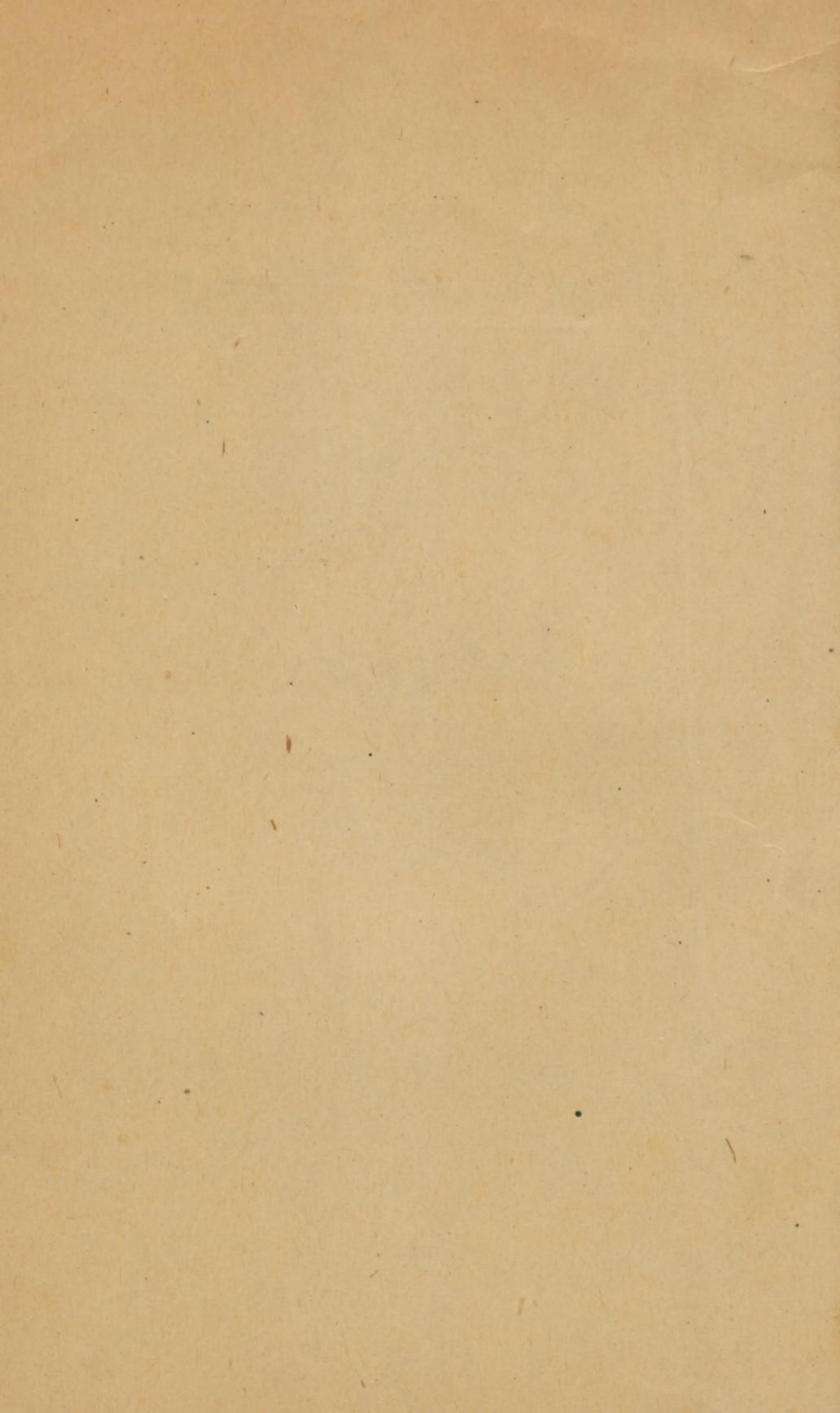


# TURNBULL (Chas. S.)

Does a chronic discharge  
from the ear make life  
insurance hazardous?

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DOES A CHRONIC DISCHARGE FROM THE EAR  
MAKE LIFE INSURANCE HAZARDOUS?

