INSTRUCTIONS AND INFORMATION FOR MEDICAL EXAMINERS

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THE PRUDENTIAL
INSURANCE COMPANY OF AMERICA
Incorporated under the laws of the State of New Jersey
EDWARD D. DUFFIELD, *President*
HOME OFFICE, NEWARK, NEW JERSEY

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PREFACE

Familiarity with the methods of the Company enables its Examiners to perform their duty more satisfactorily.

Knowledge of and close attention to the information and instructions contained in this Manual will therefore aid the Examiner in rendering efficient and prompt service.

The Prudential holds in high regard those physicians to whom it has extended a commission to make medical examinations for it. It desires to treat them with fairness. It desires to maintain relationships on a high professional and ethical basis. It desires that satisfaction exist between Examiner and Company. It depends upon the Examiners' knowledge of the science of medicine and their ability to render accurate and conscientious service.

INSTRUCTIONS AND INFORMATION

1. Qualifications Necessary to be an Examiner.—The requirements for appointment and continuation as an Examiner for this Company are: That the appointee be a graduate of an accredited medical school, with a satisfactory interneship in an approved hospital, that he be physically and mentally capable of performing the necessary duties, that he be in active practise, of good professional and social standing, above reproach as to habits, morals and integrity and that he be licensed to practise medicine in the community for which his appointment is made. Laymen often judge a physician by the character of the insurance examination which he makes. A hurried, careless insurance examination may reflect unfavorably upon an Examiner in the eyes of the applicant.

2. Appointment and Tenure of Office. — An Examiner, upon appointment, will be sent his commission, together with the instructions considered essential for his guidance. His commission will remain in force so long as, in the opinion of the Company, his services are satisfactory, and it will terminate when he is notified of its termination by the Home Office, on the attainment of age 65, or on his removal to another town.

3. Radius of Territory.—Each Examiner is appointed for a certain town, district office, district or territory. The Company does not require an Examiner to go beyond the limits of the town in which he is situated or the territory he has agreed to cover, unless his other professional duties bring him into the immediate neighborhood of the applicant or there is a sufficient amount of business to warrant the trip

for the regular fees. No allowance is made for mileage. If the applicant's residence or place of business is beyond the limits and the local representative cannot bring the applicant to the Examiner's office, an appointment should be made at a time and place convenient to the applicant and the Examiner.

4. **Removal or Absence.**—An Examiner should notify the Medical Department and the local office of change of address, absence, illness or unavailability from other cause, and, if there is no alternate, should suggest to the Home Office a physician who in his opinion is competent to care for the work.

5. **Thorough Knowledge of the Company's Requirements Essential.**—The first duty of an Examiner is to obtain an intimate knowledge of the contents of this book. He should also study the various forms and examination blanks furnished him through the Superintendent or Manager. Failure to do this will result in additional labor for himself, unnecessary correspondence and incomplete or insufficient reports. Correspondence with the Home Office is solicited regarding any point about which an Examiner may be in doubt.

6. **Correspondence.**—We cannot emphasize too strongly the necessity of giving prompt attention to correspondence. Failure in this respect occasions unnecessary delay, frequently makes further information difficult to obtain, and may jeopardize the sale of the policy. Where difficulty is experienced in obtaining the required information, the Medical Department should be notified *at once* and the Company's local representative in charge requested to cooperate in arranging an appointment.

7. Examining for Other Companies. — Many Examiners also examine for other companies. When such is the case, strict neutrality must be observed.

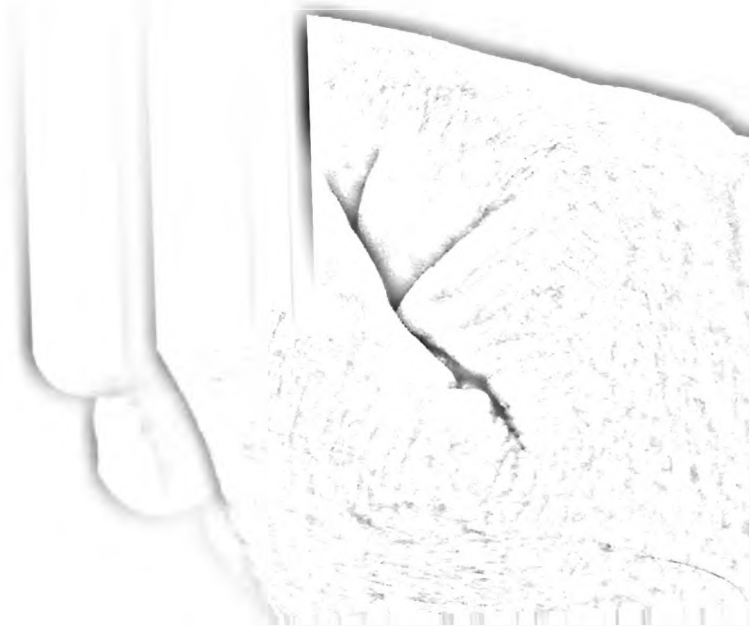
8. Relationship to the Superintendent or Manager.—The Superintendent, Manager or local representative in charge is the only one with whom the Examiner should discuss the business features of the work.

9. Relationship to the Agents.—Business necessity requires an Examiner to be on cordial terms with all members of the local staff and to work in harmony with them. This is best accomplished by prompt and efficient handling of the work. He should never criticize an Agent, but, if experiencing difficulty, should discuss it with the one in charge of the local office. The Examiner who allows any pecuniary relationship, other than for professional services, to exist between himself and any member of the staff is considered undesirable.

10. Responsibility of the Examiner.—The responsibility assumed by a Medical Examiner in making a report to the Company cannot be overestimated. He is the custodian of vital interests and it is his duty to conserve those interests in every way possible. His obligations are fourfold, namely:

To Himself,
To the Company,
To the Applicant,
To the Agent.

To Himself: His position as an Examiner for this Company is one of honor and dignity. He has been carefully selected for the position, often from a



group of worthy applicants. He is depended upon to conduct himself in his professional and social life in a manner which will command the confidence and respect of the community in which he lives and to uphold the prestige of this organization. His duty is that of a fact-finder who is impartial and uninfluenced by friendship or sympathy.

To THE COMPANY: He should be the one disinterested party to the proposed transaction. He stands between the Company, on the one hand, and the applicant and the Agent, on the other; and the outcome does not affect his remuneration. As he usually has but one opportunity to see an applicant, the necessity for securing all the facts at the time of his interview is obvious. His sole obligation is to develop and present all obtainable facts of the applicant's past physical history and present physical condition, so that a complete and clear picture may be given the Company.

To THE APPLICANT: Every applicant, if eligible, should receive insurance. It is a protection to him and to his dependents, but scrupulous care and clear judgment are required so that no injustice may be done.

To THE AGENT: The Agent has often worked long and persistently to secure the application. The Examiner's obligation is to make sure that an accurate report has been completed and mailed to the Home Office promptly.

11. Examination a Business Transaction. — An Examiner should never lose sight of the fact when he is making an examination that he represents The Prudential to the applicant and that his bearing and methods are likely to produce either a favorable or an unfavorable impression of the Company.

While courtesy and tact are essential, the matter in hand is purely a business transaction and is to be so treated. Prompt and thorough methods produce satisfaction.

Incomplete reports or failure to attend promptly to examinations jeopardizes the business. A Superintendent or Manager or, in his absence, the one in charge has the privilege of calling an Examiner's attention to delay and urging prompt attention.

12. Criticism of Examiner. — Criticism of an Examiner's work by Agents and other field representatives may occur. As complaints are apt to arise in any active business, an Examiner may expect his share of them. Whenever complaints reach the Home Office, the particulars will be called to the Examiner's attention, and he will be given an opportunity to acquaint the Medical Department at the Home Office with his version of the matter. It is the purpose of the Company to deal with its Examiners in entire fairness.

13. Privacy of Examination. — The Company insists that, with but four exceptions, the applicant and Examiner be alone during the examination. The exceptions are:

1. The parent or guardian may be present during the examination of a child.
2. The husband may be present during the examination of his wife.
3. When examination is made at the office, the Examiner should, in the case of a woman, have his office assistant present, or, when in the home, some other woman with him for his protection during the examination.

