

## **Handbook for medical examiners.**

### **Contributors**

Equitable Life Assurance Society of the United States.

### **Publication/Creation**

[New York?] : [Equitable Life-Assurance Society?], 1904.

### **Persistent URL**

<https://wellcomecollection.org/works/wwkkfffa>

### **License and attribution**

The copyright of this item has not been evaluated. Please refer to the original publisher/creator of this item for more information. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use.

See [rightsstatements.org](https://rightsstatements.org) for more information.



Wellcome Collection  
183 Euston Road  
London NW1 2BE UK  
T +44 (0)20 7611 8722  
E [library@wellcomecollection.org](mailto:library@wellcomecollection.org)  
<https://wellcomecollection.org>

**THE EQUITABLE  
LIFE ASSURANCE SOCIETY  
OF THE UNITED STATES  
HENRY B. HYDE, FOUNDER.**

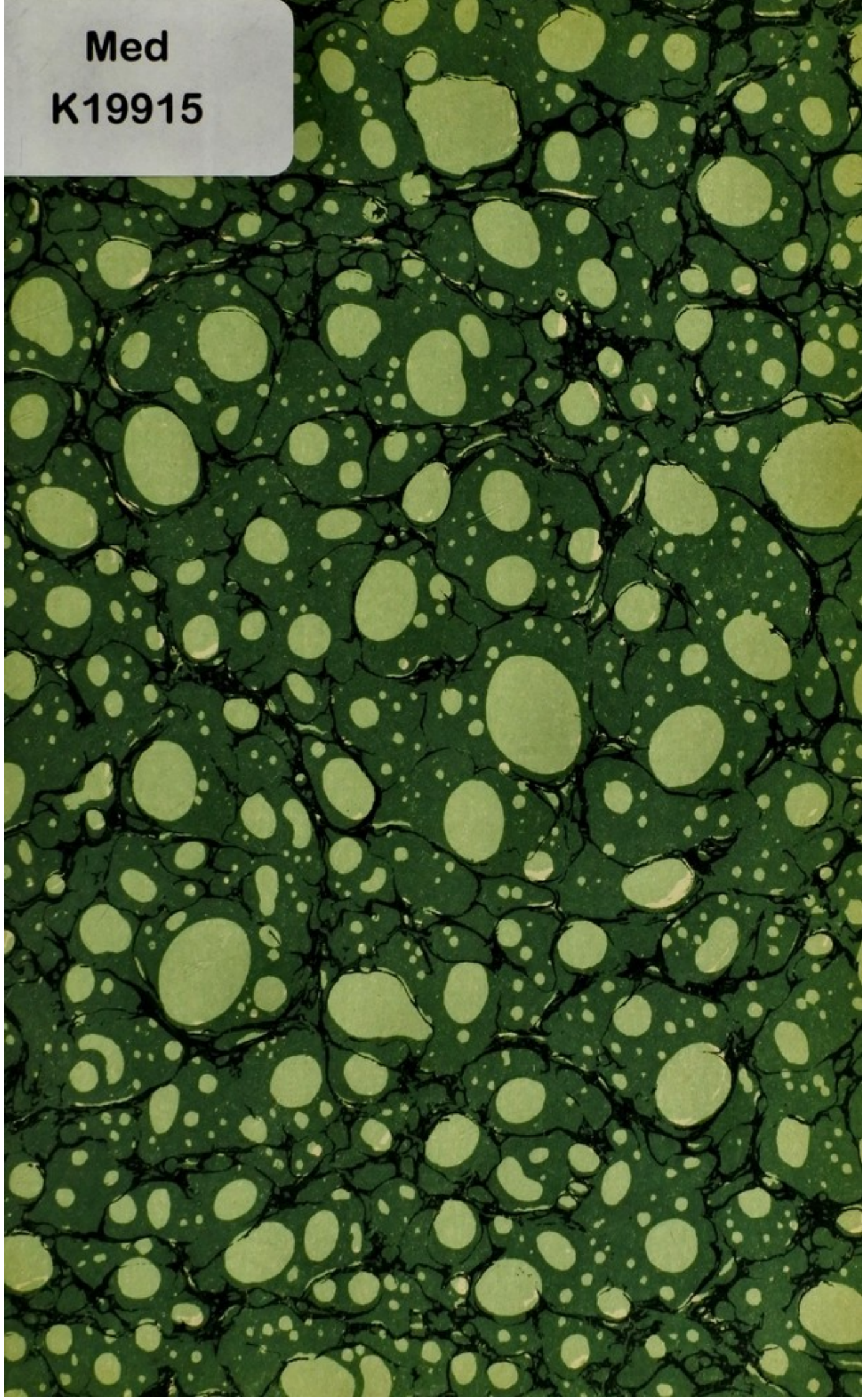
**HAND-BOOK FOR  
MEDICAL EXAMINERS.**

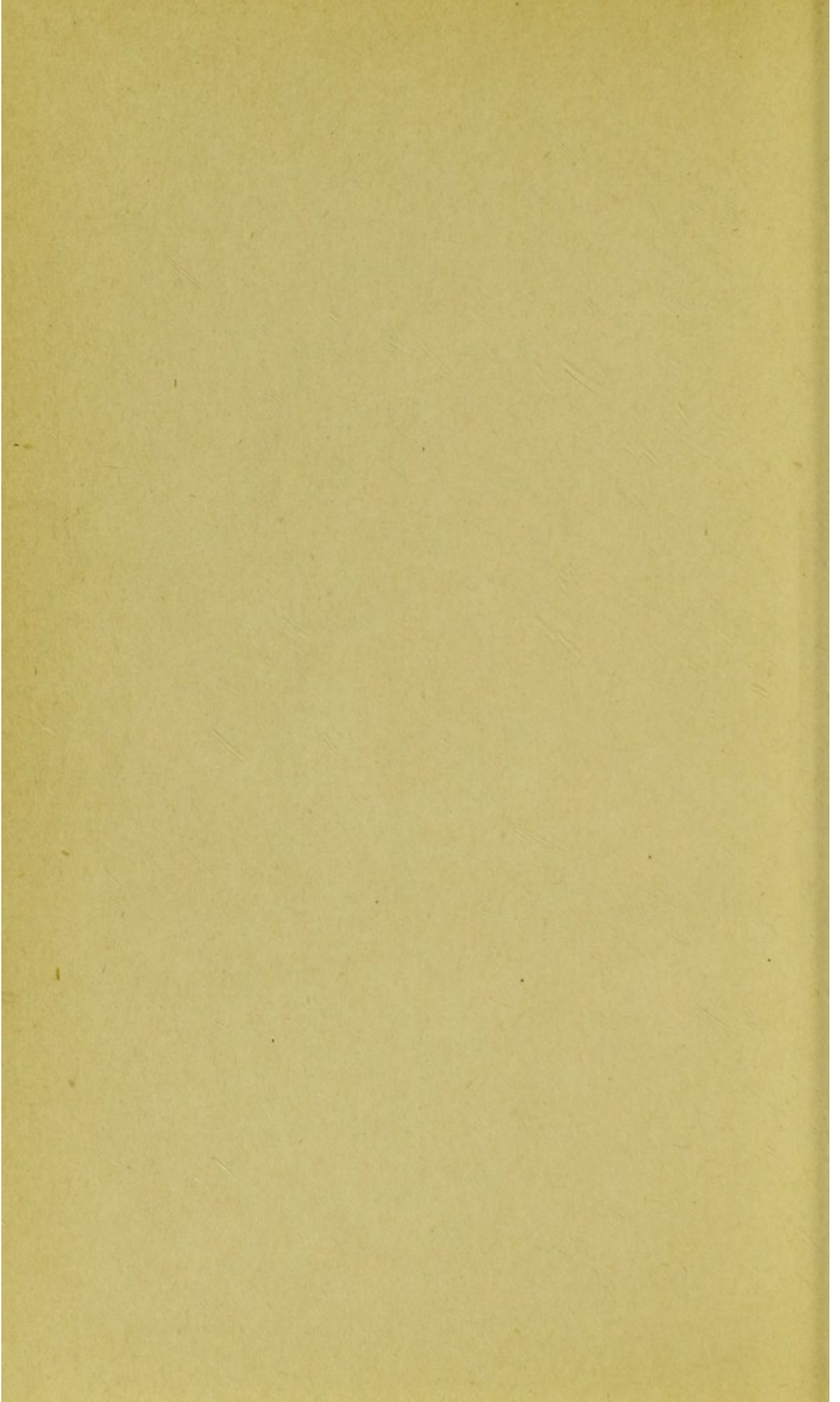
**EIGHTH EDITION.**

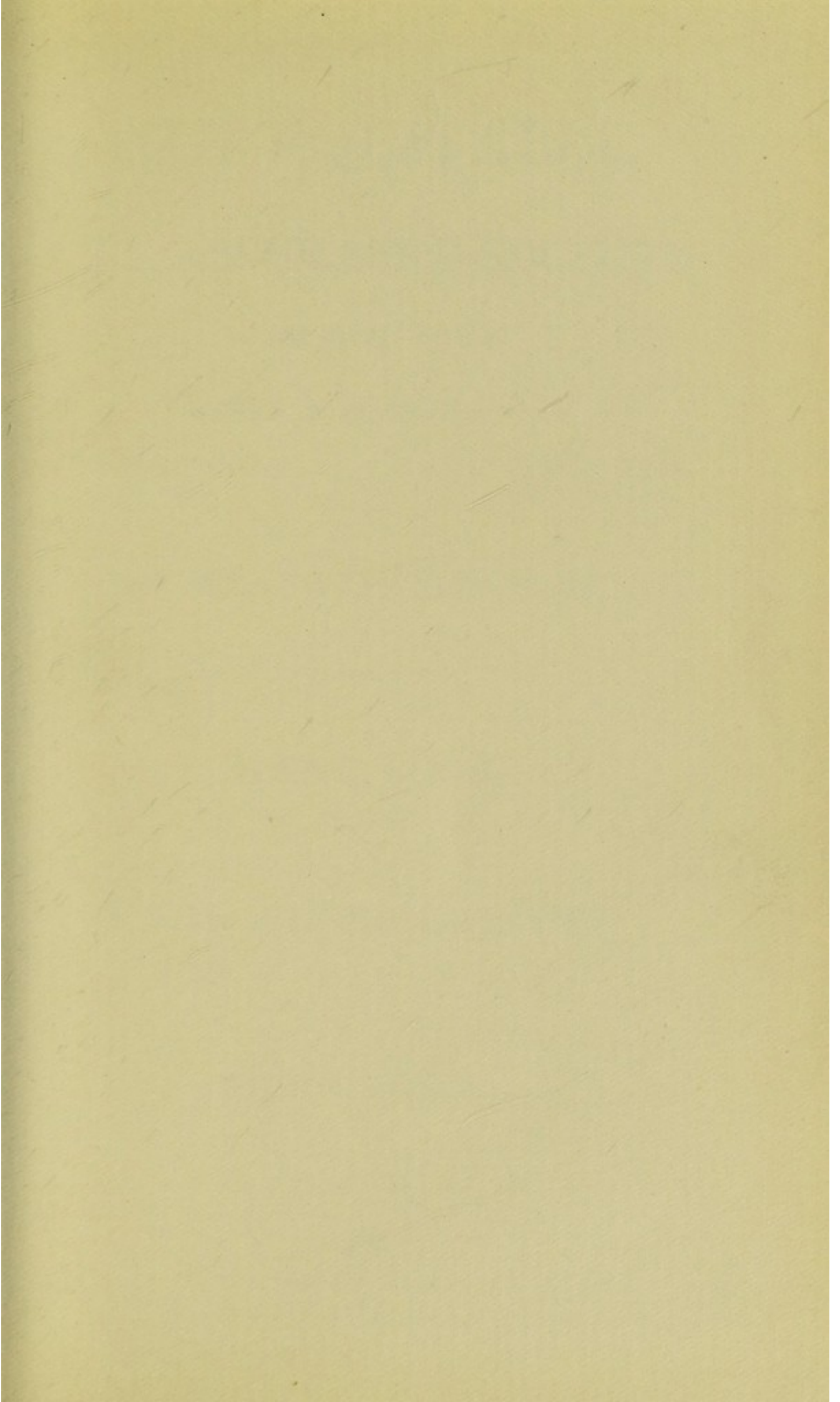


22102362377

Med  
K19915







C. XVIII. 2

**THE EQUITABLE**  
**LIFE ASSURANCE SOCIETY**

OF THE UNITED STATES.