By CHAS. S. TURNBULL, M.D.,  
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BUT few of the life insurance companies, mutual, beneficial associations, etc., throughout the United States, refuse policies in the case of those who are deaf; but rarely, if ever, do they make an examination of the ears of those seeking life insurance, seemingly being satisfied with a simple written declaration, or by the existing condition of the hearing power as evidenced in ordinary conversation. Careful observation has led me to make this assertion, since I have but to recall my constant experience with case after case recorded, where should-be "preferred" ones have been rejected, and "extra hazardous" subjects have been accepted. Life insurance companies, through their medical examiners, are at times subjected to unnecessary loss by the acceptance or refusal of improper subjects; and, on the other hand, individuals with trifling ear disease, are unfairly refused participation in the benefits which might accrue through reliable insurance upon their lives. For the sake of those who are interested in the answer to the question I have suggested, I want, in this connection, to call particular attention to a paper by my father, Laurence Turnbull, M.D., entitled "Importance of a careful examination of the Ear in effecting Life Insurance," which was prepared for presentation to the American Medical Association, but through an error of address, did not reach the session; it was, however, published in the *Virginia Medical Monthly*, September, 1882. It calls especial notice to the usual lack of attention of medical examiners to the examination of the ears of applicants for life insurance, and suggests questions to be answered by them, as well as answered by the persons examined. The query, "Does a chronic discharge from the ear make life insurance hazardous?" should, in my opinion, be most emphatically answered in the affirmative. There are some exceptions, as in all cases of discharging

ears there are some which can be classed under the head of "otitis externa." Although the greater number of discharging ears are dangerous, still, a few are harmless, even though the discharge may continue throughout life. Total bilateral deafness is self-evident, but unilateral deafness or an otorrhœa may exist and be entirely overlooked by the majority of examiners. Experience goes to prove that unilateral deafness may be present, and actually escape the notice of the unfortunate individual himself, the fact being at the same time often unobserved by near relatives or constant companions. Unilateral deafness may be intentionally, and is often unintentionally, concealed, and constitutes a decided element of risk, especially should anything happen to impair the hearing on the opposite side. I have observed that unilateral deafness escapes unnoticed as often as does the loss of sight in one eye. Adult life is often reached, and unless the organs be tested separately, the defect escapes notice; even a purulent discharge may continue from childhood without causing annoyance; yes, even a thought. For this reason, questions such as are sometimes found on the list prepared by insurance companies, are of little or no value, because applicants unwittingly make misstatements, and examiners are excusably misled, although, as I have said, incredible as it may seem, there are certain unobservant individuals who have suffered all their lives from an otorrhœa, and yet never taken cognizance of its existence. One remaining sound ear may do all the work, and until this be interfered with the hearing power may be so satisfactory as to be even spoken of as something particularly acute. Deafness of a dangerous or hazardous degree cannot be concealed, and is only an element of risk, in so far as accident is concerned, while a chronic discharge (purulent inflammation of the middle ear), with perhaps polypoid or necrotic complications, can be concealed, or on the other hand, overlooked while it threatens life even within a year. That a chronic discharge from the ear is hazardous, there evidently seems to be no doubt in the minds of insurance examiners, because they as a rule reject all such cases, and they are in a general way correct in so doing. This, however, is not altogether just, for most forms of "external ear disease," accompanied, it may be, by supposed dangerous brain symptoms, are curable, and subacute and chronic discharges from the middle ear (tympanum) now yield to the dry boric-acid treatment, "which I wish in this connection to cordially recommend."

I would suggest an ocular inspection of the ear of all applicants for life insurance, and when of sufficient importance the employment of an expert, because in my experience I have known of liabil-

ities being incurred when even a hasty examination would have saved insurance companies thousands of dollars; or even, on the other hand, a few weeks of treatment would have completely cured an otorrhœa, and made an individual's insurance quite safe. Instruments of precision are not necessary for a correct aural examination, and for that reason I would make an especial point of insisting upon *three simple methods* of procedure, on the part of examining physicians. I would urge these certain methods, because they require but little time and light, and render us independent of the replies of any one to be examined, and save us from the chagrin of a faulty—yes, culpably faulty examination.

My method to suggest is—

- No. 1. *Cover the eyes, and test each ear, separately, with the watch.*
2. *Inspect in good daylight the entire auricular region, especially noting condition of mastoid or cicatrices thereabouts.*
3. *Nasally inspect (as do the gas-fitters in proving their work) each auditory meatus.*

The observance of these three suggestions will enable any physician in daylight, and without any questions or instrument, to pass sentence upon any given case of ear disease. No. 1 serves to decide the degree of deafness, be it "hazardous" or extra hazardous." No. 2 instructs us concerning the condition of the temporal bone, whether it is or ever has been diseased; and No. 3 settles beyond a doubt the existence or not of a fetid discharge, which, by ocular inspection, might have been overlooked, because a diaphragm of pus, mucopus, or a polypus has often been mistaken for a normal membrana-tympani.

According to the method I have proposed, what the impaired hearing does not suggest, cicatrices, from loss of bone, or fistulous orifices over the temporal (or mastoid) region will point out; while the presence of pus, or what is more significant, fetor, will decide the importance of our question and enable us to intelligently reply to the query, "Does a Chronic Discharge from the Ear make Life Insurance Hazardous?"





