

**THE MEDICAL  
ADVISER IN  
LIFE ASSURANCE**

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The Medical Adviser in Life Assurance by Edward Henry Sieveking

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**EDWARD HENRY SIEVEKING**

**THE MEDICAL  
ADVISER IN  
LIFE ASSURANCE**



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TO THE MEDICAL EXAMINERS  
OF  
THE CONNECTICUT MUTUAL LIFE INSURANCE CO.

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This leaflet is placed in your hands as an aid to Medical Examinations in addition to the revised edition of "SIEVEKING'S MEDICAL ADVISER IN LIFE ASSURANCE," which is herewith or has been previously forwarded to you.

Attached to a fly-leaf of that book it may always be convenient for reference.

These suggestions will also be found on the back of every application.

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**FAMILY HISTORY.**—Where ages, causes of death, etc., are unknown, or very uncertain, require the applicant to ascertain them for you, or, if this appears impracticable, endeavor at least to establish the *general hereditary tendencies and longevity of the family*, and that deaths were *not* caused by any transmissible disease, as consumption, insanity, paralysis, apoplexy, or heart disease.

**PERSONAL HISTORY AND EXAMINATION.**—Ascertain and state whether his various ailments, injuries, etc., have been trivial or severe and whether they have left any injurious effect. To the questions regarding vaccination, rupture, tumors, deformity, malformation, and injury, your reply, after careful *inspection*, is desired.

Special attention is directed to the necessity of a very thorough and critical exploration of the chest for the detection of incipient disease. Never be satisfied simply with the absence of abnormal conditions, as râles and murmurs, but be equally positive of the presence of the normal.

**THE APPLICANT'S HABITS** regarding the use of alcoholic stimulants, opium, and tobacco should be definitely ascertained and in stating them in your Report avoid the use of such words as "moderate," "occasional," and "temperate." Where their daily or frequent use is suspected assure yourself that the stomach, liver, kidneys, and nervous system are free from any evidence of injury.

**URINALYSIS** is always required, and, for the aid of any who may desire it, brief rules are given below. Various tests, aside from those detailed below, are considered trustworthy, but the ones mentioned are easily applied and sufficiently accurate. If others are used, state in your Report *what* test was employed.

**THE MICROSCOPE** should always be used when, in a case *otherwise acceptable*, there is a suspicion of disease requiring its aid for assurance, as where there is a history of calculus, or cystitis.

It may occasionally occur that the information elicited will be of such a character that the Examiner will hesitate to place it upon the Report as fully as is desirable. In these cases we invite correspondence with the Consulting Physician at the Home Office, where all such communications are held strictly confidential; and in any case where the applicant requests it, or the Examiner deems it advisable, the Report may be sealed in envelopes supplied for that purpose before being delivered to the Agent for transmission to us.

## BRIEF RULES FOR URINALYSIS.

Be sure that the urine is that of the applicant and examine it within 24 hours after it is voided. After noting the color, reaction, and specific gravity, fill a *clean* test-tube half full of the clear urine (previously filtered if turbid), and holding it at an angle of 45 degrees, allow nitric acid to trickle gently down its side and form a stratum, under the urine, at the bottom of the tube. If carefully done the two fluids will not mingle. Should any hazy or whitish cloud be observed at the point where the urine and acid meet, apply heat, and if the cloud remains albumen may be considered present.

*NOTE:* Urine containing resinous matters, as when a patient is taking turpentine, balsam copaiba, etc., will sometimes give a whitish-yellow cloudiness, similar to albumen, with nitric and hydrochloric acids. The addition of alcohol will cause this to disappear at once.

It is important to hold the test-tube in a proper light in order to distinguish slight changes, where only a small amount of albumen is present. The best way is that advised by Dr. John Munn, viz.: Place some dark material over the lower part of the window, as a back-ground, and draw the shade down to it. Now, holding the test-tube a little way from this back-ground, lift the shade forward, enough to allow the rays of light to pass through the tube without shining into your eyes. In such a light, and against the dark back-ground, very slight opacity becomes visible.