**HENRY B. HYDE, Founder,**

**JAMES W. ALEXANDER,**  
President.

**JAMES H. HYDE,**  
Vice-President.

**120 BROADWAY, NEW YORK.**

---

**HAND-BOOK**

FOR

**MEDICAL EXAMINERS.**

---

**EIGHTH EDITION.**

---

**1904.**



6434

34618631

WELLCOME INSTITUTE LIBRARY	
Coll.	welMOmec
Call	
No.	W

# CONTENTS.

---

## I. THE MEDICAL EXAMINER

	PAGE
Selection and Appointment . . . . .	7
Qualification . . . . .	8

## II. THE MEDICAL EXAMINATION

General Considerations . . . . .	8
Inquiry into the Race and Nationality . . . . .	10
“    “    Occupation . . . . .	11
“    “    Family-History . . . . .	11
“    “    Personal Health-Record . . . . .	12
“    “    Habits . . . . .	12
“    “    Sanitation of the Environment, and Manner of Living . . . . .	13
Examination of the Pulse . . . . .	14
“    “    Chest and Abdomen . . . . .	14
“    “    Urine . . . . .	14

## III. THE RATING OF THE RISK

General Considerations . . . . .	18
<i>Abortion,</i> . . . . .	20
<i>Albuminuria,</i> . . . . .	21

CONTENTS—*Continued.*

III. THE RATING OF THE RISK—*Con.*

	PAGE
<i>Amputation,</i> . . . . .	21
<i>Apoplexy,</i> . . . . .	21
<i>Appendicitis,</i> . . . . .	21
<i>Asthma,</i> . . . . .	22
<i>Blindness,</i> . . . . .	22
<i>Bronchitis,</i> . . . . .	22
<i>Calculus,</i> . . . . .	22
<i>Cancer, in the Subject,</i> . . . . .	22
<i>Cancer, in the Family-Record,</i> . . . . .	22
<i>Caries,</i> . . . . .	23
<i>Chancre,</i> . . . . .	23
<i>Chancroid,</i> . . . . .	23
<i>Colic, Hepatic,</i> . . . . .	23
<i>Colic, Intestinal,</i> . . . . .	23
<i>Consolidation of Lung,</i> . . . . .	23
<i>Consumption, in the Subject,</i> . . . . .	23
<i>Consumption, in the Family-Record,</i> . . . . .	23
<i>Curvature of Spine,</i> . . . . .	24
<i>Deafness,</i> . . . . .	25
<i>Delirium Tremens,</i> . . . . .	24
<i>Emphysema of Lungs,</i> . . . . .	25
<i>Epilepsy,</i> . . . . .	25
<i>Family-History,</i> . . . . .	25
<i>Fistula-in-Ano,</i> . . . . .	25
<i>Gout,</i> . . . . .	25
<i>Haemorrhage from the Respiratory Tract,</i> . . . . .	25

CONTENTS—Continued.

III. THE RATING OF THE RISK—Con.

	PAGE
<i>Heart-Lesions,</i>	26
<i>Heart-Murmurs,</i>	26
<i>Hemiplegia,</i>	26
<i>Hernia,</i>	27
<i>Humpback,</i>	27
<i>Intemperance,</i>	27
<i>Miscarriage,</i>	27
<i>Necrosis,</i>	27
<i>Occupation,</i>	27
<i>Otorrhoea,</i>	28
<i>Paralysis, Facial,</i>	28
<i>Paralysis, Hemiplegic,</i>	29
<i>Paralysis, Paraplegic,</i>	29
<i>Pleurisy,</i>	29
<i>Pleuritic Adhesions,</i>	29
<i>Pregnancy,</i>	29
<i>Prostate,</i>	29
<i>Pulse,</i>	29
<i>Rheumatism,</i>	29
<i>Sarcoma,</i>	30
<i>Stone in the Bladder,</i>	30
<i>Stricture of the Urethra,</i>	30
<i>Sugar in the Urine,</i>	30
<i>Sunstroke,</i>	30
<i>Syphilis,</i>	30
<i>Tape-Worm,</i>	31
<i>Ulcer,</i>	31
<i>Weight,</i>	31

CONTENTS—*Continued.*

---

IV. THE EXAMINATION-REPORT.

General Considerations, . . . . .	31
Special Supplementary Report in cases of <i>Application for seemingly excessive</i> <i>Assurance,</i> . . . . .	32
<i>Unhealthiness of Residence,</i> . . . . .	33
<i>Disproportionate Physique,</i> . . . . .	33
<i>Adverse Recommendation,</i> . . . . .	33
Review of Report, . . . . .	33

V. TABLES.

Mortality Table, . . . . .	35
“Expectation” Table, . . . . .	36
Table of Height and Weight at Varying Ages, . . . . .	37

# THE EQUITABLE LIFE ASSURANCE SOCIETY

OF THE UNITED STATES,

120 BROADWAY, NEW YORK.

---

HAND-BOOK FOR MEDICAL EXAMINERS.

EIGHTH EDITION.

## 1.—THE MEDICAL EXAMINER.

The medical examiners of this Society are officers regularly commissioned in the Society's service. They are selected and appointed by the medical department, and are responsible to that department only. Managers and agents have no concern with medical appointments, except by courtesy, and have no authority to instruct examiners as to their duties.

Examiners hold office during the pleasure of the medical directors for the time being, and may be retired from active duty when sixty-two years old.

Appointments read only for the city or village

of residence "and immediate vicinity," and are vacated by removal to another locality.

Qualification requires proper professional skill and experience, good judgment, independence of character, a blameless reputation and a ready willingness to examine promptly, even at the expense of time and trouble. The examiner must be conveniently located, and readily available for service. It is not required that the examiner insure his own life with the Society, or seek to influence others so to do, but it is expected that he be well-disposed toward the Society, and willing at all times to say a good word in its behalf. Open disparagement of the Society or active partisanship in another company, or any circumstance affecting the physician's good repute, disqualifies, and in the case of an appointed examiner, justifies retirement from service.

## II.—THE MEDICAL EXAMINATION.

In any case where the proposed assurance is to benefit the examiner himself, or where the subject is a near relative\* or an intimate friend, the examiner should relegate the examination to someone else. Neither should he ever accept a share of the agent's commission or other consideration of value on a case of his own examining. If he knows beforehand that a

\*Father, mother, brother, sister, son, daughter or wife.

given applicant would not be acceptable, he should decline to examine. But in such case he should write at once to the Society's medical directors (at the home or branch office, as the case may be), giving the name and place of residence of the subject, the date of the application (if one has been made), and his reason for thinking the risk undesirable.

Examinations should be made in private (except as to a woman as witness in case of a female subject), in a quiet place, and on an occasion when ample time can be accorded. Examiners are authorized to insist on these conditions. Examinations at the office of the examiner are preferred, but the examiner is expected to examine elsewhere when necessary, provided the above-mentioned conditions can be fulfilled.

