SOME ASPECTS OF LIFE INSURANCE FROM THE STANDPOINT OF THE MEDICAL EXAMINER AND THE AGENT.*

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MR. PRESIDENT AND GENTLEMEN,—To-night we are to consider some aspects of life insurance, and I intend to discuss some of the practical points of the medical examination as they concern the doctor, the agent, and the examinee.

Medical examiners and life agents have one strong link in common. They both come into personal communication with the individual who, as a rule, desires to insure his life; and in this relationship both must use tact and discretion, and both gain an insight into human nature.

As regards the medical examiners, every case ought to be handled with tact, discretion, and intuition. Tact should be used to place the examinee at once at his ease and diminish any nervousness or anxiety; and this is best done by adopting a matter-of-fact style; it is remarkable how a man or woman who has been very nervous in anticipating the ordeal, becomes quite calm when in the doctor's room, and if handled judiciously a complete examination is usually willingly sanctioned. Intuition is required in order, with as little delay as possible, to see the line of weakness in the applicant. The doctor must gauge the constitution and habits of life by a quick inspection aided by a few judicious questions added to those which are usually present in the report. For instance, all medical examiners have met the over-conscientious individual who, though to all appearances is "in the pink of condition," states that he has had rheumatism, a fit fifteen years ago, and a severe attack of the liver. On inquiry the rheumatism resolves itself into muscular stiffness after a long day's shooting or golf, the fit into a faint brought on by some unusually disagreeable sight or an injury, and the attack of the liver into a bilious attack which never confined him to the house. A man of this type recently would not rest satisfied till I had recorded all the list he gave me of most trifling ailments which had left his health unimpaired—rheumatism, faints, and cough, were amongst his list. A short note at the end of the report to the medical referee explained their entry. On the other hand, there is the man who assures the doctor "he has never had a day's illness in his life." He must be tackled more carefully and reminded that most men have had influenza. Has he had pneumonia, typhoid, or bronchitis, or an accident of any kind? and then he generally remembers several weeks of disablement. There are a few occupations—three I may specify—which entail more strict examination.

1. The person who deals in alcohol in any way. A few apparently casual questions as to habits and a careful physical examination will soon confirm or otherwise the statements he makes. As a rule, publicans, hotel keepers, etc., are bad lives; but I have known several very respectable ones—some even teetotalers. Most companies rate them up 10s. to £2 per cent., some refuse them altogether.

2. Commercial travellers too, as a class, are not good lives, though there is no doubt that there is now much less drinking "on the road" than formerly.

3. The third occupation which requires the careful investigation of the examiner is that of the man who replies, "Oh, I'm a gentleman." There is no better or healthier life than that of the country gentleman as we understand it—the man who hunts two or three times a week, looks after his estate, and is a justice of the peace for his county. But these people do not usually speak of themselves as such. The style of "gentleman" is often assumed by a retired innkeeper, "a man about town," or an office boy out of work.¹ Some time ago I examined a "gentleman" who lived in a very healthy district, but was too stout and flabby for a man of his age. When I asked him how he spent his days, he replied that he was very fond of the country and took long walks, to which

I remarked that I was surprised he did not reduce his weight. He said all his family were stout and heavy. On investigation this "gentleman" was found to spend his time walking from one inn or hotel to another, occupying the rest of his time in the taproom drinking beer. Needless to say he was not accepted. In contrast to this case I had the greatest difficulty to get a first-class English office to accept a bona-fide gentleman because he lacked an occupation.

Form of Medical Reports.

The forms of the medical reports which the various companies supply differ in length enormously. Some would appear too long and others too short. Personally I do not consider any report too long provided the company pays the regulation fee of £1 1s., and no company could expect a skilled medical man to fill up a long report like those of some of the American companies without paying that fee. In support of my contention that no medical reports are too long, every particular with regard to the applicant is valuable to the company. For instance, one of the longest medical reports contains the question, "Has any member of your household suffered from consumption or tuberculosis during the past year?" When examining a man some little time ago, in answer to that question, he had to admit his wife was suffering from undoubted consumption. Though I do not necessarily object to the length of a medical report, there are many ways in which some of them might be improved, and I would urge a greater degree of uniformity. There is no reason why a board of medical examiners and referees could not be appointed to meet and draft a more uniform set of questions. The improvements I would suggest are:

1. Deleting from all reports requests for the names, dates of death, and places of death, of parents, brothers, and sisters who are dead. If these details are required in any particular case, surely the agent could get them from the family Bible at the leisure of the applicant and himself. They are then far more likely to be correctly answered than when asked for by the doctor and given on the spur of the moment.