4. An interpreter, preferably not a member of the family, may be present when necessary.

14. Silence Essential.—An Examiner's dealings with an applicant are in the highest degree confidential, and under no circumstances should he permit it to be known that he is about to examine or has already reported upon an applicant.

15. Information on Rejections.—Tactful refusal to impart information as to the possible cause of any rejection is advised. Discussion of impairments with Agents or applicants may lead to dissatisfaction and misunderstandings. He should not enter into any discussion regarding any unfavorable action the Home Office may have taken.

16. Known Poor Risks.—When an Examiner receives an application signed by a person whom he knows to be a poor risk because of past or present physical impairment, character, habits or environment, he should always complete the examination, give full particulars as to his knowledge of the applicant, and forward his report, with the application, to the Home Office. Failure to do so may result in an examination by another Examiner unfamiliar with the facts and the issue of a policy covering an undesirable risk.

17. When He Must Not Examine. — The Examiner should not examine an applicant in whom he is interested by the ties of relationship or in whose insurance he has any pecuniary interest. Moreover, he should not render a report when related to the person soliciting the business. Under such circumstances he should refer the application to his alter-

nate, and for the information of the Medical Department make a memorandum of the reason for so doing. Where no alternate has been appointed, he should refer the application to a medical colleague whose ability he can endorse, attach a note to the application explaining his action and arrange to have Medical Examiner's application (Form 113) completed and forwarded with the papers.

18. "Trial," "Unofficial" or "Preliminary" examinations may at times be requested by an applicant or Agent; i. e., an Examiner may be requested to make an examination of a prospect for insurance with the understanding that if normal findings are revealed a report on a medical blank will be completed and application for insurance submitted, but that if there are unfavorable findings no application will be made and the Agent or the person examined will pay the Examiner his fee. *This practise is contrary to the best interests and rules of the Company.* Results of all such examinations should be sent to the Medical Department, with the full name, date of birth and occupation. Medical fee will be paid the Examiner for such reports.

19. Examinations Required.—The Medical Examiner may be called upon to render medical reports in connection with applicants for Ordinary, Intermediate, Industrial, Group and Wholesale insurance, for the revival of lapsed policies, for changes in plans of insurance, for Prudential employment and in connection with claims made for disability. Careful reading of the instructions on the various examination blanks for these different services will guide the Examiner in making the reports and fulfilling the requirements.

20. Examination of Applicants for Employment.—Medical examination is required and report must be submitted to the Home Office and approved before applicants for employment are accepted. The Superintendent or his assistant will supply the Examiner with the necessary blank when he requests the examination to be made. Such applicants will call at the Examiner's office. If the blank calls for a specimen of urine, the sample should be sent to the Home Office and the notation "agency report" should appear on the label, together with the other necessary data. The report should be mailed directly to the Medical Department in envelope 6405. In making the examination, search should be made for signs or evidence of respiratory trouble, digestive, cardiac or renal history or findings. Inquiry should be made to determine if the proposed change of occupation is due to a desire to improve the health. Attention should be paid to any impairment in locomotion and conditions such as rheumatism, neuritis, deformity, flat feet, varicose veins and overweight. These inquiries are important, as Agents are often required to do much walking and stair-climbing.

21. Always Complete Examination.—When an application is received by an Examiner, it becomes the property of the Company and is to be surrendered only to the Home Office. It is the Examiner's duty in every instance possible to complete the examination and report all impairments, even though he may think some of them are temporary or functional.

The application and medical report are not to be held for further observations, but forwarded promptly to the Home Office. The Medical Department will,

after review, request further information if such a course is considered necessary. If unable to complete the examination, the application is to be forwarded to the Home Office, with an explanatory note attached.

22. **Application Necessary Before Making Examination.** — An Examiner should not make a medical report until the application is in his possession, unless he receives a request to do so direct from the Home Office. In some cities medical examinations for Ordinary Managers are handled through the office of a Medical Referee. In such instances the Examiner will receive specific instructions from the Referee, which will cause an exception to this rule.

23. **Applications Received Through Local Office.** —All applications should be received through the local office. Therefore it is desirable, where possible, for the Examiner to call at the district office, where names and addresses should be read and any doubt cleared before leaving. Applications should not be received directly from an Agent unless the Agent is the only resident field representative. If an Examiner resides so far from the local office that calling for applications would interfere with giving the work prompt attention, proper arrangements should be made for him to receive them.

24. **Multiple Applications.**—When two or more applications on a life are received by an Examiner at the same time, only one medical report should be completed and all the applications should be sent to the Home Office with the one examination. See paragraph 25 for further instructions.

25. Examination Requirements Determined by Amounts of Insurance.—The Examiner must forward urine specimen to the Home Office when amount applied for, including any already in force in The Prudential, is over $25,000. If total (new and old) Prudential insurance exceeds $50,000, two complete examinations, by different examiners on different days, are required, and each Examiner should forward a specimen. If the new application is for $10,000 or less at ages under 51 or for $5,000 or less at ages over 50 and the total Prudential insurance is over $25,000, only one complete examination and one specimen to the Home Office are necessary.

26. Applications for Additional Insurance.—If application for additional insurance is received within thirty days after completion of a medical report for the Company, do not make any further examination, except as indicated in the second paragraph following.

Should the total amount of Ordinary insurance applied for and in force in this Company exceed $25,000, forward a urine specimen and the application to this office, indicating that fact on a note attached to the application.

Should the total amount of Ordinary insurance applied for and in force in this Company exceed $50,000, a new report and a specimen of urine to Home Office by another Examiner are required.

Applications secured within thirty to ninety days of original examination for this Company require health certificate (Form 6713), including blood-pressure record. If total insurance is over $25,000, specimen of urine should also be sent to the Home Office. If over $50,000, second examination by

another examiner and specimen should be sent to the Home Office by him. New and complete examination is required if additional application is received after ninety days.

27. Appointments with Applicants.—Promptness is a cardinal virtue in an Examiner in completing examinations. Applications, when received by the doctor, should be given immediate attention, and his reports, complete in every detail, should reach the Home Office at the earliest possible moment following examination. If the applicant fails to keep the appointment, the Examiner should personally endeavor to arrange for another, and if the second appointment is not kept by the applicant, the application should be returned immediately to the local office, with full explanation and with a request for another appointment. If a third appointment is not kept by the applicant, the Examiner is at liberty to return the application to the local office and request further appointment made to suit his convenience.

When an appointment is made for the Examiner's office and not kept within one week of receipt of the application, the Examiner should return the application to the local office, with request for a specific appointment.

Under no circumstances should applications be held for a longer period than ten days without action. A longer period opens the way for complaint, whereas by returning the application, with a statement of the facts, the Examiner is relieved of responsibility for any unnecessary delay.

28. Calling Upon Applicants.—Applicants, as a rule, do not seek insurance, and for this reason their convenience is at all times to be considered. Although

an Examiner may find it more convenient to make an examination in his office, and in the majority of instances may be able to complete it more satisfactorily there, if the applicant desires the examination at his residence or place of business, his wishes should be met. While examinations thus made may not be quite as satisfactory to the Examiner, there may be a compensating advantage in being able to estimate better the habits, environment and moral hazard of the applicant.

29. Review of the Application Always Necessary.—Before proceeding with the questioning of the applicant and the examination, the Examiner should always review the application for insurance. Attention should be given to the amount of insurance requested or in force in this Company and additional policies asked for, as the amount of insurance may require special forms of examination. Date of birth, age and occupation given the Examiner should agree with similar statements on the application. The signature obtained to the declarations should be the same as the one on the application. Discrepancies in any of these features should be explained.

30. Ink Must Be Used.—The declarations are part of the legal contract and must be fully completed in black ink by the Examiner in his own handwriting at the time the questions are asked and answered, and before the declarations are signed. Dashes and ditto-marks are not legal answers and are therefore not acceptable.

