

On the Rate of Mortality among Persons of Intemperate Habits.

By F. G. P. NEISON, Esq., F.L.S., &c.

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IN the present contribution, it is proposed to investigate the rate of mortality which prevails among persons addicted to the immoderate use of intoxicating drinks. Assurance companies have generally declined to assure such lives, from the supposed greater mortality to which they were believed to be subject; but no attempt has been previously made to test this opinion by properly-authenticated facts; and it is therefore hoped that the data now brought under consideration may not be without interest. The results are calculated to throw considerable light on a question not only curious in itself, but evidently of much importance to life offices, as well as to the public generally.

The remarkable efforts which have been recently made to reform the drinking usages of the community, will be a sufficient apology for bringing under the attention of this Society statistical evidences on a subject so deeply affecting the social, moral, and religious condition of the people.

It may be well to remark, that, in collecting the present data, the intention was to include in the observations only such persons as were decidedly addicted to drinking habits, and it was not intended to bring within observation mere occasional drinkers, or what is usually termed generous or "free livers." The reasons for this distinction will hereafter appear. It may also be stated, that the primary reason for collecting the facts was to apply the results to life assurance operations, and it was consequently important to include only well-marked cases of intemperance. Examination will show that, for social and moral purposes, this would also have been the only satisfactory course to have followed; but, that the plan adopted for obtaining the present collection of facts may be the better understood, the following circular and schedule are given:—

Sir,

Medical, Invalid, and General Life Office,
25, Pall Mall, London.

I beg to inclose you forms for the collection of cases of the mortality of persons of intemperate habits.

Many difficulties have been experienced in our attempts to procure satisfactory data on the value of life among persons addicted to the excessive use of intoxicating drinks, and therefore the present method has been resorted to, in order to increase our information on the subject. May I beg to solicit your assistance in filling up any portion of the inclosed schedules; and should your knowledge of cases be so extensive as to require more than the number sent, others will be forwarded on hearing from you to that effect. If you could also suggest any gentleman who would be useful to us in giving the information required, I would put myself in communication with him on the subject.

Hoping I may calculate on your co-operation, I beg to direct your attention to the subjoined hints on filling up the schedules.

I am, Sir,

Your most obedient Servant,
F. G. P. NEISON, Actuary.

N.B. No case should be entered in the schedule unless the person alluded to was decidedly addicted to drinking habits during a considerable period of life.

The peculiar feature of the intemperance, whether the favourite beverage was

fermented or distilled liquors, should be stated in the column "Remarks," and also whether the intemperance continued to the time of death.

If the correct age at death be known, it will be entered as such; if not, the age must be guessed or approximated to by whoever fills up the schedule, or by the *mean age* of that guessed at by two or three persons who may have known the individual in question.

The name in full, or at least the initials of the person in question, and also the place of death, should be entered in the columns set apart for that purpose. This will be necessary, in order to correct double entries which may be made by two different persons.

In the column of the "Cause of Death," insert the post-mortem examination, if practicable, such as diseases of the heart, liver, lungs, kidneys, &c., &c. (*and perhaps terminating in dropsy, &c., &c.*)

Please to return the schedules as soon as you have entered all the cases which have come under your observation.

It is not expected that the schedules can be always filled from registers or notes kept for the purpose; but generally from a distinct recollection of the cases; and an approximation to the truth is therefore all that is calculated on being obtained.

INTEMPERANCE.—SCHEDULE.

Description.			Death.			Disease or Cause of Death.	Duration of Intemperance.	Remarks on the Peculiar Features of the Intemperate Habits; whether they existed up to the period of Death, and any other Observations necessary.
Name or other Distinction.	Sex.	Profession or Occupation.	Date of.	Place of.	Age at.			

It is obvious that it would be very difficult, if not impossible, to give a definition of what constitutes intemperate habits that would be satisfactory to every one; almost every person would have a standard of his own by which to determine the fact of temperance or intemperance, and therefore in the preceding circular no attempt has been made to define the particular character of habits on which information is sought; all that has been urged on the attention of those filling up the schedules is to give only well-marked cases, and to include only persons who were decidedly addicted to drinking habits. The consequence of following this course is, that the objections which might be urged against the adoption of any individual or peculiar test are avoided, for, by leaving it to each contributor of data to determine for himself what constitutes decidedly intemperate habits, the whole data taken collectively, from all the various contributors, will show very precisely the result of those habits which the public, by common consent, admit to be intemperate; so that, however any individual reasoner on the results may argue, and whatever peculiar construction he may choose to put upon them, it will be impossible to avoid the conclusion, that the data really relate to what the public generally regard as persons of intemperate habits. If the testimony of those more advanced in life is to be fairly trusted on this subject, it must be admitted, that during the last quarter of a century, the drinking practices of society have much altered, and what is now commonly regarded

as free living, would have some years since been looked upon as only moderation; so, in like manner, may it be hoped that the usages of society will continue to improve, and, at no distant date, the habits now considered not to exceed the bounds of moderation be altogether unknown in polite and refined society. It is, therefore, possible that what has hitherto been regarded as intemperate habits, may differ very widely from that which may be looked upon as intemperance some years hence.

From the information obtained on these schedules, the following facts and results are derived; and it may here be stated that defective schedules have been completely rejected. For the mode by which the data has been analysed, reference may be made to the paper on the "Mortality of Master Mariners," in vol. xiii. of the *Statistical Journal*. A similar plan has been followed in the present instance, and a careful perusal of that paper will make the method clearly understood, and show how the facts have been brought into the form of the following table:—

TABLE I.

Age.	Number coming under Observation at each Age.	Number remaining under Observation from Age preceding.	Total Number under Observation at each Age.	Died.	Half of Entered.	Number Exposed to Risk.	Age.	Number coming under Observation at each Age.	Number remaining under Observation from Age preceding.	Total Number under Observation at each Age.	Died.	Half of Entered.	Number Exposed to Risk.
14...	1	...	1	...	5	5	53...	...	105	105	5	...	105
15...	3	...	4	...	1 5	2 5	54...	...	100	101	3	...	100 5
16...	...	4	4	...	...	4	55...	...	98	100	6	...	99
17...	7	4	11	1	3 5	7 5	56...	1	95	96	9	...	95 5
18...	6	10	16	...	2 5	12 5	57...	...	87	87	1	...	87
19...	4	15	19	...	...	17	58...	...	86	86	6	...	86
20...	29	19	48	...	14 5	33 5	59...	...	80	80	2	...	80
21...	7	48	55	1	3 5	61 5	60...	1	78	79	17	...	78 5
22...	16	54	69	1	7 5	61 5	61...	...	62	62	...	...	62
23...	6	66	74	3	3	71	62...	1	62	63	3	...	62 5
24...	14	71	85	4	7	78	63...	...	60	60	...	...	60
25...	10	81	100	7	9 5	90 5	64...	...	60	60	...	...	60
26...	11	93	104	5	5 5	98 5	65...	...	66	66	9	...	66
27...	14	99	113	7	7	106	66...	...	47	47	4	...	47
28...	20	106	126	3	10	116	67...	...	43	43	2	...	43
29...	9	123	132	2	4 5	127 5	68...	...	41	41	6	...	41
30...	35	130	165	14	17 5	148 5	69...	...	35	35	1	...	35
31...	9	161	160	4	4 5	155 5	70...	...	34	34	11	...	34
32...	18	156	174	8	9	165	71...	...	23	23	2	...	23
33...	18	166	184	4	9	175	72...	...	21	21	2	...	21
34...	13	180	193	5	6 5	186 5	73...	...	19	19	5	...	19
35...	15	188	203	11	7 5	195 5	74...	...	14	14	4	...	14
36...	13	199	206	10	6 5	198 5	75...	...	10	10	5	...	10
37...	5	195	200	5	2 5	197 5	76...	...	5	5	...	...	5
38...	8	195	203	16	4	199	77...	...	5	5	...	...	5
39...	4	185	192	3	2	190	78...	...	5	5	1	...	5
40...	19	189	208	21	9 5	198 5	79...	...	4	4	...	...	4
41...	5	187	192	2	2 5	189 5	80...	...	4	4	1	...	4
42...	1	190	191	16	5	190 5	81...	...	3	3	1	...	3
43...	5	175	180	9	2 5	177 5	82...	...	2	2	...	...	2
44...	2	171	173	9	1	172	83...	...	2	2	...	...	2
45...	8	164	172	15	4	168	84...	...	2	2	1	...	2
46...	2	167	169	10	1	158	85...	...	1	1	...	...	1
47...	1	149	150	5	6	149 5	86...	...	1	1	...	...	1
48...	5	145	150	7	2 5	147 5	87...	...	1	1	...	...	1
49...	...	143	143	3	...	143	88...	...	1	1	...	...	1
50...	...	140	140	22	...	140	89...	...	1	1	...	...	1
51...	1	118	119	3	6	118 5	90...	...	1	1	1	...	1
52...	...	116	116	11	...	116	91...	...	...	...	...	...	...

This table will be better understood by an examination of the following condensed abstract of it :—

ABSTRACT A.

Ages.	Number Exposed to Risk.	Died.	Mortality per Cent.	Number Exposed to Risk.	Died.	Mortality per Cent.	England and Wales, Mortality per Cent.	Proportion of Intemperance Mortality to that of England and Wales.	Number which ought to have died according to England and Wales.
16—20	74·5	1	1·342	74·5	1	1·342	·730	1·8	·5
21—25	352·5	16	4·539	949·0	47	4·953	·974	5·1	9·2
26—30	596·5	31	5·197						
31—35	877·5	32	3·647	1861·0	86	4·620	1·110	4·2	20·7
36—40	983·5	54	5·491						
41—45	897·5	51	5·682	1635·5	98	5·992	1·452	4·1	23·7
46—50	738·0	47	6·369						
51—55	539·0	27	5·009	966·0	62	6·418	2·254	2·9	21·8
56—60	427·0	35	8·197						
61—65	300·5	16	5·324	500·5	40	7·992	4·259	1·9	21·3
66—70	200·0	24	12·000						
71—75	87·0	18	20·690	110·0	20	18·182	9·097	2·0	10·0
76—80	23·0	2	8·696						
81—85	10·0	2	20·000	15·0	3	20·000	19·904	1·0	3·0
86—90	5·0	1	20·000						
Total....	6111·5	357	5·841		357				110·2

These curious and remarkable results exhibit a rate of mortality for which the most careful observers will be generally unprepared. When intemperate lives are occasionally accepted by life offices, the rates of premium charged by them fall greatly short of what would be indicated by the preceding figures; and it is to be feared that a careful examination of their experience must show that the arbitrary mode by which such peculiar risks have been estimated has led them into unprofitable speculations. Throughout the whole range of the table, it will be seen that the rate of mortality is frightfully high, and unequalled by the results of any other series of observations made on

any class of the population of this country. Sanitary agitators have frequently excited alarm about the wholesale havoc in human life going on in the badly-conditioned districts of some of our large cities; but no collection of facts ever brought under attention has shown so appalling a waste of life as is exhibited in the above results.

From the age of sixteen upwards, it will be seen that the rate of mortality exceeds that of the general population of England and Wales. In the 6111·5 years of life to which the observations extend, 357 deaths have taken place; but if these lives had been subject to the same rate of mortality as the population generally, the number of deaths would have only been 110, showing a difference of 3·25 times. At the term of life 21-30, the mortality is upwards of five times that of the general community; and in the succeeding twenty years of life, it is above four times greater, the difference, as might be expected, gradually becoming less and less. If there be anything, therefore, in the usages of society calculated to destroy life, the most powerful is certainly the inordinate use of strong drink.

From the preceding data the following tables have been constructed, in order to exhibit more clearly the rate at which persons of intemperate habits die, and consequently the average duration of their lives:—

TABLE II.
Interpolation of Mortality per Cent.

$$\text{Interval} = \frac{1}{5}.$$

(1) = Original Quantities, Δ_1 and Δ_2 = 1st and 2nd differences.

$$a = \cdot 2 \Delta_1 \quad b = \cdot 04 \Delta_2.$$

Age.	(1).	Δ_1	Δ_2
16	1·342	+ 3·611	— 3·944
26	4·953	$a = + \cdot 7222$	$b = - \cdot 15776$
		— ·333	+ 1·705
36	4·620	— ·0666	+ ·06820
		+ 1·372	— ·946
46	5·992	+ ·2744	— ·03784
		·426	+ 1·148
56	6·418	+ ·0852	+ ·04592
		1·574	+ 8·616
66	7·992	+ ·3148	+ ·34464
		10·190	— 8·372
76	18·182	+ 2·0380	— ·33488
		+ 1·818	....
86	20·000	+ ·3636	....
			

(1) = Interpolated Quantities, 1st $\delta_1 = a - 2b$, $\delta_2 = b$.

Age.	(1).	δ_1	Age.	(1).	δ_1
16.....	1.342		56.....	6.418	
18.....	2.37972	+ 1.03772	58.....	6.04352	- .37448
20.....	3.25968	.87996	60.....	6.01368	- .02984
22.....	3.98188	.72220	62.....	6.32848	+ .31480
24.....	4.54632	.56444	64.....	6.98792	.65944
		+ .40668			1.00408
26.....	4.953	- .20300	66.....	7.992	2.70776
28.....	4.75000	.13480	68.....	10.69976	2.37288
30.....	4.61520	- .06660	70.....	13.07264	2.03800
32.....	4.54860	+ .00160	72.....	15.11064	1.70312
34.....	4.55020	.06980	74.....	16.811376	1.36824
36.....	4.620	.35008	76.....	18.182	1.03336
38.....	4.97008	.31224	78.....	19.21536	.69848
40.....	5.28232	.27440	80.....	19.91384	.36360
42.....	5.55672	.23656	82.....	20.27744	+ .02872
44.....	5.79328	+ .19872	84.....	20.30616	- .30616
46.....	5.992	- .00664	86.....	20.000	....
48.....	5.98536	+ .03928	....	....	....
50.....	6.02464	.08520	....	....	....
52.....	6.10984	.13112	....	....	....
54.....	6.24096	+ .17704	....	....	....

Second Interpolation.

Interval = $\frac{1}{2}$.

$$d_1 = \frac{4}{10} \delta_1 - \frac{12}{100} \delta_2$$

Age.	(I).	d_1	Age.	(I).	d_1	Age.	(I).	d_1
20....	3·260	+ '308	47....	5·984	+ '010	74....	16·814	·587
21....	3·568		48....	5·985		75....	17·401	
22....	3·982	·245	49....	5·995	+ '029	76....	18·182	+ '453
23....	4·127		50....	6·025		77....	18·635	
24....	4·546	+ '182	51....	6·054	·469	78....	19·215	+ '319
25....	4·726		52....	6·110		79....	19·534	
26....	4·953	— '089	53....	6·579	+ '065	80....	19·914	·186
27....	4·864		54....	6·241		81....	20·100	
28....	4·750	·062	55....	6·306	— '191	82....	20·277	+ '052
29....	4·688		56....	6·418		83....	20·322	
30....	4·615	·025	57....	6·227	— '053	84....	20·306	— '082
31....	4·590		58....	6·044		85....	20·224	
32....	4·549	— '008	59....	5·991	+ '085	86....	20·098	
33....	4·541		60....	6·014		87....	21·777	
34....	4·550	+ '020	61....	6·099	·282	88....	23·095	
35....	4·570		62....	6·328		89....	24·687	
36....	4·620	·145	63....	6·610	·360	90....	26·277	
37....	4·765		64....	6·988		91....	27·877	
38....	4·970	·130	65....	7·348	1·123	92....	29·582	
39....	5·100		66....	7·992		93....	31·127	
40....	5·282	·114	67....	9·115	·989	94....	32·817	
41....	5·396		68....	10·700		95....	34·297	
42....	5·557	·099	69....	11·689	·855	96....	35·572	
43....	5·656		70....	13·073		97....	36·644	
44....	5·793	+ '084	71....	13·928	·721	98....	37·482	
45....	5·877		72....	15·111		99....	38·066	
46....	5·992	— '008	73....	15·832		100....	38·650	

TABLE III.

