TUBERCULOSIS AND INSURANCE.*

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Probably few questions are more perplexing to the medical director of an insurance company than the presence, to a limited extent, of tuberculosis in the family history of healthy applicants; and certainly nothing can seem more unfair to the latter, or be more exasperating to the physicians who make the examinations and recommend the risks, than their rejection.

Of course, there can be no two opinions about its being the first and most imperative duty of an insurance company to safeguard most scrupulously the claims of the policy-holders, and no one need be so ungenerous as to deny to the company the exercise of such business precautions as are necessary to secure fair dividends to the stockholders. However, the granting of these privileges imposes upon it the duty of rendering a full measure of justice to the interests of the applicants.

It may also be stated in this connection, that whilst it is the duty of the physician who makes the examinations to furnish the medical director with as honest and as full and accurate reports as possible in all cases with a tuberculous history, it is just as fully the duty of the latter to assure himself that these applicants receive the full benefit of the accredited knowledge and experience of to-day. For the assuming of any merely hypothetical principle alone regarding the influence of hereditary tendency in this disease, is not sufficient to justify him in giving a decision that may be unfair to the applicant, and that may reflect very unfavorably on the professional standing, if not also upon the uprightness, of the local examiner.

Enough has been said to indicate the purport of this paper, viz., to invite a discussion that may help, in some measure at least, to define more clearly, if I may be allowed to use the somewhat expressive phrase, "where we are at," in reference to the relationship between tuberculosis and insurance.

Assuming that it is the province of an insurance company to grant the ordinary life policy to any applicant who should naturally live out the period of expectancy, to what degree then does the presence of tuberculosis in the individual or family history justify his rejection?

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