THE HISTORY of insurance dates back many centuries, even into prehistoric times (mutual, health and sharing of risk). The crudest form of insurance per se, however, dates back about 2,000 years. The code of Hammurabi indicates a type of marine insurance in 1800 B.C.

Through the centuries various cultures and civilizations have developed some kind of insurance, mostly marine earlier, then military (as practiced by the Romans), and later, life insurance. Toward the end of the Dark Ages, a form of life insurance known as "Guilds" was developed. These "Guilds" often provided financial assistance to widows and fatherless families.

During the Renaissance, the mathematical approach to life insurance began with the scientific revolution in the 17th century. The French philosopher and mathematician, Blaise Pascall, first studied the laws of probability. He even calculated the odds of reaching heaven by leading a holy life!

The first life insurance policy recorded (and the first one taken to court) was by a Richard Martin of London who took a one-year policy on the life of a William Gibbons. Mr. Gibbons died, but the insurance company refused to pay. The case was taken to court which ruled in the claimant's favor.

The first American life insurance company was established by the Presbyterian Synod of Philadelphia and New York. In 1759, the "Corporation for the Relief of Poor and Distressed Presbyterian Ministers," and for the "Poor and Distressed Widows and Children of Presbyterian Ministers," later called "The Presbyterian Ministers' Fund," was formed. There was no medical examination, but the applicants for insurance were required to appear before the directors who judged them by their appearance and reputation. The first American life insurance companies were founded by clergymen who had no profit motive. The first American life table was compiled in 1789 by a Professor Edwin Wiggesworth. The year 1809 saw the founding of "The Pennsylvania Company for Insurance on Living and Growing Annuities." This company required a medical examination and used American mortality tables. Information about exactly when insurance companies began using employed medical directors is hard to find. However, it is believed that initially they were only part
time. In 1840, the first president of Connecticut Mutual was also the actuary and the medical director for the company. In America, an organization of Life Insurance Medical Directors was formed in May 29, 1889 at an informal meeting in the Union League Club in New York. At the first formal meeting of this new organization at the Cambridge Hotel in New York, it was named the "Association of Life Insurance Medical Directors." It would be worthwhile for us all to re-read the excellent articles on the history of "ALIMDA" by Drs. John Elder, Arthur Brown, Harold Kost, Richard Singer, and Elliott Williamson presented in the JIM, Volume 21, Number 3, 1989.

The Board of Life Insurance Medicine was established by the combined effort of ALIMDA and the Medical Section of the American Life Convention (ALC) in 1950. According to the excellent review of the history of the Board by Dr. Elliott Williamson (published in his special manual for the Board of Insurance Medicine in September, 1989), action to organize the board was brought about initially following World War II as a result of the efforts of Dr. Harold M. Frost of New England Mutual, Dr. Jay R.B. Hutchinson of Acacia Mutual, and Dr. Harry Ungerleider of Equitable Life. The first joint committee meeting was held in the Home Office of Equitable Life on January 25, 1950. The Committee consisted of:

- Dr. Karl Anderson, Medical Director, Northwestern National Life
- Dr. C.C. Birchard, Medical Director, Sun Life Assurance of Canada
- Dr. Norman B. Cole, Medical Director, Baltimore Life
- Dr. Harold M. Frost, Medical Director, New England Mutual
- Dr. D. Sergeant Pepper, Assistant Medical Director, Provident Mutual
- Dr. William H. Scoins, Medical Director, Lincoln National
- Dr. R.R. Simmons, Medical Director, Equitable Life of Iowa
- Dr. Harry E. Ungerleider, Medical Director, Equitable Life Assurance Society
- Dr. Ennion S. Williams, Medical Director, Life Insurance Company of Virginia
- Dr. Archibald C. Wilson, Associate Medical Director, Connecticut General

Dr. Frost was elected chairman and appointed Dr. Cole as secretary. Meetings were subsequently held on March 3, May 10, and June 14, 1950. The Board was given its name and purposes were established:

1. To encourage the study, improve the practice, and advance the standards of insurance medicine.
2. To arrange, control, and conduct examinations to test the qualifications of voluntary candidates for certification by the Board.
3. To grant and issue certificates and recognition of the special knowledge in insurance medicine.

The constitution and bylaws were also drafted at that time.

In spite of initial failure of approval by the Medical Section of the ALC, the board went ahead with its plans. As a result, the first course of life insurance medicine was announced by Dr. Harry Ungerleider to be held in New York on October 16, 1950.

At the October 1950 meeting of the ALIMDA, the joint committee's resolution for endorsement was approved.

The first meeting of the Board of Life Insurance Medicine was held on March 2, 1951. The first official chairman of the Board was Dr. Harold M. Frost of New England Mutual, with Dr. C.C. Birchard as vice chairman and Dr. J.R.B. Hutchinson as treasurer.

The founders of the Board did their homework well, and in more than forty years since the founding very little has been changed.

According to the count in 1990, there were 189 active medical directors currently certified by the Board. This is surprisingly similar to the original number of medical directors who were certified under the "grandfather" clause (166). However, we estimate that only about one-third of insurance company medical directors are board certified. There should be at least twice that number certified and, of course, the ultimate goal is as near 100% as possible. However, even with maximal effort it takes several years for a new medical director to achieve certification.