2. In some medical reports the questions are framed so that the answers in first-class healthy lives change from the affirmative to the negative, and vice versa, when by a slight difference in the construction of the questions there would be no such change, and thereby the tendency to clerical errors would be greatly diminished. The uniformity of report which I have pleaded would also tend greatly to diminish clerical errors by medical examiners. Of course, clerical errors should never occur, but I understand they do occur.

3. All reports should have a blank space, in which the examiner can insert any special "remarks," or make any comments or explanation that may be necessary in any exceptional case.

Classification of Lives.

The method of grouping lives varies in different companies as much as the medical forms. Here again I would suggest uniformity—excepting, of course, those companies which only accept first-class lives. The grouping I would propose would be as follows:

CLASS A.

1. *Unexceptional Lives*.—Those with excellent family history, healthy occupation, regular habits, good physique, and normal healthy organs.

2. *First-class Lives*.—Good average lives, presenting unfavourable circumstances, but of so slight a nature as to form no objection to insurance at ordinary rates.

CLASS B.

1. *Second-class Lives*, where, owing to bad family history or some physical defect, an extra is required, or a short-term endowment policy only can be granted.

2. Cases which require postponement for one, two, or three years.

CLASS C.

Uninsurable Lives—that is, Bad Lives.—Certain types of heart disease, kidney disease, diabetes, phthisis, etc.

Unexceptional lives, Class A (1), already appear in some companies, and it is remarkable how few lives can be honestly grouped under this heading. Such is the class Sir James Barr recommended should have special terms.² I would point out, however, that they are just as liable to death by accident and an acute infectious disease. As regards second-class lives I am confident that there are a number which by judicious rating up can be accepted!

* Read before the Insurance Institute of Liverpool on November 11th, 1908.

without any undue risk. I am sure that some cases are refused which might with advantage be placed in this class. I will specify them later.

Certain companies accept lives under certain conditions without medical examination. Such a principle is greatly to be deprecated, for it is placing a premium on fraud. As all insurance men know, as soon as a person is aware that he has anything wrong with himself he immediately wishes to insure his life, and if he knows he is seriously damaged, at once he thinks of the non-medical examination policy. Then one of three things happens:

1. If the applicant be honest he has to answer truthfully a long list of questions, some of which pick out his weak spot, and he goes away grievously disappointed.
2. If dishonest, he may, by answering incorrectly, defraud the company. Consider the temptation to act in this way, for a young man with a wife and family, who is attacked, say, with consumption. He may answer all but one or two questions with absolute truth, and you must remember the public class insurance companies and railway companies together in the same category—that is, rich corporations which may be defrauded without immorality.
3. If the man is diseased in imagination alone, or is only morally afraid of the medical examination, then the insurance company is giving him a good but expensive policy.

Several companies which issue such policies require the applicant "to pass the doctor" if some of the many questions in the proposal are not answered to their satisfaction. In this way I have seen several applicants, and from a healthy or an insurance point of view they have been a sorry crowd. Five cases stand out pre-eminently in my memory: A case of advanced consumption, a man suffering from diabetes mellitus, another case of phthisis, a man with a very bad family history, and a case of uninsurable heart disease.

A schoolmaster, who had previously consulted me for heart disease, once wrote asking whether he should try to insure under a medical or non-medical examination policy. I advised the former, and told him he must expect to be rated up.

With regard to second-class lives, companies reject in many instances some cases which it would pay them to take with an extra added to the premium. Special arrangements might be made for such individuals. The responsibility of advising the acceptance of such lives should not be left with every medical examiner, but each company could have assistant referees in the large centres—that is, physicians who are daily accustomed to seeing such cases in their practice and at their hospitals, and these assistant referees could give a further report after examining the applicant, on which the final decision should rest. The types of case I refer to are some of functional albuminuria, some forms of heart disease with well-marked compensation, applicants who have had syphilis, etc. I could enumerate several instances of men who have been thus affected who have been refused, though recommended as second-class lives, and who are living now, and are apparently going to live, more than ten years after having been rejected.

Medical Examinations from the Agent's Point of View.

The aspect of life insurance from the standpoint of the agent to which I shall chiefly confine myself is that of the medical examination of his client. It is very interesting to observe the different views that life men take of the medical examination. The younger men look on it with trepidation until hardened by usage, some of the older ones as a nuisance, very few cheerfully, and all as a necessary evil.