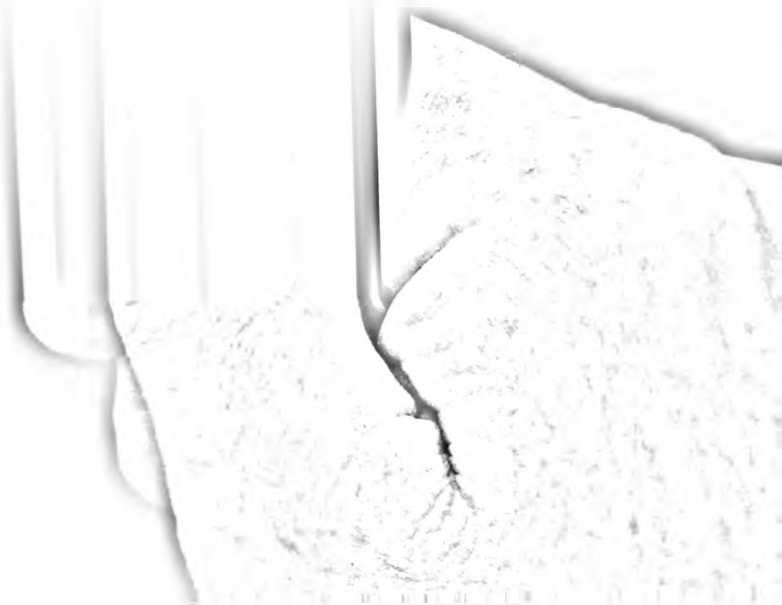
31. The Examination.—An Examiner should develop a routine for examinations which will secure all the facts which he is expected to obtain. This

routine should be followed in each instance and is the only method which will insure efficient results. Such a plan is often time-saving and will prevent the omission of observations, which, when discovered by the Company, is often embarrassing to the Examiner and may materially affect his standing.

32. Declarations.—The Examiner can, as a rule, secure correct answers to the various questions on the declarations by impressing upon the applicant the fact that his answers to all these questions form a vital part of the contract of insurance. Photostats of the application and the declarations to the Examiner are included in the policy. Sometimes important information is reluctantly given or an attempt is made to withhold it entirely. The Examiner should, therefore, use every reasonable effort to obtain all the facts. He should not be satisfied with merely stating a bare unfavorable fact, but he should comment on it and his opinion concerning it should be given.

33. Noise and Interruptions.—The examination should be conducted in a place which is quiet and isolated. Under these circumstances the Examiner is better able to secure satisfactory answers to questions and to detect impairments.

34. Identification.—The first duty of an Examiner is to assure himself that the person he is about to examine is the one applying for the insurance. Lacking establishment of the identity by personal knowledge, the signature, occupation, date of birth, etc., will prove of material assistance. Personal papers, automobile license or social security card may prove of material advantage.



35. Applicant's Attitude.—An Examiner should always have in mind that his professional relations with the applicant for insurance differ entirely from his relations with a patient. The patient withholds no information from his medical adviser but makes every effort to acquaint him with everything relating to his history and condition. An applicant for life insurance is prone to withhold information, or at least to minimize any defect of which he may be aware and which he fears will in some way interfere with his securing of the insurance sought.

36. Age.—An Examiner is obligated to report the date of birth as given to him, but if he believes the age stated is incorrect, he should express his opinion of the true age, and state upon what grounds it is based. He fails in his duty by copying the date of birth as it appears on the application.

37. Personal History. — When it is ascertained hat an applicant has some impairment named on the ıedical blank, simply an affirmative answer to the ıuestion is not sufficient. The impairments mentioned on the form do not necessarily mean non-insurability, but only full knowledge will enable the Medical Department to determine this point. An explicit answer should be given to each question on the medical blank and to correspondence received from the Home Office.

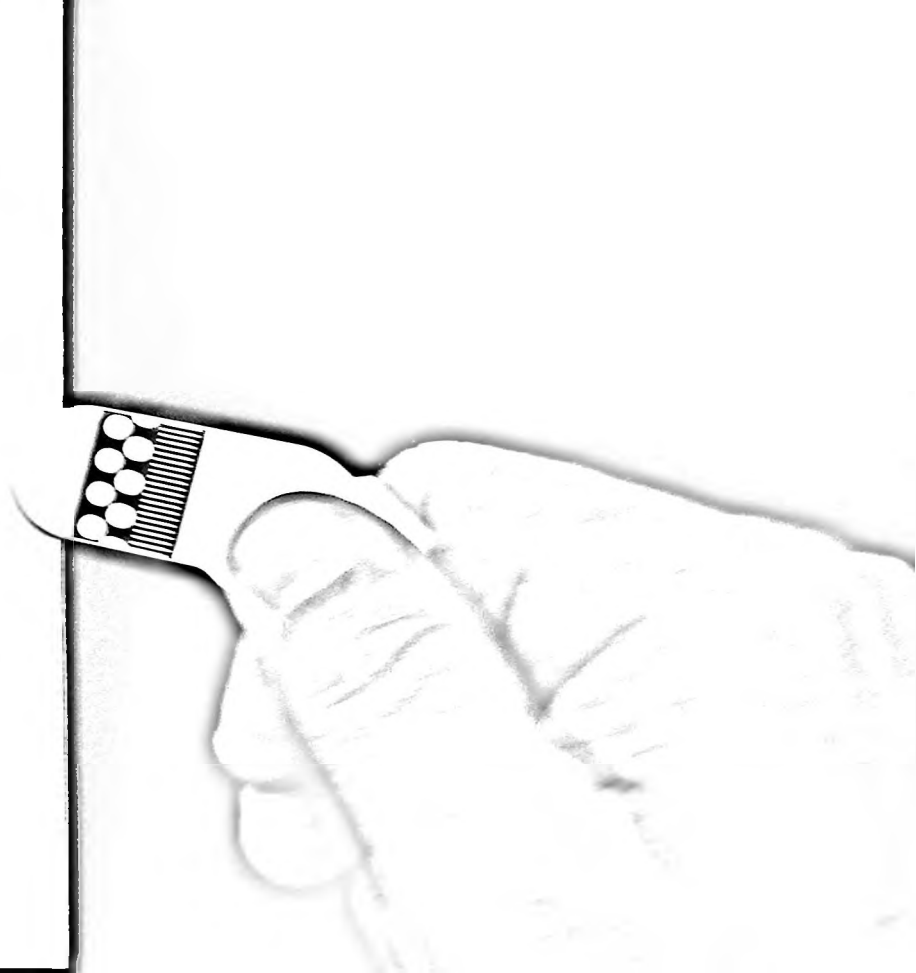
The information desired will be fully covered if the following facts are recorded: Character of illness, date (month and year), duration, severity, complications, treatment, degree of recovery, symptoms since the illness suggestive of incomplete recovery, and the present condition, both general and at site of the lesion. If there were previous similar attacks, the

number or frequency, severity, and dates of occurrence should be given. Complete answers to questions will consume little time and space, will greatly reduce the necessity for correspondence, and will insure prompt decisions at the Home Office.

38. Family History.—The family history as given for consideration is at times inaccurate and the Examiner should make effort to obtain definite data. A family history of tuberculosis is important. It justifies full particulars, including the number of siblings so affected, the degree, duration and time of exposure of the applicant to the disease and a record of the precautions which were taken to prevent infection of the applicant. Full particulars of circulatory deaths in the family are likewise important.

39. Impairments Not Specified on Medical Blank.—The Examiner may be, or in the course of his inquiries may become, acquainted with some matter of importance not mentioned on the examination blank. Under such circumstances he should never fail to give the Company full information.

40. Information Withheld.—An applicant may purposely withhold material facts in the personal health history with which the Examiner is acquainted and which, unless brought to the Company's attention, would enable the applicant to secure insurance to which he might not be entitled. Failure of an Examiner in such an instance to report all the facts to the Company is a violation of the confidence reposed in him. No excuse whatever can justify such action, as the information furnished is for the benefit of the Company in judging the risk.



41. Insurance Hazard. — The Examiner is expected to add to his reports such information as he may have or can obtain bearing upon the moral hazard of any risk.

Aside from physical condition, the selection of the risk involves consideration by the Company of other factors. Habits, moral status, environment, occupation, all have a bearing. When the applicant is a woman, special consideration is necessary with regard to the conditions and influences of the domestic or business life.

Overinsurance or speculation, living or working surroundings that are pernicious or unhealthy, intemperate habits, gambling tendencies, shiftlessness, impaired mentality, etc., may exclude a risk otherwise acceptable. Where these or other unfavorable features are within the knowledge or come to the attention of the Medical Examiner, his recommendation of the risk will be governed accordingly, and particulars should be furnished in his report.

