THE EXTRA PREMIUM CHARGED TO TROPICAL RESIDENTS BY LIFE INSURANCE COMPANIES.

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A FAIRLY extensive acquaintance with life insurance in the tropics is my excuse for bringing this important subject forward; and for the mutual consideration of both insured and insurers, I venture to point out a few of the anomalies and grievances which appear to me to attach themselves to this subject.

I must at once state that I do not advocate that no extra premium be demanded for Europeans proceeding to the tropics. I have had enough experience to know that there is a risk—it might be called a considerable risk—to the company that takes upon itself the insurance of residents in the tropics, and I hold that every insurance company should protect itself in the matter. At the same time, I dissuade all young men who ask my advice as to the desirability of insuring their lives before proceeding to the East. If no family ties are in evidence, I freely pronounce against insurance under the present circumstances. It is the extra premium required of tropical residents that compels me so to advise. It is not the question of no premium, but it is the fact that this sum is demanded indefinitely; that the insured, after returning to dwell in a temperate climate, gets no compensation for the sums of money he has paid; that the extra premium bestows no increase of capital, no increase in the surrender value of the policy. It is a sum required by the insurance companies for "the risk they run." Good and well, but after the risk is over, and the insured none the worse physically for his sojourn abroad, surely he has a just claim upon the moneys he has paid so as to protect the companies, when he returns to take up his abode in a temperate climate. Such, however, is not the case; the insurers alone benefit by the transaction, and the extra premium, although paid throughout a period of forty years, accrues to the benefit of the insurance companies alone.

Of course a simple and sweeping reply is that insurance companies cannot view the interest of individual cases, but must take the average, and as there is an acknowledged risk attaching to the lives of Europeans dwelling in the tropics, the companies must be content to charge the extra premium indefinitely, even at the risk of being considered hard upon the individual. This is a comfortable, not to say a selfish, method of dealing with the subject, and one that cannot be said to be quite fair. Without detriment to the company a more equitable plan can surely be devised.

In many cases the insured is acting under medical advice when he proceeds to take up his residence in a tropical country. Nevertheless, the insurance company charges an extra premium, although the insured is going to the only place where a prolongation of life is at all possible. Again, an old tropical resident may find it impossible to maintain his health in a temperate climate, such as England, and returns to the tropics where alone his health can be restored. Still the insurance company imposes its restrictions, and exacts an extra premium for dwelling in the only place where its client can live with direct benefit to the company itself.

There are many lives insured in the tropics now, on which an extra premium has been charged over thirty years, although the insured knows full well that he can reside nowhere else with so good a chance of living to old age. Yet another condition obtains: A man insured in a company at home proceeds to the tropics, where he remains, say, 10 years, and then returns to take up his permanent residence in England, or some other temperate climate. During his stay abroad the company charges an extra premium for "the risk" it runs. That is all right and fair, but the man's health is in no way injured—instead it may be improved—by residence abroad, and now all risk is over. The insured may be able to prove, by medical certificate, that his general health has in no way suffered, yet no benefit accrues to him for the moneys he has paid in; the company alone benefits, and to the company the extra premium is clear profit. The risk is over, the condition of the client's health may be bettered, yet no consideration is allowed the insured; and the only answer he gets, when his status with the company is inquired into, is that

the sums received for extra premium are not added to profits, nor are they considered in the question of the surrender value of the policy.

I repeat, again, I am not advocating the abolition of the extra premium system (except when the patient is proceeding to a tropical country by medical advice). In fact, I would be inclined to increase the initial extra premium, as I am aware it is during the first few years of tropical residence that the chief danger exists. But I do consider it a hardship that a man, having dwelt for twenty years in a tropical country in good health, should be called upon to continue paying an extra premium without any benefit to himself, other than by the general benefit he contributes towards the company in which he is insured.

If the object of the company is to cause the insured to let the policy lapse, then the system is no doubt conducive to that end; and although we know that insurance companies count upon paying only one death claim out of three originally insured persons, still the system of driving men to allow their policy to lapse seems unjust.

It must be remembered that there are a few anomalies in connection with the probability of life in the tropics.

(a) The younger the man going out to take up residence in the tropics, the greater the risk. There is no doubt that young men between the ages of 18 and 25 are more liable to succumb to malaria, dysentery, etc., than men beyond that age.

(b) A man over 30 in good health when he leaves a temperate for a tropical climate has a better chance of withstanding hot weather than a younger man.

