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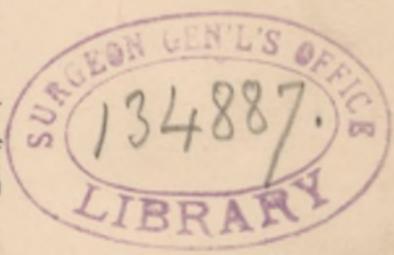
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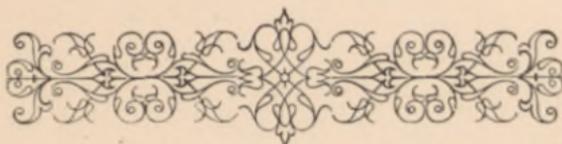
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TO THE MEDICAL EXAMINERS
OF THE
WASHINGTON LIFE INSURANCE
COMPANY.

LIFE INSURANCE on the mutual plan is a *business* carried on for the mutual benefit of those insured; to make the business successful or even safe, at the premiums charged, the risks must be *selected* ones. Many persons awake to the importance of Life Insurance only when they begin to *suspect* that their health is failing; a few deliberately attempt to swindle companies by obtaining insurance on unsound lives in which they have an interest; others apply, in full confidence of their own soundness, who are already laboring under disease or tendency to disease, likely to result in premature death. The ex-

amining physician stands between such parties and the company ; to insure the success of the latter, he must be competent, and must do his duty *carefully* and *thoroughly*. His interests are identical with those of the company. Careful examiners are soon known and valued ; the knowledge of their ability, care, and integrity extends from one office to another, and cases otherwise in doubt may occasionally be accepted from confidence in their judgment.

As a further safeguard, the applications are all submitted to the physician at the home office. To enable him to form an opinion of the case, *every fact which influences* the judgment of the examining physician should be stated in the application.

The examinations should always be made in private ; *no one to be present but the examiner and the applicant*.

The medical examiner is required to read over carefully the *applications* of those desiring insurance and see that all the questions are fully and explicitly answered. If any of the answers require explanation, the applicant should be further questioned by the physician,

and the facts elicited, bearing on the case, noted in the application itself.

The question regarding the *occupation* of the applicant is often answered in too general a manner. The applicant is a mechanic, merchant, etc. Some of the mechanical occupations—*e. g.*, those of the tailor, the shoemaker, the printer, carried on often in confined rooms and in cramped positions of the body—are unfavorable to longevity, and in doubtful cases may incline the company to grant only a limited payment policy, or to decline the applications altogether ; on the other hand, the objection would not apply if the applicant were engaged only in supervising the manufacture or in the sale of the articles produced. A bookkeeper is a less desirable risk, other things being equal, than one whose occupation compels him to a more active life.

Those whose occupations expose them to the inhalation of dust—stone-cutters, miners, millers, etc.—are more liable to pulmonary complaints, other things being equal, than those who are not specially subject to such causes of irritation.

The general experience of Life Insurance Companies has proved that those engaged in the *sale of intoxicating liquors* are exceptionally bad risks. DR. JOHN DICKENSON, of London, states the *average* duration of life of liquor dealers is shortened by three and a half years.

If the applicant has had RHEUMATISM, the character of the attack, whether acute or chronic, the *date of its occurrence*, and whether there has been one or more attacks, should be carefully noted. It is estimated that in acute rheumatism the heart is affected in as large a proportion as one-third of all the cases. The younger the applicant at the time the attack occurs, the greater the liability to heart disease, and when it has occurred in infancy or early childhood, this alone is a valid ground for rejecting the risk. Rheumatism too is often an hereditary disease, and if the applicant has had an attack, the family history in this respect should be noted.

If the applicant has had GOUT, the age at which the attack first occurred, its character, severity, and the number of attacks should be

given. As in the case of rheumatism, here also the family record should be searched for evidence of hereditary taint.

When the applicant has been subject to attacks of ASTHMA, the nature of the attacks and the frequency of their occurrence should be inquired into. Sometimes it is only the rose-cold or hay asthma, as it is termed. Sometimes there may be emphysema or heart disease. In all suspicious cases the chest should be exposed, carefully examined, and the results, favorable or unfavorable, given.

If the applicant states he has had DISEASE OF THE URINARY ORGANS, its nature and duration should be given ; sometimes it turns out to be a simple lumbago, or attack of muscular rheumatism. If gravel is mentioned, it should be stated whether it was a simple deposit of urates, or whether a small calculus had been passed ; if the latter, it should be ascertained whether more than one stone has passed, and if so at what intervals of time, and the date of the occurrences should be noted as nearly as possible in the application.