42. Environment.—The environment of an applicant influences for better or worse his health and longevity, and it is the duty of the Examiner to make full comment, should he believe it at all unfavorable. The Company should be placed in possession of full information if applicant is found to be or to have been recently exposed to an infectious disease, especially tuberculosis.

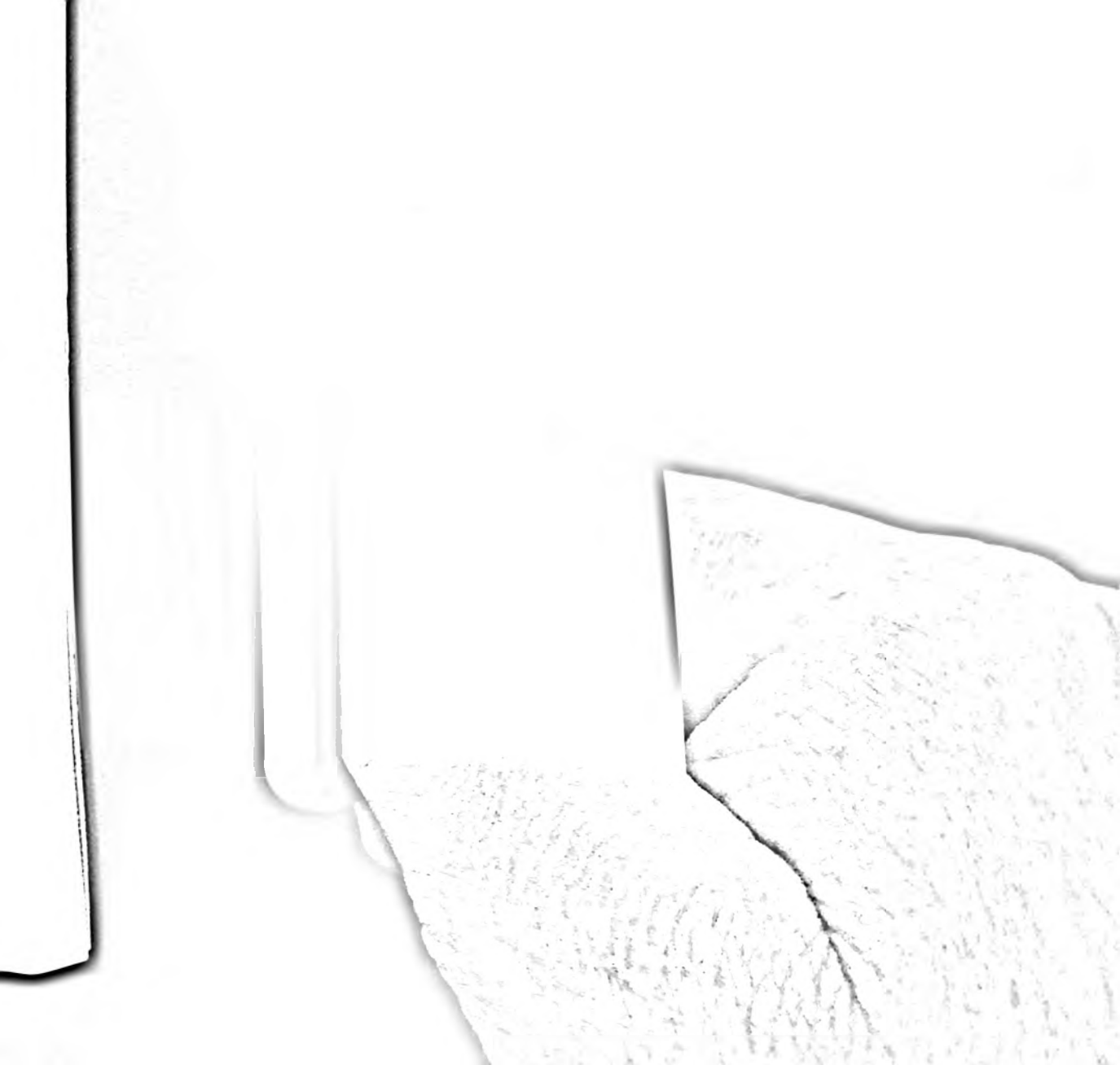
43. Habits.—The most perplexing questions to be answered are those relating to the use of drugs and alcoholic beverages, as applicants rarely will admit excess in the use of any of them. Suspicion may be aroused as to their use by the appearance and actions

of the individual, and when aroused, very careful and searching inquiry should be made.

44. Signature. — The applicant's signature provides one of the means of identification at the Examiner's command. Upon this point the Company has hard and fast rules, which should never be departed from, and no semblance of irregularity should ever be allowed. An Examiner is required to have a properly signed application in his possession prior to making an examination, and he is obliged to personally obtain the applicant's signature to the declarations, which are a part of the medical report. He should never accept or use a medical form upon which the signature has already been affixed and he should never fail to insist that the person he examines affix his signature to the declarations at the time of examination and in his presence. Whenever an Examiner has a suspicion that the signatures are not of the same person, he should call the attention of the Medical Department to this fact and acquaint it with the reasons for the doubt. In the event that the applicant cannot write his name, the Agent must sign as witness to his signature (mark) on the medical examination blank in the presence of the Examiner unless the Examiner is personally acquainted with the applicant.

45. Traced Signatures.—Traced signatures are not acceptable. An Examiner should never allow an applicant to trace his signature over one previously written, nor should the Examiner attempt to trace in ink a signature previously written by the applicant in pencil.

46. Communications Confidential.—Communica-



tions from an Examiner are held in strict confidence, and there should be no hesitancy whatever in sending to the Medical Department any information regarding an applicant which may have any bearing on the selection of the risk. Such information should, if not recorded under remarks on the reverse side of the medical report at the time of its completion, be contained in a letter attached to the report. Knowledge of anything that involves the good name or standing of the Company or any of its employees should be reported to the Home Office. Should the Examiner later become acquainted with unfavorable features not brought out at the time of the examination and which he believes will have an important bearing on the risk, it becomes his duty fully to acquaint the Company with this new information.

47. **The Physical Examination.**—Again the fact is emphasized that a quiet and private place is necessary for the best examination results. The Examiner should develop for himself a convenient routine from which he should not deviate. Variations from such an adopted routine are likely to result in omissions and lead to the neglecting of some observations which in time results in abbreviated examinations, the failure to detect abnormalities and embarrassing situations which reflect unfavorably upon his standing as an Examiner. With male applicants the clothing covering the chest should be removed, and the clothing on other parts of the body should be temporarily adjusted for examination, so that impairments may be detected or assurance established that abnormalities do not exist. With female applicants such procedures are not possible; but with tact, gentlemanly conduct and professional decorum on the

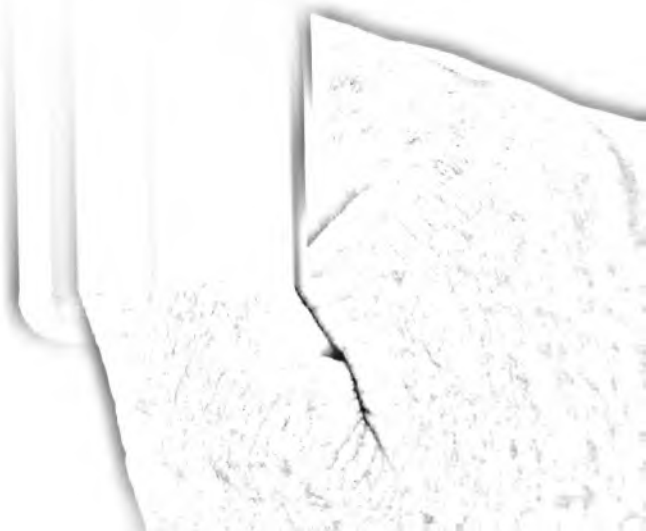
part of the Examiner the woman will usually not object to loosening the clothing and make possible accurate observation of the condition of the heart, lungs and other portions of the torso. The presence of a nurse often is helpful to the Examiner in the examination of women.