Age.	Mortality per Cent. = a .	λ $\lambda \left(1 - \frac{a}{100}\right) - c$	Number Living = l .	Number Dying.	Age.	Mortality per Cent. = a .	λ $\lambda \left(1 - \frac{a}{100}\right) - c$	Number Living = l .	Number Dying.
	$1 - \frac{a}{100}$	$5 + \Sigma(c) = \lambda l$.				$1 - \frac{a}{100}$	$5 + \Sigma(c) = \lambda l$.		
20....	3.260	5.00000	100,000	3,259	46....	5.992	44849	28,086	1,683
	.96740	9.98561				.94008	.97316		
21....	3.568	4.98561	96,741	3,452	47....	5.984	42165	26,403	1,580
	.96432	.98422				.94016	.97320		
22....	3.982	.96983	93,289	3,715	48....	5.985	.39485	24,823	1,486
	.96018	.98235				.94015	.97320		
23....	4.127	.95218	89,574	3,697	49....	5.995	.36805	23,337	1,399
	.95873	.98170				.94005	.97315		
24....	4.546	.93388	85,877	3,902	50....	6.025	.34120	21,938	1,321
	.95454	.97980				.93975	.97302		
25....	4.726	.91368	81,975	3,873	51....	6.051	.31422	20,617	1,248
	.95274	.97898				.93946	.97288		
26....	4.953	.89266	78,102	3,868	52....	6.110	.28710	19,369	1,184
	.95047	.97794				.93890	.97262		
27....	4.864	.87060	74,234	3,612	53....	6.579	.25972	18,185	1,196
	.95136	.97834				.93421	.97045		
28....	4.750	.84894	70,622	3,355	54....	6.241	.23017	16,989	1,060
	.95250	.97886				.93759	.97202		
29....	4.688	.82780	67,267	3,153	55....	6.306	.20219	15,929	1,004
	.95312	.97915				.93694	.97171		
30....	4.615	.80695	64,114	2,959	56....	6.418	.17390	14,925	958
	.95385	.97948				.93582	.97119		
31....	4.590	.78643	61,155	2,808	57....	6.227	.14509	13,967	870
	.95410	.97959				.93773	.97208		
32....	4.519	.76602	58,347	2,654	58....	6.044	.11717	13,097	792
	.95451	.97978				.93956	.97292		
33....	4.541	.74580	55,693	2,529	59....	5.991	.09009	12,305	737
	.95459	.97982				.94009	.97317		
34....	4.550	.72562	53,164	2,418	60....	6.014	.06326	11,568	696
	.95450	.97978				.93986	.97306		
35....	4.570	.70540	50,746	2,320	61....	6.099	.03632	10,872	663
	.95430	.97968				.93901	.97267		
36....	4.620	.68508	48,426	2,238	62....	6.328	4.00899	10,209	646
	.95380	.97946				.93672	.97161		
37....	4.765	.66454	46,188	2,199	63....	6.610	3.98060	9,563	632
	.95235	.97880				.93390	.97030		
38....	4.970	.64334	43,989	2,187	64....	6.988	.95090	8,931	624
	.95030	.97786				.93012	9.96854		
39....	5.100	.62120	41,802	2,131	65....	7.348	3.91944	8,307	610
	.94900	.97727				.92652	9.96686		
40....	5.282	.59847	39,671	2,096	66....	7.992	3.88630	7,697	615
	.94718	.97643				.92008	9.96383		
41....	5.396	.57490	37,575	2,027	67....	9.115	.85013	7,082	646
	.94604	.97591				.90885	.95850		
42....	5.557	.55081	35,548	1,976	68....	10.700	.80863	6,436	688
	.94443	.97517				.89300	.95085		
43....	5.656	4.52598	33,572	1,898	69....	11.689	.75948	5,748	672
	.94344	9.97472				.88311	.94602		
44....	5.793	.50070	31,674	1,835	70....	13.073	.70550	5,076	664
	.94207	.97409				.86927	.93916		
45....	5.877	.47479	29,839	1,753	71....	13.928	.64466	4,412	614
	.94123	.97370				.86072	.93486		

TABLE III.—Continued.

Age.	Mortality per Cent. = a.	λ $\lambda \left(1 - \frac{a}{100}\right) - c$	Number Living = l.	Number Dying.	Age.	Mortality per Cent. = a.	λ $\lambda \left(1 - \frac{a}{100}\right) - c$	Number Living = l.	Number Dying.
	$1 - \frac{a}{100}$	$5 + \Sigma(c) = \lambda l.$				$1 - \frac{a}{100}$	$5 + \Sigma(c) = \lambda l.$		
72....	15.111	.57952	3,798	574	87....	21.777	2.22168	167	37
	.84889	.92886				.78223	.989334		
73....	15.832	.50838	3,224	510	88....	23.095	.11502	130	30
	.84168	.92515				.76905	.88596		
74....	16.814	.43353	2,714	454	89....	24.687	2.00098	100	25
	.83186	.92005				.75313	.87687		
75....	17.401	.35358	2,257	393	90....	26.277	1.87785	75	19
	.82599	.91698				.73723	.86761		
76....	18.182	.27056	1,864	339	91....	27.877	.74546	56	16
	.81818	.91285				.72123	.85808		
77....	18.635	.18341	1,525	284	92....	29.582	.60354	40	12
	.81365	.91044				.70418	.84769		
78....	19.215	.09385	1,241	238	93....	31.127	.45123	28	9
	.80785	.90733				.68873	.83805		
79....	19.534	.3.00118	1,003	196	94....	32.817	.28928	19	6
	.80466	.90561				.67183	.82726		
80....	19.914	.2.90679	807	161	95....	34.297	1.11654	13	4
	.80086	.90356				.65703	.81759		
81....	20.100	.81035	646	130	96....	35.572	.0.93413	9	3
	.79900	.90255				.64428	.80908		
82....	20.277	.71290	516	104	97....	36.644	.74321	6	2
	.79723	.90159				.63356	.80179		
83....	20.322	.61449	412	84	98....	37.482	.54500	4	2
	.79678	.90134				.62518	.79601		
84....	20.306	.51583	328	67	99....	38.066	.34101	2	1
	.79694	.90142				.61934	.79193		
85....	20.224	.41725	261	52	100....	38.650	.0.13294	1	1
	.79776	.90187				.61350	.78781		
86....	20.098	.2.31912	209	42					
	.79902	.9.90256							

It will thus be seen that an intemperate person of age 20 has an equal chance of living 15.6 years; while a person of the general population of the country at the same age has an equal chance of living 44.2 years longer. Again, at age 30, the intemperate person has an equal chance of 13.8 years, and the other 36.5 years. Also, at age 40, the chance of the one is 11.6 years, and of the other 28.8 years. The following will show the results at different ages:—

TABLE IV.—*Equation of Life, being the Period of Years of which there is an equal chance of living, among the*

Ages.	General Population, England and Wales.	Persons of Intemperate Habits.	
20.....	44.212	15,557, being 35 per cent.	of the duration of life in the general popu- lation.
30.....	36.482	13,800, " 38 "	
40.....	28.790	11,627, " 40 "	
50.....	21.255	10,860, " 51 "	
60.....	14.285	8,947, " 63 "	

It would be curious to contrast with the above results the rate of mortality among persons who have been for a considerable period of years, or for the whole of life, abstainers from intoxicating drinks; but, unfortunately, there are no available data connected with this class of lives, and it seems there will long be considerable difficulty in procuring such information. A few years ago, Mr. Munro, of Enfield, at much trouble and expense, procured returns from Rechabite societies, showing the rate of mortality and sickness experienced by the members, and the results, although not published, are known to exhibit as high a rate of mortality and sickness as is found to prevail among the members of other friendly societies. The facts collected by Mr. Munro are of great value, and it is to be regretted that the societies furnishing them should, on account of the unfavourable nature of the results arrived at, object to their publication. For, although they show a high rate of mortality, it should be kept in view that all the members cannot yet be fairly considered as the type of genuine abstainers; many of them are reformed drunkards, and, as such, have become tectotallers with broken-down constitutions. It may therefore be justly stated, that until Rechabite societies have enrolled a class of members who have been abstainers from infancy, they cannot expect an entire immunity from those diseases and deteriorating influences on health to which less careful members of the community are subject.

In a most valuable paper submitted to this Society by Colonel Sykes, on the 15th of March last, will be found some remarkable facts as to the influence of intemperance on the sickness and mortality of European troops in the Madras presidency. Mr. Balfour, in his paper on Cholera, also gives some striking examples of the same class of results.

The facts collected in the preceding Schedule required an enumeration of the peculiar feature of the intemperance in respect to the favourite beverage, and it is curious to remark the influence of the different kinds of drink on the duration of life.

The duration of life, after the commencement of the intemperate habits, is,

Among beer drinkers	21·7 years,
„ spirit drinkers	16·7 „
And among those who drink both spirits and beer indiscriminately	16·1 „

and, consequently, the rate of mortality will be,

Among beer drinkers	4·597 per cent. yearly.
„ spirit drinkers	5·996 „ „
„ mixed drinkers	6·194 „ „

Intemperate indulgence in the use of distilled liquors is hence more hurtful to health than the like use of fermented liquors, but the immoderate use of both combined is more injurious than the exclusive use of the one kind only.

These results are, however, not more curious than those connected with the different classes of persons.

The following shows the average duration of life, after the commencement of intemperate habits, among different classes of persons, namely:—

Among mechanics, working and labouring men....	18 years.
„ traders, dealers, and merchants	17 „
„ professional men and gentlemen	15 „
„ females	14 „

Among the general population, the distinction observable between the two first and the third of the classes is also known to exist, and the more regular and active physical exercises to which the members of the two first groups are subject, it is very probable, are the cause of the difference not only among the general population, but also among the intemperate persons now brought under observation.

It is obvious that none of the public records of this country connected with the hospitals or other public institutions, nor the returns of the Registrar-General, afford any means of knowing or ascertaining the number of deaths which take place from the use of intoxicating drinks; it is believed, however, that the present materials furnish better evidence on this question than anything else extant. In the returns of the Registrar-General, the nosological system adopted indicates what were the habits of the persons whose deaths are recorded, in one or two instances only, namely, when the death appears under the term delirium tremens, or intemperance. It is, therefore, evident that those must embrace but a very small number of the deaths which actually take place among persons addicted to intemperate habits.

The following table shows the deaths which have happened from different causes among the facts now collected:—

TABLE V.

Immediate Cause of Death.	Number of Deaths at the following Ages:															
	16 to 20.	21 to 25.	26 to 30.	31 to 35.	36 to 40.	41 to 45.	46 to 50.	51 to 55.	56 to 60.	61 to 65.	66 to 70.	71 to 75.	76 to 80.	81 to 85.	86 to 90.	
	16 to 20.	21 to 25.	26 to 30.	31 to 35.	36 to 40.	41 to 45.	46 to 50.	51 to 55.	56 to 60.	61 to 65.	66 to 70.	71 to 75.	76 to 80.	81 to 85.	86 to 90.	
Apoplexy	...	...	2	1	5	4	5	2	2	1	1	...	1	...	...	
Brain	...	...	...	1	...	1	...	1	...	...	...	...	...	...	...	
Inflammation of Brain.....	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	
Paralysis.....	...	...	1	...	...	...	1	...	...	...	1	2	...	...	...	
Brain Fever	...	...	...	...	...	...	...	...	1	...	...	...	...	...	...	
Insanity	...	...	...	1	1	...	...	...	...	...	...	...	...	...	...	
Delirium Tremens.....	...	...	3	3	7	5	7	3	4	1	2	2	1	...	...	
Tetanus	...	...	2	7	10	16	10	5	3	2	...	2	...	...	...	
.....	...	...	...	...	...	...	1	...	1	...	...	...	...	...	...	
.....	...	2	10	13	23	15	13	6	7	1	2	4	1	...	...	
Disease of Chest	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Decay of Nature	...	...	...	...	1	...	...	...	1	...	...	...	...	1	1	
Phthisis	...	5	7	6	5	4	6	6	1	...	...	...	...	...	...	
Atrophy	...	...	1	...	...	3	3	...	1	2	...	...	...	...	...	
Cancer of Gums and Tongue	...	...	...	...	1	1	...	...	...	...	...	...	...	...	...	
Inflammation of Lungs	...	...	...	...	1	...	...	1	...	...	...	...	...	...	...	
Hydrothorax	...	...	...	...	...	...	1	...	...	1	1	...	...	...	...	
Pulmonary	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
Pneumonia.....	...	...	3	...	1	1	...	1	...	...	...	...	...	...	...	
Empyema	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	
Decline	...	...	...	...	1	1	...	1	...	...	...	...	...	...	...	
Bronchitis	1	...	...	...	1	...	...	...	2	1	...	...	...	...	...	
Asthma	...	...	...	...	...	1	...	...	...	...	1	...	...	...	...	
Hæmoptysis	...	1	1	...	1	...	...	...	...	...	...	...	...	...	...	
	1	6	12	7	11	11	10	8	5	4	5	...	...	1	1	

TABLE V.—Continued.

Immediate Cause of Death.	Number of Deaths at the following Ages:															
	16 to 20.	21 to 25.	26 to 30.	31 to 35.	36 to 40.	41 to 45.	46 to 50.	51 to 55.	56 to 60.	61 to 65.	66 to 70.	71 to 75.	76 to 80.	81 to 85.	86 to 90.	
Liver Disease and Dropsy	...	1	1	2	...	2	2	3	2	2	2	2	1	...	...	
Dropsy	...	1	1	2	3	3	3	...	5	2	2	4	...	...	...	
Stomach Disease	...	1	...	...	1	...	2	1	2	...	...	...	...	...	...	
Liver Disease	...	...	1	...	1	3	6	3	2	...	3	...	...	...	...	
Liver Disease, Atrophy	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	
Disease of Viscera	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	
Hepatitis	...	...	...	...	...	...	...	1	...	1	2	1	...	...	...	
Ascitis	...	1	...	1	...	...	...	...	...	1	...	...	...	...	...	
.....	...	4	8	6	6	8	13	8	11	6	10	7	1	...	...	
Gout	...	...	...	...	...	2	...	...	1	...	...	...	...	...	...	
Rheumatism	...	...	...	...	1	...	...	...	1	...	...	...	...	...	...	
Heart Disease	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	
Aneurism	...	...	...	1	...	1	1	...	...	...	...	...	...	...	...	
.....	...	...	...	1	2	4	2	...	2	...	...	...	...	...	...	
Urinary Organs	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	
Enteritis	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	
Retention of Urine	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Ulceration of Bladder	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
Disease of Kidneys	...	...	...	...	...	...	1	...	...	...	...	...	...	...	...	
Ileus	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
.....	...	...	...	...	...	2	1	...	1	...	1	...	1	...	...	
Peritonitis	...	...	2	...	1	...	...	...	...	...	...	...	...	...	...	
Ulceration of Bowels	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
Gastro-Enteritis	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	
Intussusception	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
.....	...	...	2	...	1	...	...	...	...	1	3	...	...	...	...	
Typhus Fever	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	
Fever	...	...	1	2	1	2	...	...	1	...	...	...	...	...	...	
Inflammation and Gastric Fever	...	...	...	...	1	1	...	...	1	2	...	...	...	...	...	
.....	...	1	1	2	2	3	...	...	2	2	...	...	...	...	...	
Cholera	...	...	...	...	1	1	1	...	...	...	...	...	...	...	...	
Diarrhoea	...	...	...	...	...	...	...	...	...	1	...	...	...	...	...	
.....	...	...	...	...	1	1	1	...	...	1	...	...	...	...	...	
Suicide	...	2	1	1	2	2	1	...	...	...	...	...	...	...	...	
Found Drowned	...	...	...	2	2	1	...	...	1	...	...	...	...	...	...	
Falls	...	1	1	...	1	2	...	...	1	...	...	1	...	...	...	
Not stated	...	...	...	...	2	1	...	...	4	...	3	...	...	...	...	
Erysipelas	...	...	...	...	...	1	1	1	...	...	...	1	...	...	...	
Coma	...	...	...	...	...	...	...	1	...	...	...	1	...	...	...	
Gangrene	...	...	...	...	...	...	...	...	...	...	...	1	...	...	...	
Intoxication	...	...	...	...	...	3	2	1	2	...	...	...	...	...	...	
Syphilis	...	...	1	...	1	...	...	...	...	...	...	...	...	...	...	
Injury of Testate	...	...	...	...	...	1	...	...	...	...	...	...	...	...	...	
Hæmatemesis	...	...	...	...	...	...	...	...	...	...	1	...	...	...	...	
Burns	...	...	...	...	...	...	...	1	...	...	...	...	...	...	...	
.....	...	1	2	2	6	7	5	4	8	...	4	6	...	...	...	

The following abstract of this table will give a condensed view of the general results arrived at:—

ABSTRACT B.