Now there are certain ways in which the agent can materially assist the medical examiner, and smooth the examination so that his client will appear in the most favourable light. The examinee should, whenever possible, be brought to be examined quietly, and not hurried. If the office is up one or more stories he should use the lift; he should be warned not to pass urine just before being examined, and it is better to have him examined just before rather than after a meal, before Christmas rather than after it, and not too soon after an illness. Some applicants are naturally rather alarmed at the idea of having to be overhauled by a medical man, who may find out something wrong of which they had no suspicion. Most of these fears can easily be allayed, and are allayed every day by insurance men, who probably know these

difficulties and the way to overcome them far better than any medical examiner. I am always amused by a sportsman friend, a manager of a life office, who says to his client in a nonchalant sort of way, "Come and pass the vet," and that matter-of-fact casual method is probably the best in most instances.

A very important aspect of the medical examination, both to the agent and often to the applicant, is promptness in obtaining the examination. This can generally be arranged satisfactorily to all concerned, especially if the agent knows the doctor's routine and his most available hours. But extraordinary circumstances do occasionally arise, and I still have lively recollections of, some years ago, going on board a steamer by the last tug, as she was steaming down the Mersey, to report on the captain, who was going abroad for twelve months. It was not till the captain assured me that he would not give his returns until I was aboard the tug again that I began the report. I also had the moral and physical support of the company's manager.

As regards the examinee, provided that he is treated with courtesy, as is invariably the case, he does not require any sympathy or condolence on having to undergo the ordeal. Nothing can be more beneficial for any man than to be overhauled thoroughly by a doctor. If he passes first class, he goes away rejoicing, and has more confidence in his constitution than before. If a flaw is detected, and he is placed in the second class or rejected, it is far better for him to be aware of the fact, and so be able to take steps to remove the defect, or at any rate to prevent its getting worse. Most men who are wise do this, and I have known candidates for insurances who have been rejected for albuminuria and other ailments, which were quite unknown to them prior to their examination, after some months' careful treatment regain normal health, and pass as first-class lives. Incredible as it may seem, other men, though vexed at not obtaining the policy, take no precautionary measures. Thus a robust man, who had had several attacks of gout, was referred for twelve months, with the understanding that, if free during that time, he would be accepted at ordinary rates; and yet, rather than submit to a somewhat restricted diet, he lived as usual, and contracted further attacks, and now is a subject of marked gout and quite uninsurable. Another man who was found to have dietetic glycosuria would not give up the habit of taking large quantities of sugar, and I should not be surprised to hear that he ultimately develops diabetes.

The medical examiner is a most important factor in your work; he is your detective who finds out the ravages of disease in your clients. I remember finding well-marked phthisis in one poor fellow who assumed me that it was only a "cold on the chest," and chronic bronchitis in an older man, who told me "it was nothing, and was always present." It is interesting to note, however, that these two cases were examined at an interval of about nine years from each other and for different companies, so that agents need not be alarmed and expect that many of their cases will be rejected or rated up at present; but if modern life in the towns and cities continues in the direction of electric trams rather than walking to business, watching rather than playing football; tea, roll, and cigarettes rather than a good lunch, then we may expect more second-class lives among city men in the future.

If the medical examiner is the detective for the company in life assurance, much more so is he in examining cases for accident or sickness claims. There, instead of finding the defects as terrible as the claimant would have them to be, it is remarkable how frequently they are of a much less serious nature, and in not a few cases are so slight that they are imperceptible. Here we have the picture of the medical man trying to assure the applicant that he is quite well, and the latter endeavouring to teach the doctor that he is suffering from disease and ailments which cannot, however much investigated, be perceived. But this is a long story, and not really germane to this subject.

In conclusion, I would say that I trust this paper will not have the effect of a medical book, and alarm agents as to the state of health of their candidates. Second-class lives and rejected lives are, fortunately for them and for the country at large, few; they are exceptional cases, and they are therefore of interest to us. I am often rung up to state whether a rupture, or a previous operation for piles,

or a previous illness of some kind or other, is a bar to insurance, and it is noteworthy how almost invariably the reply is in the negative. My advice to the agent would be, if in doubt about having a case examined, "Do," and he will often be agreeably surprised.

REFERENCES.

¹ Dr. Pye-Smith, paper on Insurance, read before Alliance Insurance Company. ² BRITISH MEDICAL JOURNAL, 1907, vol. ii.

TWO CASES OF OSTEITIS DEFORMANS (PAGET'S DISEASE).

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OSTEITIS DEFORMANS is a sufficiently rare disease to make it worth while to report two cases in the same family which have come under my notice:

CASE I.