In the discussions which follow the order of the paragraphs is in the order of the questions as they appear on the Ordinary medical examination form. Such sequence does not necessarily indicate the routine to be followed in conducting the examination. Examination for other forms of insurance should be conducted in the same general way, with the thought of securing the same pertinent information.

48. Identity of the Person Examined.—This feature has already been discussed in paragraph 34. In answering this question, a word or two will often be sufficient; but the Examiner should seek for other means of identification than the assurance to be gained simply by the introduction of the applicant to him by a stranger.

49. Marks of Identification.—Upon questioning, applicants are usually willing to volunteer information concerning scars and moles, especially when the Examiner shows interest in the markings, and at times this leads to the discovery of personal health history not otherwise disclosed. A short and definite description of the mark of identification should be recorded.

50. Age of Applicant.—In paragraph 36 comment was made upon the agreement or disagreement of the date of birth and the age given on the application and by the applicant to the Examiner. In his



observations of the applicant, the Examiner should note the admitted age and compare this with his objective impression produced by his examination. Any discrepancies are deserving of complete comment.

51. Eyesight.—The eyes give valuable clews to the general physical condition. They justify careful observation. Gross acute or chronic inflammatory conditions may be present or the permanent results of such inflammation may be noted. Every physician knows that the pupils should be circular, of equal size and should react equally to both light and accommodation. The eyes should move synchronously and symmetrically when following a moving object and the eyelids on each side should likewise be symmetrical and be able to move in an equal and synchronous manner. Any variation from these standards of normal requires full detail. The acuity of vision is important in life insurance selection both from a life and a disability standpoint. Any visual impairment should receive full comment, and an estimation of the vision in each eye, with and without glasses, in accordance with the Snellen test should be recorded.

Those who have refractive errors satisfactorily corrected require no other comment, except that with high degrees of myopia it is wise to learn the strength of the correcting lens in diopters and to know how frequently the prescription has to be changed.

52. Hearing.—The general conversation with an applicant and the questioning required to complete the declarations to the Medical Examiner generally give one a fairly accurate estimate of the applicant's hearing. However, the fact that there is deafness in one ear may be overlooked without special attention

being paid to each ear. When the hearing is impaired this fact should be recorded and an estimate made of the degree of impairment in each ear according to the following:

1. Conversation voice heard at six feet.
2. Elevated voice necessary to hear at six feet.
3. Shouting voice necessary to hear at six feet.
4. Shouting voice not heard at six feet.

Even though the hearing is unimpaired, the condition of each pinna and external auditory canal should be observed. The presence of new growths, tophi and discharge may thus be discovered. Always record full details of these conditions when discovered.

53. The Head, Face, Mouth and Neck.—These portions of the anatomy justify close observation. But little time is necessary, yet important information often lurks here. No effort is made to mention all which may be found, yet there seems little excuse for not noticing the asymmetry due to weakened facial muscles, scars of mastoidectomy, evidence of infected glands and the presence of tumors, the trembling tongue, the goitrous eyes, new growths of the skin, mouth or tongue, threatening tonsils, dangerous condition of the teeth, enlarged thyroid and significant pulsations.

54. Height and Weight—Physique.—The weight recorded should be the weight as the applicant is dressed, inclusive of coat and vest. The height is the height with shoes. The approximate height of the heels of women's shoes may be mentioned in the report, thus giving a more accurate idea of the exact height. Questions on the examination form require

the answer as to whether the applicant was weighed and measured by the Examiner. Accurate answers to the questions are important. When the examination is made at a place where scales are not available and the Examiner does not have easily portable scales, he may record an estimated weight, and this may prove acceptable if there is no indication of overweight or underweight. However, in some such instances the Home Office may, upon the receipt of his report, ask him to weigh the applicant on accurate scales. This request is often due to the fact that records at the Home Office in connection with previous examinations give figures markedly different from those recorded currently by the Examiner or approach large degrees of overweight or underweight, which makes exact figures imperative.

The height, chest and waist measurements are always required. Measurement, when possible, should be taken on the bared skin; the waist should be measured at the level of the umbilicus, with the applicant standing in the usual posture. Efforts to markedly contract the abdomen during measuring should be discouraged. Accurate measurements are important.

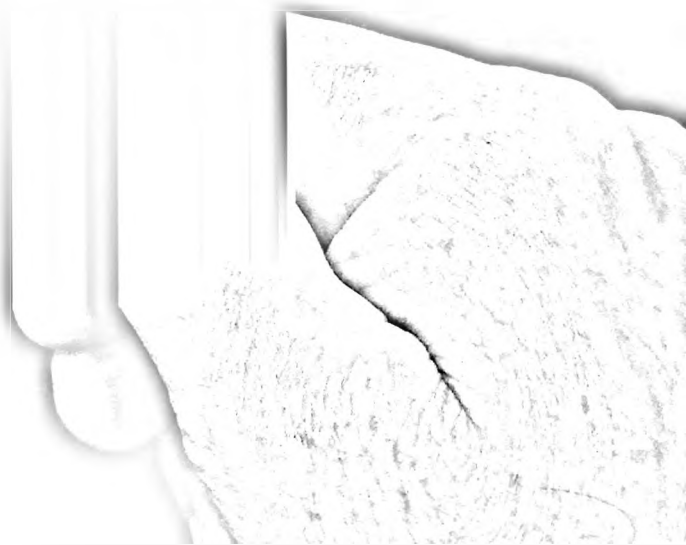
55. Pulse.—Observation of the pulse, either at the wrist or at other sites where a moderate-sized artery approaches the surface, allows an opportunity to estimate the character of the arterial wall. Suspicion of arteriosclerosis may thus lead to observation of other surface arteries. The temporals and brachials may lend clews.

One question of the report requests the pulse-rate per minute. It is desirable that the count extend over a full minute. This gives more accurate estimations

of the rate and offers a better opportunity to detect variations in the rate and defects in the pulse. If the rate is rapid, fair opportunity should be given for the disappearance of a nervous irritability. Several observations should be taken and other counts should be made at the end of the examination. All readings, however, should be recorded. If the pulse is rapid, observations should also be made before and after exercise consisting of thirty body-bendings and the rate recorded before, immediately after and two minutes after the exertion. If the rate is unusually slow, the effect of exercise upon it should also be observed. A slow pulse should lead to simultaneous auscultation of the heart and palpation of the radial pulse to determine if the heart beats more frequently or produces sounds more often than the impulse is felt at the wrist.

The rhythm of the pulse may vary with respiration without actual pulse defect, especially in young persons, and is the condition usually described as sinus arrhythmia. It is considered to be of no import and may be disregarded.

Any irregularity or intermittance in the pulse rhythm should be mentioned and described in the report. The number of times such defects occur per minute should be noted. The applicant should be subjected to exercise or exertion sufficient to raise the pulse rate to more than 100. An estimation of the number of such defects occuring each minute before, immediately after and two minutes after exercise should be recorded. The Examiner should also auscultate the heart simultaneously with palpation of the pulse to determine the relation of the heart sounds to the pulse defect.



56. Blood-Pressure.—The clinician, in making a physical examination of a patient, may be satisfied to know that the blood-pressure is within certain prescribed limits which are regarded as normal and may not be materially disturbed by variations of 3 to 10 mm. In contrast to this attitude the exact readings, both systolic and diastolic, are desired by those who make final decision in insurance selection at the Home Office.