Immediate Cause of Death.	Number of Deaths at the following Ages:																Total.
	16 to 20	21 to 25	26 to 30	31 to 35	36 to 40	41 to 45	46 to 50	51 to 55	56 to 60	61 to 65	66 to 70	71 to 75	76 to 80	81 to 85	86 to 90		
Head Diseases	..	2	10	13	23	15	13	6	7	1	2	4	1	...	...	97	
Respiratory	1	6	12	7	11	11	10	8	5	4	5	...	...	1	1	83	
Liver Disease and Dropsy	...	4	8	6	6	8	13	8	11	6	10	7	1	...	...	83	
Gout, Rheumatism, and Heart	...	...	...	1	2	4	2	...	2	...	...	...	...	...	...	11	
Urinary Organs	...	...	...	...	...	...	2	1	...	1	...	1	...	1	...	6	
Bowel Disease	...	...	2	...	1	...	...	...	...	1	3	...	...	...	...	7	
Fever	...	1	1	2	2	3	...	...	2	2	...	...	...	...	...	13	
Cholera and Diarrhoea	...	...	...	...	1	1	1	...	...	1	...	...	...	...	...	4	
Suicide	...	2	1	1	2	2	1	...	...	...	...	...	...	...	...	9	
Other Diseases	...	1	2	2	6	7	5	4	8	...	4	6	...	...	...	45	
Total	1	16	31	33	54	51	47	27	35	16	24	18	2	2	1	357	
Delirium Tremens, included in Head Diseases	47		86		95		63		40		20		3		57		
Intemperance	2		7		10		16		10		5		3		8		
Or one in	9		26		20		8		2		2		...		65		
Or one in	5.22		3.31		4.90		7.75		...		10.00		...		...		

From which it appears that the greatest number of deaths has taken place from head diseases (nervous system) namely 97, and of which 57 are recorded under the head of "delirium tremens." The next in order are disease of the liver, dropsy, &c., and nearly the same number from diseases of the respiratory organs. These results are rather curious, as showing the very marked influence which intemperate habits have on the cause of death. Among the population of England and Wales, aged 20 and upwards, the deaths from head-diseases (nervous system) constitute only 9.710 per cent. of the deaths from all causes at those ages; but among the intemperate classes they constitute 27.100 per cent., being nearly three times as great. With other diseases, like discrepancies will be found. In the general community, the deaths from diseases of the respiratory organs, at the same periods of life, amount to 33.150 per cent. of the deaths from all causes; while among the intemperate group they are only 22.980 per cent. of all the deaths. The following figures exhibit these relations for England and Wales, for the Gotha Life Office, and the "Scottish Widows' Fund" (both select classes, the detailed results of which will be found at pages 346-355, of volume xiii. of the Journal of this Society), and also for intemperate lives.

ABSTRACT C.

Ratio per Cent. of Deaths, at ages 20 and upwards, from different causes, to the Total Deaths, from all causes, at the corresponding ages, in

Cause of Death.	England and Wales, 1847.	Gotha Life Office.	Scottish Widows' Fund.	Intemperate Lives.
Head diseases	9.710	15.176	20.720	27.10
Digestive organs	6.240	8.377	11.994	23.30
Respiratory organs	33.150	27.813	23.676	22.98
Total of the above three classes	49.100	51.396	56.390	73.38

In England and Wales, the above three groups of diseases constitute 49·100 per cent. of the whole deaths; but in the intemperate class of lives, they form 73·38 per cent. The most remarkable peculiarity in this respect is, however, the excessive development among intemperate persons of diseases of the nervous system and of the digestive organs. In England and Wales, these two groups form 15·950 per cent. of the deaths from all causes at the corresponding ages; but amongst intemperate persons they form 50·40 per cent. of all the deaths which take place, exceeding the general average more than three times. These may, therefore, be regarded as the distinctive type of the causes of death among intemperate persons; and the predominance of deaths assigned to such causes in any particular collection of facts, may fairly, in the absence of other and more direct evidence, lead to the inference of irregularity of habits having prevailed to an unusual extent. An inspection of the results given for the "Scottish Widows' Fund" immediately strikes the attention with the marked characteristics of this circumstance; there is an excess of the diseases of the nervous system and digestive organs, and a diminution of those of the respiratory organs, being the same features, although not developed in so marked a degree, observable in the decidedly intemperate group of lives. The following shows that the results for the "Scottish Widows' Fund" hold something like an intermediate place between those for England and Wales generally and the "intemperate group:"—

ABSTRACT D.

Group of Facts.	Ratio per Cent. of Deaths to Total Deaths from Diseases of the	
	Nervous System and Digestive Organs.	Respiratory Organs.
England and Wales	15·950 per cent.	33·150 per cent.
Scottish Widows' Fund	32·714 "	23·676 "
Intemperate Lives	50·400 "	22·980 "

Dr. Begbie, in his interesting report on the mortality of the "Scottish Widows' Fund," although alluding to the fact that several of the persons who died from diseases of the digestive organs were reported "free livers," does still not seem to have been impressed with the remarkably-high ratio of deaths from this cause in the materials before him.

It has been said that the returns of the Registrar-General do not afford the means of determining the number of deaths which take place in this country from the use of intoxicating drinks; but if viewed in connection with the data brought forward in this paper, it is obvious that means are now supplied of making a near approximation to the results required; and, with this view, attention is directed to the following table:—

TABLE VI.
Deaths in England and Wales, 1847, from

Ages.	Delirium Tremens.			Intemperance.			Both.			All Causes.		
	Males.	Fem.	Both.	Males.	Fem.	Both.	Males.	Fem.	Both.	Males.	Fem.	Both.
16—20	2	---	2	5	---	5	7	---	7	6,615	7,126	13,741
21—30	59	9	68	23	12	35	82	21	103	15,457	16,514	31,971
31—40	153	13	166	39	17	56	192	30	222	13,459	15,010	28,469
41—50	131	18	149	46	17	63	177	35	212	14,044	13,379	27,423
51—60	43	4	47	43	17	60	86	21	107	14,596	13,066	28,662
61—70	26	0	32	23	0	29	49	12	61	17,923	18,048	35,971
71—80	9	1	10	5	1	6	14	2	16	19,292	21,334	40,626
81—90	1	1	2	---	1	1	1	2	3	10,188	12,179	22,317
	424	52	476	184	71	255	608	123	731	111,524	117,256	228,780

The deaths recorded "delirium tremens" and "intemperance," it will be seen, on referring to Abstract B, preceding, constitute but a small portion of the total deaths taking place among persons addicted to intemperate habits; but the following table is, however, prepared to show the rate of mortality for each sex and term of life in England and Wales from those two specified causes:—

TABLE VII.

MALES.							
Ages.	Log. of Annual Rate of Increase of Population. (1)	θ (1) (2) λ Population in 1841	Population in 1847	Number Dying $\times 100$ from Delirium Tremens and Intemperance (4).	(2) + (3) λ (4)	λ Mortality per Cent.	Mortality per Cent.
16—20....	0.0065216	0.0391296	854,600	5.9317623	6.9133257	.00082	
21—30....	.0095741	.58926327 .0574446	1,521,610	2.8450980 6.1823033	7.7315106	.00539	
31—40....	.0085533	6.1248587 .0513198	1,124,308	3.9138139 6.0508853	8.2324161	.01708	
41—50....	.0067954	5.9995655 .0407724	822,161	4.2833012 5.9149567	8.3330166	.02153	
51—60....	.0053307	.8741843 .0319842	534,419	4.2479733 5.7278816	8.2066169	.01609	
61—70....	.0044890	.6958974 .0269340	350,649	3.9344985 5.5448725	8.1453236	.01397	
71—80....	.0043558	.5179385 .0261348	169,447	3.6901961 5.2290343	7.9170837	.00826	
81—90....	0.0044547	5.2028995 0.0267282	43,841	3.1461280 4.6418783	7.3581217	.00228	
		4.6151501	100	2.0000000			

TABLE VII.—Continued.

FEMALES.						
16—20....	0·0059608	0·0357648	874,197	5·9116092	****	****
		5,9058444				
21—30....	·0081530	·0489180	1,677,442	6·2246175	7·0975718	·00125
		6,1757295	2,100	3·3222193		
31—40....	·0075728	·0454368	1,167,477	6·0672482	7·4098731	·00257
		6,0218114	3,000	3·4771213		
41—50....	·0066544	·0399264	852,367	5·9306268	7·6134412	·00411
		5·8907004	3,500	3·5440680		
51—60....	·0039566	·0357396	574,672	5·7594202	7·5627991	·00365
		·7236806	2,100	3·3222193		
61—70....	·0056652	·0339912	399,580	5·6016033	7·4775779	·00300
		·5676121	1,200	3·0791812		
71—80....	·0056223	·0337338	199,368	5·2996518	7·0013752	·00100
		5·2659210	200	2·3010300		
81—90....	0·0053864	0·0323184	57,271	4·7579360	7·5430940	·00349
		4·7256176	200	2·3010300		

The following abstract of this table shows the relation of the mortality in the sexes from those causes:—

ABSTRACT E.

Ages.	Mortality per Cent. from Delirium Tremens and specified Intemperance, amongst		
	Males, 1847.	Females, 1847.	Ratio of the Mortality of Females to Males.
21—30.....	·00539	·00125	23 per cent.
31—40.....	·01708	·00257	15 "
41—50.....	·02153	·00411	19 "
51—60.....	·01609	·00365	23 "
61—70.....	·01397	·00300	22 "
71—80.....	·00826	·00100	12 "

The figures in the last column show that the mortality of the female sex is, on an average, about one-fifth of that of the males, varying from 23 per cent. at age 21-30, to 12 per cent. at age 71-80. It will likewise be seen that the maximum rate of mortality in both sexes is at the term of life 41-50 gradually increasing from the younger ages to that period, and then decreasing to the more advanced ages. The above rate of mortality must not be confounded with that given in Abstract A, which showed, as is usual in tables of mortality, an increasing rate from the younger to the older ages. There is an important distinction between the two classes of facts. Abstract A shows the rate of mortality among a class of people all of whom have indulged in the immoderate use of intoxicating drinks, while the facts given immediately above show the proportion of deaths from certain forms of intemperance in the community generally at the respective terms of life; and although it be true that the rate of mortality is higher in the decade 41-50, it is not to be inferred that intemperate habits have the most detrimental effect on the constitution at those ages, for Abstract A proves that as age increases, the baneful influence on health of strong drinks also increases; the legitimate inference to be drawn is, simply, that drinking habits are more prevalent at that term of life than at any other; in fact, the figures just given demon-

strate that the folly of indulging in the intemperate use of strong drinks grows on the community from youth to the mature period of manhood, 41-50 years of age, after which time the mind gets sobered into the more limited use of them, avoiding the excesses of earlier years.

But perhaps the most curious circumstance disclosed by the above figures is the remarkable similarity between the proportion of crime in the sexes to the proportion of deaths from assigned causes of intemperance. By referring to clause 2, page 153, volume XI. of the *Statistical Journal*, it will be found that the tendency to crime in the male sex is nearly five times greater than that in the female sex, or, more strictly, in the relation of 336 to 1581; while the ratio of deaths to the population from assigned intemperate causes, at age 20 and upwards, are in the exact relation of 8,011 to 36,769, a most remarkable agreement, the difference being under 2·5 per cent.; 7,814 substituted for 8,011 would give the precise relation of the figures showing the tendency of crime in the sexes. This is rather a strange coincidence, and may be viewed probably by most careful observers as proving that crime legally considered, and intemperance in its ordinary acceptance, are the concomitants of each other.

So far the deaths from intemperate habits have, in regard to the general population of England and Wales, been spoken of as recorded under assigned causes in the reports of the Registrar-General; but it must be evident that the deaths actually occasioned, or, at all events, hastened, by extreme indulgence in intoxicating liquors, far exceed those nominally recorded in the official returns. This is satisfactorily proved by the facts in Table V. and Abstract B. And assuming that in the country generally the deaths in the Registrar-General's returns from intemperance would bear the same relation to those under assigned causes, which the more careful observation of the facts analysed in Abstract B shows to obtain, it becomes a very easy matter to determine the number and ratio of deaths which actually take place among intemperate persons in England and Wales. On this hypothesis, the following table has been constructed:—

TABLE VIII.—*Intemperance—England and Wales, 1847.*

Age.	MALES.				FEMALES.			
	Number Dying from Intemperance. (1)	$\lambda((1) \times 100)(2)$ λ Population. (3)	(2) — (3).	Mortality per Cent.	Number Dying from Intemperance. (1)	$\lambda((1) \times 100)(2)$ λ Population. (3)	(2) — (3).	Mortality per Cent.
21—30....	428	4·6314438 6·1823033	8·4491405	·0281	110	4·0413927 6·2246475	7·8177452	·0066
31—40....	646	4·8102325 6·0508853	8·7593472	·0575	99	3·9956352 6·0672482	7·9283870	·0085
41—50....	867	4·9380191 5·9149567	9·0230624	·1055	172	4·2355284 5·9306268	8·3049016	·0202
51—60....	666	4·8234742 5·7278816	9·0955926	·1246	163	4·2121876 5·7594202	8·4527674	·0284
61—70....	435	4·6384893 5·5448725	9·0936168	·1241	107	4·0293838 5·6016033	8·4277805	·0268
71—80....	140	4·1461280 5·2290343	8·9170937	·0826	20	3·3010300 5·2996548	8·0013752	·0100
	3,182				671			

TABLE VIII.—Continued.

MALES AND FEMALES.

Age.	Population, Males. (1)	Number Dying from Intemperance. (3)	$\lambda ((3) \times 100). (5)$	(5) — (6).	Mortality per Cent.
	Population, Females. (2)	(1) + (2). (4)	λ Population. (6)		
21—30	1,521,610	538	4.7307823	8.2257590	.0168
	1,677,442	3,199,052	6.5050233		
31—40	1,124,308	745	4.8721563	.5119824	.0325
	1,167,477	2,291,785	6.3601739		
41—50	822,161	1,039	5.0166155	.7927230	.0620
	852,367	1,674,528	6.2238925		
51—60	531,419	829	4.9185515	.8735874	.0747
	574,672	1,109,091	6.0449671		
61—70	350,649	542	4.7339993	.8588055	.0722
	399,580	750,229	5.8751938		
71—80	169,447	160	4.2041200	8.6373114	.0434
	199,368	368,815	5.5668086		

In the above results, showing the ratio of deaths as resulting from all intemperate causes, it will be observed that the maximum mortality takes place ten years later in life than in the results given in Table VII. and subsequent abstract. This difference is due to the reduced ratio of deaths from delirium tremens at ages 51-60, in Abstract B; but, notwithstanding, it will be found that the relation of mortality in the male and female population is nearly as 5 to 1, being as 7,259 to 1,421.

The following table exhibits the rate of mortality in the whole population of England and Wales for the year 1847, being the same period to which the facts already discussed in regard to intemperance relate. In page 292, vol. viii., of the Journal of the Society, will be found the rate of mortality formerly determined for England and Wales for the years 1838-41, and a comparison will show the increased mortality in the more recent year to be very considerable:—

TABLE IX.—All Causes—England and Wales, 1847.

Age.	MALES.				FEMALES.			
	Number Dying from all Causes. (1)	$\lambda ((1) \times 100) (2)$ λ Population. (3)	(2) — (3).	Mortality per Cent.	Number Dying from all Causes. (1)	$\lambda ((1) \times 100) (2)$ λ Population. (3)	(2) — (3)	Mortality per Cent.
21—30....	15,457	6.1891252	0.0068219	1.016	16,514	6.2178523	9.9932048	.984
		6.1823033				6.2246475		
31—40....	13,459	6.1290128	.0781275	1.197	15,010	6.1763807	0.1091325	1.286
		6.0508853				6.0672482		
41—50....	14,044	6.1474908	.2325341	1.708	13,379	6.1264237	0.1957969	1.570
		5.9149567				5.9306268		
51—60....	14,596	6.1642339	.4363523	2.731	13,666	6.1356411	0.3762212	2.378
		5.7278816				5.7594202		
61—70....	17,923	6.2534107	0.7085382	5.111	18,048	6.2564291	0.6548258	4.517
		5.5448725				5.6016033		
71—80....	19,292	6.2853773	1.0563430	11.385	21,334	6.3290723	1.0294175	10.701
		5.2290343				5.2996548		
	91,771				97,951			

The following abstract gives the relation of the rate of mortality from intemperance to that from all causes for different terms of life:—

Ages.	Mortality per Cent. from				Ratio of the Deaths from Intemperance to those from all causes.			
	All Causes, 1847.		Intemperance.					
	Males.	Females.	Males.	Females.	Males.		Females.	
					Per Cent.	or 1 in	Per Cent.	or 1 in
21—30....	1·016	·984	·0281	·0066	2·8	36	·7	149
31—40....	1·197	1·286	·0575	·0085	4·8	21	·7	151
41—50....	1·708	1·570	·1055	·0202	6·2	16	1·3	78
51—60....	2·731	2·378	·1246	·0284	4·5	22	1·2	84
61—70....	5·111	4·517	·1241	·0268	2·4	41	·6	168
71—80....	11·385	10·701	·0826	·0100	·7	138	·09	1,070

From the figures in columns 2 and 6 of Table VIII., it will be seen that, among persons addicted to decidedly intoxicating habits, 3,182 males and 671 females die yearly, or 3,853 of both sexes. This is strangely at variance with the statements put forth by some of the reformation societies, which make the number to be 50,000 yearly, or upwards of 1 in 4 of the whole deaths at the corresponding ages of the deaths from all causes.

