

MARSH (E. J.)

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REPORTS
ON
ASTHMA

AND ON

BILIARY AND RENAL
COLIC AND CALCULUS

presented by the author -



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Richard W. Cundy
President.

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REPORTS ON ASTHMA
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BILIARY AND RENAL COLIC AND CALCULUS

MR. RICHARD A. McCURDY,
President.

Sir :

I respectfully present for your consideration the following report :

REPORT ON ASTHMA, AS AFFECTING APPLICANTS FOR
LIFE INSURANCE.

A history of asthma in an applicant has been considered as incompatible with his acceptance as a satisfactory risk in this Company. This opinion has been grounded: 1st, on our knowledge that the term "asthma" is often used in a loose manner to indicate any form of short and difficult breathing, and a consequent suspicion that it may have originated from and be a sign of obscure organic disease of the lungs, heart or kidneys; and, 2d, on the medical history of asthmatics, which shows that repeated paroxysms of real

asthma develop serious pathological changes in the lungs and heart, and thus shorten life.

On carefully reviewing the question, I am now of opinion that this rule of the exclusion of all asthmatics has been too rigidly enforced, and that, though any present or past occurrence of asthma should be considered a blemish, it should not necessarily be taken as a bar to insurance. The first mentioned objection can usually be overcome by a satisfactory physical examination; then, if the symptoms and history denote true asthma, a further inquiry may indicate the severity of the disease and whether serious consequences are likely to ensue. Some cases of asthma are due to special causes which are of only occasional occurrence and which may be avoided. Such special causes are the pollen of grasses and other plants, effluvia from certain animals, articles of food, inhalation of sulphurous and other gases, etc. When a person ascertains the cause which produces his asthmatic paroxysms, he may be depended upon to use all care and prudence in avoiding it, and the disease very seldom becomes a hazard to his life. In another class of cases it is found that the paroxysms, instead of becoming more frequent and severe, on the contrary become milder and less frequent, and that there is a natural tendency towards recovery; this is said to be the course especially when the disease appears in childhood or youth. Many of these

persons would be insurable, notwithstanding the blemish of their past physical history, provided that the organs had remained sound and normal.

I have designated some of the conditions which would, in my opinion, justify exceptions to our usual rule of exclusion. In deciding upon these applications each case must be considered independently, and no definite rule as to the number of past attacks, the period intervening since the last paroxysm or the exact age of the applicant can be laid down. The Medical Director in reviewing the case must remember that the presumption is against the applicant; he should require full and definite information on all important points, and must then decide whether an exception can be made. The suggestions of Dr. H. Hyde Salter, for the directions in which the investigation should be made and the grounds on which the decision should be based (although intended for a physician when consulted by a patient), are equally profitable for a Medical Director of a Life Insurance Company, and I will, therefore, give them in full:

“If, then, an asthmatic were to present himself to me, and ask my opinion as to his prospects, I should, having ascertained his age, and carefully scrutinized the condition of his chest, put to him the following questions: How long do your attacks last? How often

do they occur? Do you lose all traces of shortness or difficulty of breathing between the attacks, or is the breathing always a little difficult? Do you habitually cough and spit? Does the disease appear gaining on you, or the reverse? Is the exciting cause of the attacks clear, and can you undertake that it shall not recur?

“If the patient is young, the chest sound, the attacks short, the intervals long; if there is no permanent shortness of breath, no cough or expectoration; if the attacks are getting milder or rarer, and if the existing cause is clear and such as may be obviated, then a favorable prognosis may be given.”

Approval of these exceptional cases should be given, however, only when the applicant is otherwise perfectly sound and free from flaw in his family and personal record. Especially if there be even a slight tendency to overweight, gout, or any nervous affection, as headache or other neuralgia, he should not be accepted.

Respectfully,

E. J. MARSH, M. D.,

Medical Director.

January 13, 1894.

MR. RICHARD A. McCURDY,
President.

Sir:

I respectfully present for your consideration the following

REPORT ON RENAL AND BILIARY COLIC AND CALCULUS.

These diseases and conditions may properly be considered together, because, although affecting different organs, there is a similarity in their nature, cause and dangers, and moreover the rules of the Company have been the same regarding each. In deciding upon acceptance of risk it has been considered that a history of one attack would require postponement for five years from the date of such attack, and that two attacks would necessitate the absolute refusal of the applicant.

A calculus or stone is a concretion from the liquid urine or bile deposited in the pelvis or membranous sac of the kidney or in the gall bladder. The colic is the severe pain caused by the passage of the calculus through a narrow tube or duct to the bladder or bowel. The history of a past attack of colic has, therefore, of itself no injurious significance as regards the prospect of longevity. As long as the calculus or stone remains in the kidney or gall bladder, the person is in constant peril of his life, but, when it has finally passed out and

been expelled from the body, he is safe from this threatening danger.