In conducting an examination, the examiner should bear in mind the grave responsibility of his office and the peculiar conditions that attend a medical examination for life assurance. In the case of a patient, one examination can be supplemented by others; judgment can be reserved and treatment changed, but in the case of a life assurance applicant a single examination is all that is ordinarily accorded, on the basis of which an important contract is to be drawn to endure for years. For this reason an examination for life assurance should be



thorough, no matter how healthy the subject may appear. Another point is the peculiar attitude which the candidate for assurance bears toward the examiner. When a subject comes to a physician as a patient, he naturally magnifies his physical failings, but when he appears as a life assurance applicant, he does, instinctively, exactly the reverse. Accordingly, the examiner should take nothing for granted in the statements of the subject, but should follow up even what seem to be trivial leads only.

Having regard for the nervousness of persons under examination, the examiner should aim to put the candidate at ease, and should proceed first to that part of his duties which consists of the putting of questions and recording of answers, reserving the making of the physical examination to the last.

As regards items of *inquiry* and *observation*, the following points are noteworthy.

1. *Race and Nationality*. — The statement here should be as specific as possible, so that the race-lineage of the subject may distinctly appear. Thus, while in the case of negroes it suffices to say “negro” or “mulatto,” as the case may be, in the case of *white* subjects, where there are so many diversities of race, the record should be fully descriptive, as, for ex-

ample, "Anglo-Saxon, American;" "Anglo-Saxon, English;" "Anglo-Saxon, German;" "Native Russian;" "Native Frenchman;" "Native Italian;" "Native Spaniard;" "Native Mexican," or "Cuban," or "Brazilian," etc.

2. *Occupation.*—The occupation should be stated explicitly, giving always the line of business, as well as the subject's function in the business. Thus, it does not suffice to say that a subject is a "merchant," or a "manufacturer," or a "salesman," but the line of trade, or of manufacture must also be stated, since it will make quite a difference whether it is dry goods or dynamite that is handled. Especially in the liquor business must statements be explicit, and the examiner should inquire searchingly into the true character of any alleged "hotel" or "restaurant," to find whether the same be possibly nothing but a common saloon. In cases of liquor-selling, proper, it should be stated specifically whether the business is wholesale only, or retail, and whether or not there is a bar on the premises.

3. *Family-History.*—In giving the family history, statements of disease must be explicit, and all vague answers, such as "heart failure," "decline," "cold," "childbirth," etc., should be explained. And in the case of a disease

of many aspects, such as pneumonia or nephritis, the record should state whether acute or chronic.

4. *Personal Health Record*.—The examiner should read out the title of every ailment or condition listed on the blank under this heading, making each one a subject for specific inquiry, and writing the answer “yes” or “no” in every case. It is not safe to accept a sweeping statement from a subject that he has never been seriously ill, since many conditions having a bearing on assurability, such as hæmoptysis, an otorrhœa, a fistula, or a stricture, are forgotten by candidates until inquiry is specifically made. Where the answer to any item is “yes,” the examiner should inquire into the clinical history of the case and set the same down in the appropriate place upon the blank. In so doing he should be careful to verify the diagnosis so far as possible.

5. *Habits*.—One of the most important functions of the examiner is, without giving offense, to find out and report just what the subject’s practice in the matter of the use of alcoholic beverages is. And this not in vague and, therefore, worthless terms, such as “temperate,” “moderate,” “drinks when he wants to,” etc., but in specific statement, as close as may be, of *what* the subject drinks, and *how much* and *how often*. Besides the record of the subject’s own

acknowledgment, the Society's present blank asks of the examiner, as part of his report of his own findings, whether he has any suspicion of any *unacknowledged* over-indulgence in drink, past or present, on the part of the candidate. The examiner should here report what knowledge or suspicion he may have, no matter how much at variance the same may be with the subject's own statements.

6. *Sanitation of the Environment, and Manner of Living.*—The Society's blank puts the following questions: “*Anything objectionable in the subject's manner of living or general surroundings? Anything insanitary in the occupation or in the residence or place of business?*” For the answering of these queries it is, of course, not expected—desirable though it would be—that the examiner will, in every instance, visit and critically inspect both the home and the office or work-shop of his subject, but it is asked that he make a pointed inquiry into the conditions of the environment, and, if a suspicion of serious fault of sanitation appears, refuse to recommend the risk until, in some way, the facts can be authoritatively determined. Research should also, so far as practicable, be made into the matter of the mode of life and moral surroundings of the subject, since many a life, without flaw so far as physique is concerned, may yet prove a very bad risk, because of moral hazard.

In the matter of *physical examination*, the following points should be observed :

1. The *pulse-rate* should be taken, at the wrist, while the subject is sitting, answering questions. If the taking be postponed until after the stripping for physical examination, or, still worse, until after auscultation of the lungs, the normal rate will, more likely than not, be considerably accelerated from excitement, conscious or unconscious.

If the rate be found out of bounds, re-examinations should be made to determine whether the abnormal rate be habitual or accidental.

2. For the *physical examination of the chest and abdomen*, in the male subject, the coat and vest should be taken off, and the linen shirt rolled up from below out of the way ; and, in the female, the waist of the dress and the corset should be removed. Other physical explorations and the necessary disrobing for the same are at the discretion of the examiner, on the understanding that items of physical examination likely to give offense should not be undertaken without good reasons personal to the case.

3. *Examination of the Urine*.—Testing of the urine for specific gravity, reaction, and possible presence of albumin or sugar is required in every case.

The examiner should satisfy himself that the sample is authentic, selecting by preference the forenoon or afternoon sample. Experience shows that the test described below is quite delicate enough for life assurance purposes.

*Heat and Acid Test.*—Fill a test-tube three-quarters full of filtered urine, boil the upper portion only of its contents, then compare the upper boiled stratum with the lower unboiled one; if the upper portion is opalescent, add a drop of nitric acid, to determine whether the opalescence is due to phosphates, as albumin is not dissolved by the acid, while the phosphates are.

Where albumin is found, test at intervals to determine whether the albuminuria be persistent. Many cases of albuminuria can be assured on special forms of policies; in order to select these, a fully equipped chemical laboratory has been added to the medical department. For the transportation of specimens, a special mailing case will be furnished to examiners. The Medical Directors ask the examiners in the United States to aid this work by forwarding samples of urine when so requested.

In reporting albumin, a rough idea of the amount found should be given by the use of such phrases as “trace,” “slight,” “distinct,” “considerable,” “abundant,” etc.