(c) A man after five years' residence in a warm climate is a much better risk than one newly arrived.

(d) It seems absurd that a man who has been, say, thirty years resident in the tropics should be called upon for all these years to pay an extra premium. In all probability he is more likely to live to a good age remaining where he is than were he to come home; still is he, by rule of thumb, charged extra for residing in the very place where his health is best.

These are a few of the anomalies worthy of consideration, and by drawing attention to them it may help business men to put forward some scheme whereby the resident in warm countries may be insured on better terms, with benefit to himself, and without loss to the company.

I now venture to make a few suggestions in connection with this subject.

A. THE TROPICAL EXTRA PREMIUM.

The following method of dealing with the extra premium demanded of a resident in the tropics is suggested:

1. After seven years' residence in a proscribed country (that is, a region for which an extra premium is charged by an insurance office) the extra premium should be reduced by one-half. This step to be conditional upon a certificate from the company's medical officer that no permanent injury to health has been incurred, the expenses of such certificate to be borne by the insured.

2. That after ten years' residence in a proscribed region the extra premium be reduced to say one-third of the original sum charged, provided a medical certificate be forthcoming that no permanent injury has been incurred.

3. That for the three following years one-fourth only of the original sum charged as extra premium be demanded, provided the requisite certificate be produced.

4. That after the thirteenth year of residence in a proscribed region no extra premium be charged, provided the necessary certificate be shown.

B. RETURNED TROPICAL RESIDENT.

In the event of an old tropical resident returning to reside in Britain or other temperate climate permanently:

1. That within twelve months (but not before six months) of the return of a tropical resident to a temperate climate, whence he has come with the idea of permanent residence, he be examined by the medical officer of the company as to his physical condition before any question of reimbursement be considered. (The specification that a six months' residence in a temperate climate be passed, before coming for examination, is suggested in order that time may be allowed

to ascertain whether or no the change of climate and circumstances are likely to prejudice his health.)

2. In the event of the medical officer reporting favourably upon the candidate, that one half of the annual extra premium, paid when abroad, be deducted from the annual sum for ordinary premium, for a number of years corresponding to the residence abroad. By way of explanation: Suppose a man to have been abroad ten years, and suppose £15 extra had been paid annually during residence abroad, that £7 10s. be deducted annually from the ordinary insurance (annual premium) payments for the next ten years.

3. These are two methods of recompensing the insured; there are several others. It might take the form of a part (or the whole) of the extra premium paid for foreign residence going towards the actual sum accruing for profits, for bonuses, or surrender value of the policy.

4. In the event of the medical man reporting that the health of the insured is not so good as it was, but that no actual disease is present, then that a less sum than one-half is accredited to the insured.

5. In the event of the medical man reporting that there is actual detriment to health, that no allowance be made. But in the event of the insured, even after such report, living five years after his return in good health, that the insured may have his case reconsidered.

There is, in my opinion, too much made of the dangers of residence in the tropics by insurance companies. India and most tropical places are very different from a health point of view to what they were when many of these restrictions were primarily imposed. Change of air nowadays is more easy of attainment; medical advice is more readily obtainable; by the opening of railways the invalid can be quickly conveyed to a healthy locality; and the frequent despatch of swift steamers affords rapid transit to temperate climates.

Another point in favour of more elastic views, in regard to life insurance in the case of tropical residents, is that almost all Europeans, before they are selected for foreign service, have to pass a careful medical examination. The young men proceeding to the tropics are, as a whole, the most healthy and of the best physique that can be obtained; so that the insurance company is selecting from a community already physically chosen.

With these considerations before one, surely a modified scheme of insurance can be devised whereby the claims of the insured to some share in the moneys he pays can be furthered without detriment to the company.

NATIONAL HYGIENE IN THE UNITED STATES.

THE annual report of the Supervising Surgeon-General of the Marine Hospital Service of the United States for the year 1896 is the twenty-fifth, but deals with the ninety-eighth year of the existence of the service. It forms a large 8vo volume numbering 1,079 pages. The import of the title "Marine Hospital Service" taken in the abstract would afford but a narrow view of the actual work effected by its officers in medicine, surgery, hygiene, and vital statistics. In fact its grasp is so comprehensive that it will, in all probability, either become or give origin to a National Board of Health, which appears to be demanded on every hand to connect and give effect to the working of the State Boards of Health already existing. Though the latter are of great importance and indispensable in their way, the Marine Hospital Service takes with the army and navy a leading position under the American Government, and its work is in keeping with the advance made by science and civilisation.