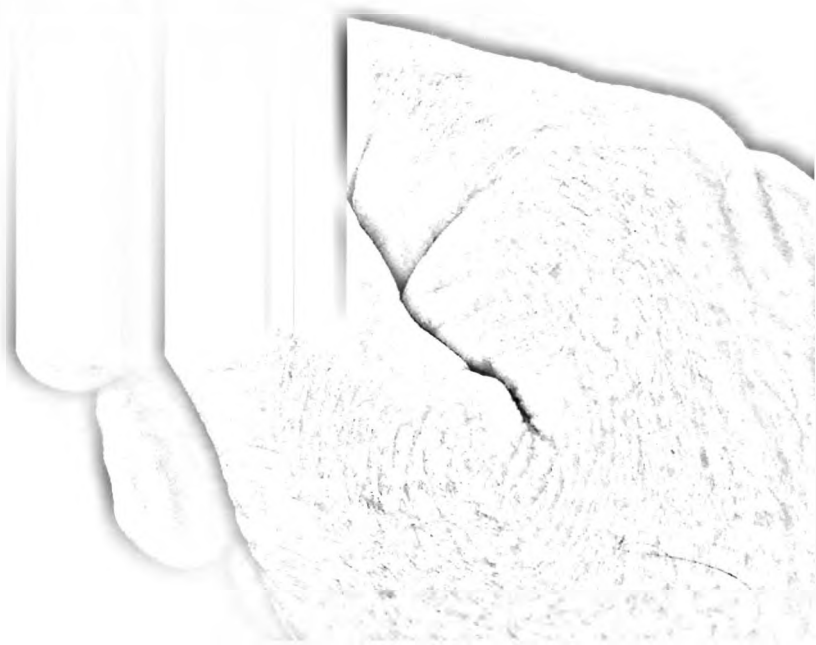
Every reading observed during the insurance examination should be recorded. It is recognized that timid and nervous applicants may evidence higher readings at the start of an examination than at the end. An Examiner is privileged to make any number of observations in fairness to an applicant to demonstrate that the usual blood-pressure is not so high as original readings may indicate; but it is considered unfair to the Company not to record on the report every reading which is taken. Examiners who give only the minimum readings suppress facts which are of vital interest to the Company.

The technique of blood-pressure observation which it is desirable to conform to in insurance examinations follows. The individual should be comfortably seated so that the left arm, partially flexed and supinated, rests easily and relaxed on the desk or table at which the Examiner is also seated. Effort should be made to reassure the applicant that the observations will be without pain or major discomfort and one should endeavor to allay nervousness and apprehension. The cuff of the instrument, which should be five inches in width, should be snugly and evenly applied to the middle of the bared left arm, so that the cuff is at about the level of the heart. Any constriction of the arm by rolled-up sleeves or other

material should be avoided. The cuff is then inflated to a point above which the radial pulse is obliterated. The bell of the stethoscope is then placed lightly, evenly and in close contact with the skin over the artery at the elbow. The point where arterial sounds are best heard is usually just below the bend of the elbow and a little to the inner side.

The air in the cuff is then allowed to escape slowly and at a constant rate, and the point of the needle on the gauge or the top of the mercury column at which the sound is first heard through the stethescope is the systolic pressure. The pressure in the cuff should be allowed to continue to fall at the same rate. Finally a change in the character of the stethoscopic sounds occurs. This point on the gauge or column is read as the fourth phase diastolic pressure. Usually, shortly after this, as the pressure in the cuff recedes all stethoscopic sounds disappear and the reading at that instance is the fifth diastolic phase. Both the fourth and the fifth phase of the diastolic should be recorded. It is advisable to verify these readings, especially the systolic, by inflating the cuff while listening with the stethoscope and noting when these changes occur. Occasionally when the cuff pressure is increased after the sound indicating the systolic has disappeared, the sound reappears 10 or more mm. higher up. This reading should also be recorded with a word of explanation. Systolic pressures may be roughly verified by the palpatory method, i. e., noting the point of appearance and disappearance of the radial pulse as the pressure in the cuff is altered; but these palpatory readings need not be reported as the auscultatory technique is the one on which dependence is to be placed.

Blood-pressures should be reported with as much



accuracy as possible. As an example, an actual reading of 143 should not be recorded as 140 or 145. If during one observation of the systolic pressure some sounds are heard at 149 and others at 139, such a fact should be recorded. At times, especially when the blood-pressure seems unusual, observations on the right arm may also be made and recorded.

57. **Heart.**—Attempts to examine the heart of the male applicant except when the chest is bared are to be discouraged. The examination of women has received comment in paragraph 47. An inspection of the precordia is the first step in the examination of the heart. Pulsations are to be looked for, the light should be good and it should be remembered that the direction from which the light comes is important. Abnormal areas of pulsation may be disclosed and often the apical impulse may be seen and located.

58. **Palpation** of the precordia is important in detecting pulsations, especially the location and character of the apex beat. Thrills revealing valvular lesions may thus be noted when present.

59. **Percussion** should give a fair idea of the position and size of the heart. Confirmation of the position of the apex may be had. Increased areas of dullness at the base may lead to the suspicion of enlarged aorta or mediastinal masses.

60. **Heart Size—Hypertrophy.**—An estimation of the size of the heart is important irrespective of the presence or absence of murmurs and other abnormalities. In the usual examination, and without the assistance of special observations, such as X-ray films and fluoroscopy, the Examiner must rely on percus-

sion of the heart borders, palpation of the point of maximum intensity of the apical impulse, and the area at which the apical sounds are loudest. If these observations lead to the conclusion that the apex is to the right of the left midclavicular line, it may usually be assumed that no hypertrophy exists. If the apex is at or to the left of the left midclavicular line, mention of the location should be made in the report. It is also advisable to measure and record the distance, in inches or centimeters, of the apex from the midsternal line.

61. **Auscultation,** being the most important feature in the usual life insurance examination of the heart, has at times been thought by some to be sufficient and that the routine inspection, palpation and percussion, might be omitted. This is an unfortunate fallacy and has caused the Company to assume risks and experience claims which should have been avoided.

It is to be assumed that those physicians to whom the Company has extended a commission to examine for it are familiar with the sounds and the character of the sounds of a normal heart and that their experience has given them full knowledge of the characteristics of heart-murmurs. This ability and knowledge are attained only by repeated and painstaking auscultation of many hearts. Although many applicants have normal hearts, Examiners may learn much and increase their proficiency by careful auscultation of each heart. One may be tempted to give slight auscultatory study to the heart of a young, vigorous and apparently healthy applicant, yet the Company may at times assume a poor risk and the Examiner always misses an opportunity to improve his diag-

nostic acumen by hasty and abbreviated examination of such individuals.

It is expected that one listens with the stethoscope at all areas of the precordia. The apex, the left border of the sternum and the sites just to the right and left of the sternum in the second interspace are the most frequent areas where murmurs may best be heard. The time, the intensity, the character, the location and the direction and extent of the transmission are details which should always be recorded. More than one murmur may be present. It is recognized that murmurs may be either organic or functional. All should be reported even though the Examiner may consider a murmur as wholly functional and of no significance.

The quality, the strength and the clearness of the heart-sounds even though free of murmurs should always be mentally noted and comment made in the report of any variation from normal. The relative quality and intensity of the heart-sounds may give clews to important conditions.

A routine practise of subjecting all applicants, unless palpably uninsurable, to some exercise to determine their reaction to exertion and a possible change in heart sounds and murmurs is advisable. When circumstances permit, and they usually do, auscultation of the heart when the applicant is reclining and when resting on the right and on the left side will develop murmurs not heard in the erect position.

62. Blood-Vessels. — Although blood-pressure readings give an indication of the condition of the arteries at times, normal readings may exist in the presence of arteriosclerosis. The condition of the arteries should always be noted. Oportunity for this

is afforded by palpation and inspection of the radials, brachials, temporals and other superficial arteries which may be visible. The condition of the blood-vessels of the lower extremities should not be overlooked. Varicose veins, ulcers, edema and impaired circulation of the feet may not be noted unless looked for.

63. Respiratory.—The observations of the head, etc., previously suggested will disclose marked abnormalities of the upper air-passages. For the examination of the lungs, the chest should be bared and the reader is referred to the comments on this feature made in connection with the heart examination. As with the heart, so does the careful examination of lungs which are normal increase a physician's examining and diagnostic acumen.

Inspection of the chest in a satisfactory light will reveal much. Scars should be looked for; their location, extent and cause should be described. The symmetry of the chest is important. Asymmetry, although slight, is evidence of abnormality, possibly as slight a circumstance as a long-healed fractured clavicle; but lung or pleural disease or spinal disease may have been the cause. The depth, extent, symmetry of the supra- and infra-clavicular fossae should be noted. The general conformity of the thoracic cage, long and narrow, thick, well-formed or barrel-shaped, lead, respectively, to the thought of tuberculosis, unimpaired lungs and emphysema. It is important to note the respiratory excursion. Is there asymmetry in motion? Do the apices expand freely and equally?