For sugar, the commonly employed test by

Fehling's solution\* is delicate, and sufficiently reliable if applied with the following precautions:—First, test the solution, itself, by raising a portion, in a test-tube, to the boiling point, and allow to cool spontaneously. If it precipitate, it is spoiled, but if it remain unchanged, it is in serviceable condition. Now add urine to the test-solution while the latter is boiling-hot, to an amount on no account to exceed an equal volume. Lastly, raise the mixture to the boiling point, and, then, at once—without any continued boiling—remove the test-tube from the flame and set aside for cooling. The presence of any significant amount of sugar in the urine tested will develop, at some time during the foregoing process, a precipitate which will pass, in color, from greenish-yellow to orange-red. A *partial* reduction of the test-solution, shown by the development of a *greenish turbidity, only*, may be produced by uric acid and other urinary constituents as well as by sugar.

---

\**Fehling's solution*: Take 34.64 grammes (534 grains) of pure crystallized cupric sulphate, previously pulverized and pressed dry between layers of blotting paper and dissolve in about 200 c. c. (53 fluidrachms) of distilled water. Take 173 grammes (2,670 grains) of potassio-sodic tartrate, and dissolve in 480 c. c. (16 fluidounces) of a solution of pure caustic soda, of sp. gr. 1.14. Mix the two solutions by adding the copper solution to the alkali, and bring up to the measure of 1 litre (2.1 pints) by the addition of distilled water. This solution should be kept in well-filled bottles, glass-stoppered and stored in a cool place.

An extemporaneous substitute may be made by dissolving 5 grains (0.324 gramme) of cupric sulphate and 10 grains (0.648 gramme) of neutral potassic tartrate in two fluidrachms (7.4 c. c.) of *liquor potassae*.

If sugar be found, even though the specific gravity of the urine is within bounds and the subject free from all other symptoms of diabetes than the glycosuria, inquiry should be made into the dietary of the candidate and a series of subsequent testings of the urine instituted upon both morning samples and samples voided two hours after a meal, with or without modification of the customary dietary, according to circumstances. In reporting findings of sugar, an approximate idea of the amount of the constituent should be given by stating briefly the degree of the reduction of the test-solution and the rapidity with which the reaction takes place, as, for instance, by the use of the phrases "incomplete reduction only after cooling," "full reduction on bringing equal volumes to a boil," "instant reduction by a single drop," etc.

In the event of the *specific gravity* of a urine proving out of bounds (below 1014 or above 1030) additional examinations should be made before the risk is reported, in order to determine whether the abnormal gravity be transient or permanent.

In all cases when circumstances have necessitated re-examinations of the urine, the results of *all* the several examinations should be reported, with dates.

For the bearing on assurability of albuminuria or glycosuria, see *postea*.



For certain special points concerning examinations, see the Society's form for the medical examiner's report.

### III.—THE RATING OF THE RISK.

In his rating of the risk the examiner should remember that the question is not merely the narrow one of the subject's present soundness, but is the much broader consideration of his *chances of living*—chances that may be as much affected by abode, occupation, habits of life and hereditary tendencies as by present condition of health. A point that merits mention in this connection is that of the *general impression* which the subject makes upon the professional eye of the examiner, apart from the results of technical examination. If the impression be unfavorable, even though no definite physical flaw appear, it is the duty of the examiner to respect his instinct and to decline the risk. Rejection in such case is all the more imperative for the reason that by the very nature of the defect in question, it is one that can only appear to the eye of the examiner, who has the subject before him—the medical director at the company's office, with but a pen-and-ink exhibit by which to judge the risk, being, by that very circumstance, debarred from all possibility of forming an intelligent, independent opinion in the premises.

A special point requiring consideration in the rating and recommendation of risks is this:

A Medical Examiner may consider a subject an undesirable risk for life, yet feel that the applicant is clearly assurable for a limited number of years. A recommendation for an *Endowment* form of policy for ten, fifteen or twenty years, as his judgment may dictate, is proper under these circumstances. Under an Endowment form of policy the Society gets rid of the risk at the expiration of the Endowment period, thereby avoiding the hazard which in this individual case may come with later years. Examiners are cautioned, however, that there is no distinction, so far as acceptability is concerned, between an Ordinary Life Policy and a Life Policy where the payments are limited to ten, fifteen or twenty years, such as are commonly known as "Ten-Payment Life," "Fifteen-Payment Life" or "Twenty-Payment Life." The principle underlying both policies is identical and it is immaterial whether the number of payments be continuous through life or limited to a specific term of years.

Another class of policies upon which the Society prefers to exercise extreme care in selection is what is known as "Term Policies," either Yearly Renewable Term or Ten, Fifteen or Twenty-Year Term, on account of the very low premium rate involved.

This is also applicable to what is known as "Non-Participating" assurance, which is a plan of policy where no provision is made for profits, and the consequent margin for contingencies, such as excess mortality, etc., is very small.

As to special conditions affecting risks, many are obviously so serious, on the one hand, or trivial on the other, as to need no comment. Of those occupying a middle ground, the following list shows the most important, with a statement in each case of the disqualification ordinarily adjudged in the practice of the Society. These statements, however, do not constitute inviolable rules, and the medical directors reserve the privilege of discretion as to accepting or rejecting any given case.

**ABORTION.**—An abortion, or miscarriage, in a subject still liable to pregnancy, ordinarily disqualifies until after recovery from the birth of a living child at full term.

**ALBUMINURIA.** — *Persistent* albuminuria, whether continuous, cyclical, or irregularly intermittent, and whether or not accompanied by other derangement of the urine, or by derangement of health of the subject, *disqualifies during continuance*, and also for a period after apparent final disappearance, according to the individuality of the case. In the event of the finding of a

small amount of albumin in an otherwise normal urine from an apparently healthy subject not past middle life, the examiner should make a sufficient number of supplementary testings on other occasions to establish whether the condition be transient or persistent, and notify the Home or Branch Office.

**AMPUTATION.**—Amputation of a lower extremity above the knee imposes an addition to the premium rate equal to  $\frac{1}{4}$  % of the amount of the assurance. Other single amputations are not regarded. Double amputation of either set of limbs above the wrist or ankle, respectively, disqualifies.

**APOPLEXY.**—Any history of a distinct, idiopathic apoplectic seizure apparently due to an organic cerebral affection ordinarily disqualifies permanently.

**APPENDICITIS.**—Appendicitis, followed by destruction or removal of the appendix, without untoward after-effects, does not affect the risk. Otherwise, a single attack disqualifies for a number of years according to case, and recurring attacks may disqualify absolutely, pending possible destruction or removal of the organ.

**ASTHMA.**—Asthma manifests itself so variously that cases have to be judged on their

individual merits, but systematically recurring asthma ordinarily disqualifies.