Requirements for certification were listed in the JIM for Summer 1991; 23(2):144. Briefly, the requirements consist of three steps which must be taken successively. These steps are: establishing "Accepted Candidate Status," passing the written examination, and passing the oral examination. Accepted Candidate status requires that one be in good standing with the medical
licensing authority in his/her state, province, or country and be practicing insurance medicine (not necessarily full time). The written examination may be taken after establishing Candidate status, but not before one has been doing insurance medicine for at least six months. After successfully completing these requirements, one may then apply to take the oral examination after he/she has been doing insurance medicine for at least four years.

Further information or application to the Board may be obtained by writing:

Ernest E. Davis, MD
Secretary, Board of Insurance Medicine
General American Life Insurance Company
13045 Tesson Ferry Rd.
St. Louis, MO 63128
(314)843-8700.

Since its inception, the Board of Insurance Medicine has added other aspects in fulfilling a more active role in the educational activity of the American Academy of Insurance Medicine (AAIM).

The Triennial Course in Insurance Medicine is a comprehensive review of medical and nonmedical aspects of insurance medicine and is a vital preparation for taking the written examination, though not a specified requirement. The past several courses have been at the Wigwam Resort near Phoenix, Arizona. The next one is planned for January or February, 1994 under the leadership of Drs. Paul Robinson and Ernest Davis. Through the efforts of the Continuing Medical Education (CME) representative from the AAIM and the Board, we have been successful in obtaining CME credit for all courses, as well as the annual meetings of AAIM and Medical Section of the American Council of Life Insurance. Completion of the Triennial Course allows over 30 CME credits for the week-long course.

Thanks to the foresight and leadership of Dr. Reginald Atkinson, the Board has been giving a one-day introductory course in insurance medicine designed especially for new medical directors. Since 1989, this has proved to be a very valuable and well-accepted course, and plans include continuing these on an annual basis.

The Mortality and Methodology course, an alternate requirement for Board certification, is generally offered just before the annual AAIM meeting. Completion of this course allows eight hours CME credit. During the past two years, under Dr. Dick Singer and Dr. Mike Kita, an advanced Mortality and Methodology course has been given annually. This is designed primarily for those with a special interest in mortality and methodology, and it is expected that many of these participants will publish their work.

In 1983, the name of the Board of Life Insurance Medicine was changed to the Board of Insurance Medicine, reflecting the broadening field of insurance medicine and making membership and certification pertinent to medical directors with responsibilities in other disciplines of insurance such as health and disability. For similar reasons, the name ALIMDA was changed to AAIM (American Academy of Insurance Medicine) at the annual meeting in October 1991.

The Board of Insurance Medicine (BIM) is not one of the twenty-three American Boards which are recognized members of the American Board of Medical Specialties (ABMS). The possibility of recognition was pursued by the Board several years ago, when Board member Dr. Logan Love, Lincoln National Life, met with ABMS staff to explain BIM activities. At that time Dr. Love was told that ABMS had implemented a moratorium on new members because of a proliferation of specialty and subspecialty groups seeking American Board status. It was suggested that the only avenue to "recognition" at that time would be acceptance as a subspecialty under the aegis of an American Board already holding membership in the ABMS. The American Board of Preventive Medicine was suggested as the Board representing the specialty most similar to insurance medicine.

The American Board of Preventive Medicine (ABPM) examines its Diplomates in the general areas of biostatistics, epidemiology, environmental health, and health services administration, and offers subspecialty certifications in occupational medicine, aerospace medicine and general preventive medicine/public health. Most of the general areas are directly applicable to insurance medicine, but the subspecialty areas include material not often seen by medical directors. Dr. Love visited an officer of ABPM and described the desire of the BIM to obtain ABMS recognition. It was suggested that insurance medicine might more appropriately be a "stand alone" specialty.

The Board of Insurance Medicine certification for Diplomates who complete the rigorous educational and examination process is comparable in scope and quality to those offered by many ABMS boards, but BIM is not "recognized." At this time, the only avenue to ABMS recognized certification for the career insurance medicine specialist is through a current ABMS member. The ABPM general examination very closely parallels many of the knowledge areas essential to insurance medicine, and either the occupational medicine or general pre-
ventive medicine/public health subspecialty examination would include some similar skills. Board requirements for graduate medical education to achieve Candidate status for ABPM now include the Master of Public Health (MPH) degree. The article by Dr. Greaves (below) describes an interesting proposal for an MPH in insurance medicine. The other major requirement, that of a residency in the specialty to be tested, has been addressed by the creation of occupational medicine residencies providing the necessary supervised practice experience in a manner permitting the practicing physician to fulfill all experiential elements without totally abandoning an active practice position.

The Board of Insurance Medicine continues to pursue the (42-year old) purpose "to encourage the study, improve the practice, and advance the standards of insurance medicine." The evolutionary progress of *The Journal of Insurance Medicine* during the past several years and the excellence achieved in the various insurance medicine education programs add to the recognizable professional stature of this specialty.

**References**

2. "Personal Communication" by Dr. Arthur Brown.