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Recently I came across a paper titled "The importance of valvular defects and arrhythmias of heart and blood pressure determinations in life insurance medicine", by Dr K. Sitapati Rau who was the Medical Referee of the Andhra Insurance Co. Ltd at Masulipatam. The article was presented at the Third International Congress of Life Insurance Medicine held in Rome in 1949. The paper was published in the Journal I.M.A. in December, 1950.

As the entity of "international congress of life insurance medicine" was new to me, I tried to find some information about this. By Google search, I could track down till 1979 when the 13th International Congress of Life Assurance Medicine took place in Madrid. It is to be noted that by then the term "insurance" has been changed to "assurance". Further research revealed that in 2001, in Sydney, the 20th International Congress of Insurance Medicine took place. I think that as a medical graduate very few of us are aware of this stream of insurance, or life insurance, or life assurance medicine. Dr S Rau himself has observed this and proposed that medical students should have an exposure to this stream of medical science. But even after 70 years of publication of this article, situation did not change.

Now, the relevant question is whether we need such an exposure. I see this issue from two separate angles.

Firstly, insurance medicine looks into normal healthy population and follows them to find out the longevity and the factors affecting the same. What appears to be a normal healthy condition or parameter by today's knowledge may prove to be a death determinant in future. The classical example is hypertension. Till the death of USA president F. D. Roosevelt in 1941 due to untreated high blood pressure, medical community did not consider high blood pressure as a treatable entity. Even after that, till late sixties, there was not enough evidence to suggest routine treatment of high blood pressure. However, even in 1950s, the USA insurance companies refused life coverage for people with high blood pressure. So, at least in this particular field, they outsmarted the medical community.

Secondly, the insurance medicine promotes thorough clinical assessment along with available investigative modalities to determine the life expectancy of a person. This is not an easy job. In how

many clinical situations we, as medical practitioners, can accurately predict the longevity of our patients? Even when we predict, we may give a casual estimate, as there is no stake involved. But when it matters to the insurance company for the running of their business on the correct predictions of the doctors, the responsibility and pressure on the doctors can well be imagined. That is reflected in the way the clinical assessment is done. This article is a fantastic example of how, by systematic approach on history taking and bedside clinical examination, one can assess the remaining longevity of a person with various cardiac problems. If we remember that the first ever electrocardiography (ECG) machine was used in K.E.M. Hospital, Mumbai, in the late 40's, we can somewhat guess the excellence of this paper which was presented in 1949, talking on cardiac arrhythmias, and how to assess them at bedside, and how to predict outcome of a person with different arrhythmias of heart. This is mind boggling.

Even more astonishing fact is that the echocardiography was first introduced in India again in the K.E.M Hospital and Port Trust Hospital, Mumbai in 1974-75, and the descriptions of the valvular lesions given in this paper was in 1949! Even today, we cannot beat the elaborate way the valve diseases have been described. It is a big lesson to us that even without gadgets, just what a simple stethoscope can achieve. Obviously, the bias of their examination was to predict who could live for how long, but nevertheless, to achieve that, they needed to go through such amazingly thorough examination of a person.

Of course, with time, the perspectives have changed. Most valvular and arrhythmic diseases are now well treatable, and consequently the longevity with such conditions has improved considerably. But, the fundamental premise remains unchanged. And that is the fact that an astute clinician with his thorough bedside clinical approach, can diagnose and prognosticate most conditions even without modern gadgets. The skill of clinical examination, which is sadly receding in the modern era of medicine, can be reappraised by our medical students and teachers by having a read of this phenomenal paper. At the same time, we may get interested to acquire a new skill of predicting the longevity of our patients. I strongly recommend all readers to go through this article and enjoy its richness.

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