

and vessels that we believe to be present, possibly just as often it happens that nothing satisfactory is furnished us by the autopsy. In cases presenting symptoms in which there are but the faintest suspicion of this much to be dreaded affection, the medical examiner would naturally advise postponing the acceptance of the risk.

Having recognised some one of the forms of heart disease to which I have referred, speaking from an insurance point of view, the question at once arises: How are we to act in connection with these cases, doing justice to the applicant as well as to the company we represent? Of course there can be no question but that they are impaired lives, *i.e.*, taking one hundred cases of heart disease and comparing their duration of life with one hundred cases at same ages and in similar occupation and with similar family history, who are, however, perfectly healthy and with normal hearts, the duration of life will be considerably longer in the latter. Now, as the premiums charged are lower on the latter class of cases, the important question arises: By how many years will this last class survive the former? This is a most difficult matter to arrive at definitely and on a truly scientific basis, as so few statistics are available of the probable duration of life in heart affections. To draw our conclusions from hospital statistics or private practice, would be manifestly unfair to the applicant for life insurance. As a rule it is only when failing compensation has produced symptoms that call for medical advice that these cases come under our care, whereas the medical examiner necessarily discovers many such cases that live to a good old age, dying of diseases in no way associated with the heart affection.

For these reasons there is no unanimity amongst companies as to the procedure that should be adopted in these cases. The tendency of late years is to place fewer restrictions. In my early years of life insurance it was the custom of nearly all companies to regard these cases as extremely hazardous ones, and by many as uninsurable. Later on some discrimination was practiced by some companies—they would under certain circumstances offer policies with very much increased premiums. At the present day many companies will not accept cases with heart murmurs on any terms. Some companies will not accept on any terms lives with aortic murmurs, whilst they are willing to issue policies in some cases of mitral regurgitant murmurs. I quite agree with them so far as aortic regurgitant murmurs are concerned, as I consider them too hazardous to accept on any form of policy that an applicant is likely to accept. The practice adopted by the English companies, where they are willing to assume the risk, is to add a certain number of years—say five to ten, generally about seven—to the age of applicants and charge the premiums at the advanced age. Thus an individual aged say thirty years would pay at the rate of thirty-seven so long as he lives. I doubt