

Valvular diseases generally.—If applicant not over thirty-five, with entire absence in family and personal history of gout (kidney), alcohol and syphilis; compensation good with full regular and compressible pulse, and no hard manual or mental labor; most lesions could be passed with probably a slight extra premium. Valvular lesions, in private practice, seldom kill.

Special lesions—Aortic regurgitation and mitral stenosis are generally uninsurable. Mitral regurgitation is not by any means a bar to insurance, provided no cardiac symptoms and no evidence of changes in myocardium or chambers of heart, general nutrition being good, and habits regular. Look with suspicion on an irregular heart in those past middle life; look especially to walls of heart, as to hypertrophy and dilatation. A man with second aortic sound accentuated is overworking; postpone the risk and advise rest. I consider bradycardia more serious than tachycardia, as the latter is often due to nervousness. Tobacco heart is not generally a serious consideration and often a short postponement, with freedom from tobacco, makes risk good. In the heart of chorea the changes are generally structural, but may possibly disappear; however, always postpone. In a large abounding heart look out for kidney trouble. Angina pectoris and pseudo-angina are almost indistinguishable, and I would advise refusal. A congenital heart only insurable at a very early age.

Pericarditis.—After a regular attack with friction, effusion, etc., it may possibly end in a smooth surface and become a good risk; but lots of them end in adhesions and may interfere with heart's action, although you often have adhesion without functional disturbance, but these are dangerous and doubtful risks.

The pulse.—Low tension shows less vital resistance. The high tension pulse often points to kidney; a pulse from forty to sixty per minute a good working pulse. If below thirty at all times, you had better refuse. A pulse over eighty had better be postponed, and re-examined; look out for atheroma, as it often indicates syphilis, alcoholism or kidney trouble, and generally uninsurable.

Hemorrhoids go with blocking of portal system and constipation, and if very severe postpone and advise operation, with change of living, exercise, etc. Varicose veins not a bar unless severe; then postpone and advise operation. Hernia does not spoil a first-class risk, if truss is worn and is effectual.

The urinary and genital system.—See that the urine is passed by applicant, as there are numerous cases of fraud in this respect. Albuminuria, if permanent, refuse; if cyclic, use much care and repeated examinations; in absence of history of nephritis or renal changes it might be entertained. After great strain, physical or mental, it is less grave. Reject if albumin is present six months after an infectious disease. Take urine passed about 11 a.m., as more likely cyclic at that time. Cyclic albumin in those under