As the process is a simple one, it may be interesting to conclude this paper with an estimate of the persons of each sex in England and Wales who are addicted to such habits of intemperance as will ultimately bring them within the preceding catalogue of deaths. If

δ = the number of deaths yearly taking place from intemperance in the corrected results of the returns of the Registrar-General, as given in Table VIII., and

π = the mortality per cent. among persons of known intemperate habits, as given in Abstract A,

then $\frac{\delta \cdot 100}{\pi}$ = the existing number of drunkards, or persons given to extreme drinking usages.

On this principle, the following table has been constructed:—

TABLE X.—*England and Wales, 1847.*

Age.	MALES.			
	Number of Deaths from Intemperance. (1)	λ ((1) $\times$ 100). (3)	(3) — (4).	Existing Number of Drunkards.
	Mortality per Cent. (2)	λ (2). (4)		
21—30	428	4·6314438	3·9365755	8,641
	4·953	0·6948683		
31—40	646	4·8102325	4·1455905	13,983
	4·620	0·6646420		
41—50	867	4·9380191	4·1604473	14,469
	5·992	0·7775718		
51—60	666	4·8234742	4·0160745	10,377
	6·418	0·8073997		
61—70	435	4·6384893	3·7358338	5,443
	7·992	0·9026555		
71—80	140	4·1461280	2·8864863	670
	18·182	1·2596417		
				53,583

TABLE X.—Continued.

Age.	FEMALES.				MALES AND FEMALES.
	Number of Deaths from Intemperance. (1)	$\lambda \left((1) \times 100 \right).$ (3)	(3) — (4).	Existing Number of Drunkards.	Existing Number of Drunkards.
	Mortality per Cent. (2)	λ (2). (4)			
21—30	110	4.0413927	3.3165244	2,221	10,862
	4.953	0.6948683			
31—40	99	3.9956352	3.3309932	2,143	16,126
	4.620	0.6646420			
41—50	172	4.2355284	3.4579566	2,870	17,339
	5.992	0.7775718			
51—60	163	4.2121876	3.4047879	2,540	12,917
	6.418	0.8073997			
61—70	107	4.0293838	3.1267283	1,339	6,782
	7.992	0.9026555			
71—80	20	3.3010300	2.0413883	110	780
	18.182	1.2596417			
				11,223	64,806

From which it appears that the number of

drunkards is $\left\{ \begin{array}{l} \text{Males} = 53,583 \\ \text{Females} = 11,223 \\ \text{Total} = 64,806 \end{array} \right.$

which gives 1 drunkard to every 74 of the male population,

1 " " 434 of the female population,

and 1 " " 145 of both sexes above the age of 20.

The following gives the ratio of drunkards at each term of life:—

Ages.	MALES.			FEMALES.		
	Population, 1847.	Drunkards.	Ratio of Drunkards to Population.	Population, 1847.	Drunkards.	Ratio of Drunkards to Population.
			Per Cent. or 1 in			Per Cent. or 1 in
21—30....	1,521,610	8,641	.57 176	1,677,442	2,221	.13 755
31—40....	1,124,308	13,983	1.25 80	1,167,477	2,143	.18 545
41—50....	822,161	14,469	1.75 57	852,367	2,870	.34 297
51—60....	534,419	10,377	1.92 52	574,672	2,540	.44 226
61—70....	350,649	5,443	1.56 64	399,580	1,339	.34 298
71—80....	169,447	670	.40 253	199,368	110	.055 1,812

It is hoped that the facts contained in this contribution may throw some light on a question not hitherto investigated statistically; and while they may point out to assurance offices and other companies trading in pecuniary adventures on life the perilous nature of such risks, and the urgent necessity for a high rate of premium, they will also not be without valuable influence on the social, political, and religious condition of society.

QUARTERLY JOURNAL

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STATISTICAL SOCIETY OF LONDON.

DECEMBER, 1845.

Fifteenth Meeting of the British Association for the Advancement of Science, at Cambridge, June 18th—25th, 1845. Proceedings of the Statistical Section.

THE Statistical Section, which had a good attendance of members, under the presidency of Earl Fitzwilliam, held its meetings in one of the lecture rooms in the great court of Trinity College. The following were its Officers and Committee.

President.—Earl Fitzwilliam, M.A. and F.R.S.

Vice-Presidents.—Lord Sandon, M.P.; Colonel Sykes, F.R.S.; Sir Charles Lemon, Bart., F.R.S.; and Professor Pryme.

Secretaries.—Joseph Fletcher, Esq.; Dr. W. Cooke Taylor.

Committee.—Shafto Adair, Esq.; Sir J. P. Boileau, Bart.; the Mayor of Cork; Colonel Everest; His Excellency Edward Everett; Henry Hallam, Esq.; James Heywood, Esq.; Eaton Hodgkinson, Esq.; Sir John Johnston, Bart., M.P.; M. Jullien; William Kelcher, Esq.; G. S. Kenrick, Esq.; Dr. Laycock; J. Lehmann, Esq.; R. Monkton Milnes, M.P.; William Neild, Esq.; the Bishop of Norwich; G. R. Porter, Esq.; J. P. K. Shuttleworth, Esq.; Samuel Turner, Esq.; Alexander Watt, LL.D.

The following papers occupied the attention of the Section.

1. The University Statistics of Germany from the materials of Dr. Perry of Göttingen, by James Heywood, Esq., F.R.S.
2. Comparative Tables of Degrees in Cambridge in the seventeenth and nineteenth centuries, by James Heywood, Esq., F.R.S.
3. Progress and present Condition of Savings Banks in the United Kingdom, by G. R. Porter, Esq., F.R.S.
4. Statistics of the Trade of Norway, by R. Valpy, Esq.
5. Liability to Insanity at Different Ages, by Dr. Thurnam.
6. Ancient System of Public Charities in London, by Joseph Fletcher, Esq.
7. Contributions to the Agricultural Statistics of Norfolk, by Sir J. P. Boileau, Bart., F.R.S.
8. Police Statistics of Manchester, by William Neild, Esq.
9. Provisional Report of the Committee on the Sanatory Condition of the City of York.
10. Production of Iron in Scotland, by Dr. Watt.
11. Colonization of the North of Ireland by the Corporation of London, by Joseph Fletcher, Esq.

12. On the different Modes of Estimating the Population of a Country, by Professor Pryme.
13. Universal Statistics, by M. Jullien.
14. Statistics of Small Pox, by Dr. Stark.
15. Statistics of Merthyr Tydvil, by G. S. Kenrick, Esq.
16. Vital Statistics of the United States, by Dr. Laycock.
17. Data for the Selection of Sites for Colonial Towns, by the Rev. Thomas Boys, M.A.

It was not deemed advisable to make any appeal to the Council for funds to carry out specific investigations. Mr. Porter, however, undertook, at the request of the Sectional Committee, to produce, against the period of its next meeting, a statistical view of the Iron Trade of Great Britain. The Committee further addressed a request to the Council of the Association, that the paper on Savings Banks by that gentleman, should appear in the next annual volume of the Association's Proceedings, among the Reports specially called for; a suggestion which received immediate approval on the part of the Council.

Contributions to Vital Statistics, especially designed to elucidate the Rate of Mortality, the Laws of Sickness, and the Influences of Trade and Locality on Health, derived from an extensive Collection of Original Data, supplied by Friendly Societies, and proving their too frequent Instability. By F. G. P. NEISON, Esq., F.S.S., F.L.S., Actuary to the Medical, Invalid, and General Life Office.

[Read before the Statistical Society of London, 17th March, 1845.]

1. *Duration of Life in England and Wales.*

THE best record of the general mortality in England and Wales is contained in the Annual Reports of the Registrar-General. So far as relates to the number of deaths in the entire community, more complete returns could not be hoped for.

The Fifth Report of the Registrar-General contains a table of the expectation of life, calculated on the mortality of the year 1841. The census of the population having been taken in that year, offered a ready means to determine the value of life for that period; but as the results of the mortality for several years would undoubtedly form a broader and more satisfactory basis on which to found a measure of the duration of life in this country, it is proposed to calculate a table on the Second, Third, Fourth, and Fifth Reports of the Registrar-General; omitting the First Report, that any imperfections incidental to the early management of the Registers may be avoided. It is evidently necessary to ascertain the exact amount of population living at various ages in the country, during the periods of time to which the returns of deaths relate, before results can be obtained, showing the ratio of the population dying at the respective ages.

Previous to the population being calculated for the mean time of each period embraced in the Second, Third, Fourth, and Fifth Reports, it will be necessary to apply a correction to the enumeration of the population at the period of the census.

In 1841, the ages of 35,408 males and 11,472 females, or 456 per

cent. of the one, and .141 per cent. of the other, were not given. In the registration of deaths, the ages of a certain proportion are also omitted; and if the ratio were the same in both cases, those whose ages were not specified might be left out, as the omission of the one would be corrected by the omission of the other; but it happens that, in the returns of deaths over the entire four years referred to, the number of males whose ages were not specified was only 1,650, or .235 per cent. of the whole; and of females 896, or only .132 per cent. of the whole female deaths. Independent corrections will, therefore, have to be applied to each class of results, namely:—

Let $y + \log. x = \log.$ of the actual number alive at the period of life x , provided the age of every person had been ascertained.

$y = \log. b. - \log. a.$

$a =$ population whose ages were ascertained.

$b =$ total population, and

$x =$ the number enumerated at any particular period of life.

This correction having been applied to the census of the population in 1841, and also to the census in 1821, the results obtained form the second, third, fifth, and sixth columns of the following table:—

TABLE I.

Corrected Enumeration of the Population of England and Wales for 1821 and 1841; with the Annual Rate of Increase during the Intermediate Period.

Ages.	MALES.			FEMALES.		
	Population 1821.	Population 1841.	Annual Rate of Increase.	Population 1821.	Population 1841.	Annual Rate of Increase.
Under 5	898,324	1,047,502	1.007711	884,866	1,057,926	1.00897
5 — 10	787,426	952,437	1.00955	779,516	951,687	1.01002
10 — 15	685,011	879,732	1.01258	650,342	851,649	1.01357
15 — 20	578,304	780,967	1.01513	611,741	805,090	1.01382
20 — 30	857,697	1,333,088	1.02229	1,029,526	1,498,751	1.01895
30 — 40	673,718	999,000	1.01989	741,881	1,051,505	1.01759
40 — 50	547,372	748,487	1.01577	572,227	777,500	1.01544
50 — 60	388,351	496,475	1.01235	402,245	529,274	1.01381
60 — 70	262,728	329,563	1.01039	284,624	369,498	1.01313
70 — 80	130,544	159,551	1.01008	142,366	181,468	1.01303
80 — 90	33,577	41,224	1.01031	41,480	53,164	1.01248
90 — 100	2,556	2,986	1.00776	3,747	4,967	1.01420
100 and upwards	68	82	1.00956	148	167	1.00628
Total	5,845,676	7,771,094	1.01415	6,144,709	8,135,647	1.01530

The Second, Third, and Fourth Reports of the Registrar-General gave the number of deaths in the year preceding the 30th June, 1839, 1840, and 1841 respectively; and the Fifth Report gave the deaths for the year ending 31st December, 1841. The next step required was to determine the population alive at various ages for the mean time of each of the given periods, that is, the population at the various terms of life in England and Wales on the 31st of December, 1838, 1839, 1840, and 30th June, 1841; and the following method was employed:—

Let β = the corrected population at a given age on the day of the census in 1821;

π = the same for 1841;

θ = the period elapsed since 1841.

$\text{Log. } \pi + \left(\frac{\log. \pi - \log. \beta}{20} \right) \theta = \text{log. of the population at the given term of life for the mean time of the period required.}$

The population for each of the periods being obtained in this manner for every term of life, the combined results form columns 2 and 5 of Table II.

Corrections, precisely similar to those applied to the enumeration of the population, were made on the registration of deaths; and the final results for the four years referred to are given in columns 3rd and 6th of Table II.

It may be observed here, that as the deaths happening in the last half of the year forming the fourth period of the Registrar-General, and those taking place in the first half of the year forming his fifth period, are identical, they will of course be included twice in the results now referred to; but as the population has also been taken for the mean of both periods or years, the proper relation is maintained between the population and deaths.

The preceding step was rendered necessary, from the Registrar-General having changed the period for his Annual Report from the 30th June to the 31st December, without having, at the time of making the change, distinguished the deaths belonging to each half year.

TABLE II.

Sum of the Population of England and Wales calculated for five successive periods, viz., for the 31st December, in the years 1838, 1839, 1840, and 30th June, 1841; with the Sum of the Corrected Deaths for the corresponding years as given in the 2nd, 3rd, 4th, and 5th Reports of the Registrar-General; and the Mortality per cent. during that period.

Ages.	MALES.			FEMALES.		
	Population.	Deaths.	Mortality per Cent.	Population.	Deaths.	Mortality per Cent.
Under 5	4,156,265	292,968	7.048	4,192,129	254,170	6.063
5 — 10	3,771,901	36,588	.970	3,767,019	35,494	.942
10 — 15	3,473,008	18,199	.521	3,358,717	19,175	.570
15 — 20	3,075,023	22,464	.730	3,174,272	26,003	.819
20 — 30	5,210,180	50,765	.974	5,878,257	56,298	.957
30 — 40	3,914,433	43,451	1.110	4,129,820	47,174	1.142
40 — 50	2,945,219	42,770	1.452	3,060,397	40,781	1.332
50 — 60	1,960,445	44,196	2.254	2,086,819	40,593	1.944
60 — 70	1,302,647	55,491	4.259	1,457,878	54,414	3.732
70 — 80	631,509	57,449	9.097	727,904	60,229	8.274
80 — 90	163,089	32,461	19.904	209,902	38,064	18.134
90 — 100	11,846	4,282	36.316	19,568	6,650	33.984
100 and upwards	325	137	42.154	662	311	47.277
Total	30,615,890	701,221	2.290	32,063,344	679,356	2.119

All the preceding corrections having been applied to the population and deaths, the combined results form Table II., the 4th and 7th columns of which show the mortality per cent. at the various terms of life for each sex in England and Wales during the four years referred to, and under that form constitute a complete measure of the value of life during the same period, in the general population of this country.

The 4th and 7th columns of the above table represent the rate of mortality at the mean age of that period of life opposite to which they are placed. More complete tables* were also formed by the method of third differences, and the necessary corrections being applied, a fair expression was obtained of the rate of mortality at each age, beginning with the age of 10, the number living to each subsequent year of life, the numbers dying in each successive year of life, and the specific intensity (the reciprocals of the rate of mortality per cent) of life, at each age.

The following are the principal results of the Tables here referred to. Both male and female life attains its highest specific intensity at the age of 14. Male life possesses a much higher specific intensity than female life up to the age of 25 inclusive; from that to the age of 38 the difference is very little, but generally in favour of male life; and from 38 upwards to nearly the extreme of life, the scale turns in favour of female life, and the specific intensity is higher throughout. At the age of 50 the two sexes attain their balance, the numbers surviving of each, from the age of 10, being equal. The nature of the specific intensity, in the preceding sense, must be clearly understood to refer to that period of life only to which it is affixed, and not to be any index to the general value of life; for it will be seen that although male life possesses a higher specific intensity up to the age of 38, still female life is of a higher absolute value throughout the whole of the same period.

Another Table†(see Abstract, Table III.) exhibits the Expectation of Life as deduced from the data already described; and without attempting anything like an elaborate comparison between it and other tables, hitherto regarded as a near approximation to the real measure of life, such observations only will be made as appear to be more intimately connected with the subject of this paper.

It is clear that a table formed from the data at present under consideration, will show the value of life in the country generally; all classes of society, from the highest to the lowest, being included; and it will therefore serve as a useful standard of comparison with the measure of life in individual classes of society, provided the rate of mortality in those classes can be determined.

In order to convey a general idea of the value of life as represented by this Table, it may be stated that it gives a greater expectation to males throughout the whole range of the Table, than is given in the Table at page xix of the Fifth Report of the Registrar-General:—

* This Table (Table C, p. 5) will be found in "Contributions to Vital Statistics, &c.," being a copy of the whole paper read before the Statistical Society, published by Hugh Cunningham, 193, Strand, 1845, 4to.

† Contributions to Vital Statistics, Table D, p. 7.

		year.	At Age 60 the difference is 1.00 of a year.
	81	"	" 70 " .44 "
	.97	"	" 80 " .15 "
	.92	"	" 90 " .15 "
" 50	.83	"	

The value of female life is also higher than female life in the Table of the Registrar-General; the difference of expectation in the two tables being:—

At Age 10 the difference is .57 of a year.	At Age 60 the difference is 1.12 of a year.
" 20 " .79 "	" 70 " .81 "
" 30 " .92 "	" 80 " .44 "
" 40 " 1.01 "	" 90 " .32 "
" 50 " .98 "	

A comparison of the expectation of male life in the same Table with the Carlisle Table, which includes both sexes, shows a higher value of life in the Carlisle Table up to age 54. Again, from that age up to 75 the difference is very little, but generally against the Carlisle Table; and at 75 the Carlisle Table again crosses, and maintains a superiority till the extreme of life. The expectation of female life, however, is higher than the expectation of the Carlisle Table after 15 years of age. At the age of 88, however, they nearly coincide, and the Carlisle Table continues higher after that age.

