

MEDICAL EXAMINATIONS.

BY AN EXPERIENCED EXAMINER.

UNTIL the establishment of the present practice of appointing a medical officer to look after the interests of a life-insurance company, great uncertainty existed in relation to the insurability of many lives that were taken as good risks. This uncertainty became often the cause of protracted litigation; and the opinions of learned jurists on the bench, and the decisions of juries were not unfrequently founded upon imperfectly ascertained facts, and loose and careless opinions supplied by an agent or broker: such as, "he believed it to be a good life," or that, "the party was in a reasonably good state of health," and a host of similarly expressed opinions—as vague as they were unsatisfactory.* Often these would arise from positive

* *Stackpole v. Simon*. Sitt. at Guildhall Hall. Vac. 1779
Ross v. Bradshaw, 1. Blac. Rep. 312.

ignorance, at other times, from collusion or carelessness on the part of one who was represented as being the usual medical attendant of the party whose life was proposed to be insured.*

A remarkable instance of the effect of an absence of a personal examination by an officer of a company, occurred in England in the year 1824. The Duke of Saxe Wiemar insured his life for £5,000 sterling, and died in a year or two after effecting the insurance. After the amount of the policy had been paid, it was ascertained that he had been wounded in the spine, and that he was both idiotic and paralytic at the time of effecting the insurance, but had furnished the office with two certificates, one from a physician and another from a surgeon, stating that he was at that time in sound health: on which certificates the policy was issued. In a suit to recover the money paid, the company was non-suited, as the transaction was in accordance with their method of business. Had there been a medical examiner at-

* *Aveson v. Lord Kincaird and others*, 6 East, 188.

tached to the company, a policy on such a life never would have been issued.

The certificate of the usual medical attendant is often of little importance beyond furnishing information as to the past state of health of the party, or as to his family predisposition, for the simple reason that he may never have had an opportunity of investigating the condition of his patient in the mode needed for life-insurance. The writer has known instances of physicians giving certificates of good health, and upon having their attention directed to the results of a physical examination, frankly acknowledge that they were ignorant until that time of any predisposition to disease in their patients. An instance worthy of note occurred to the writer where the physician had been an intimate friend of the applicant for twenty years, during which time he had not experienced any indisposition, but had always had the appearance of ruddy health. An examination of the chest detected unequivocal symptoms of the existence of incipient phthisis. The attention of the medical friend, who had accompanied him to the office, was directed to them; he at once

admitted the accuracy of the diagnosis, and acknowledged that the case was not an insurable one. He subsequently reported that this individual had, about six months after his examination, suffered from severe pulmonary hæmorrhage with every prospect of phthisis. Other instances could be given where the parties died of the same disease—the predisposition being unsuspected by the physician solely from his not having had occasion to investigate the condition of his patient with reference to pulmonary diseases.

The experience of the London Equitable Insurance Company furnishes some very striking facts in illustration of the importance of a personal examination by an officer of the company. At an early period of their business, when the deaths amounted to 331, those caused by consumption were 122, at the rate of 7.7 per thousand. In the year 1832, the total number of deaths was 4,095; while the number from consumption was 339. In the first period the applications were very carelessly investigated, while during a part of the last mentioned period a careful personal examination was made by a

suitably qualified person appointed by the office.

It has happened also that persons have presented themselves for examination who never have had any medical attendant, and who never suspected the existence of any disease in themselves, and yet have given evidence of such a state of system, that there existed no reasonable presumption that they would ever reach the period of their "expectation." An early death has proved the accuracy of this opinion in many an instance. It was formerly required of the party, in case he had no physician, to procure a certificate from "some other" medical man; but it is evident that but little information of value could be obtained from such a source. The medical officer appointed by the company supplies now any deficiency in the medical testimony, and offers the best security both for the insured and the insurers—to the former as furnishing to a certain extent a warranty, and to the latter a security that every means has been used to obtain none but good risks.