A man aged 56 first came under observation in April, 1907, complaining of headache and "rheumatic" pains in the limbs.

FAMILY HISTORY.

He had five children living; one died of convulsions and bronchitis in infancy. His father died at the age of 64 from a cause not known to the patient. His mother died of enlarged liver. The family history, so far as is ascertainable, is otherwise quite good, and presents no rheumatic tendencies. A brother who is suffering from the same disease in an incipient stage constitutes Case II.

PERSONAL HISTORY.

The patient, a timber sawyer by occupation, had not indulged to excess in tobacco or alcohol, and had never had syphilis or gonorrhoea. He had always enjoyed good health until the age of 40, that is, fifteen years earlier, when he had a sudden attack of acute pain in the left hip. Since then he has never been really free from pain, especially during the last ten years.

About nine years ago he was confined to bed for one month with pain in both legs; he then returned to his work, though he frequently had to sit down because of the pain. He stopped work about four years ago because of an accident, the fingers of his right hand being caught in the saw; eleven weeks elapsed before healing took place, and the first and second fingers have never been much use to him since, on account of chronic periostitis. About five or six years ago he first noticed the right leg just below the knee to be swollen, and three or four years ago he noticed the same in the left leg.

PRESENT STATE.

His general health is fairly good; he eats well and is quite intelligent, but at times very depressed. He always has pain in his legs and head. In the head the pain is usually "aching," mostly in the frontal region, but occasionally occipital. In the legs it is usually "aching" also, but at times acute, somewhat like cramp. Fleeting pains occur in other parts of the body; he cannot remain still for any length of time, as rest seems to increase the pains.

He maintains that he is worse on Sundays, as on that day he seldom goes out; on other days he takes walks in the morning and afternoon. His sleep is very disturbed, as he is frequently awakened by pains, which cause him to get out of bed and walk about the room. He has not slept for more than two hours continuously for some years. Usually he gets up at 5 a.m., as he says he cannot remain in bed any longer.

His gait is peculiar. The feet are placed far apart, the knees cannot be approximated, and he "waddles" along, but there is no real unsteadiness in the gait.

Osseous System.

His head is large; as a young man his hat was size 6½, now size 7½ is too small, and he finds difficulty in getting a hat to fit him.

Head.—The measurements are: occipito-mental, chin to the most distant part of occiput, 9 in.; occipito-frontal, point of union of the supraorbital ridges to the most distant part of occiput, 8½ in.; biparietal, 6½ in.; bitemporal, 5½ in.; glabella to occipital protuberance, 16 in.; circumference at a horizontal level immediately above the supraorbital ridges measures 24½ in.; junction of pinna and scalp over the vertex to a similar point on

Measurements of the patient's head compared to those of a man wearing a hat of size originally worn by the patient.

	Patient.	Comparative Case.
	Inches.	Inches.
Occipito-mental diameter...	9	9½
Occipito-frontal diameter...	8½	7½
Suboccipito-bregmatic diameter	7	7
Biparietal diameter...	6½	6
Bitemporal diameter	5½	5
Glabella to occipital protuberance	16	13½
Circumference	24½	22
Pinna to pinna	12½	12½

the opposite side, 12½ in.; suboccipito-bregmatic, from the neck immediately below the occipital protuberance to the junction of the parietals and frontal bones, 7 in.; suboccipito-frontal, from

the neck immediately below the occipital protuberance to the mid point of the junction of the frontals, 7½ in.

He has a peculiar visage, owing, first, to a slight degree of acne of the nose, and, secondly, to enlargement of the upper jaw, which is not symmetrical, being most marked on the left side; the left malar bone is also involved, giving the appearance at first sight of antral disease.

The Spine.—The curves are those of the normal spine, but greatly exaggerated. This appears to be due in part to the excessive weight of the head; the neck

is very short and thick, and there is a kyphosis of the dorsal region, being apparently compensatory to the cervical lordosis. The vertebrae themselves do not appear to be affected by the disease. Thirty years ago his height was 5 ft. 10½ in. At the present time it is 5 ft. 5½ in. This shows the extent of the spinal curves.

Upper Limbs.—The right clavicle is bowed anteriorly, and at its centre measures 1 in.; the left clavicle measures ¾ in. The surface is rough and nodular. The arms appear to be quite normal, with the exception of the right ulnar (see x-ray photograph, p. 14) and the injured fingers. The right elbow-joint appears to be a little stiff. It does not seem possible in any of the affected bones to say exactly what amount affected, the normal passing imperceptibly into diseased bone,