Passing through numerous departmental particulars, we find under the heading of "Aid to other Branches of the Public Service:"

(1) Aid to the Life Saving Service: 1,297 keepers and surfmen examined physically, 12 rejected.

(2) Aid to the Inspection Service of Steam Vessels: 1,103 pilots examined, and 58 rejected on account of colour blindness.

(3) Aid to Revenue Cutter Service: 582 seamen examined, and 27 rejected.

(4) Aid to the Immigration Service: adding up the number of immigrants examined in New York and seven other ports the figures are 372,337, representing a considerable amount of work in that way.

Attention has been called to the "lack of shelter for deck crews on western rivers," and several cogent letters on the subject have been drawn up by the medical officers of the service, showing the evils arising from this neglect and the cruelty of making men work with frostbitten fingers, etc. In a notable case of this kind the jury returned true bills against the master and the mate. The prosecution came to naught, as no violence had been used, as implied in the legal wording of the enactment. There is even no sleeping accommodation for the so-called "roustabouts," or low class of men submitted to this treatment, and it is to be hoped that the Marine Hospital Service will be successful in its humane efforts to effect a satisfactory change. The diet or daily ration of the seamen has also been thoroughly gone into, and daily and weekly scales have been drawn up for adoption.

In an excellent letter on Antivivisection from the Supervising Surgeon-General Walter Wyman, he remarks that "Had this principle prevailed, there would have been no discovery of the bacillus of cholera, upon which the suppression of that hitherto irrepressible disease has become a scientific and practicable possibility. In fact, I may add that the quarantine methods of the present day, through which epidemic diseases are excluded from the United States by scientific disinfection, have their basis in these experiments."

A large number of cases with necropsies, enough to form a little volume by themselves, are given, as also articles contributed by the several officers named, and a series of interesting historical sketches of the Marine Hospital Service at the ports of Detroit, San Francisco, Boston, Vineyard Haven, Evansville, and Cleveland are included between pp. 187 and 296. From p. 297 to p. 362 elaborate tables are included dealing with the statistics of the service. The classification of diseases adopted is that of the London College of Surgeons; some are of peculiar interest, and would admit of extensive comment if space were available.

The Public Health Service commences with valuable articles on cholera, yellow fever, small-pox, and plague by officers of the Marine Hospital Service. In due course the whole question of quarantine is dealt with, and the most satisfactory means of combating infection are described.

The report of the medical officers in charge of the Hygienic Laboratory is full of interest and instruction, reflecting great credit upon the officers in charge, namely, J. J. Kenyon, passed Assistant Surgeon, and Dr. Edo Andrade Penny, Assistant.

As to the contents and illustrations, the closing words of the Supervising Surgeon-General may be quoted here: "Attention is respectfully invited to the table of contents published with this volume, which gives a faithful *résumé* of the transactions of the service. In my last annual report (1895) I stated that the illustrations accompanying it included one-half of the total number of marine hospitals and one-half of the total number of quarantine stations, and that the other hospitals and quarantine stations were illustrated in the report of 1894." "The hospital at Cleveland, Ohio, which had been leased for a number of years to a local association, has been returned, and is now operated by the Service, and the illustration thereof in this report completes the list of marine hospitals." Since the last report also "the quarantine station near Southport has been erected, and is represented herein. Acknowledgment is due to United States Coast and Geodetic Survey for the preparation of maps, and assistance in the construction of scientific appliances designed in the laboratory for use in experiments relating to disinfection."

THE GENERAL HOSPITAL, CALCUTTA.—The Government of India, while approving generally of the proposals tendered in connection with the scheme for the reconstruction of the General Hospital, Calcutta, have expressed their inability to make any addition at present to the assignment to the local government for the carrying out of the project.

ENTERIC FEVER AT LUCKNOW.—This disease is still prevalent at the station, the Duke of Cornwall's Light Infantry being the chief sufferers. One officer has died and another is ill. There are between 20 and 30 men in the station hospital suffering from enteric, the regiment having already lost 10 or 11 men. The corps is quartered in the barracks which obtained such an evil reputation when tenanted by the East Lancashire regiment. A special inquiry into the causes of the epidemic would seem, says *The Pioneer*, to be needed. The epidemic at Sabathu has ceased, no further cases having been admitted. The temporary water-supply scheme is in working order.