When a person applies for examination he should bring with him, 1st, a declaration signed

by himself; 2d, another signed by a friend; and 3d, one from his medical attendant; all giving an accurate statement of his health. These documents are furnished in blank by the company. An error has arisen on the part of some medical gentlemen in supposing that when they fill up the blank that is intended for them, that they are furnishing the information they impart, at the request of the company. This mistake has doubtless arisen from a common practice of the officers and agents, who, in wishing to save the applicant a little trouble, send the blank certificate to the physician; the latter supposing it to come from the company are in some instances unwilling to furnish the required information without a fee. All these documents, however, being the proofs which the applicant is required to supply and to bring with him to be filed in the office, must be obtained by him at his own expense. In addition to these evidences, the agent is supposed to become to some extent responsible, and in one company at least, he is required to fill up an official certificate embracing his knowledge of

the party, and his opinion as to the safety of the risk in question.

In no case should a person be examined unless all these papers are submitted, complete, to the medical examiner; for they might contain some important fact necessary to a correct decision. With these documents before him he will proceed to a personal examination.

The external form and general aspect often convey a vast amount of information to one accustomed to associate these with health and sickness. The habits of life, which may be ascertained by a few questions, will naturally lead to others; the trade, occupation, profession, etc., of the applicant come under this head of examination, and will enable the examiner to draw his inference as to their effects on the general health. The condition of the brain and spinal marrow will also be thus learned; for this can be ascertained to a sufficient extent by the gait, manner of speech, and want of control over the muscular system, exhibited in tremor, and other irregular movements, together with questions on these points which may suggest themselves.

In the examination of the chest, although it is of great importance, yet it is not necessary to ascertain anything more than that there is a departure from health ; it is not required that any detail of unfavorable symptoms be recorded, if any appear. The first step in the investigation, is to percuss the chest in all its parts, and then to apply the Stethoscope, or the ear, to ascertain whether or not there exists a healthy respiration. Consider the capacity of the chest, whether narrow or expanded—whether there is any unusual depression in the subclavian regions—whether the chest expands equally on inspiration—any Bronchophony, particularly in the subclavian and mammary regions. The action of the heart is also ascertained by auscultation : ascertain whether the rythm of the heart is natural, and confined within the natural limits—whether the impulse of the heart is coincident with the first sound, and of natural intensity. When making a report, the state of the heart may be recorded “Normal,” or “Abnormal,” as the case may be.

The pulse, besides being regular, should never beat over 90 in a minute : if it cannot be re-

duced to this by changing to a recumbent position, rest, and time being given for the composure of the nervous system, and if necessary, two or three examinations, on different days—the applicant is to be rejected. A very careful investigation into the condition of the heart and lungs should be made, whenever the pulse is found to beat uniformly over 80.

An habitually rapid pulse is generally indicative of some organic affection. The pulse should always be regular in its beats, and never intermitting.

Spitting of blood, if it arise in a person of a consumptive family, must be a reason for rejection. If, however, it arises from a mere congestion of the mucous membrane of the bronchial tubes, it need not be a cause for declining the risk; a sufficient time, however, must elapse to ascertain, together with an examination of the chest, that it is of this nature. Bleeding from the lungs from violent straining, need not be a reason for rejecting the applicant—allowing, as in the former instance, a long time to pass to prove that it is but a local and temporary affection, and has not produced any disease

If either of these should be followed by cough or occasional difficulty of respiration, the party of course, must be rejected. It is needless to mention that more than usual care must be taken in the physical examination of such persons.

Occasional difficulty of breathing, or asthma, must always be rejected. The causes of these affections are often obscure, and as they arise from some obstruction in one or other of the vital organs, as the lungs or heart, safety requires that such cases should not be received.

There is an affection of the bowels which is often suddenly fatal; a person affected with it is by no means a safe risk: it is an obstruction, sometimes known as colic, bilious colic, or spasmodic colic; any person affected with this, ought to be rejected.

