physicians could not recommend them. No less than fourteen of these had organic heart trouble, yet in the first place the heart, in each case, was reported as normal. A physician wrote me a few years ago that he was surprised to learn that we had accepted an applicant whom he knew had a well-marked mitral regurgitant murmur. The examining physician reported the heart sound and recommended the applicant. I saw the applicant two weeks after he was examined, and the murmur was so pronounced that you could hear it with ear three inches from the chest wall. The examiner was considered a reliable man and was examining for several companies.

Now let us be honest, and when an applicant enters your office instead of taking it for granted that he is a sound man, rather imagine there is something wrong with him, and set out to find it. The applicant is generally more or less excited, being conscious that he is about to undergo the ordeal of an examination. Set him at ease by a general conversation, such as the topics of the day, and while at ease count the pulse at both wrists simultaneously, observing if there be any difference in the radial pulse of each arm. Carefully note the condition of the arteries, whether they are quite elastic, showing no tendensy to sclerosis; also note tension and the condition and rate of the pulse. After filling out the personal and family history you proceed to examine the chest. To properly do this all clothing should be removed. It is well known that the examination is frequently made over part of the clothing, even over a starched shirt. Well marked lesions might be detected, but those not so well defined will easily be overlooked. So make a point to have all the clothing removed. This is just as necessary in examining the lungs as the heart. After the chest is exposed observe the conformity of it. Note if there be any bulging or retraction, or any abnormal pulsation, and if the apex of heart is in its normal position. A heaving impulse indicates hypertrophy, a wavy impulse—dilation. By percussion you will find out if there be any hypertrophy or dilatation, and the direction of the dulness will indicate what part of the heart is affected.

Auscultation should be made both while the applicant is recumbent, and while standing. The former position will better show up regurgitation, and the latter stenosis. As to the importance of each lesion in considering the applicant as an insurance risk I do not intend to dwell upon, except that I believe that where there is any permanent heart trouble, no matter how trivial, at the time of examination the applicant should