

to life insurance so far as the heart is concerned. On the strength of these observations in common with some other authorities, he maintains that it is not necessary for a pericarditis, in the case of a patient who completely recovers, to terminate in adhesions. The question is certainly one well worthy of consideration by the life insurance medical examiner, but is one which I am afraid requires the assistance of the hospital clinician, and later on of the pathologist, to decide absolutely. In the absence of these authorities and the presence of a murmur, the medical examiner will best serve the interests of his company in giving the latter the benefit of any doubt that may exist in his mind, and in looking upon it as of more serious importance.

With regard to functional murmurs, those that are associated with fevers, as with certain forms of intoxication, are not likely to come under the observation of the medical examiner; but there are many others in which it is very often a difficult matter to decide positively whether the abnormal sound is of this character or not. Of course a very large majority of such sounds are easily recognised—the general appearance of the individual, the locality of the murmur as well as its character, and various other symptoms that are present, at once decides the question. But numerous cases must occur in the practice of every physician in which grave doubts are present as to the actual character or cause of the abnormal sound. Some of these murmurs heard over the mitral area are not constantly present and are influenced by respiration. The question arises: Are these murmurs due to some derangement of the nervous control of the heart affecting possibly the papillary muscles, or may they not be accounted for by some condition of the pericardium as that just referred to?

A question that occasionally arises is: Is it possible for an organic murmur to disappear? I think it is. I am sure that I have had cases in my practice of undoubted organic murmurs that have disappeared, and again others that have been very much modified; loud harsh murmurs that have become soft and almost inaudible. Of course this fact does not necessarily imply that in consequence they have become less serious, but it is quite possible it may be so. The question is really a serious one from an insurance point of view. I am sure in my experience as medical director of an insurance company I must, in probably two or three hundred cases, have received reports from medical examiners saying heart sounds are perfectly normal, and subsequently, through the central bureau at Boston, have received information that the same cases had been declined by other companies because their examiner had reported mitral regurgitation or other murmur. All companies have similar experience.

Before a policy is issued in these cases I invariably write our examiner,