A comparison of the mean of the expectation of male and female life, with the expectation of the Carlisle Table, yields the following results, namely,

At Age 10 the difference in favour of the Carlisle Table is	.75 of a year.
" 20 " " " "	.32 "
" 30 the difference in favour of England and Wales is	.29 "
" 40 " " " "	.19 "
" 50 " " " "	.34 "
" 60 " " " "	.71 "
" 70 " " " "	.35 "
Again at 80 the difference in favour of the Carlisle Table is	.09 "
" 90 " " " "	.29 "

So that the absolute difference throughout the whole course of both tables is very small, and the near approximation rather remarkable, considering the very different sources from which the data are derived. More minute comparison of those results with several of the best recognized Life Tables, is presented in Table III.

Much attention has of late been given to the supposed influence of vitality on the duration of life; still no public means have yet been employed to solve the question correctly. For the progress of vital statistics it unfortunately happens, that the public records of this country are kept with very little regard to method or unity of plan. Report of the Census may certainly in itself be regarded as a very defective document; and perhaps no other country possesses such defective mortuary registers; yet for almost every purpose of exact comparison, both documents are nearly useless. No two things have been more intimately related in design and classification, the Census of the People and the Registration of Deaths. Still they have been compiled without any regard to each other. Hence, if it were required to compare any two counties in manufacturing with an agricultural county—an inland

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from Data supplied by Friendly Societies.

TABLE III.

Ages.	England and Wales, A.D. 1838—1841.		Milne, Carlisle, A.D. 1779—1787.	Deparcieux. Tontino Nominces. Both Sexes.	Demonferrand. Franco, A.D. 1817—1832.		Assured	
	Males.	Females.	Both Sexes.		Males.	Females.	Equitable. Davies.	Ar Ga.
10	47.76	48.38	48.82	46.83	47.00	47.42	48.83	.....
15	44.18	45.00	45.00	43.50	43.58	43.66	44.81	.....
20	40.69	41.60	41.46	40.25	40.00	40.08	41.06	.....
25	37.35	38.36	37.86	37.17	37.25	36.83	37.44	37.8
30	34.10	35.17	34.34	34.08	34.00	33.41	33.98	33.6
35	30.81	31.98	31.00	30.92	30.50	30.00	30.66	29.72
40	27.48	28.73	27.61	27.50	27.00	26.58	27.40	25.94
45	24.14	25.41	24.46	23.92	23.41	23.16	24.10	22.37
50	20.85	22.05	21.11	20.42	19.91	19.58	20.83	18.99
55	17.64	18.72	17.58	17.25	16.50	16.25	17.85	15.83
60	14.59	15.53	14.34	14.25	13.25	13.16	15.06	12.88
65	11.75	12.53	11.79	11.25	10.58	10.50	12.35	10.26
70	9.22	9.84	9.18	8.67	8.08	8.08	9.84	8.11
75	7.01	7.52	7.01	6.50	6.16	6.16	7.52	6.35
80	5.22	5.64	5.51	4.67	4.75	4.75	5.38	4.88

Milne.					Duvillard. France. Both Sexes.	Price. Northampton. A.D. 1735—1780. Both Sexes.
Sweden and Finland, A.D. 1776—1795.			Montpellier, A.D. 1772—1792.			
Males.	Females.	Both Sexes.	Males.	Females.		
45.03	47.28	46.16	44.12	46.77	40.80	39.78
41.51	43.74	42.63	40.06	43.02	37.40	36.51
37.86	40.04	38.96	36.52	39.45	34.26	33.43
4.48	36.44	35.47	33.49	36.32	31.34	30.85
22	33.00	32.12	30.43	33.34	28.52	28.27
95	29.68	28.82	27.30	30.41	25.72	25.68
51	26.27	25.45	24.06	27.45	22.89	23.08
5	23.03	22.26	21.00	24.44	20.05	20.52
	19.66	19.03	18.23	21.35	17.23	17.99
	16.37	15.90	15.53	18.42	14.51	15.58
	13.18	12.85	13.14	15.73	11.95	13.21
	10.41	10.19	11.01	13.22	9.63	10.38
	8.12	8.01	9.02	10.79	7.58	8.60
	6.38	6.27	7.07	8.44	5.87	6.54
	4.94	4.85	5.17	6.17	4.60	4.75

county—in order to determine the relative value of the populations, it cannot at the present time be ascertained. The Census Commissioners give no data on reference to the value of the population.

overcome, it would then be
 of mortality in various districts, in
 ver that the difference of mortality in male a
 been found in the preceding Table. Another inqu
 however, would still remain, before it could be decided to
 the difference of mortality was owing to the simple influen
 liarity of locality itself.

At present it is right to assume, that either employmen
 pation—condition in life, or rank in society—poverty or ric
 as direct an influence on the duration of life, as peculiarity of
 or habitation; for the effect of neither the one nor the other
 presumed influencing causes has yet been correctly defined. The
 of this assumption may appear more evident thus:—suppose tha
 town of Liverpool were compared with some purely agricultural
 trict, and that a much higher rate of mortality was found to pre
 in the former; it would be no more right to assign this result whol
 or indeed any given portion of it, to the badly-conditioned streets and i
 planned houses of Liverpool, than to any other of the supposed causes.

In order to determine the simple influence of locality, like classes
 in the respective districts must be compared. In a comparison of dis
 tricts A and B, if it so happened that in A two elements *c* and *d* were
 found to influence the value of life, while in B one only of those
 elements existed, the grounds of comparison would evidently be falla
 cious. Now this is precisely a parallel case to the state of things
 which exists in comparisons that have frequently been made between
 the manufacturing towns and the rural districts of England, and
 between one manufacturing town and another. Causes influencing the
 duration of life, independent of locality itself, frequently exist in the
 one, and not in the other; by overlooking which, observers are often
 led to assign excessive mortality to imaginary causes. If simple
 elements were compared, errors of this kind would be avoided. Keep
 ing this in view, and referring to the preceding case, let *c* be supposed
 to represent comfort, and *d* distress. If, comparing comfort in dis
 trict A with comfort in district B, a greater mortality were found to
 prevail in the former than in the latter, it would then be right to
 conclude that the remaining elements—ill-ventilated houses, badly
 paved streets, and the like—in district A, were not so favourable to
 life as in district B; but it would have been wrong to draw such a
 conclusion, had comfort and distress in the one district been compared
 only in the other.

It is evident that, in a comparison of the general mortality of any
 town with that of another, such errors could not be avoided. It
 is also evident that the prevalence of a particular kind of employment
 in the one, which is not common to the other district—
 employment is of an unhealthy nature, or perhaps subject
 to variations in prosperity, or probably both combined—may
 cause excessive mortality, the cause of which may be attributed
 to the crowded dwellings, instead of poverty and its train of direful

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1845.] *from Data supplied by Friendly Societies.*

If it were possible to compare any one class in a gr^d district, the only distinction being the difference of district ⁼⁼ then it is plain that the influence of locality, if any, would itself.

Again, if different classes of persons in the same localit^y compared—for example, those following different employment—only distinction being difference of employment, then the eff^{ect} that element, if any, on the duration of life would appear.

In the present paper it is proposed to enter into this question, - to show if possible the influence of locality in the manner just describ^d. The effect of employment on health will be treated of, on the prese^{nt} occasion, so far only as may be necessary to solve the question c^{oncerning} locality.

2. *Duration of Life in various Classes.*

The data to which this part of the inquiry belongs have been derived from two sources. One portion—that relating to the Friendly Societies in England—has been obtained through the kindness of Mr. J. Tidd Pratt; and consists of the Quinquennial Returns for 1836-1840, made under the Friendly Societies Act, 10 Geo. IV. c. 56. sec. 34, as amended by 4 and 5 Wm. IV. c. 40, sec. 6. And an inspection of the form of schedule given under that Act will show the nature and extent of the information which can be derived from this source.

It was considered that returns from the Friendly Societies in Scotland would form a valuable contribution to Vital Statistics, and at the same time be interesting to compare with the results obtained from English Societies; especially as Mr. Ansell's valuable work had given rise to many curious conjectures on the comparative amount of sickness in the two countries; the inquiry made by the Highland Society having exhibited a less degree of sickness among the Scotch societies, than the results of Mr. Ansell's investigation showed to be prevalent in societies in England. Accordingly, in 1840, a number of blank schedules were sent to nearly every parish minister in Scotland, with a note requesting him to use his influence with the neighbouring Friendly Societies, to induce them to furnish the information required; but the attempt to procure data in this manner proved an almost complete failure. In 1843 another attempt was made, but on this occasion prizes were offered to those making the best and most complete returns; which had the desired effect of procuring a series of schedules filled up evidently with much care; and although very elaborate, the nicest attention seemed to be given to the minut^e detail. These constitute the second source from which the ^{data} referred to are derived.

The data were subsequently abstracted: ^{the} being separate from those of ever^y particular trade or employment[—] other occupation[—]
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Society, the ratio due to each year of life, and also how far its affairs were influenced by the particular trades and occupations of its members.

All the Societies having been abstracted in this way, the results were afterwards combined in the following manner:—The Societies belonging to the Rural Districts were placed in one group. The Societies belonging to Town Districts were placed in another group. And a third group was formed from those Societies established in the great towns or cities*.

This plan was adopted in preference to a binary arrangement, in order to prevent a purely rural district from being mixed up with some of the smaller towns, and the great city districts with the larger towns.

The results of the first group, or Rural Districts, were then combined as follows. The totals of a given trade were placed on one of the abstract sheets; and the totals of the same trade in a second and a third Society, and so forth, were placed next in order on the same sheet, until all the Societies in the Rural Districts of the first county in alphabetical order were exhausted. The sums of those totals were then found, which showed the amount of sickness and mortality among a certain number of persons at each age and of a given trade in that county. The same trade was carried through the rural districts of every other county in the same manner; and the totals for each county being added together, showed the general result for that trade in the whole of the rural districts combined. The same trade was carried through the second group, or Town Districts, and also the third group, or City Districts, in precisely the same manner, so that an opportunity was thus afforded, of viewing the comparative degree of health in the same occupation or employment, in the three districts referred to. Those three districts were next combined, to give the general results for that trade without regard to locality. A second trade was taken up in the like manner, and carried through precisely the same steps, and so also were other trades until all were exhausted. The totals of the various trades in the Rural Districts were then combined, giving the general results for that district without regard to occupation, and so on with each of the other districts; and the combination of these last three gave of course the general results, without regard to either trade or locality.

All the possible combinations of those elements of the data being thus made, the next step was to exhibit the results in a convenient form, from which to make useful deductions. Tables were therefore formed, shewing the total number of persons, at every year of life over which the observations extend, the number of deaths among them yearly, and the amount of sickness yearly, expressed in weeks and decimals of a week. In the same Tables are also given the same facts for quinquennial periods of life, also the rate of mortality per cent., and the average amount of sickness per annum to each person.

As these observations extend over upwards of 400 different trades or occupations, the examination of each under the varied combinations

* A list of the places composing the respective groups of Rural Districts, Town Districts, and City Districts, is given in Appendix, Note II., to the "Contributions."

described would involve the consideration of so immense a number of Tables, as would evidently perplex the present inquiry. Such only will therefore be brought forward as seem to bear distinctly on the more immediate question, What is the influence of locality on health and on the duration of life? *

In the "Rural Districts," the highest specific intensity is attained at the youngest ages, and it decreases up to age 20, from which age up till 31 it increases, and then decreases gradually till near the extreme of life. A comparison of the specific intensity with the general result for the male population in England and Wales shows a higher intensity of life through its whole duration, maintaining at the same time a very remarkable parallelism.

At Age 20 {		(the Specific Intensity for the male population of England and Wales is as high as at)		Age 39 in the Rural Districts.	
"	30	"	"	"	47
"	40	"	"	"	50
"	50	"	"	"	55
"	60	"	"	"	63
"	70	"	"	"	71

An approximating value taking place up to about this period, after which they again diverge to near the extreme of life.

The population existing at age 10 in England and Wales is halved between ages 62-3; while in the Rural Districts the same result does not happen till ages 68-9;—showing under this aspect a superior vitality of six years.

If from the Rural we turn to the Town Districts, the specific intensity will be found to decrease in a regular series, from the beginning to the end of life. It also appears that the specific intensity is higher than for the male population of England and Wales up to age 52, but from that to age 76 it is less. From the latter age to the extreme of life, the values for the two classes cross each other. The following are the ages at which the corresponding specific intensities in both Tables are nearly equal:—

Age 20 in England and Wales corresponds with Age 31 in Town Districts.

"	30	"	"	"	41
"	40	"	"	"	45
"	50	"	"	"	50
"	60	"	"	"	58
"	70	"	"	"	63
"	80	"	"	"	82

In Town Districts half the population disappears between ages 64-5; the same result takes place in England and Wales at ages 62-3.

Turning next to the results for the City Districts, we find that the specific intensity decreases in a uniform series, from the earliest age to the end of life. It also appears that from the age of 10 to 33 there is a higher specific intensity than in England and Wales; and that from 33 to the extreme of life, the specific intensity in the City Districts is less than in the male life for England and Wales. The following are the ages corresponding to equal specific intensities:—

* The Tables here referred to are Tables E and F, pp. 13 and 25 of the "Contributions."

Age 20 in England and Wales corresponds nearly with Age 25 in City Districts.

" 30	"	"	33	"
" 40	"	"	37	"
" 50	"	"	46	"
" 50	"	"	54	"
" 60	"	"	69	"
" 80	"	"	79	"

Half the population in City District has died off between the ages of 61 and 62, while among males in England and Wales that happened at ages 62 and 63; being in this instance one year in favour of the whole country.

On placing the three districts side by side, we have,

A higher Specific Intensity in the Rural Districts than in England and Wales up to the extreme of life.	
"	Town Districts up to the Age of 52
"	City " " 33

From this it would appear, that the lower the age of equal specific intensity, the worse the class of lives to which it refers. Another comparison of these three classes of results with those obtained for England and Wales will shew the following series of differences for the corresponding ages of equal specific intensity:—

Age.	Rural Districts.	Town Districts.	City Districts.
20	19	11	5
30	17	11	3
40	10	5	3
50	5	0	— 4
60	3	— 2	— 1
70	1	— 2	— 1
Sums of the series of differences	55	23	5

This arrangement of the differences of corresponding periods of equal specific intensity also points out a gradual approximation to lower numbers, moving from the Rural towards the City Districts. And a third illustration of the same fact will be afforded by a comparison of the periods at which the equation of life is found for age 10. It is found in—

England and Wales.	Rural Districts.	Town Districts.	City Districts.
At Ages 62—3	63—9	64—5	61—2
diff.	6 years.	2 years.	— 1 year.

As before stated, the illustrations drawn from the specific intensity must be understood to have reference to the identical periods only of life at which the comparisons are made, and not to the absolute value of life in any of the classes. It will, however, at all times be found important to keep in view the specific intensity, as it affords the readiest means to discover those periods at which any peculiar change or difference in the condition of life is taking place. Various diseases have a maximum or minimum effect in destroying life at certain periods; and if a change to a higher specific intensity were found to take place at any given period, the diseases peculiar to that period should be falling from their maximum towards the minimum.

In the three districts now under consideration, it was found that in all except one, the specific intensity uniformly decreased from the beginning to the end of life; but in the Rural Districts the specific intensity was found to increase from ages 20-31. Some change, either in the Rural Districts or uniformly in the two others, must therefore have taken place in the causes affecting the duration of life at that period; and if the nature of this paper led to an examination of the diseases generally prevalent at the same period, the probability is that consumption and diseases of the chest would be found less malignant at that term of life, in relation to the preceding and subsequent periods of life, in the Rural than in either the Town or City Districts.

The next arrangement of the data to which reference will be made, is the expectation of life. This mode of expressing the duration of life is certainly that which is of the most interest to society; for it points out the average number of years which one member of the community with another participates in the pleasures and cares of life. The expectation of life is often confounded with the chance of living an equivalent number of years; but the distinction will be subsequently explained*.

A comparison of the expectation in Rural Districts, with the expectation for males in England and Wales, shows a much higher value of life in the Rural Districts throughout the whole range of the Table. At age 10 the difference is 5·5 years in favour of the Rural Districts, at 30 it is 4·3 years, and at 60 it is 2·1 years. The following Table will show for decennial periods the relative value of life in England and Wales, and in the Rural Districts:—

TABLE IV.

