

need seldom weigh against an applicant, hitherto free from rheumatic disease. Arterial sclerosis, on the other hand, with its accompanying renal and cardiac changes, is a very important factor in estimating longevity. Members of arterio-sclerotic families are often large in bone and muscle, they are often somewhat free livers, or again they may be subject to frequent mental strain, as financiers or professional men, and fail to attain old age through disease of the arteries. After middle life the effects of vascular or renal disease are noticeable, and they succumb to cardiac disease or apoplexy. Where a marked history of cases of this nature runs through families insurance offices may well regard such business as unduly risky, and provide against loss by refusing to accept them as first class lives.

The habits of the applicant particularly in regard to the use of alcohol is of much importance. Excesses in this direction undoubtedly lead to hypertrophy and dilatation, often with degenerative changes in the heart. In a damaged heart this influence is even more potent, and excesses can only be regarded as of more than usual gravity.

The sex of the individual has some bearing on the prognosis. Men usually stand cardiac disease worse than women owing doubtless to their more active lives and their more frequent abuse of alcohol. An important exception must however be made in the case of married women, in whom pregnancy not infrequently induces the first symptoms of failing compensation. In mitral stenosis the influence of pregnancy seems to be more injurious and fatal than in any other cardiac lesion.

With regard to the station in life, the affluent or sedentary classes are much more favourably placed than those engaged in manual labour. The necessity of daily toil removes the possibility of obtaining the periods of rest which are often essential for the prolongation of life. Cases in which the lesions are stationary for a period of three or more years are much more favourable than recent cases, in which it is difficult to estimate how rapidly further changes may develop. In the single interview accorded to an examiner it is usually impossible to determine this point, and it is one on which important information may sometimes be obtained from the family physician. A stationary condition may be inferred when acute rheumatism dates back several years, and when with this, changes in the size of the heart are trifling or absent.

We may next briefly consider certain cases where murmurs are present and are regarded as of functional origin, and then pass on to the consideration of cases due to organic change in the heart or its valves. A frequent difficulty is met with in young nervous people in whom the heart's action becomes rapid or violent under examination. The forcible action and the occasional presence of a murmur under these circumstances may lead to an erroneous diagnosis, and it is only by subsequent examination that such an impression can be corrected.