**BLINDNESS.**—Blindness of both eyes imposes an addition to the premium-rate equal to  $\frac{1}{2}$  % of the amount of the assurance. Blindness of one eye is not regarded.

**BRONCHITIS**, of any grade, disqualifies during continuance. Chronic bronchitis and frequently recurring attacks of acute bronchitis ordinarily disqualify permanently.

**CALCULUS.**—Passage of a *urinary* calculus disqualifies ordinarily for a minimum term of three, and of a *biliary*, for a term of five years after occurrence. A frequency of recurrence sufficient seemingly to portend a distinct predisposition to the formation of calculi (urinary or biliary) disqualifies permanently.

**CANCER**, *in the Subject.*—Any history of a cancer of any variety permanently disqualifies.

**CANCER**, *in the Family-Record*, is not regarded unless there be several cases in the immediate family, or an unbroken succession of several in the immediate ancestry. Cancers of the uterus, of the mamma and of the skin are regarded as of least import in establishing a cachexia possibly transmissible by inheritance.

CARIES, if of any extent, disqualifies during continuance.

CHANCRE.—See *Syphilis*.

CHANCROID disqualifies for a term of six months after initial appearance (this to protect against possible errors of diagnosis).

COLIC, *Hepatic*.—See *Calculus*.

COLIC, *Intestinal*.—Frequent recurrence of severe intestinal colic disqualifies during the continuance of the habit.

CONSOLIDATION OF LUNG, if considerable, disqualifies.

CONSUMPTION, *in the Subject*.—Any history of undoubted phthisis pulmonalis in the past, even if there be complete recovery, ordinarily disqualifies.

CONSUMPTION, *in the Family-Record*.—It is regarded as fairly demonstrated, *first*, that consumption is, *proportionately*, as common at one age as at another; *secondly*, that as between thin and stout subjects, the thin are *very* much more predisposed to the disease than the stout; *thirdly*, that among family-stocks, special family susceptibility, of varying degrees, may often be traced; and *fourthly*, that the immediate determining cause of a given case of phthisis may

often be direct contagion. With these points in mind, it is held that the bearing of a consumptive family-record on a given risk cannot be gauged by the considerations alone of present age of the candidate, number of consumptive dead in the family, and ages at death of the several decedents. Hence, in the practice of the Equitable Society, no set rules are followed for postponement or rejection of candidates with a family-record of phthisis, but each case is judged on its individual merits, with, in general, the attaching of more weight to the consideration of the present *physique* of the candidate, than to that of his present *age*, or than to that of the number of consumptive relatives dead. In view of the many-sidedness of the subject, therefore, examiners are earnestly requested to inquire as fully as possible into the probable causation of all cases of death from phthisis encountered in a family-record, and to record the results in the examination-report.

**CURVATURE OF SPINE.**—*Antero-posterior* curvature of the spine either disqualifies permanently, or limits to endowment-assurance, terminating at an age not exceeding fifty years.

*Lateral* curvature of the spine, unless quite considerable, is not regarded.

**DEAFNESS.**—Total, or practically total deafness, imposes an addition to the premium-

rate equal to  $\frac{1}{2}$  % of the amount of the assurance. Loss of hearing in one ear only is not regarded.

**DELIRIUM TREMENS.**—Any history of delirium tremens, whether recent or in the far past, ordinarily disqualifies permanently.

**EMPHYSEMA OF LUNGS,** if considerable, ordinarily disqualifies permanently.

**EPILEPSY.**—Confirmed epilepsy, of course, disqualifies permanently. A history of recurring epileptiform fits in the past disqualifies variously, according to case.

**FAMILY-HISTORY.**—See under the several titles of the diseases concerned.

**FISTULA-IN-ANO** disqualifies during continuance, and ordinarily for the term of one year after cure.

**GOUT.** — Confirmed gouty diathesis either disqualifies permanently or limits to short endowment, according to case.

**HÆMORRHAGE FROM THE RESPIRATORY TRACT** (excepting, of course, an epistaxis) ordinarily disqualifies for a minimum term of ten years after occurrence. Recurring attacks disqualify for long periods or permanently, according to case. (The examiner



should remember the common practice of the medical adviser in reassuring sufferers from this affection at the time of their seizure. Hence assurance candidates are almost certain, in all innocence, to describe their past attack or attacks as trivial and to fix the site of the hæmorrhage in the "throat.")

**HEART-LESIONS.** — Any chronic organic affection of the heart—enlargement, permanent dilatation, valvular insufficiency or stenosis, probable fatty degeneration or pericardial adhesion—disqualifies for standard assurance.

**HEART-MURMURS.** — All undoubtedly *abnormal* heart-murmurs, whether adjudged of organic or of functional causation, ordinarily disqualify during continuance, for standard assurance.

In certain cases of heart-affection the risk is acceptable for special forms of assurance, at special rates. In all cases, therefore, where a heart-murmur is found, the examiner should describe it, as to character and location, and give his diagnosis of the cause—*i. e.*, whether from anaemia or from valvular lesion, and, in the latter case, stating which valve is affected and whether the condition is one of insufficiency, stenosis or both, and also whether there is good compensation.

**HEMIPLEGIA.** — See *Paralysis*.

**HERNIA.** — Irreducible hernia disqualifies permanently. Reducible hernia, whether of one or both sides, disqualifies only if the subject does not wear a truss. If well controlled by a proper truss habitually worn during waking hours, a reducible hernia does not affect the risk.

**HUMPBACK.**—See *Curvature of Spine*.

**INTEMPERANCE.** — Present habit, of course, disqualifies. Past habit disqualifies for a term after discontinuance, according to case—and the later the reformation the longer the term.

**MISCARRIAGE.**—See *Abortion*.

**NECROSIS.**—Any considerable necrosis disqualifies during continuance.

**OCCUPATION.** — *Occupations involving special risks from accident* impose additions to the premium rate, ranging from  $\frac{1}{4}$  % to 2 % of the amount of the assurance, according to case. Prominent examples of such occupations are *mining, sea-faring and "railroading"* (locomotive-engineering, railroad-conductor, train-hand, switchman and coupler of cars), etc.

*Occupations involving, as the principal item of the business, the manufacture or sale of alcoholic beverages* impose, upon acceptable cases, an addition to the premium-rate equal to  $\frac{1}{2}$  % of

the amount of the assurance. Proprietors of drinking saloons, proper, and bartenders are not regarded as acceptable risks, and agents are requested not to take applications upon the lives of such persons. The only exception to this rule is that proprietors of retail establishments of the very best class, who are quite temperate in the use of liquor, and who do not personally attend to its sale, are eligible for fifteen-year endowment policies.

