

eration. Let us deal with overweights first. An increase of 5 to 10 pounds over the average for the applicant's height and age will yield an increase of 3 per cent. over the expected standard, then the death rate will go up after mid-life at least 20 per cent. When the weight is 25 to 45 pounds greater than the average, the mortality for 43 years of age and upwards will be increased to the extent of 40 per cent. If the person carries from 50 to 80 pounds too much weight, the mortality for ages 40 and over will be increased about 60 per cent. Such applicants should be rated up so that the assessments they shall be called upon to pay will meet this extra mortality. In such cases they must be regarded as of such an age as will increase their assessments corresponding to their ages and by amounts ranging from 25 to 75 per cent.

With regard to underweights it may be remarked that they do not yield an extra mortality after mid-life. Prior to the age of 40 they yield a higher mortality than the expected. As a class they should be rated up so as to increase their contributions about 15 per cent. By underweight we mean from 20 to 45 pounds below the standard for age and height.

All applicants with a high blood pressure should be subjected to a very careful examination before admission. In the younger ages of 20 to 35 blood pressure is not of much importance, but after 35 it becomes increasingly more important year by year. The three fingers of a careful examiner will fairly well determine whether or not the pressure is too high. If there are any grounds for thinking that it is the real pressure should be taken by an instrument. At 30 the systolic blood pressure should be about 125mm., and gradually rise until at 45 it is 130mm. Numbers much in excess of these should make the examiner search with special care for chronic kidney disease, cardiac trouble, syphilis, apoplexies in the family, and commencing hardening of the arteries. A constant pressure of 150mm. points to some pathological process, even though it may not be discovered.

Fistula in Ano is a condition that must receive careful consideration. Many persons who have suffered from this malady have made a perfect recovery, and do not again experience any discomfort nor ill-health from it. But the fact remains as a matter of clinical and acturial observation that persons who have had a fistula will yield a death rate of about 30 per cent. greater than the expected. It is difficult to adjust a system of ratings up to suit such cases, and there remains little else to be done but decline these applicants. If, however, say five years have elapsed without recurrence and the health is good, the proposition might be