

MONTREAL INSURANCE INSTITUTE.

MONTHLY MEETING, PAPERS ON "TUBERCULAR FAMILY HISTORY," AND "THE PULP INDUSTRY IN PROVINCE OF QUEBEC."

The local Insurance Institute held a meeting on the night of 26th ult., Mr. B. Hal Brown, President, in the chair. Amongst those present were Messrs. David Burke, J. W. Marling, C. R. G. Johnson, S. P. Stearnes, E. P. Heaton, G. E. Moberley, C. J. Alloway, W. J. Joseph, P. M. Wickham, W. E. Lyman and A. Bissett.

Mr. Evans, in his paper on "The Pulp Industry in the Province of Quebec," described the various processes through which the raw material was passed until it was ready for shipment to a paper manufacturer. Three things were needed for this enterprise, abundant supplies of spruce, never failing water powers and shipping facilities, all of which the Province of Quebec possessed. Pulp-wood exported represented a value of \$4 per cord, but if manufactured in Canada was worth \$12, a large part of the cost being for labour. Had the pulp-wood shipped from Canada last year been manufactured in this country the Province of Quebec would have been a gainer of over \$3,000,000. Mr. Evans advocated the imposition of an export duty on logs and pulp-wood, which would enhance the receipts of the Dominion treasury and bring manufacturers into Canada who would purchase our water powers and erect new mills. In 1880 the output of the pulp industry was 9,000 tons, while the present yearly output is estimated at 280,000 tons and was developing rapidly. He thought if wise legislation were adopted that Quebec would be the great pulp and paper producing country of the world. The paper was illustrated by lantern slides that were much admired.

Dr. James Bell, Medical Examiner of the London and Lancashire, read a paper on "Tubercular Family History." The recurrence of tuberculosis in a family meant, in his judgment, either a common source of infection or a susceptibility common to the family. This predisposition or vulnerability to the disease does not mean that tuberculosis itself is necessarily hereditary, but may be the result of inherited weakness rather than of transmitted disease. The vulnerability was increased by whatever lowered the general health. A family history of tuberculosis should be taken to indicate a probably increased vulnerability to the disease and therefore an impairment of the risk, but hard and fast rules for guidance of insurance companies could not be framed.

Dr. Roddick, who is Chairman of the Executive Committee of the Tuberculosis League, said that the subject was a most absorbing one, and of interest not

only to the medical profession and those in the insurance business but to the entire world. The discovery of the tubercle bacilli by Prof. Koch in 1884 had revolutionized the whole aspect of the subject.

"When I began examining for life insurance in the early seventies," continued Dr. Roddick, "the fact of a case of consumption being reported in the family of an applicant was sufficient to cause his rejection, but now we know that although the disease is communicable, the hereditary element is secondary, and we look more to the environment and ask the question whether the applicant has been exposed or not."

Dr. Wilkins said that he did not quite agree with him as regards the importance of what is usually called the "collaterals" in the history of tuberculosis, although it was quite true that either parent might transmit something that would render an applicant more susceptible to infection of tubercle bacilli; the history of the so-called "collaterals," according to his mortuary experience, seemed to have very little to do with it. What were looked upon as the most important considerations were the weight of the applicant and his environments. If the applicant was below the average weight and there was a history of tuberculosis in the family, then the risk was a very much impaired one, but the death rate from consumption among very light-weighted persons, who had no history whatever of tuberculosis, was quite as great as the death rate from tuberculosis throughout the whole class of those who have a family history of tuberculosis. A most important factor in establishing the value of these risks, continued Dr. Wilkins, was the environment of the applicant. That is to say, if the applicant was below the average weight and exposed to contagion by living in the same house with a consumptive, the risk is so much greater.

"The Health Department of New York city," concluded Dr. Wilkins, "makes practical application of this fact by requiring landlords of houses, vacated by tenants among whom there has been consumption to be disinfected before being rented to a new tenant. There can be no doubt that if our Health Department were to enforce such a by-law, mortality from this cause would be much lessened in this city."

After a vote of thanks to the readers of the papers, a short programme of music was gone through and the meeting was closed.

Should Dr. Bell's paper be published we would suggest an addendum being given relative to the treatment of consumptive patients at St Agathe and Saranac Lake.

AUTHORITY OF AGENT—PRESUMPTION.—When an insurance company has appointed an agent, known and recognized as such, and he, by his acts, known and acquiesced in by such company, induces the public to believe that he is vested with all the power and authority necessary for him to do the act in question, and nothing to the contrary is shown or pretended at the time of doing the act, the company is liable for such of his acts as appear on their face to be usual and proper in and about the business in which he is engaged.—"Rough Notes."