In the EXAMINATION OF THE URINE, after

ascertaining the amount in twenty-four hours, the specific gravity, and the reaction, it should be tested for ALBUMEN and SUGAR. The simplest and most trustworthy tests for albumen are the NITRIC ACID TEST and the HEAT TEST. The NITRIC ACID TEST is made as follows: Fill a test-tube about one-third full of urine; then, inclining the tube, pour in strong nitric acid in such a manner that it may trickle down along the side of the tube to the bottom and form a stratum a quarter of an inch thick below the urine, or, better still, the nitric acid may be introduced below the urine by means of a pipette. If albumen be present, an opalescent zone will be observed at the point of contact of the urine and the nitric acid. If there be only a trace of albumen, some twenty or thirty minutes may elapse before the zone becomes visible. Should a cloudiness be observed, due to amorphous urates, the application of heat will cause it to disappear, whereas the turbidity from albumen is not affected by heat. The urine of patients who are taking cubebs and copaiba is usually somewhat opalescent; and nitric acid, in the cold, some-

times increases the opalescence. The sense of smell will direct attention to the presence of these drugs, and heat diminishes the opalescence and prevents any turbidity with nitric acid. The best manner of applying the HEAT TEST is to fill a test-tube two-thirds full of urine, add one or two drops of acetic acid, and then boil the upper portion of the column of urine. If albumen be present, the upper boiled portion of the urine will show opalescence, in contrast with the lower half, which remains unchanged. The points of importance in this test are: (*a*) not to add too much nor too little acid, and (*b*) to boil only the *upper portion* of the urine. In all tests for albumen the tube should be held in a strong light against a dark background. Of the various tests for SUGAR, that of FEHLING'S is preferred, performed as follows: Fill a test-tube to the depth of one inch with Fehling's solution; heat until it begins to boil, and then add *a drop or two* of the suspected urine. If it be ordinary diabetic urine, the mixture, after an interval of a few seconds, will turn *suddenly* to an intense opaque yellow color, and in a short time an

abundant yellow or red sediment falls to the bottom. If, however, the quantity of sugar present be small, the suspected urine is added more freely, *but not beyond a volume equal to that of the test employed*. In this latter case the mixture should be raised once more to the boiling point. It is then allowed to cool slowly. If no suboxide has been thrown down when it has *become cold*, then the urine may with certainty be pronounced sugar-free. The precautions to be observed in this proceeding are : (1) to boil the test first and not the urine ; and (2) to use an excess of the test.

If the applicant has had SYPHILIS, *the date of the initial lesion* should be given, as well as the subsequent history of the case (secondary or tertiary symptoms, nature and duration of treatment, etc.). *The interval which has elapsed since last appearance of symptoms* of the disease should be ascertained and stated.

If the applicant has had STRICTURE, full particulars should be given, including cause (gonorrhœal or traumatic), treatment, date of cure, and present state of urethra.

RUPTURE, if it exists, should always be

stated. When easily reducible and retained by a well-fitting truss, it forms no necessary bar to insurance, but the existence of an irreducible hernia renders the subject uninsurable.

The disease from which Life Insurance Companies suffer most is CONSUMPTION, and all questions bearing upon this subject should be carefully scrutinized. If the patient has suffered from hæmoptysis, its extent, duration, and period of occurrence should be given. Often, applicants do not know the disease of which members of their immediate family have died, or return it as general debility, change of life, dropsy, bronchitis, pneumonia, exposure, rupture of blood-vessel, effects of accident, old age, etc., and in such cases inquiry should be made, and if it proves that death has occurred after a lingering, wasting disease, attended with cough, the probability is that it occurred from phthisis. Mothers or sisters are often reported as dying of childbirth, while inquiry will elicit the fact that they have died many weeks after childbirth, of wasting disease, which was attributed to that cause. The results of inquiry in all these cases should

be carefully and fully noted in the application. This will avoid much delay and *unnecessary* correspondence with the home office. In all cases where a *tendency to consumption* is suspected the present health of the surviving members of the family should be scrutinized with particular care. Where any doubt may exist, the longevity, etc., of the uncles and aunts should be inquired into. Where father and mother have died at an early age from acute disease or accident, the history of the members of *their* immediate family, the uncles and aunts of the applicant, should be inquired into, and stated.

The age of both paternal and maternal grandparents should be given ; if any of them have died prematurely, the disease, if possible, should be ascertained and stated ; when the applicant is ignorant of the age at death, the fact should be stated.

The report of the Medical Examiner should invariably be written and signed by himself. He should weigh and measure the applicant when possible, but if not, he should estimate the weight and height as accurately as he is

able ; ascertain, by feeling, the fulness and firmness of the muscles, and state whether the figure is erect or bowed, slender or robust, and whether the complexion is pallid, healthy, or too high colored.

He should learn and state if the applicant has notably lost or gained flesh within the last five years. When there is any hereditary predisposition to consumption, or where the habit of body is particularly slender, the *chest should be exposed*, and great care taken to ascertain if the expansion of the chest be free and equable, if there be any want of symmetry in the two sides, if there be any sinking in under the clavicles, and if auscultation and percussion give normal results.

If the applicant has had RHEUMATISM, or complains of PALPITATION, the region of the heart should be exposed, the point of the apex beat (normally in the fifth intercostal space, and about one inch within the left nipple) should be noted, and any abnormal murmur attentively listened for. The *pulse should always be felt prior to the examination of the chest*, which is apt to quicken and excite it.

Jenkins

Next to consumption, if not equal to it, the ABUSE OF ALCOHOLIC LIQUORS, fermented as well as distilled, causes in our experience the greatest loss to Life Insurance Companies. Where there is the slightest doubt of the applicant's habits, the question should be distinctly put, and the amount of daily consumption, and the facts as to occasional excess should, so far as possible, be ascertained, and entered on the application. An observing physician will often learn much from the applicant's complexion and general appearance.

Occasionally some particulars in regard to the history or health of the applicant may be suspected or discovered which the Examiner may not desire to enter upon the application; in such cases a private letter may be written to the medical examiner at the home office.

JOHN W. BRANNAN, M.D.

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