From time to time, papers appear in the medical journals, written by members of our Insurance Association. These should be brought to the attention of our membership.


Bob Beamish, as many of you know, is Vice President, Underwriting and Medical, of the Great-West Life Assurance Company, Winnipeg, Canada. Robert Corne is Associate Medical Director of that same company. With their permission, they readily agreed that the full summary of that article could be reproduced.

SUMMARY: To determine the relation between left anterior hemiblock and cardiovascular abnormalities in an ambulatory population, the clinical records and electrocardiograms of 16,600 male applicants compared with an age-matched control group. The subjects with left anterior hemiblock were divided into 2 subgroups based on the direction of the mean frontal place QRS axis: (a) greater than -30 degrees but less than -60 degrees, and (b) between -60 degrees and -90 degrees. The prevalence of left anterior hemiblock increased with age for each decade after the third. Left anterior hemiblock was not associated with cardiovascular abnormalities in 53.4 per cent of subjects age 30 and over and thus occurred as an isolated finding. There was no significant difference in the prevalence of isolated left anterior hemiblock when subjects with a mean QRS axis greater than -30 degrees but less than -60 degrees were compared with those with a mean QRS axis between -60 degrees and -90 degrees.

When men of 30 and over with left anterior hemiblock were compared with an age and sex matched control group, there was a significant relation between electrocardiographic abnormalities, hypertension, and cardiac disease. There was no intergroup differences when subjects with a mean QRS axis greater than -30 degrees but less than -60 degrees were compared with subjects with a mean QRS axis between -60 degrees and -90 degrees. However, left anterior hemiblock was not a sensitive marker of clinical cardiac disease in these subjects since this diagnosis was absent in 86 per cent of subjects with left anterior hemiblock. In subjects under 30 a significant relation was present between clinical cardiac disease and left anterior hemiblock because of the high incidence of congenital heart disease in the left anterior hemiblock group.

Calendar of Events

September 5, 1979
Society of Insurance Medical Directors of Massachusetts
14th Seminar
"Non-Medical Aspects of Risk Appraisal - Part 2"
Place: The Prudential Building, Boston, MA
For Information Contact: Dr. Ferris Siber, New England Mutual
AMA CME Credit: 2 hours.

September 23-27, 1979
The 13th International Congress of Life Insurance Medicine
Place: Madrid, Spain
For Information Contact: Ms. Marlies Fry, Cappel Travel Company, New York City, NY

October 8-12, 1979
XXVII International Congress of Aviation and Space Medicine
Place: Manila, Philippines
For Information Contact: John David Thomas Company, 681 Market Street, Suite 222, San Francisco, CA

October 22-25, 1979
ALIMDA
The 88th Annual Meeting
Place: Atlanta, GA
For Information Contact: Dr. Donald Haskins, General Reassurance Corporation

November 7, 1979
Society of Insurance Medical Directors of Massachusetts
15th Seminar
"Acute & Chronic Liver Disease - Prognostic Considerations"
Place: The Prudential Building, Boston, MA
For Information Contact: Dr. Ferris Siber, New England Mutual
AMA CME Credit: 2 hours.

November 6-8, 1979
The 5th Seminar on Mortality Methodology and Analysis
Place: Metropolitan Life Insurance Co.
For Information Contact: Dr. John Rafter, Metropolitan
AMA CME Credit: 11 hours.