Palpation may confirm asymmetries in motion or reveal the presence of abnormal rales. The tactile vocal fremitus should be tested at all areas, back and

front, comparison being made with corresponding areas on both sides of the chest.

Percussion should cover all areas of the chest—back, front and axillae. Unusual dullness and tympany is to be noted. The percussion note on one side of the chest should be compared with the note obtained at the corresponding area on the other side. Particular notice should be taken of the note obtained at both apices back and front. The lower limit of resonance at the back on each side is important.

Auscultation with stethoscope is necessary throughout the lung areas, front, back and axillae. Adventitious sounds, bronchial breathing and absence of breath sounds should be noted. The sounds on one side of the chest should be compared with the sounds on the corresponding area on the other side. Auscultation at the apices, both back and front, is of particular importance, and special effort to detect rales by having the applicant alternately cough and take deep breaths should be made. The vocal fremitus should also be tested at all areas.

64. Nervous System.—The general observation of the applicant, the answers to the questions which have been asked, the mental reactions in conversation, the facial expression, the posture and the gait should have brought to the Examiner's attention any nervous abnormalities that had been present. The condition of the eyes and their reactions are to be noted, the knee-jerks should be tested and the coordination of muscular movements examined. Abnormalities in any of these features should be recorded and further search instituted for data leading at least to a general classification of the condition.

65. Abdominal Organs.—Effort should be made

to conduct the examination at a place where the applicant may be placed comfortably in a prone position. The abdomen of the male applicant should be bared.

Inspection is important. Scars should be searched for and when present described. The history of the condition from which they resulted should be obtained. Pulsation when present can usually be detected if the light is satisfactory. Palpation will reveal tenderness and should usually reveal tumors or masses which may exist. Enlarged spleen and liver will usually not be overlooked if one palpates for them carefully.

Unless Examiners give a reasonable amount of attention to the condition of the abdomen, claims are sure to result which might easily have been avoided. Such circumstances cannot improve the status of the Examiner who omits this part of the examination.

66. Hernia.—Search and inquiry should be made for this. It is important to describe the location and size of the rupture. It is desirable to know if a truss is worn and if it satisfactorily retains the hernia.

67. Pregnancy.—Little can be done to determine this condition in its early stages beyond the statement of the applicant in answer to the question of the declarations outlined for married women. In the latter stages the abdominal configuration will usually disclose the condition. The Company will insure pregnant women.

68. Urine.—It may be said that the examination of the urine rates high among the routine observations in disclosing abnormal physical conditions, provided a number of precautions are observed in this feature of the work.

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and authenticity of the specimen are importance. The Examiner must be urine which he secures is that from the om he is examining. Certainly he need use for not getting an authentic sample applicants, and with the assistance of a tendant from female applicants when ex- s are made at his office. Examination of t their homes offers more difficult problems ing authentic specimens, but with tact and t circumstances may usually be arranged to the possibility of substitution to a minimum. cians are accustomed to have their patients send mens to their office, in these instances there is no ntive to substitution, but such a procedure with urance examinations may expose the Examiner to licule by those who have misled him and certainly akes possible an unfair selection against the Com- any. Examiners who follow this method of secur- ng specimens, without any qualification when answer- ng that they are sure the specimen was passed by the person examined, are violating the Company's instruc- tions. It is of equal importance that the Examiner develop a routine of labeling and identifying speci- mens, so that samples will not be confused and the analysis of one be reported as the analysis of another.

Unless precautions are taken to prevent it, urine is apt to undergo decomposition and become of little value for analysis within a few hours after voiding. It is necessary to use clean containers. Bottles should not be used the second time until they have been washed and boiled.

Specimens are to be sent to the Home Office for analysis under certain circumstances. The conditions are outlined in the various printed notes on the ex-

Company
forwarding spe
obtained at the agency
endeavor to keep one or more
hand, the number depending upon
examining which he does for The Prudential.
a specimen is requested by the Home Office and
Examiner is not located near an agency office, a
carrier is usually sent directly from the Home Office.

One will find in the container full directions for preparing and forwarding the specimen. These instructions should be observed carefully. The con- tents of the ampoule is formalin and should always be added as a preservative. The amount of formalin is sufficient to preserve a full carrier of urine. If it is impossible to obtain the full amount of urine for mailing, a correspondingly less amount of the for- malin should be added. An excess of formalin ren- ders the sample unsatisfactory for examination. The inside of the celluloid bottle is sterile when it leaves the Home Office and the handling of the urine befor placing it in the container should be under as cle conditions as possible.

The label which is to be attached to the bo should be completed with care. Make every e to avoid confusing the identity of specimens. rather than write the data on the label and a each question.

69. **Inspection of Urine.**—Observe the sp when passed, for shreds and gross objects, a for the body heat to dissipate before proceed the analysis. Cloudiness may be cleared b tion of acetic acid (phosphates) or by ge

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e warm-

ing (urates). If the urine remains cloudy, it is probably because of bacteria, pus or cellular elements. The urine that is to be sent to the Home Office should not be treated in any way except to add the preservative according to directions.

70. **Reaction of Urine.**—Ascertain the reaction with litmus paper. Acid urine turns blue litmus red, and alkaline urine turns red litmus blue. When neither red nor blue litmus changes color, the reaction is neutral. If both change, it is amphoteric.

71. **Specific Gravity.**—The urinometer which is used should be known to be accurate. Allow all air-bubbles to disappear before taking the reading, and be sure that the bulb of the urinometer does not adhere to the side of the glass used. If the gravity is below 1012, and opportunity is afforded for so doing, nquire carefully of the applicant as to the quantity nd character of the fluids ingested, the quantity of rine usually passed in twenty-four hours, whether he rises at night to pass urine, whether he is nervous, etc.

72. **Test for Albumin.**—The test described below is simple, reliable and delicate when carefully performed with *clean* glassware and clear solutions. The reaction should be scrutinized in a good light. If the urine is cloudy, try to clear it by filtering through new filter paper. Do not use chalk, charcoal or other filtration substances.

The reagent precipitates protein in urine quantitatively as well as qualitatively, and the Eastman Kodak Company supplies it ready for use under the name of Exton's Albumin Reagent. It is, however, very easily made by dissolving 50 grams of sulphosalicylic acid (Eastman) and 10 grams sodium sul-

Occ. or 8 ounces, of the reagent use one-fourth of the amounts given above.)

To make the test, mix in a clean (5 x ½ inch) test tube equal volume (2 to 4cc.) of urine and reagent, inverting the tube gently several times to insure thorough mixing. If no cloudiness appears, the specimen is negative for albumin. If cloudiness does appear, warm the tube gently a moment or two. If the cloudiness disappears on warming, it was due to proteoses most likely from spermotazoa, but whatever cloudiness remains is caused by albumin.

In cases in which the cloudiness of the original urine might interfere with the tests, compare the test with a tube containing equal volumes of the urine and clear water. Greater cloudiness in the test then indicates the presence of albumin. If doubtful about cloudy urine, send a specimen to the Home Office, noting conditions at the time of your examination.

There are other good tests for albumin, but the above described test is in routine use in the Home Office Laboratory and satisfies the requirements of the Company.

73. Test for Sugar. — Benedict's Qualitative Cooper Solution for Sugar. The only solution required is the above, which is made by several reliable manufacturers of chemicals, therefore your druggist will have no difficulty in procuring it. It is a clear blue solution and a simple, delicate and reliable test for sugar.

Place five cubic centimeters (4 cc. make one dram) in a clean 5½-inch test tube. Add nine drops of the urine to the solution. Heat in the flame to vigorous

boiling and keep boiling for three minutes. Let stand until spontaneously cooled to room temperature.

If sugar is present, the solution will be filled from top to bottom with a precipitate, so that the mixture becomes opaque, and it is the bulk of the precipitate and not the color which is the basis of the positive reaction. The color of the precipitate may be green, yellow, or red and is only slightly suggestive of the amount of sugar present.

If the amount of sugar is slight, the precipitate does not form until cooled. If no sugar is present, the solution remains perfectly clear or shows a faint turbidity, which is blue in color and due to precipitated urates. It is essential that not over nine drops of urine be used, as more than this would destroy the delicacy of the test, and it is to be borne in mind that it is the bulk density of the precipitate rather than the color which determines the reaction.

