

and most imperative duty of an insurance company to safeguard most scrupulously the claims of the policy-holders, and no one need be so ungenerous as to deny the company the exercise of such business precautions as are necessary to secure fair dividends to the stockholders. However, the granting of these privileges to the company imposes upon it the duty of rendering the full measure of justice to the interests of the applicants.

It may also be stated in this connection that whilst it is the duty of the physicians who make the examinations to furnish the medical director with full, accurate and honest reports in all cases in which there is a history of tuberculosis, it is just as fully the duty of the latter to assure himself that these applicants receive the full benefit of the accredited knowledge and experience of to-day. For the assuming of any mere hypothetical principle alone, regarding the influence of hereditary tendency in tuberculosis, is not sufficient to justify him in giving a decision that may be very unfair to the applicant, and that may reflect very unfavorably on the professional standing, if not also upon the uprightness, of the local examiner.

Enough has been said to indicate the purport of this paper, viz., to invite a discussion that may help in some measure, at least, to define more clearly—if I may be allowed to use the somewhat expressive phrase—"where we are at," in reference to the relationship between tuberculosis and insurance.

Assuming that it is the province of an insurance company to grant the ordinary life policy to any applicant who should naturally live out the period of expectancy, to what degree then does the presence of tuberculosis in the individual or family history justify his rejection?

The limitations of our knowledge of this disease, and of our experience with its mortality in life insurance probably warrant the rejection of the following classes: (1) The tuberculous subject; (2) the descendants, say, under thirty years of age (this age being chosen to allow time for full physical development and the formation of stable habits of life), of a tuberculous parent, especially the maternal one; and (3) all the second class, irrespective of age, who have inherited or acquired any physical defect that would predispose to disease.

Eliminating these classes, we have left those over thirty years of age, who, apart from the incident that one parent had tuberculosis, are physically up to the standard of first-class risks; and the members of families, with healthy parentage, but of whom 15 or 20 per cent. became tuberculous after thirty years of age.

The question of admitting applicants from either of these classes under the terms of the ordinary life policy, calls for some discussion of the etiology, propagation, prophylaxis and curability of tuberculosis.

In regard to etiology the isolation of a specific micro-organism enables us to accurately define the disease as an infectious and contagious one, due to the presence of the bacillus tuberculosis.