In making up a report to be transmitted to the parent office, there need be no remark made beyond the conclusions at which the examiner has arrived, a brief statement and expression of opinion, which ought to be unqualified, is all that is required. Whenever there is any statement of positive disease, it would be well for

the examiner to refer to it in a note to show that it has received his special attention.

The existence of tumors, hernia, hemorrhoids, fistula, &c., should be ascertained, and their condition ascertained by inspection. Fistula is a good reason for rejection. A hernia need not render the party incapable of availing himself of the benefits of life-insurance provided it be properly secured by a truss, and the occupation of the individual be such as not to endanger its protrusion by excessive straining.

When inquiring into the usual occupation of the applicant, the questions relating to exposure to insalubrious climates will naturally arise. If the party has been within the tropics, or in any part of the world known to be at times unhealthy, it will be necessary to inquire whether or not he has had any endemic diseases which have prevailed—and if so, if they have left any enlargement of the liver or spleen, or any other permanent affection of an important viscus.

Hereditary tendency to disease is an important part of an examination. There are, however, but four that appear to have a bearing upon the duration of life; these are con-

sumption, disease of the heart, insanity and epilepsy. Although diseases are termed hereditary, yet they are, more properly speaking, predispositions. Hence, the actual development of disease requires some co-operating circumstances, and it is not in every instance of the parent having either of the above named diseases that the applicant should be pronounced ineligible to life-insurance.

Consumption.—Consumption does not always descend from the parent to the child. But if either parent has been effected with it, and the offspring exhibits a slender form, or has a narrow or badly formed chest, or an habitually rapid pulse, the predisposition is evidently so strong, that some slight exposure or irregularity of living, or a constrained occupation in a close atmosphere, will almost surely develop the disease.

Many persons exhibit no such tendency, and, therefore, ought not to be rejected, because one of the family may have had the disease. It is different, however, if two parents have died of it, or one parent and one child. Under these

circumstances the applicant ought not to be insured until he has passed the period at which he is likely to be affected with the disease. Now it appears from records carefully made, that more persons die of consumption between the ages of 18 and 35 years than at any other age, the mortality from this cause sinking very rapidly to comparatively a small number after the last mentioned age. Hence, it is advisable that the party should have reached the age of comparative exemption. Forty years, therefore, is a good age that he should be required to attain before he is examined; some have limited the period to thirty-five years. It is of course supposed that all symptoms, both rational and physical, which indicate a predisposition to phthisis, be absent.

Disease of the Heart.—There are many examples on record of this predisposition inherited from parents. One of a family of high rank in Italy, which, for four successive generations, were effected with aneurism, or morbid enlargement of the heart. When a parent has died of this affection, it would be safe to exam-

ine an applicant with more than ordinary care; advancing age in this disease will be more likely to aid in the development, than tend to lessen the predisposition, as is the case in phthisis.

Insanity.—The hereditary predisposition in this affection is so strong that it has been distinctly traced in six sevenths of the cases in a lunatic asylum. One instance of insanity in a family must be a cause of rejection.

Epilepsy.—Epilepsy in a parent need not be in every instance a cause of rejection. Its existence should lead to a very scrutinizing inquiry into the present condition of the party and his mode of living and occupation. No positive rule can be laid down; it must be left to the sound judgment of the examiner.

General Indications of Longevity. A well proportioned stature without being too tall, but rather of the middle height, and tolerably stout. The complexion not too florid; too much ruddiness, at least in youth, is seldom a sign of longevity. The hair should not be

black, but rather approaching to fair; the skin strong, but not coarse. The head not too large. He should have prominent veins on the limbs and the shoulders rather round than flat. The neck is neither very long nor short. The stomach of such a person does not project—the hands are large, but not too deeply cleft. The foot is rather thick than long, and the inferior limbs are firm and round. The chest is broad and arched—the voice strong, and the faculty of retaining the breath for a considerable time without inconvenience or difficulty, is one of the most marked signs. In general there is a complete harmony of proportion among all the parts of the body.