Age.	EXPECTATION.		Difference in favour of the Rural Districts.	
	Rural Districts.	England and Wales.	In Years.	Per Cent.
20	45·3550	40·6910	4·6640	11·462
30	38·4073	34·0990	4·3083	11·191
40	30·9724	27·4760	3·4964	12·725
50	23·4700	20·8463	2·6237	12·585
60	16·6524	14·5854	2·0670	14·171
70	10·9124	9·2176	1·6948	18·386

A comparison of the results for the Town Districts will show a superior expectation of life up to age 35, after which period the expectation is in favour of male life in the general Table for England and Wales. The following abstract shows the results for decennial periods:—

* In Table G, p. 32 of the "Contributions," will be found the Expectation of Life for each of the three districts, and also the General Results for those three combined.

TABLE V.

Age.	EXPECTATION.		Difference in Favour of			
			Town Districts.		England and Wales.	
	Town Districts.	England & Wales.	In Years.	Per Cent.	In Years.	Per Cent.
20	42.2742	40.6910	1.5832	3.888		
30	34.5753	34.0990	0.4763	1.397		
40	27.1530	27.4760	....	....	0.3230	1.176
50	19.9733	20.8463	....	....	0.8730	4.188
60	13.7608	14.5854	....	....	0.8246	5.653
70	8.7030	9.2176	....	....	0.5146	5.582

The expectation of life in the City Districts will be found to be less than in England and Wales from 12 years upwards. At 20 the difference is .68 years, at 40 it is 1.39 years, and at 60 it is .82 years in favour of the general value of male life in England and Wales. The following gives a comparative view of the expectations for both classes:—

TABLE VI.

Age.	EXPECTATION.		Difference in favour of England & Wales.	
	City Districts.	England & Wales.	In Years.	Per Cent.
20	40.0148	40.6910	0.6762	1.664
30	32.8603	34.0990	1.2387	3.632
40	26.0873	27.4760	1.3887	5.054
50	19.9271	20.8463	0.9192	4.409
60	13.7685	14.5854	0.8169	5.608
70	8.7636	9.2176	0.4540	4.092

The comparative value of life in the three districts at decennial periods will be seen by an inspection of the following Table; the 6th and 8th columns of which will point out the gradual decrease in the value of life in moving from the Rural to the Town, and from the Town to the City Districts:—

TABLE VII.

Age.	EXPECTATION OF LIFE.			Excess in Favour of Rural, over			
				Town Districts.		City Districts.	
	Rural.	Town.	City.	In Years.	Per Cent.	In Years.	Per Cent.
20	45.3550	42.2742	40.0148	3.0808	6.790	5.3402	11.774
30	38.4073	34.5753	32.8603	3.8320	9.977	5.5470	14.442
40	30.9724	27.1530	26.0873	3.8194	12.331	4.8851	15.772
50	23.4700	19.9733	19.9271	3.4967	14.900	3.5429	15.100
60	16.6524	13.7608	13.7685	2.8916	17.364	2.8837	17.318
70	10.7124	8.7030	8.7636	2.2094	20.246	2.1488	19.691

Total Excess..... 19.3299 24.3479

The next arrangement of this kind which will be brought under notice is the expectation of life as derived from the combination of all the data composing the three districts now referred to; and may be understood to represent the general value of male life as it exists among the members of the community composing Friendly Societies. Throughout the whole range of this table the expectation of life is found to be higher than among the male population of the country generally. A glance at the following table will show for the three districts the difference at the given periods of life:—

TABLE VIII.

Age.	EXPECTATION IN		Difference in Favour of the Three Districts.	
	Three Districts.	England & Wales.	In Years.	Per Cent.
20	43·7736	40·6910	3·0826	7·575
30	36·6051	34·0990	2·5061	7·349
40	29·3306	27·4760	1·8546	6·750
50	22·1920	20·8463	1·3457	6·455
60	15·6942	14·5854	1·1088	7·602
70	10·2057	9·2176	0·9881	10·720

A very important distinction is here found to prevail between the value of life in the two tables. The circumstances in which the humble and working population of the country is placed, have generally been thought adverse to a prolonged duration of life: but the healthiest Life Tables hitherto formed have not shown any thing so favourable as the present results, even among what are generally considered the select classes of society:—

It may be well to be understood here, that the persons composing Friendly Societies are almost exclusively the hard-working members of the community, chiefly occupied in the drudgeries and toils of the mechanic arts, and consequently exposed to the inclemencies of seasons, excesses of temperature, impure atmospheres, constrained postures, and other conditions usually thought objectionable. Their incomes are very limited, affording but the scantiest and simplest means of support. Their habitations are of an inferior order, being of the cheapest kind, and consequently in the worst streets. The members of Friendly Societies are therefore generally placed in those circumstances which persons habituated to the luxuries of the upper ranks of society would regard as unfavourable to health and a superior duration of life. In making these remarks, however, it is necessary, as will hereafter be seen, to make a distinction between them and the great bulk of the poorer classes of the country. For an individual to remain a member of a Friendly Society, it is required that he should make his weekly or monthly contribution to its funds; and although a few pence is all that is needed, it presumes on a certain amount of frugality and industrial habit, sufficient to separate him from the reckless and improvident person, who is more openly exposed to the vicissitudes—poverty, distress, destitution, and disease—incidental to fluctuations in the demand for labour.

of Friendly Societies
 feature in this inquiry, and is a
 would not have been anticipated; and the ques-
 tion which follows is, From what source or class does the
 mortality, which makes up the general average of the com-
 munity arise?

Those persons having transactions with the Assurance Companies belong, with a very few exceptions, either to the middle or the higher ranks of society; and if the value of life, as deduced from observations in those companies, be admitted as a correct measure for such classes, it will be found that their duration of life is not only less than among the members of Friendly Societies, but also less than in the country generally*.

It may be said, in reply to some of the preceding observations, that the superior value of life in the ranks of Friendly Societies, above the general community, is owing to the effects of selection; but a little reflection will show that the difference must be produced by other causes. Every reasonable means is adopted to test the lives admitted into Assurance Companies, and yet they appear to be of less value than the general average of the country; and Friendly Societies are known *not* to exercise the same degree of scrutiny. In both the interest of the applicant for admission is opposed to that of the Society; and, looking at the results, it is not unlikely that the vigilance of the one may be neutralized by the interests of the other. Another result brought out by the observations on the lives in Assurance Offices will show how inadequate the means of selection usually resorted to are to raise the standard of life above the average of the country. All other inquiries hitherto made on male and female life have tended to attach a greater value to the latter than to the former; but the results in the Assurance Companies have been reversed, showing that some other causes, beyond the method of selection, must have interfered to modify the state of health; for if the means of scrutiny had been adequate to determine the actual character and condition of health, the prevailing feature of each sex would have manifested itself, and the anomalous result of male life being of higher absolute value than female life would not have appeared.

Assurance Companies, it has been stated, are likely to have proposals most freely from among unhealthy persons for sums payable at death; but that proposals for annuities, or sums payable during life, will be made on the lives of the most healthy only; and that the private opinion of the individual being always brought to bear against the Company, the effects of selection under this aspect ought to prevent the results of such observations from being regarded as a true exponent of the value of life in the class of society generally to which those persons belong. There exists no published document, so far as Assurance Offices are concerned, to show whether this opinion is well founded: but there is evidence of the same kind,—of equal, or per-

At p. 36 of the "Contributions," in Table H, No. 5, col. 2nd, the Expectation is given as deduced from the aggregate observations of Assurance Companies and includes both sexes; but col. 1st (Males & 1) of the same Table relates to Lives only, and is consequently that which should be brought into comparison with the results of this inquiry.

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from Data supplied by Friendly Societies.

haps from its greater extent, of higher value, than any to be had from the Assurance Companies. The tables calculated by Mr. Finlaison, on the lives among the nominees of the Government for annuity schemes, are here alluded to. The facts over which his observations extended possessed almost every advantage that could be desired; and, considering the acknowledged skill and care with which his computations were managed, the Government Table must be entitled to the highest confidence, and the expectation of life there deduced regarded as the true measure of life in that particular class of society*.

From a comparison of these data, then, it follows that the male lives selected for the Government annuities are not only of less duration than those of the male population of the country generally, and also of less value than lives in Assurance Companies, but that they are actually of less value than those of the members of Friendly Societies in the City Districts. It is evident from these results, that the presumed power of the individual to judge of his own state of health has not shown the remarkable effects anticipated; there is more reason to believe that the natural inclination with which every person is led to look upon his life as good, will very much influence any power of discrimination on his own chances of longevity. It is, however, to be kept in view, that persons of decidedly bad health will rarely purchase annuities; and the exclusion of these has, no doubt, some effect in slightly raising the standard of the table. A similar observation is to be made with respect to the applicants to Assurance Companies. There is a strong temptation for those in really bad, or at least in imperfect health, to offer themselves for assurance; and if all were admitted, no doubt a lower value would be expressed by the Tables. Known caution, however, usually exercised in these matters, and medical talent brought to the aid of the offices, is a protection to the very worst lives of that class; about 23 per cent. of the applicants being the average number rejected.

Friendly Societies, although not equally solicitous, are still not so strict for the admission of members, and they possess one advantage over Assurance Companies; the members, and those likely to be admitted, are generally intimately known in their daily habits to each other; and where evidently bad health or intemperance is refused. A consideration of all that has been said will show that the greater vitality among members of Friendly Societies cannot be accounted for by the superior mode of selecting them. That argument were carried out to its full extent, it would show that the other classes in question had, in that respect, the same blessing thus bestowed on the frugal and industrious countryman composing Friendly Societies in having a longer life appears by the present inquiry, a prolonged duration of life should therefore be regarded as a really true and distinctive

* In the "Mutual Assurance Society," p. 37, a Table will be found (Table H, No. 1) derived from the facts given by Mr. Finlaison in his Report of the 10th March, 1829—being a Table of the male lives in the City of London.

feature of that class of persons, and is, no doubt, the result of their simple and uniform habits of life, and the more regular and natural physical exercises to which they are habituated.

If the nature of the present paper led to a further investigation of this point, it could be clearly shown, by tracing the various classes of society in which there exists sufficient means of subsistence, beginning with the most humble, and passing on to the middle and upper classes, that a gradual deterioration in the duration of life takes place; and that just as life, with all its wealth, pomp, and magnificence, would seem to become more valuable and tempting, so are its opportunities and chances of enjoyment lessened. As far as the results of figures admit of judging, this condition would seem to flow directly from the luxurious and pampered style of living among the wealthier classes, whose artificial habits interfere with the nature and degree of those physical exercises which, in a simpler class of society, are accompanied with a long life.

Thus far, then, it is plain that the amount of life enjoyed by the middle and upper classes tends rather to depreciate than elevate the standard deduced from the general results of the country. And carrying this out still further, and viewing the value of life in the highest ranks of society,—namely, the peerage and baronetage,—as given in the recent and very interesting paper submitted by Dr. Guy, it will be seen that the expectation of life is not only less than in the general community, but also very much below the measure of life *among the members of Friendly Societies in the City Districts**. It may then be conclusively admitted, that the standard of life in the general community is not elevated in any way by the influence of the middle or upper classes. With regard to the very highest ranks, the opposite conclusion must be come to; but as the numbers of the nobility are relatively small, the inferior value of life there shown is not sufficient to account for the reduction of the scale for the general community so much below the average standard of all classes in Friendly Societies.

Hence it follows that the excess of mortality in the general community must fall on the residue of the people; and although at present there exists no direct means of measuring the precise value of life in that portion of the population, it is evident that an inferential one of equal importance is immediately available.

Admitting that the preceding tables form a correct representation of the value of life in the respective classes, it will be easy to arrive at the value of life in the remaining class; for—

Let Table A represent the rate of mortality in the general community, viz., over all England and Wales;

And let b = rate of mortality in one class, viz., Friendly Societies, and forming a part of A or included in it;—Also,

Let c = rate of mortality in a second class, viz., the middle and upper classes, and also included in A; then it is evident that

$A - (b + c)$ = the rate of mortality in the remaining class composing the community. This latter class includes the improvident and reckless, the poor and the destitute, who are exposed to the inclemen-

* The Expectation of Life in the Peerage will be found at p. 36 of the "Contributions," in Table II No. 3.

cies of the seasons, demical and other dr establish this fact, w under consideration.

In making the pr Town, and City Dist whole population of figures than those des representing the comb with the mortality of have been important t elementary data.

If R, T, and C, vations extenc respectively, ar r , t , and c , repres tion for the r

then the mortality per c for the average of the th bined, is derived from—

This is the usual mode b of lives have been hitherto T, and C, bear the same tion of the districts they r cannot be true.

This fact may be rend thetical illustration. Sup which the actual observa districts, viz:—

For District	R
"	T
"	C

$R + T + C$

then the average result th cent.; but if the whole po other in any other relation and 25—then the number respectively: consequently been 2·571 per cent., inste

The following mode o suggested, but it is obvie serious nature than the co

A single illustration w this.

fluctuations of trade, and fall victims to epidemic. Subsequent illustrations will more clearly show the question of large towns or cities is brought

making comparisons of the mortality of the Rural, Town, and City Districts, respectively, with the average results for the whole of England and Wales, no further corrections of the results were needed; but before bringing the table of results of the three districts into comparison with the whole population of the country, it would be enabled to apply a further correction to the

to represent the population over which the observations were made in the Rural, Town, and City Districts

the number of deaths in the same population in the respective districts at each period of life;

and consequently all subsequent results, whether for the whole districts, or rather the three districts com-

$$\frac{r + t + c) \cdot 100}{R + T + C}$$

which general averages for various classes of population are determined; but it is evident that unless R, T, and C be in the ratio to each other which the whole population bears to each other, the average results

would be more intelligible by the following hypothesis:—at any given age the population over which the observations extend was 100 for each of the three

100	Annual Deaths	2
100	"	3
100	"	4
100	"	9

derived would show a mortality of 3 per cent. if the population of those districts had been to each other in an equality of numbers—say 100, 50, and 25. The deaths would have become 2, 1.5, and 1 respectively. The correct average mortality would have been 2.3 per cent.

Deriving a correct average has also been attempted, but it would involve errors of a more serious kind than the method employed.

$$\frac{r \cdot 100}{T} + \frac{c \cdot 100}{C}$$

3

is inadequate to point out the fallacies of

At Age 40—45 the actual mortality of the Rural Districts is .8361 per cent.

"	"	Town Districts	1.0637	"
"	"	City Districts	1.6084	"

Average for the three..... 1.1694

But supposing the actual population of the whole of each district at that age was in the ratio of 82763, 34220 and 25428, which are the actual numbers at this term of life, then the correct average mortality of the whole kingdom would be . . . 1.0287 per cent.

but the above result was . . . 1.1694 "

Difference . 0.1407

Or an error on the amount of the true result of 13.7766 "

Although Table VIII., for all the districts combined, is a correct measure of the average mortality of Friendly Societies in England and Wales, being deduced from the actual numbers in those districts, and in this respect perfect for the purposes of Friendly Societies; yet, unless the numbers representing, at particular years of age, each of the three districts bear the same ratio to the combined districts of that table, at the same ages which the actual population of the country in each of these districts has to the whole population of the country at those ages, corrections would be required for purposes of comparison with the general mortality of the kingdom. But for the same reasons that the corrections suggested would improve the table for comparison with the general mortality of the country, would they also injure the results for the purpose of Friendly Societies. It would, therefore, be better to have the facts under both forms.

As stated in the early part of this paper, if the districts of the Census Commissioners and Registrar-General had been coincident or conterminous, the labour of determining the population at each term of life for the three corresponding districts would have been well repaid.

As already stated, these observations do not in any way affect the rates of mortality as represented in any one district, but affect the combined results for the three districts only. So far as any individual district is concerned, or the comparison of one district with another, or with the general mortality for the whole kingdom, those objections do not apply, for in respect of locality simple elements only enter into the data of each district.

To some it may appear that too much importance has been given to the nature of this error; but as it so constantly enters, under some aspect or other, into nearly all inquiries into Vital Statistics, frequently producing errors of considerable magnitude, it has been deemed necessary to allude to it at length.

The distinction between the rates of mortality in the three districts has been already pointed out; and so far as a single expression of the value of life among those classes, in given districts, is required, nothing more is needed; and the difference between the tables will show the relative value of life in the given districts. Hitherto it has been thought sufficient to rest at this stage in all inquiries into the influence of locality on the duration of life, and to assign the difference thus

appearing in the value of life between the respective districts to the peculiar influence of town or city life. Other causes than locality will, however, be shown to influence the duration of life.