To detect sugar: fill a clean test-tube to the depth of half an inch with Fehling's standard test solution and boil it. If it is *pure* and *reliable* it will remain clear and of a dark blue color. While the clear solution is hot, add the urine, a few drops at a time. Sugar will cause a deep yellow or orange colored precipitate before the amount of urine added *equals the quantity of test solution employed*. If there is no change, once more heat to boiling and stand it one side. When cool, if there is no change sugar may be considered absent. Squibb's Fehling's Test Solution is reliable and can be obtained through any druggist.

When the specific gravity is above or below normal, or albumen or sugar are present in very small quantity, it will be well to collect the total secretion of 24 hours and examine a sample of this mixed urine.

# TABLE EXHIBITING

THE

Healthful Average Relation between  
Height and Weight.

HEIGHT.	WEIGHT.	LIMIT.	
		UNDER.	OVER.
5 ft. 1 in.	120 lbs.	96 lbs.	144 lbs.
5 ft. 2 in.	125 lbs.	100 lbs.	150 lbs.
5 ft. 3 in.	130 lbs.	104 lbs.	156 lbs.
5 ft. 4 in.	135 lbs.	108 lbs.	162 lbs.
5 ft. 5 in.	140 lbs.	112 lbs.	168 lbs.
5 ft. 6 in.	143 lbs.	114 lbs.	172 lbs.
5 ft. 7 in.	145 lbs.	116 lbs.	174 lbs.
5 ft. 8 in.	148 lbs.	119 lbs.	177 lbs.
5 ft. 9 in.	155 lbs.	124 lbs.	186 lbs.
5 ft. 10 in.	160 lbs.	128 lbs.	192 lbs.
5 ft. 11 in.	165 lbs.	132 lbs.	198 lbs.
6 ft.	170 lbs.	136 lbs.	204 lbs.



THE  
MEDICAL ADVISER  
IN  
LIFE ASSURANCE

BY  
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FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS,  
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EXTRAORDINARY TO THE QUEEN, PHYSICIAN IN ORDINARY  
TO THE PRINCE OF WALES, ETC.

SECOND EDITION.

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1883

G.L.  
Dr. G. K. Johnson  
6-23-31

## PREFACE TO SECOND EDITION.

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THE object of this small volume is to offer to the reader information which, if to be found at all in ordinary works of medicine, is so scattered as not to be readily available; while some of its contents are suggestions derived from the experience of the author, or placed at his disposal by personal friends who have been engaged in the study of questions connected with life insurance. Being intended to serve as a handy book and to be essentially of a practical character, it would have been out of place to have attempted to embrace a full disquisition of the numerous interesting topics to which it adverts. When fuller information on any purely medical question is desired, recourse to standard works will be necessary; but it is hoped that no topic has been omitted to which the medical adviser's attention should be specially directed in connection with life insurance.

The author wishes to record his obligations to the numerous friends who have most readily responded to his request to be favoured with their views on the subjects discussed. Throughout the work, he hopes that he has duly quoted the authorities from whom he has obtained information, whether previously published or not, as a convenience to the reader for further reference, or as an act of justice to his friendly adviser. He trusts that the present edition, though not materially enlarged, may be found more useful than its predecessor, and especially that the index to this volume may enable the practitioner more readily to find what he is in search of.

It is to be feared that the author has not found materials to meet one desideratum to which he alluded in his preface to the first edition; namely, that of rendering the decisions to be arrived at, in connection with the questions involved in the expectation of life of an individual, more precise than they were a few years ago. He professes to have no actuarial knowledge, and it is not to be doubted that a talent for calculation would in many cases be an aid to the medical adviser in life insurance, which, with his special professional knowledge, would materially assist him in solving certain questions,