. What is the present and general state of your health? . . . . .

3. From what diseases or illnesses have you suffered or required medical advice or attendance, those of childhood excepted? Who attended you? And how long is it since you last required such assistance?

4. Have you ever had rupture? If so, do you wear a truss? . . . .

5. Have you ever met with any serious personal injury? If so, state its nature, and if it has left any hurtful consequences? .

6. Are your habits active or sedentary? Are they regular and temperate? Have they always been so?

7. State the respective ages of your parents if alive, and, if dead, the ages at death, and cause of death?		Age if alive.	Age if dead.	Cause of death.
	Father,			
	Mother,			

8. What was the original number of your brothers and sisters? How many are dead? At what ages did they die, and of what diseases, and what are the ages of the survivors? . .		Original Number.	Number Dead.	Ages at death, and causes of death.	Ages of Survivors.
	Brothers,				
	Sisters,				

9. Are there any circemstances known to yourself which you think it necessary or proper to communicate, so as to enable the risk of an assurance on your life to be fairly judged? If so, state them.

I hereby declare that the foregoing answers are true, and that they shall be held to form a part of the proposal for assurance on my life as above referred to.

Signed at the day of eighteen hundred and seventy

Signature of the person examined.

To be signed by the Medical Examiner as witness.

ADDITIONAL QUERIES IN THE CASE OF MARRIED WOMEN.

1. How often have you been pregnant? . . . .
2. Are you pregnant now? . . . . . .
3. How many children have you had born at full time? .
4. Has labour been attended by any unusual difficulty or danger? . . . . . .

CONFIDENTIAL STATEMENT AND OPINION BY THE MEDICAL OFFICER.

1. Have you examined the applicant stethescopically and otherwise, so as to ascertain the condition of the heart and lungs? Are they at present in a healthy state?
2. Have you examined as far as possible the condition of the viscera in the other cavities? And with what result? . . . . . .
3. Would the applicant's general configuration and development lead you to suspect a tendency to any particular disease? . . . . . .
4. State approximately his height and weight. . . . Height Weight
5. Does the age stated correspond with the appearance? . .
6. From the applicant's general appearance would you judge that the present health was good, the constitution sound, and the habits always temperate? .
7. Can you discover, or are you acquainted with any other circumstances, connected either with personal or family history, which should be disclosed to the officers of the company to enable them to judge of the risk? . . . . . .

Having considered the above points, the Medical Examiner is requested to state in which of the undermentioned classes he considers the life should be placed.

1*st Class.*—Comprises unexceptionable lives, and those in which the unfavourable circumstances are so slight as to form no impediment to assurance at the usual rate.

2*d Class.*—Under average lives, in which the unfavourable circumstances are such as to require an addition to the premium, in which case the Medical Examiner will state how many years he thinks should be added to the age to meet the extra risk.

3*d Class.*—Lives in which the objections are such as to render it inexpedient to undertake the assurance on any terms.

Opinion.

I consider that the life proposed should be placed in the *Class*, for the following reasons—

Signed this day of 187

Signature

Full Address

Qualifications