

his large experience does he not arrive at conclusions which it is impossible for the local examiners to do? Are not these conclusions practical and valuable ones in determining what is a safe insurance risk? And if an Examiner-in-Chief has made a study of his specialty, he surely ought to be able to give valuable instructions to local examiners, and any communications from him should be received at least with respect.

I do not consider that I am an unreasonable individual, and I can assure the local examiners I do not write because I have nothing else to do, for after reviewing 100 to 200 papers in a day I am not keen to dictate letters in order to annoy the local examiners. The fact is that one, after the many years he has been engaged in reviewing examination papers, is educated to read between the lines and not to take everything set forth in the papers as the truth and nothing but the truth. Again, the busy practitioner may not have time to carefully weigh the answer to certain questions that they merit; or, again, he may not see the importance of them the same as a specialist in life insurance work will do. I know many of the letters I write and the answers thereto add nothing further to the knowledge of the risk, only removing doubt about answers to certain questions.

Without delaying you further I shall now enumerate a number of cases, showing the result of further investigation. In doing so I hope I will not tax your patience to weariness.

An applicant recommended as a *first-class risk*, aged thirty-four, but his mother died of consumption, and he himself had pneumonia three years previously, lasting five weeks. I wrote for further particulars, and the doctor replied: "I recommend him as a *first-class risk* from the fact that he successfully recovered from his attack of pneumonia three years previous, and that since then he has had no tendency to further lung trouble," and he further adds: "I questioned again the applicant about this attack and about his mother's death." He states that none of his mother's relatives ever had tubercular disease, and "I still feel that if there was a predisposition to tubercular disease, the applicant would have succumbed at the time he had pneumonia, and I still consider the applicant a *safe risk*." However, he adds: "I consulted the physician who attended the applicant at the time he had pneumonia, and the physician stated that he (the applicant) expectorated, during the attack, considerable pus and that since that time the applicant, under the advice of his physician, has spent the winters in California."

An applicant recommended as a *first-class risk*, he had one brother who died of pneumonia, after an illness of four weeks, and another brother dead, cause of death, "Don't know." I wrote the Court Physician, asking if it were not possible to find out cause of death of brother marked "Don't know," and also if he were satisfied