There are other good reliable tests for sugar, but it is believed that the test above described, besides being very simple, has certain advantages which the Examiner will appreciate if he has had some experience with it. It is in routine use in the Home Office Laboratory and will satisfy the requirements of the Company.

74. Personal Appearance.—Careful observation of the applicant's appearance may reveal information concerning his physical condition which might escape the Examiner's notice were attention focused entirely upon the individual examination of each organ or each physiological system. Endocrine disturbances of long standing, anemia, jaundice, skin-disorders and other important indications of abnormalities may thus be revealed by careful observation of the appearance.

A good light, preferably daylight, is an aid to accurate work.

75. **Rating a Risk.**—The Examiner should confine himself, as far as possible, to the terms of the last question on the report. Any departure from or modification of these should be fully explained. The rating is determined not only by the personal history, family history, present condition and physique, but also by the moral hazard. All of these factors have to be given their proper value in each case. Only then can a reasonably accurate estimate be made as to the likelihood of the applicant reaching or passing his or her life expectancy.

Final action by the Company may not correspond with an Examiner's rating. Facts of which he is not aware may be in its possession with regard to any case, which may lead to a different conclusion. The possibility of a difference in judgment should never deter an Examiner from a frank expression of his opinion, which is always asked for and is considered most carefully.

76. The Examiner is requested, upon reading this paragraph, to send a postal card or short note to the Medical Department acknowledging the receipt of this book. This is requested in order that an estimate may be made of the number of Examiners who read these instructions.

77. **Dating Reports.**—Always insert dates in the spaces set apart for that purpose under the declarations and medical report. They not only indicate when the application was received and the report completed and forwarded to the Home Office, but also may be a protection for the Examiner in case of criticism for delay. When they show material delay

in rendering report, reasons therefor should always be given.

78. Reviewing Reports.—After a report has been completed, it is essential that a careful review be made to see that all questions and subdivisions of questions have been correctly answered and any doubtful answers fully explained. This will frequently eliminate correspondence and, in many cases, additional calls upon an applicant. It must not be forgotten that dashes and ditto-marks are not acceptable answers.

79. Mailing Reports.—Industrial and Intermediate Monthly Premium Industrial reports should be mailed on the day completed in an envelope (Form 604) addressed to the proper Division in order to reach the Home Office on Monday. If received later, a delay of one week will ensue in the issue.

Industrial reports should be accompanied by completed voucher, Form 53 (white), and Intermediate Monthly Premium Industrial reports by properly completed voucher, Form M-53 (yellow). The reports should be laid flat in the envelope and not folded.

The only exception to the above ruling is in connection with cases upon which examination has been ordered direct from the Medical Department, which should be returned to this department in envelope 6405, accompanied by completed voucher.

Ordinary reports and applications should be mailed in an envelope (Form 6405) addressed to the Medical Department as soon as completed.

An Examiner should not allow members of the field staff to review his reports.

80. Postage.—Applications, medical reports and urine-containers should be forwarded by first-class mail. The Examiner should be certain the amount of postage is sufficient. Postage is credited for forwarding Industrial and Intermediate Monthly Premium reports, but not for Ordinary, except when air mail is used under special instructions. Examiners are credited with postage for submitting urine specimens.

81. Supplies.—All necessary supplies are furnished by the local office, and when an Examiner experiences difficulty in securing them the Medical Department should be promptly notified.

82. Fee Schedule — Ordinary Cases. — Medical Examiner's fee will be paid whether the applicant is accepted or rejected. Checks for medical fees are sent Examiners during the first ten days of each month.

Full medical report	$5.00
When the amount of application is $25,000 or more, at ages over 45 years, full medical report, heart report and specimen of urine sent to Home Office	7.00
Short medical (Form 9004)	2.00
Health certificate (Form 6713) with or without specimen	2.00
Sugar tolerance test—urinary specimens only	2.00
Sugar tolerance test—urinary and blood specimens sent to Home Office . .	5.00
Examination of applicants for employment (Forms 9164 and 7922) . .	3.00

Wholesale and Group certificate of health (Form 9264)	3.00
Physician's Statement (Form 12790 or 12802)	2.00

It is understood that all fees of $5.00 or $7.00 cover a second call when additional information is necessary. When third or fourth calls are required, additional fees for each of these will be paid the Examiner per the schedule given below.

Heart form (9257) alone with specimen to Home Office	$2.00
Blood-pressure readings alone	1.00
Specimen of urine to Home Office	1.00
Blood-pressure reading and specimen to Home Office	2.00
Completed health certificate (Form 6713), including blood-pressure readings, with or without specimen to Home Office	3.00
Disability report on claimant (Form 7380)	5.00

Reinstatement of Ordinary Policies (revivals)

Medical report (Form 6641A) with or without specimen	2.00
Medical report (Form 6641A), including blood-pressure readings, and with or without specimen	3.00
Medical report (Form 6641A) with specimen of urine and heart report	4.00
Medical report (Form 6641B) with or without heart form, with specimen of urine to Home Office	5.00

The Examiner's account is credited with the appropriate fee upon receipt of the completed report. It is not to be handed to him by our representative nor by the applicant.

Changes—Removal of Ratings, Change in Kind or Amount of Policy.

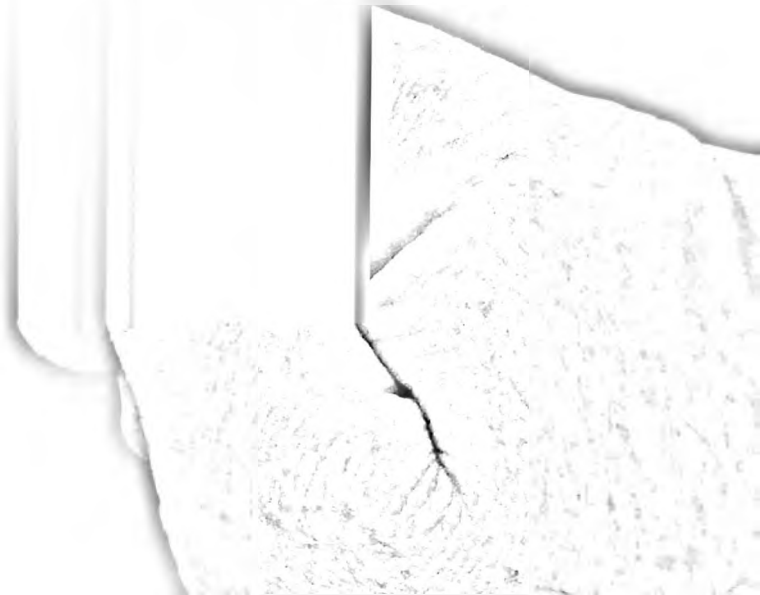
The same fees for the same character of report apply as in examination for new Ordinary insurance. There is a difference in method of payment. Medical fees for these reports are to be paid directly to the Examiner before the examination is made. If the fee has not thus been paid, the Examiner should state this on his medical report.

Weekly Premium Industrial

Medical report (Form 1A)	$1.00
Medical report (Form 1A) with urinalysis, when requested by the Home Office	2.00
Medical report (Form 1A) with blood-pressure, when requested by the Home Office	1.50

Intermediate Monthly Premium Industrial

Form M1	1.00
Form M1 and blood-pressure in applicants 56 years of age and over . .	1.50
Form M11205,	
any single section, 1 to 7, inclusive .	1.00
any two sections, 1 to 7, inclusive .	1.50
any three sections, 1 to 7, inclusive .	2.00
Section 8—Should any special examination be requested under section 8, the fee will depend upon the character of the information required.	



Additional blood-pressure readings (3) 1.00
Form M1, with Form M12173 . . . 2.00

For the Weekly Premium Industrial and the Intermediate Monthly Premium Industrial work the Examiner must enclose completed vouchers (Form 53, for the Weekly Premium, and Form M53, for the Monthly Premium business). Examinations should be listed on separate forms for each superintendency.

The Examiner should bear in mind the following:

1. The Company does not pay mileage.
2. The Company does not pay for uncompleted reports.
3. The Company does not pay for an examination when an application is not received at the Home Office.

INDEX

Note—Numerals refer to paragraphs, not to pages

FORMS REFERRED TO IN THIS BOOK