**O'TORRHŒA.**—Simple purulent otorrhœa, if intermittent and trivial only, is not regarded; but, if considerable, or, even when slight, if persistent, it imposes an addition to the premium-rate equal to  $\frac{1}{2}\%$  of the amount of the assurance.

Persistent otorrhœa, where the secretion is greenish in color, or offensive in odor, or where there is a history of the occasional discharge of blood, gritty matter or of spiculæ of bone, disqualifies during continuance, and, ordinarily, for a minimum term of one year after apparent final disappearance. In all cases of otorrhœa, therefore, the examiner should make the necessary investigation to cover the foregoing points and should write the result in his report.

**PARALYSIS, *Facial.***—Ordinary so-called “Bell’s paralysis,” of undoubted peripheral causation, is not regarded.

**PARALYSIS, *Hemiplegic*.**—Any history of an undoubted idiopathic hemiplegic seizure ordinarily disqualifies permanently.

**PARALYSIS, *Paraplegic*,** disqualifies during continuance, and otherwise according to case.

**PLEURISY, recurring,** disqualifies according to case.

**PLEURITIC ADHESIONS,** if permanent and considerable, ordinarily disqualify permanently.

**PREGNANCY** is not regarded unless there be special reasons for apprehension, individual to the case.

**PROSTATE.**—Confirmed enlargement of the prostate ordinarily disqualifies permanently.

**PULSE.** — Confirmed *over-rapidity* (over ninety beats per minute) *under-rapidity* (under fifty beats per minute) of the pulse-rate, or systematic irregularity of the pulse, ordinarily disqualifies during continuance. Simple *intermittence* of the pulse in subjects not past middle life, if not excessive and if constitutional to the individual, is not regarded.

**RHEUMATISM.**—An attack of acute articular rheumatism ordinarily disqualifies for one

year after beginning of convalescence. Recurring attacks may disqualify permanently. Chronic rheumatism disqualifies variously according to case.

**SARCOMA** disqualifies like *cancer* (which see).

**STONE IN THE BLADDER** disqualifies during presence.

**STRICTURE OF THE URETHRA** (organic) ordinarily disqualifies during continuance.

**SUGAR IN THE URINE**, if *associated with the rational signs of diabetes*, ordinarily disqualifies permanently. If not so associated, but if the sugar be fairly abundant in amount, the condition disqualifies during continuance, and for a term after apparent final disappearance, according to the case. *A trace only of sugar found in a urine of normal specific gravity from a seemingly healthy subject, and demonstrated by an appropriately-timed series of testings to be temporarily present only, and that, too, during the high tide of digestion of a meal including starch or sugar, is not regarded.*

**SUNSTROKE** disqualifies for a term according to the case. Recurring attacks may disqualify permanently.

**SYPHILIS**.—*Primary* syphilis, not followed

by constitutional symptoms, ordinarily disqualifies for a term of six months after initial appearance.

*Secondary* syphilis disqualifies, ordinarily, during continuance and for a minimum term of three years after disappearance of the last manifestation.

Any history of *tertiary* or *inherited* syphilis ordinarily disqualifies permanently.

**TAPE-WORM** disqualifies during presence of the parasite, and, ordinarily, for a term of two months after alleged discharge of the entire worm.

**ULCER.**—Any considerable ulcer disqualifies during continuance.

**WEIGHT.**—Pronounced disproportion of weight in either direction disqualifies variously, according to case. *Excessive* disproportion may disqualify absolutely. As a rule, assurants are expected to present a physique not departing more than 20 per cent. from standard proportion.

(See *postea* for a standard table of proportionate weights.)

#### IV.—THE EXAMINATION REPORT.

The examination report should be made on one of the society's blanks for the purpose, to

be obtained from the agent. It should be full and precise, answering every question on the blank, no matter how inconsequential some of these may seem, and no matter if the examiner has recently reported on the same life. The routine of review at the home office makes it indispensable that each examination report should be complete in itself.

Any item of delicacy which the examiner does not wish to set forth on the open report, may be communicated in a private letter to the medical directors (at the home or branch office, as the case may be). Such communications are privileged and confidential, but to be of avail must be despatched at once, so as to reach the medical directors not later than the regular examination report transmitted through the agent.

If there are any peculiar features in a given case requiring special elucidation, it is expected that the examiner will, of his own accord, make the needful explanation in a supplementary statement. Prominent examples in point are the following:

*Excessive Assurance.*—If the amount of the proposed assurance seems in excess of the true value of the life to the proposed beneficiary, the examiner should inquire and report as to the reason for the present application.

*Residence.*—If there is any suspicion of unhealthfulness of the place where the applicant lives or works, especially as to malarial disease, the examiner should seek out and state the facts.

*Physique.*—In case of disproportion of weight to height, either way, the general make-up should briefly be described, since two subjects giving the same figures may yet be quite different in type of physique. Thus an identical overweight may, in one case, mean fat on a small frame, and, in another, muscles on a large one.

*Adverse Recommendation.*—In any case where the examiner cannot approve the risk, he should write at once a private letter to the medical directors (at the home or branch office, as the case may be), giving name, date and place of birth of the subject, date of examination (or of possible refusal to examine) and reasons for disapproval. Such notification is important, in the possible case that the agent suppresses the examiner's report and forwards in its place, as original, a later and favorable report by some other examiner, employed on some pretext of necessity.

After having written his report, the examiner should carefully review the same, before delivery to the agent, in order to make certain that he has not, by inadvertence, failed to answer some



question. *All* the questions on the blank are essential, and *all* must be answered before cases can be considered. Omissions, therefore, make delays in the issuing of policies, and delays in the business of life assurance are particularly vexatious.

---

This hand-book is issued by the medical directors of the Society, to whom (at the home or branch office, as the case may be) examiners should apply for all information as to their duties.

IV.—TABLES.  
MORTALITY TABLE.

ASSURED LIVES.

American Table of Mortality used by the Society  
in the computation of Premiums.