If the data composing the facts presented in the preceding tables be analysed, so as to distinguish one employment from another, it will be found that some occupations are much more healthy than others. The first evidence of this to be brought forward will be confined to the rural districts. From a table* which represents the mortality of labourers in the rural districts, being chiefly agricultural labourers, it appears that a much higher specific intensity prevails up to the age of 80 than among men following all employments in the rural districts. The specific intensity of labourers, however, decreases in a gradual and regular series from the youngest ages in the table, following the rule of the general results of the other districts, and not presenting the apparent anomaly of the general results for the rural districts by showing an increasing specific intensity from twenty to thirty-one years of age. It will be found that the specific intensity for the total inhabitants of rural districts—

At Age 20 is as high as at Age 41 for Labourers.

" 30	"	41	"
" 40	"	44	"
" 50	"	54	"
" 60	"	64	"
" 70	"	72	"

The population in Rural Districts (all classes) was shown to be bisected at ages 68-9, while among the labourers that will be seen to take place at ages 71-2. The sum of the series of differences of the points of equal specific intensity between the Rural, Town, and City Districts respectively, and the male inhabitants of England and Wales were shown to be 55, 23, and 5; but the sum of the same order of differences for labourers is 78; so that the difference between labourers and the general results for the Rural Districts is more than equivalent to the mean difference between Towns and Cities and the Rural Districts. It will also be seen that the sum of the series of differences of the points of equal specific intensity in the Rural Districts generally, and the labourers, is 46, being above the mean of 55 and 23.

The difference for the equation of life to

Age 10, between Rural and Town Districts, is 4 years.

"	"	Town and City	"	3	"
and	"	Labourers and Rural	"	3	"

So that, in this general way of viewing the question, employment produces as wide a distinction as locality†.

It further appears, that the expectation of life among labourers in the Rural Districts exceeds the expectation of the Rural Districts generally throughout the whole term of life. At decennial ages the following is the relative value of life.

* This Table will be found at p. 43 of the "Contributions."

† See Table J, "Contributions," p. 50.

TABLE IX.

Age.	Rural Districts.		Difference in Favour of Labourers.	
	General Results. G.	Labourers. J.	In Years.	Per Cent.
20	45.3550	47.9063	2.5513	5.6251
30	38.4073	40.5972	2.1899	5.7017
40	30.9724	32.7693	1.7969	5.8016
50	23.4700	25.0745	1.6045	6.8500
60	16.6524	17.8205	1.1681	7.8146
70	10.9124	11.3498	0.4374	4.0072

The preceding arrangements, however, do not show the full influence of employment on health, or rather that of an individual employment on health; for, in making comparisons of classes with any standard, that standard ought not to include the class held in comparison, but be the residue left by abstracting that class from the general results; otherwise the effect of that class, in changing the integral expression, will not be seen to its full extent, and the concealment of the real difference will be the greater in proportion to the high ratio which the numbers of the class compared bear to the total numbers. For example:—

Let $a = 20$ per cent. and represent the total results or general average; and

„ $b = 25$ per cent. and represent classes composing the general

„ $c = 15$ average Δ ;

Then, if either class b or class c were compared with the total result or general average, the apparent difference would be only 5 per cent.; while the actual difference between it and the residue class is 10 per cent. Hence, if any class of results be compared with the general results in which that is also included, the apparent difference will always be less than the actual difference, whether the effect of that class be to increase or decrease the ratio of the general results.

The class labourers has, therefore, been eliminated from the general results for the Rural Districts, and the residue formed into another Life Table*, and it will be found that the specific intensity for the Rural Districts generally is as high

At Age 20 as at Age 16 for the Residue.

„ 30	„ 16	„
„ 40	„ 35	„
„ 50	„ 48	„
„ 60	„ 58	„
„ 70	„ 69	„

The corresponding points of equal specific intensity for the residue at

Age 20 is as high as Age 52 for Labourers.

„ 30	„ 44	„
„ 40	„ 48	„
„ 50	„ 55	„
„ 60	„ 65	„
„ 70	„ 72	„

* See Table I., No. 1, p. 43, and Table I., No. 6, p. 48, in "Contributions."

Half the population dies off at age 65-66 in the residue, at age 68-9 in the general average, and at age 71-2 in the labourers.

The great distinction between the value of life among the labouring population in the Rural Districts, and the rest of the Rural Districts, is therefore obvious; and conclusively shows, that even in the same locality, in the rural districts of the country, where all the supposed contaminating influences of ill-ventilated houses, narrow streets, bad sewerage, poisoned air, epidemic town fevers, and factory restraints, are absent, there is nevertheless a very great superiority in the value of life in one class over another. In the Rural Districts recited in the early part of this paper, very little difference can be supposed to exist between the means of support and the various habits of life of the members of Friendly Societies. In fact, they may be presumed to assimilate as near to each other's condition as any means of classification can suggest, the only difference between the individual members being difference of employment or occupation; and therefore, in classifying the various trades, pure elements may be said to be brought into comparison, the only distinction being difference of occupation.

It has already been stated that anything like a complete inquiry into the influence of employment on health is not contemplated in this paper. A few illustrations only will be brought forward to aid the other branch of the inquiry, and by which it will be seen that, independently of locality, difference of employment has a marked effect on the duration of life.

If this position can be fairly established, it will follow as a direct consequence, that wherever an excess of unhealthy trades are congregated, there must also be an increased rate of mortality independent of the local influence; for if the same trades were placed in any other district, there would still be an increased rate of mortality simply in virtue of the trade or occupation.

At ages 30-35, the general mortality of the Town Districts exceeds that of the Rural by 14·981 per cent. of the whole mortality at that period of life; but if the class designated labourers were abstracted from the Rural Districts, the mortality of the residue would be increased 6·181 per cent. of the original ratio. But suppose a still further change to take place, and that the class named labourers is not only abstracted from the Rural Districts, but added to the Town Districts; this arrangement would affect the respective mortalities to such an extent, that instead of the mortality of the Town Districts exceeding that of the Rural Districts by 14·981 per cent., it would fall short of it by 1·831 per cent. of the whole mortality at that period of life. In like manner also would other periods of life be affected. It is evident, therefore, that the residue of the population in the Rural Districts has a fictitious value assigned to it, from being mixed up with the class called labourers; and that in any attempt to discover the relative values of life in different localities, unless employment were made an element in the comparison, an undue value would be attached to a great portion of life in the Rural Districts. The nature of the Rural Districts is such, that a great proportion of the upgrown population must consist of agricultural and other labourers. In the facts here collected, they amount to 33 per cent.; and their lives being of higher value than the average lives in the district, it is no more fair

to judge of the value of life and the influence of locality on the residue of the population from calculations involving the consideration of all the lives generally, than it would be just to compare the value of life in the residue in the preceding illustration with town life, and draw the conclusion that life in the rural districts was of less value than in the town districts; for in both cases a factitious value is assigned, by being mixed up with a favourable class.

From the preceding remarks it is evident that in particular occupations, even in the Rural Districts, life is of less value than in others. Those occupations cannot be said to be less healthy from the objectionable features peculiar to large towns and cities, for they must be supposed under very favourable circumstances for prolonged life. From a table presenting the expectation of life in sixteen trades* in the Rural Districts, selected at random, without any previous knowledge as to whether they were healthy or otherwise†; it appears that the value of life is less than the average for the whole Rural Districts; and labourers were before shown to be more healthy than the average results. It is therefore clear, that if a given district were chiefly made up of the class whose lives are above the average value, or of those below it, that the general results for that district would be of high or low value accordingly.

A very small portion of the population in either the Town or City Districts can follow agricultural pursuits; and therefore the standard of life in those districts will be lowered in consequence of that circumstance alone; but on further examination it will be found that the comparative value of life in those districts is not only lowered in consequence of the absence of many of the most healthy occupations common to the Rural Districts, but that it is still further decreased by the presence of some of the most unhealthy employments, not to be found, or at least to a very limited extent, in the Rural Districts. In other words, the effect of the occupations is such, that if the same people were placed in the Rural Districts, no matter over how much surface they were spread, in order to avoid the influence supposed to connect itself with the congregation of large numbers into towns, still the mortality would be much higher among the people thus conditioned, than among the average of the rural population in ordinary circumstances.

If the view brought forward be correct, that the mortality of towns and cities is increased from the existence of a high proportion of trades which are in themselves unhealthy, independent of the influence of the locality, it should follow that the difference found by a comparison of the rate of mortality of a given number of trades in one district, with that of the same trades in another district, should be less than the difference between the rates of mortality for the general results of the same districts. If the differences of the decennial periods from 10 to 70 in the general results for rural and town districts be taken, the sum of the differences will be found to amount to 19·3299 years; but

* Table H, No. 4, p. 37, "Contributions."

† Namely, plumbers, painters and glaziers, weavers, butchers, millwrights, stonemasons, cabinet-makers, printers, bakers, bricklayers, wheelwrights, tailors, cordwainers and shoemakers, sawyers, clerks, carpenters and joiners, and blacksmiths.

the sum of the differences at the corresponding periods for the 16 trades formerly referred to is only 16·3868 years; being less than the other by about 15 per cent. For a like reason it should follow, that if the differences at the same periods between the 16 trades and the general results of each district be taken, they should amount to less in the town than in the rural districts; and accordingly in the rural districts the sum of the differences is found to be 4·7029 years, while in the town districts it is only 1·7598 years.

In order to afford still further evidence of the effect produced on the average value of life by the prevalence of particular trades, a few other cases will be submitted; and to render the illustrations more simple, they will be given for the average of the three districts, or rather the three districts conjoined; and consequently they must be brought into comparison with the general results for the three districts.

The equation of life in miners is at ages 61·2; in bakers, at ages 59·60; plumbers, painters, and glaziers, at 56·7; and clerks at so early a period of life as 51·2*. For the three districts combined, the same result appeared at ages 66·7, showing a difference of 5, 7, 10, and 15 years respectively; and the following table will show the marked difference in the expectation of life in these employments at five decennial periods.

TABLE X†.

Ages.	Rural, Town, & City Districts. G.	Clerks. J, No. 2.	Plumbers, Painters, and Glaziers. J, No. 3.	Bakers. J, No. 4.	Miners. J, No. 5.
20	43·7736	31·8347	36·9040	40·0268	40·6700
30	36·6051	27·5761	30·5082	32·3572	33·1573
40	29·3306	21·8573	24·3046	24·4756	24·9204
50	22·1920	16·0465	17·0955	19·0910	17·5346
60	15·6942	12·4264	12·1675	14·0632	11·8590

The very remarkable difference between the above employments and the general results, cannot fail to occasion some surprise; and at the same time conclusively prove, that any district containing a majority of the above, or other equally unhealthy employments, must show a very reduced average value of life for the district, independent of the influence of the local situation itself on health.

It will no doubt cause some uneasiness in the minds of inquirers to find, that so highly important and industrious a class of men as clerks should stand lowest in the scale of the above employments; and that from 20 to 60 their expectation of life should be only 75 per cent. of the general average. The expectation of life among plumbers, painters, and glaziers in the same period is equal to 81 per cent., miners 85 per cent., and bakers 88 per cent. of the general average.

Plumbers, painters, and glaziers will be found next in the scale; and although much below the general average, they are still of considerably higher value than the class designated clerks.

* See Table I, p. 43, "Contributions."

† An abridgement of Table J, p. 50, "Contributions."

...ing been supposed to
 ...had hitherto been made to
 ...their lives, it is thought that the present
 ...greater difference than would be generally
 ...The class miners will be found to rank above the
 ...ers at the early periods of life, but below them at the latter
 ...periods of life.

The remark formerly made should be here kept clearly in view, that the difference found by a comparison of any class with the general results will always be less than the actual difference; and therefore the effect which the preceding and other unhealthy employments have in reducing the average rate of mortality, is still greater than what appears by the preceding table.

Some large towns or cities are known to represent a less value of life to their inhabitants generally than other towns; and the explanation usually given of this difference has been the favourable or unfavourable nature of the locality, and a change in the sanitary regulations of the place looked forward to as a certain remedy; but a minute examination of all the external circumstances affecting life will show that the great diversity in the mortality of certain classes arises from the influence of other agents. Thus if we compare the expectation of life calculated from the combined data of all trades in Liverpool, with the general results for the Rural Districts, we obtain a much greater difference due to locality in the apparent sense, than has hitherto been shown by any other tables of the value of life in different localities; but at the same time it will be seen that this difference falls much short of the actual difference between different employments. At age 30 the difference between the expectation of life in the Rural Districts and in Liverpool is 8.2636 years; but the difference between clerks and labourers is 13.0211 years; and so also at other periods of life. It ought to be understood, that in making this comparison, the influence of employment is shown to disadvantage; for as has been already pointed out, every large town has its average lowered by the influence of certain trades; and therefore the actual difference in the above comparison between the Rural Districts and Liverpool is less than there given: and again, in the comparison between clerks and labourers, the expectation for clerks has been for the average of the three districts; but if it had been taken for the City Districts only, a much greater difference would have been found, and consequently the influence of employments would have appeared the greater*.

In the town of Liverpool there is a uniform decrease in the specific intensity of life from the commencement to the end of life; thus, the life intensities at ages 30, 40, and 50, correspond with the specific intensities at ages 45, 54, and 63 in the Rural Districts; ages 38, 49, and 57 in the towns; ages 29, 42, and 59 in the cities; and at ages 21, 34, and 47 in the three districts combined. Half the population between the ages 58-9,—an earlier period than in the City—by three years.

the expectation of life for all trades in Liverpool† will be

* Table K, No 2, of the "Contributions," p. 58.

† See Table H, No. 2, p. 36, of the "Contributions."

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Age.	Friendly.
20	37.95
25	33.90
30	30.143
35	26.526
40	23.1524
45	19.9908
50	17.0946

A careful cons
 lieved, will be suf

1845.] *from Data supplied by Friendly Societies.*

found to be lower than the expectation for the City Districts ~~g~~
The following shows the difference at decennial periods of life ~~g~~

TABLE XI.

	Ages.	City Districts.	Liverpool.	Difference.
	20	40·0148	37·9553	2·0595
	30	32·8603	30·1437	2·7166
	40	26·0873	23·1524	2·9349
	50	19·9271	17·0946	2·8325
	60	13·7685	11·9626	1·8059

So far as a general inspection of the above results would suffice, it might be inferred that Liverpool is less healthy than the average of the large cities in England; but it is necessary here again to keep in view the peculiar aggregation of employments which are in themselves unhealthy, independent of the locality; for it so happens, that the mass of labourers in large cities is subject to a very high rate of mortality, and that the peculiar business of Liverpool occasions a great consideration of that class in the dock, and other employments of that kind, a large proportion of which enters into the above results.

It has been already shown for the three districts, that the expectation of life for members of Friendly Societies over the country generally, is greater than that for the whole population of England and Wales.

In the same manner it will also be found, that the expectation of life for the members of Friendly Societies in Liverpool is also higher than the expectation for the general population of Liverpool.

The table xxvii. of the 5th Report of the Registrar-General will be found to be in accordance with the above statement of the Expectation of Life for the town of Liverpool; and it is to be observed that it gives a correct representation of the value of life for the general population, we shall find the comparative value of life for the members of Friendly Societies and the general population in the following Table:—

TABLE XII.

Expectation of Life in Liverpool.		Difference in Favour of Friendly Societies in Liverpool.	
	Whole Population.	In Years.	Per Cent.
	33·0000	4·9553	15·0160
	30·0000	3·9067	13·0223
	27·0000	3·1437	11·6433
	23·0000	3·5260	15·3303
	21·0000	2·1524	10·2500
	18·0000	1·9908	11·0000
	16·0000	1·0916	

1
general population of Liverpool must be due to some other cause than simply that of locality. The persons over whom the observations in the first column extend, being members of Friendly Societies, and almost exclusively workmen and mechanics, of necessity inhabit the inferior class of houses, in the worst conditioned streets; and it is therefore impossible that they can escape the contagious effect of the pestilential diseases supposed to be the scourge of unhealthy neighbourhoods: and admitting this, the results given for the Friendly Societies must evidence all the legitimate effects due to locality; and therefore the excessive mortality of the general population is due to some other cause—such as the poverty and distress which, unhappily, are allowed to remain so much neglected in the large manufacturing and commercial towns of the kingdom. If any part of this argument were to be met by the statement, that the higher expectation of life given for the members of Friendly Societies in Liverpool than for the general community, may be accounted for by the omission of some very unhealthy trades; this would be sufficiently answered by the fact, that 175 employments are included, and, as has been already shown, some of them the most unhealthy occupations; so that a fair average may be said to be taken. A similar objection might also seem to apply against the general results for the whole kingdom; but if it is recollected that upwards of 400 trades are included, the force of the objection will disappear.

It is evident from all that has been said, that the peculiar sanitary condition of large towns has not the remarkable effect which many have supposed in shortening the duration of life; still, it has some effect, and the nature and extent of that influence it is important to understand. But a rude estimate only can be made, until the value of life in every important employment, occupation, or trade has been investigated, for the various localities or districts, on some such plan as that given in the present paper; and then grouping or classifying a given number of these common to different localities; the result arrived at would show the precise amount of influence which a particular district, city, or town, has on the duration of life. A partial or limited comparison of a few trades would not be adequate to answer definitely this question, but an accurate combination of a sufficiently large number of trades would be necessary to guard against the effect of fluctuation.

