

LIFE INSURANCE AND CARDIAC DISEASE.

BY

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It has been gradually recognised that the presence of a cardiac murmur is not necessarily a sign of serious cardiac disease. In many instances such a sign need cause no apprehension for the immediate future, and in others no material shortening of life need be anticipated. Under these circumstances it is not surprising that many insurance offices are now ready to accept selected cases of cardiac disease for a term of years, or again to insure them with the protection of a lien.

The practice of different companies varies widely. The more conservative still decline any case so long as a murmur is present whether this be of organic or non-organic origin. In many instances this results in an injustice to the applicants and in a loss of business to the company. Others, more progressive and liberal, endeavour to distinguish the more serious cases of disease from those of a benign character. In the selection it is needless to say that much depends on the knowledge and discrimination of the examiner, and his responsibility is much increased in dealing with damaged lives.

There are certain principles to be considered in endeavouring to form a prognosis in any case of cardiac disease, and this must be based on the individual's whole clinical history and on his general health, as well as on the local evidences of disease. Much stress must be laid on a history of acute rheumatism which leads in many instances to serious and even fatal consequences. The proportion of cases in which the heart is damaged in acute rheumatism is variously stated in different statistics. In 965 personal cases of Pribram the heart suffered in 38.2 per cent.; these figures closely correspond with those of Schott, 42.9 per cent.; Schramm, 38.7 per cent.; and May, 42.75 per cent. We may therefore safely conclude that in over one-third of the cases of rheumatism a damaged heart is the result. With this knowledge it is not surprising that insurance companies are extremely chary of accepting applicants who have recently suffered from the disease, particularly when it is remembered how often recurrence and fresh damage to the heart may ensue.

Hereditary influences play only an indirect part in cardiac disease. Acute rheumatism has undoubtedly an hereditary tendency, but as the disease usually appears in children or young adults, hereditary influence