

to rush in to an examiner stating he was in a great hurry, hoping that no stethoscope would be used (the same applicant died 12 months afterward from fibroid phthisis),—and even to bring a sample of urine in a small bottle in his pocket and stepping behind a screen, when asked to urinate, pour it from the bottle into the test tube provided (this applicant died two years afterwards from diabetes.) Thus we can appreciate the fact that the examiner should be constantly on his guard in making an examination for life insurance, for one such loss here and there means in the aggregate an important item for the company.

An examiner should never try to justify himself for any carelessness in making an examination on the ground that the fee he receives is inadequate for the blank required to be filled. It is true that a careful examination demands and should command a good fee, yet because an insufficient fee is paid does not excuse the signature of the examiner testifying that the above applicant is a first-class risk. The signing of the examination by the examiner recommending the applicant as an insurable risk should be as zealously guarded as the examiner's word would be. If the fee be thought inadequate, refuse to examine for that company rather than examine inadequately.

In conclusion I might say that in Queen's lectures are given on life insurance by two members of the Faculty, who are chief medical examiners for two prominent Assurance Associations.

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#### ONTARIO MEDICAL ASSOCIATION.

THE annual meeting of the above Association was held in Toronto, May 27th, 28th and 29th with a record attendance of 275 members. Papers of great merit and dealing with a variety of subjects, medical and surgical were read and discussed. In addition to the purely scientific, the social aspect was made a prominent feature—a very pleasant time being spent at a smoking concert on the evening of the 28th and at a banquet in the King Edward on the following evening. Among the