

not be accepted for a straight life policy at ordinary rates. In fact, any sub-standard risk should be required to pay higher premiums or be granted only an endowment policy.

If the pulse rate is quicker or slower than normal the cause of same should, as far as possible, be discovered. The excitement of undergoing an examination may be the cause of the quickness. As before stated, try and get the applicant to feel at ease and count the pulse before you begin the examination; or you may ask him to return in a few days. If excitement does not prove the cause, question him as to the use of tobacco, alcohol, sexual indulgence, physical and mental overwork. Then again, the quick pulse should make one suspicious of incipient tuberculosis. The very slow pulse points to heart disease, with or without valvular lesions, or makes one suspicious of renal trouble. The strength and force of the pulse assist in diagnosing the condition of the heart and the general condition of the entire system. High tension of the pulse, if persistent, is a serious symptom, pointing to heart and kidney disease. There is also the danger of apoplexy in these subjects, and the irregular or intermittent pulse should also be carefully investigated. When there is a suspicion of anything wrong after examining the pulse and heart, and no cause can be found for said suspicion, my rule is to examine the heart and pulse after active exercise, such as running up two flights of stairs, and note results as to frequency and regularity of the pulse, and whether there are any abnormal sounds of the heart or undue tumultuous action. This frequently develops some latent trouble, as defective valves, disease of the muscular walls of the heart and defective nerve and blood supply to the heart itself, which may not be discovered when the applicant is quiet.

Many of the early deaths can be traced to something wrong in the circulatory system. Many cases of acute disease end fatally, owing to heart failure. A history of rheumatism, scarlet fever, etc., should make us very suspicious, and we cannot be too careful in these cases in examining the heart and circulatory system. Arterio-sclerosis is too frequently overlooked. This frequently occurs among the young as well as the old. Annerism of the arch of the aorta should always be thought of.