The reason for the postponement or rejection of these applicants is based on the belief that such a person is especially liable to a recurrence of the trouble. This danger of a second attack is inferred from two reasons :

1. These calculi are not always found singly, and even though one be expelled others may be retained; if so, the danger still exists as there will soon be recurring attacks of colic. This is the case for both varieties, but especially so for gall stones. Moreover, a severe attack of colic does not indicate that the stone has passed, as it frequently slips back, and there may be a constant succession of attacks lasting through many months before the receptacle in the kidney or liver is finally emptied. Therefore, it is proper and judicious to wait a certain time before pronouncing such a person insurable. A period of from one to two years ought to be sufficient to give reasonable assurance of cure or recovery.

2. Danger from renewed formation or deposit. It is generally believed that the formation of these calculi is due to some constitutional tendency or predisposition on the part of the individual, sometimes congenital and inherited, generally acquired by special circumstances

and habits of life. This tendency is often exhibited by the appearance of fine sand or gravel in the urine, or by dyspeptic and "bilious" disorders, which, however, attract little attention until the sudden attack of severe pain reveals the fact that the calculus has actually formed; when the calculus has been expelled the patient appears to be again in perfect health, but the attack has indicated the constitutional predisposition and new formations are to be feared. I can find no medical reports or statistics which show the proportion of cases in which there is recurrence of these calculi, but it is known that they frequently do recur, unless perhaps fortunately the pain and suffering of the first attack may induce the patients to change habits of life which have induced or aggravate the constitutional tendency. It is, however, only in a limited number of cases that there is any second attack, and the tendency may pass away with time or be neutralized by care. The lapse of time is the only satisfactory evidence of the cure, and although it must be feared that the liability may continue through the entire life, still, as far as Life Insurance is considered, it is not a reasonable fear, and after a few years of perfect health the applicant might be properly accepted with a very minimum of risk. I do not believe that the danger would be any greater than now arises from our rules for rheumatics; this disease also proceeds

from an underlying constitutional tendency. One attack of rheumatism causes expectation of a second, and I believe that the risk to longevity is equally great therefrom, and yet rheumatics with one or two attacks are insured.

3. In addition to the dangers arising from the presence of the calculus, the underlying condition of the system is of itself a matter for important consideration, as it may be considered that the acute attack is merely the sign of a morbid constitutional tendency, just as a first attack of gout is more important as an indication than as a positive fact by itself. This constitutional diathesis is supposed to indicate early degenerative conditions of the heart, arteries, liver and kidneys, and therefore to augur badly for a prolonged life; it may be more or less pronounced and its degree can be determined only by a consideration of all the signs and circumstances of the case. The formation of a calculus is a sign pointing to this condition, which, when supported by other unfavorable circumstances of physical history, habits and age, should call for the refusal of the applicant, but under favorable circumstances might be overlooked, as being probably dependent upon temporary causes.

After careful consideration of the whole subject, I would advise that the present general rule of the Company, as to the insurance of applicants with a

history of gravel or gall-stone, be modified so that under favorable circumstances,

1. One attack should call for postponement for two years only.

2. Two attacks, postponement for five years from last attack, provided that the applicant during all this period be in perfect health, with nothing pointing to a recurrence of the disease, that he be of good physique, and of active and temperate habits of life. If, however, there be any tendency to accumulation of fat, any dyspepsia, biliousness, deposits in urine or other symptoms of lithaemia, the slightest gouty tendency, habitual excess or indiscretion in diet, he should be either altogether rejected or postponed for at least double the period mentioned. Attention should also be paid to the probability of incorrect diagnosis, as a history of gravel or biliary colic is not infrequently given when the symptoms have been slight, and caused only by acid urine or inspissated bile.

In making these recommendations I am aware that the Actuary has recently reported that the experience of the Company in cases which have been insured with a history of gravel has been very unfavorable, and that the loss on these risks has been greater than the normal loss. But, after examining his statistics, I am not satisfied that the loss was in any way due to the fact that these persons had had gravel, or to

the underlying condition which it might be supposed to indicate. As the custom of the Company has been to decline most of these cases, the experience has been small, and there have been only eight deaths reported by him. In the majority of these eight, neither the history of the gravel, the condition of the patient, nor the cause of death render it probable that the loss was due to this physical history; in a few cases only is the possibility of such a connection suggested.

In preparing this report, I have investigated also the death proofs for all cases during several past years in which death was caused by biliary, renal or vesical calculi, and also carefully reviewed the statements made in a number of applications which have been declined on account of a history of these diseases, and I have endeavored to avail myself of the experience of the Company in this respect, as well as of the best opinions of recent medical literature, and it is on the basis of this study that I have arrived at the recommendation above given.

Respectfully,

E. J. MARSH, M. D.,
Medical Director.

January 24, 1894.