Completed Age.	Number surviving at each Age.	Deaths in each Year.	Completed Age.	Number surviving at each Age.	Deaths in each Year.	Completed Age.	Number surviving at each Age.	Deaths in each Year.
10	100,000	749	40	78,106	765	70	38,569	2,391
11	99,251	746	41	77,341	774	71	36,178	2,448
12	98,505	743	42	76,567	785	72	33,730	2,487
13	97,762	740	43	75,782	797	73	31,243	2,505
14	97,022	737	44	74,985	812	74	28,738	2,501
15	96,285	735	45	74,173	828	75	26,237	2,476
16	95,550	732	46	73,345	848	76	23,761	2,431
17	94,818	729	47	72,497	870	77	21,330	2,369
18	94,089	727	48	71,627	896	78	18,961	2,291
19	93,362	725	49	70,731	927	79	16,670	2,196
20	92,637	723	50	69,804	962	80	14,474	2,091
21	91,914	722	51	68,842	1,001	81	12,383	1,964
22	91,192	721	52	67,841	1,044	82	10,419	1,816
23	90,471	720	53	66,797	1,091	83	8,603	1,648
24	89,751	719	54	65,706	1,143	84	6,955	1,470
25	89,032	718	55	64,563	1,199	85	5,485	1,292
26	88,314	718	56	63,364	1,260	86	4,193	1,114
27	87,596	718	57	62,104	1,325	87	3,079	933
28	86,878	718	58	60,779	1,394	88	2,146	744
29	86,160	719	59	59,385	1,468	89	1,402	555
30	85,441	720	60	57,917	1,546	90	847	385
31	84,721	721	61	56,371	1,628	91	462	246
32	84,000	723	62	54,743	1,713	92	216	137
33	83,277	726	63	53,030	1,800	93	79	58
34	82,551	729	64	51,230	1,889	94	21	18
35	81,822	732	65	49,341	1,980	95	3	3
36	81,090	737	66	47,361	2,070			
37	80,353	742	67	45,291	2,158			
38	79,611	749	68	43,133	2,243			
39	78,862	756	69	40,890	2,321			

**“ EXPECTATION TABLE. ”**  
**ASSURED LIVES**  
 Constructed from the foregoing Mortality Table.

Years old.	EXPECTATION.	Years old.	EXPECTATION.	Years old.	EXPECTATION.
	Years.		Years.		Years.
10	48.7	40	28.2	70	8.5
11	48.1	41	27.5	71	8.0
12	47.4	42	26.7	72	7.6
13	46.8	43	26.0	73	7.1
14	46.2	44	25.3	74	6.7
15	45.5	45	24.5	75	6.3
16	44.9	46	23.8	76	5.9
17	44.2	47	23.1	77	5.5
18	43.5	48	22.4	78	5.1
19	42.9	49	21.6	79	4.8
20	42.2	50	20.9	80	4.4
21	41.5	51	20.2	81	4.1
22	40.9	52	19.5	82	3.7
23	40.2	53	18.8	83	3.4
24	39.5	54	18.1	84	3.1
25	38.8	55	17.4	85	2.8
26	38.1	56	16.7	86	2.5
27	37.4	57	16.1	87	2.2
28	36.7	58	15.4	88	1.9
29	36.0	59	14.7	89	1.7
30	35.3	60	14.1	90	1.4
31	34.6	61	13.5	91	1.2
32	33.9	62	12.9	92	1.0
33	33.2	63	12.3	93	0.8
34	32.5	64	11.7	94	0.6
35	31.8	65	11.1	95	0.5
36	31.1	66	10.5		
37	30.4	67	10.0		
38	29.6	68	9.5		
39	28.9	69	9.0		

Long and careful observations have shown that though the life of any given individual is proverbially uncertain, yet that, if a large number of persons in ordinary circumstances at a given age be taken, there is a law, fixed and uniform, determining within very narrow limits the average number of years of life remaining to them. For example, if we take 10,000 persons at the age of 29 years, the sum of their ages at death will amount to about 650,000 years, showing that, on an average, each person now 29 years old will live very nearly 36 years longer. This mean after-lifetime is called the *expectation* of life at the assured age, that is, the number of years which one at that age may *expect probably* to live, though many will die sooner, and even 72 out of 10,000 during the first year.

TABLE OF HEIGHT AND WEIGHT AT VARYING AGES.

Based upon an Analysis of 74,162 accepted Male Applicants for Life Assurance, as reported to the Association of Life Insurance Medical Directors, 1897.

The figures in small type are 20 per cent. over and under the average.

AGES.	15-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
ft. in. 5 0	96	100	102	105	106	107	107	107	105	
	120	125	128	131	133	134	134	134	131	
	144	150	154	157	160	161	161	161	157	
1	98	101	103	105	107	109	109	109	107	
	122	126	129	131	134	136	136	136	134	
	146	151	155	157	161	163	163	163	161	
2	99	102	105	106	109	110	110	110	110	
	124	128	131	133	136	138	138	138	137	
	149	154	157	160	163	166	166	166	164	
3	102	105	107	109	111	113	113	113	112	112
	127	131	134	136	139	141	141	141	140	140
	152	157	161	163	167	169	169	169	168	168
4	105	108	110	112	114	115	116	116	115	114
	131	135	138	140	143	144	145	145	144	143
	157	162	166	168	172	173	174	174	173	172
5	107	110	113	114	117	118	119	119	118	118
	134	138	141	143	146	147	149	149	148	147
	161	166	169	172	175	176	179	179	178	176
6	110	114	116	118	120	121	122	122	122	121
	138	142	145	147	150	151	153	153	153	151
	166	170	174	176	180	181	184	184	184	181
7	114	118	120	122	124	125	126	126	126	125
	142	147	150	152	155	156	158	158	158	156
	170	176	180	182	186	187	190	190	190	187
8	117	121	123	126	128	129	130	130	130	130
	146	151	154	157	160	161	163	163	163	162
	175	181	185	188	192	193	196	196	196	194
9	120	124	127	130	132	133	134	134	134	134
	150	155	159	162	165	166	167	168	168	168
	180	186	191	194	198	199	200	202	202	202
10	123	127	131	134	136	137	138	138	139	139
	154	159	164	167	170	171	172	173	174	174
	185	191	197	200	204	205	206	208	209	209
11	127	131	135	138	140	142	142	142	144	144
	159	164	169	173	175	177	177	178	180	180
	191	197	203	208	210	212	212	214	216	216
6 0	132	136	140	143	144	146	146	146	148	148
	165	170	175	179	180	183	182	183	185	185
	198	204	210	215	216	220	218	220	222	222
1	136	142	145	148	149	151	150	151	151	151
	170	177	181	185	186	189	188	189	189	189
	204	212	217	222	223	227	226	227	227	227
2	141	147	150	154	155	157	155	155	154	154
	176	184	188	192	194	196	194	194	192	192
	211	221	226	230	233	235	233	233	230	230
3	145	152	156	160	162	163	161	158		
	181	190	195	200	203	204	201	198		
	217	228	234	240	244	245	241	238		