At the beginning of this paper it was stated, that to carry out the question in this extended degree, was a task of too imposing a nature on the present occasion; and that such illustrations only would be brought forward, as would be necessary to solve the more immediate question.

On the general mortality of large towns especially, little confidence should be placed, even although every other precaution as to distinction of age and other conditions be taken; for fallacies from two sources are apt to enter:—First, if, in comparisons of large towns, precisely the same classes of trades do not exist, errors will arise from that circumstance;—and in the second place, although the same classes of trades do exist in both places, unless the proportionate numbers to the whole population be the same, errors in the result must arise. The nature of the error in the first case is plain, from the fact that different

trades are in the same place influenced by different rates of mortality; and if any given trade is wanting, its tendency to alter the general average will be lost. The error in the second case is of a like nature; for if the absence of the whole class affect the general result, the absence of a fraction of that class must also affect it, although not to the same extent. Illustrations confirmatory of this have already been given when discussing the influence of the class of labourers, and also of the sixteen trades combined, on the general averages for the respective districts; and a recurrence to those illustrations will be sufficient to show the truth of the present observations.

The next part of the inquiry on which I propose to enter is the rate of mortality for female life among the members of Friendly Societies in England and Wales, for the Rural, Town, and City Districts combined*. Male and female life in this class seems to stand, in many respects, in the same relation as male and female life generally in England and Wales; the specific intensities at the earlier periods being higher for male than female life, crossing each other at the middle periods, and turning in favour of female life at the advanced ages. The male population for the three districts is bisected at 66-7, and the female population at the same period of life. In the general population of the country the same thing takes place a year later among females than among males.

The following abstract will show the relative value of male and female life in the country generally, as well as in Friendly Societies†:—

TABLE XIII.

Age.	Expectation of Life in England and Wales.			Expectation of Life among the Members of Friendly Societies.		
	Males.	Females.	Difference.	Males.	Females.	Difference.
20	40·6910	41·5982	·9072	43·7736	45·2610	1·4904
30	34·0990	35·1671	1·0681	36·6051	38·1841	1·5790
40	27·4760	28·7330	1·2570	29·3306	30·7813	1·4507
50	20·8463	22·0545	1·2082	22·1920	23·8200	1·6280
60	14·5854	15·5230	·9376	15·6942	17·2380	1·5438
70	9·2176	9·8409	·9376	10·2057	10·9750	·7693

It will thus be seen, that the distinction between male and female life among the members of Friendly Societies, differs very little from that between the sexes in the country generally; and this difference would be considerably reduced if the necessary corrections for employments were made, as the data for male life in Friendly Societies will be composed of a much higher proportion of unhealthy trades, in relation to the whole male population of the country, than the data for female life in comparison to the whole female population. This coincidence of course tends to strengthen the confidence to be reposed in both classes of results, and brings forward an additional argument

* See Table K, No. 1, p. 57, of the "Contributions."

† See Table H, No. 1, p. 36, of the "Contributions."

against the sufficiency of certain inquiries hitherto made, showing in some instances so wide a distinction between the value of life in the sexes.

3. *Duration of Life in Scotland.*

A separate set of returns was procured from Societies in Scotland, and the facts embodied in them have been combined into a distinct class of tables, to which reference will be presently made. The results thus derived will be of the more importance, as serving to confirm those obtained from the English Societies; and their value in this respect is enhanced by the fact, that the Scotch returns extend over a period of twelve years, while those by the English Societies were limited to five years. The Scotch returns were also made under quite different circumstances from those of the English, and they thus act as checks on each other. The nature and extent of the original form in which the information was furnished by the returns from Scotland, have already been referred to.

The principal comparative results may be thus expressed. In the Rural Districts of Scotland the specific intensity increases in a uniform ratio, from the earliest age to the extreme of life. A comparison with the Rural Districts of England shows a higher specific intensity in the Rural Districts of Scotland till age 34; but from that till age 54 it is lower in Scotland, and from 54 to the end of the tables the specific intensity is sometimes higher and sometimes lower. A more general and comprehensive view of the value of life in the two countries will be obtained by comparing the equation of life: for age 10 it takes place between the ages 67-8 in the Rural Districts in Scotland, but between ages 68-9 in England. Again the equation for age 30 takes place in both countries between 70 and 71. Considering the different sources from which the data of the two Tables are derived, and the different periods of years over which the observations extend, the agreement in this respect is somewhat remarkable*.

In the Town Districts of Scotland, half the population dies off at the ages of 65-6; but in the Town Districts in England the same thing takes place a year earlier. It is in the City Districts of Scotland that the most marked difference is found; but when it is recollected that the only places included in the list of Scotch cities are Edinburgh, Glasgow, Paisley, and Aberdeen, and that the observations relate chiefly to the three first-named places, it will in some measure account for the very high rate of mortality. In the City Districts of Scotland there is a much lower specific intensity up to age 60, than even for Liverpool; but from that age to 80 it is higher than in Liverpool. In the City Districts for Scotland, half the population dies off between the ages of 53-4, being eight years earlier than in the City Districts of England, and five years sooner than in Liverpool, and in fact coming very close on the very worst class of results in England—namely, clerks, in which half the population was cut off at ages 51-2. But as the numbers over which the observations extend in the City Districts

* The results for the Scotch Societies will be found in Tables L, M, and N, "Contributions," pp. 64, 73, 77. The places forming the respective districts in Scotland will be found in the Appendix, Note III.

of Scotland are limited, less confidence might reasonably be placed in the results, and the excessive mortality in part assigned to the fluctuation to which small numbers are subject.

On examination, however, of the various groups of results making up the whole class for the City Districts, they were, without exception, found subject to a high rate of mortality, thus evidencing an absolute higher mortality than in the average of English cities.

The results for the three districts combined, show a less specific intensity than in England up to age 66; and from that age upwards, the figures cross each other. In the general results for Scotland, half of the population dies off between ages 64-65; but in the general results for England, that event is prolonged two years beyond that period.

Looking next to the expectation of life*, it will be found that in the Rural Districts of Scotland it is less than in England by about half a year, from ages 20 to 75; but the Town Districts of Scotland give a higher expectation than in England till beyond 70 years of age, and the City Districts of Scotland show a lower expectation of life than Liverpool up till about 50 years of age. In order to admit of better comparison, the general results for the three districts in Scotland and England will be arranged as follows for decennial ages:—

TABLE XIV.

Age.	Expectation of Life in Friendly Societies in		Difference in Favour of England in Years.
	Scotland.	England.	
20	42·7218	43·7736	1·0518
30	35·6512	36·6051	0·9539
40	28·6565	29·3306	0·6741
50	21·8122	22·1920	0·3798
60	15·0184	15·6942	0·6758
70	10·4296	10·2057	0·2239

It will be thus seen that the Rural Districts of the two countries have shown the nearest approximation; and this is precisely what would have been anticipated from a careful consideration of the elements entering into the formation of the respective Tables. In the Rural Districts of all countries, the condition of the population, as to occupation and employment, is more nearly the same than in the Town or City Districts; and since employment has been shown to have so important an effect on the duration of life, the rates of mortality should differ less in the Rural Districts, where less diversity of employment exists. Before, however, fixing definitely on the Scotch cities so high a rate of mortality, it should be kept in view that one very important element of the investigation has not yet been touched upon. In considering the condition of the English cities, it was shown how an accidental combination of certain trades would produce a very different result from the fair average of the general population; so also, in the present comparison of the Scotch with the English cities,

* Table N of the "Contributions," p. 77.

nave taken place, and one among these must be already obvious. The general results for Friendly Societies in England and Wales were found to be more favourable to life than the results for the whole population of England and Wales, and that in both sexes; so, also, were the results for the members of Friendly Societies in Liverpool more favourable than those for the whole population of Liverpool; and here it will likewise be seen that the mortality of the general population of Glasgow is greater than among the members of Friendly Societies in the City Districts of Scotland.

TABLE XVI.

GLASGOW—Total of the Population as calculated for the 30th of June in each of the Years 1832—1841, inclusive; with the Sum of the Deaths for the corresponding years, as given in the Mortality Bills; and the Mortality per cent. during the same period.

Age.	MALES.			FEMALES.		
	Population.	Deaths.	Mortality. per Cent.	Population.	Deaths.	Mortality. per Cent.
Under 5	167,389	18,846	10.6613	163,155	16,304	9.9929
5 — 10	139,087	2,331	1.6759	138,056	2,134	1.5457
10 — 15	127,201	989	.7775	127,512	973	.7630
15 — 20	111,753	1,209	1.0818	147,340	1,147	.7777
20 — 30	218,158	3,211	1.4718	281,626	3,292	1.1689
30 — 40	156,737	3,336	2.1284	176,405	3,228	1.8300
40 — 50	104,660	3,276	3.1301	111,731	3,001	2.6859
50 — 60	57,928	2,552	4.4054	66,086	2,628	3.9766
60 — 70	33,033	2,564	7.7619	41,084	2,651	6.4526
70 — 80	11,942	1,956	16.3791	16,212	2,244	13.8416
80 — 90	2,580	780	30.2325	4,190	1,012	24.1527
90 — 100	238	92	38.6554	368	155	42.1196
100 and upwards	10	9	90.0000	19	15	78.9476
Total	1,130,716	41,151	3.6393	1,273,784	38,784	3.0447

The difference between the equation for age 10 in male and female life for the whole population of Glasgow is 3.125 years, while in the general population of England and Wales it is a little above one year. This suggests the mention of another feature which presents itself in this inquiry. It appears that the higher the absolute value of life in any class of results, the less distinction will there be found between male and female life. Thus:—

Equation of Life for Age 10.	{	Friendly Societies in England and Wales.....	Females = 56.749	
			Males = 56.408	
			—————	341 of a year.
	{	Total Population of England and Wales.....	Females = 53.554	
			Males = 52.309	
			—————	1.249 "
	{	Whole Population of Glasgow	Females = 41.346	
			Males = 38.221	
			—————	3.125 "

If comparisons were made between the sexes in the intermediate classes of results, a development of the same feature would be seen. As has already been stated, where the duration of life is reduced below its average standard by the prevalence of unhealthy occupations, the influence will be more strongly felt in the male than in the female sex.

If the expectation of life for the city of Glasgow* be now referred to, the remarkable depreciation in the duration of life there will appear somewhat startling. No Table of Mortality hitherto published has shown anything like so low an estimate. Liverpool has been frequently referred to as an example of the short duration of life; but a comparison of the expectation of male life for Liverpool, with the results for Glasgow will shew,

At Age 30 a higher value by 3·101 years.

" 40 " 2·548 "

" 50 " 1·535 "

The mortality of a population like that of Glasgow is subject to remarkable fluctuations, showing an extreme difference in some years of about 68 per cent., or a mean fluctuation of about 32 per cent. An inspection of the total male deaths for all ages, for each of the ten years 1832-1842, will render this evident.

Total Deaths in 1832	4811	Total Deaths in 1837	5423
" 1833	3229	" 1838	3490
" 1834	3255	" 1839	3898
" 1835	3726	" 1840	4470
" 1836	4334	" 1841	4514

It will further be seen those remarkable fluctuation are due chiefly to the mortality in mature life, and not to the mortality in infancy, as some writers have believed.

Year.	From 20 to 50.	In the First Year of Life.	Year.	From 20 to 50.	In the First Year of Life.
In 1832	1795	332	In 1837	1991	371
1833	902	306	1838	1010	336
1834	923	313	1839	966	318
1835	885	365	1840	1346	404
1836	1279	115	1841	1278	381

It appears, then, that while the extreme difference in the mortality from ages 20 to 50 is 125 per cent., for the first year of life it is only 32 per cent. If the mean fluctuation for ages 20 to 50 be taken, it will be found to be 53 per cent., while that for the first year of life is only 14 per cent. Were the inspection extended to the mortality of female life, similar results would be obtained. Notwithstanding the inferior numbers in infant life, the fluctuation is confined within narrower limits than the mortality of mature life; and this law is in obedience to the doctrine of probability, when applied to any other subject, as well as to the mortality of life. For whenever the intensity which determines any result increases—or in other words, when the probability of any event approaches unity—so also will the fluctuation in a series of events be reduced in amount.

It is evident from the preceding results of the mortality in Glasgow, that a Table of the Expectation of Life calculated for one period of years—for example, the three years, 1833, 1834, 1835—would differ

* Table R, p. 83 of the "Contributions."

widely from a table founded on the results of the succeeding period of three years, and that the next succeeding period of three years would also differ in a marked degree from either of these: it has on that account been thought the better course to embrace the results of the whole ten years. On a previous occasion, a Table of the Expectation of Life for the five years, 1836-1840, had been calculated; and the results were, for ages

$$20 = 27.624 \quad 40 = 21.711 \quad 50 = 16.590$$

bringing the expectation of life above that given for the whole population of Liverpool, in the Fifth Report of the Registrar-General. It would therefore be rash to conclude that the public health of Glasgow is inferior to that of Liverpool; for if the same means existed of calculating the mortality of Liverpool during the ten years to which the results for Glasgow relate, it might then be found that the Expectation of Life, on an average of that number of years, was overstated by the Registrar-General, whose figures were derived from the mortality of one year only.

Female life in Glasgow, as elsewhere, is of higher value than male life. Thus:—

	At Age 30.	At Age 40.	At Age 50.
The Expectation of Females is	26.8970	21.0730	15.8617
And of Males	21.8998	19.4532	14.5350
Difference	1.9972	1.6198	1.3267

TABLE XVII.

UNDEE—Total of the Populations as calculated for the 30th of June in each of the Years 1835—1844 inclusive; with the sum of the Deaths for the corresponding years as given in the Mortality Bills, and the Mortality per cent. during the same period.

Ages.	MALES.			FEMALES.		
	Population.	Deaths exclusive of Stillborn.	Mortality.	Population.	Deaths exclusive of Stillborn.	Mortality.
Under 5	41,450	3,328	8.0289	41,513	3,042	7.3302
5 — 10	34,005	413	1.2145	32,622	410	1.2568
10 — 20	60,931	377	.6187	67,367	366	.5432
20 — 30	46,877	481	1.0260	67,086	569	.8481
30 — 40	39,488	562	1.4232	46,323	553	1.1950
40 — 50	24,931	585	2.3464	31,782	585	1.8406
50 — 60	14,826	485	3.2712	18,089	533	2.9465
60 — 70	8,537	528	6.1848	12,888	633	4.9116
70 — 80	4,113	476	11.5730	5,128	552	10.7644
80 — 90	831	204	24.5500	1,197	252	21.0526
90 — 100	67	13	19.4030	155	34	21.9289
Sound upwards	0	2	0	19	2	10.5263
Total	276,056	7,454	2.7000	324,129	7,531	2.3234

The preceding results seem to point out a higher rate of mortality pervading all the groups of observations brought into comparison

from Scotland; and it is therefore to be regretted that the Registration Act does not extend to that country, and afford a certain means of solving so important a question. The subject, however in its present state, has been thought of sufficient importance to warrant the calculation of Mortality Tables for the Town of Dundee; and accordingly the following Table has been deduced from the Mortality Bills of that town for the ten years 1835-1844, and the census of the population in 1841, on the principles described for the formation of Tables I. and II*.

In Dundee the equation of male life for age 10 takes place at age 55-6, which is seven years beyond the results obtained for the whole population of Glasgow, and even two years higher than the equation of life for the members of Friendly Societies in the average of the Scotch cities†. This result will no doubt be unexpected by some inquirers, as Dundee has usually been held up as the type of unhealthy cities; but the present results show the necessity of extended observations before drawing any conclusions, the remarks made relative to the fluctuation of mortality in Glasgow being equally applicable to Dundee. The following abstract will give the comparative value of male life in the gross population of Glasgow, Liverpool, and Dundee.

TABLE XVIII.

Age.	Expectation of Life in		
	Glasgow. Table R.	Liverpool, Reg. Gen. page xxvii. 5th Report.	Dundee. Table R.
20	30·9665	33·0000	35·9632
25	27·8512	30·0000	32·4423
30	24·8998	27·0000	29·0866
35	22·1102	23·0000	25·8297
40	19·4532	21·0000	22·7017
45	16·9366	18·0000	19·8168
50	14·5350	16·0000	17·0891

The value of life in Dundee will thus be seen to stand higher than in either of the other cities. If a complete system of registration existed in Scotland, accurate means would be afforded of carrying out a satisfactory inquiry as to the relative value of life in different districts; but so far as the more imperfect system of Local Registration will admit of judging, it does not appear that the duration of life in the large towns of Scotland should be regarded as so much below that of cities in England.

For many purposes, the mode of representing the value of lives at various ages, under the expression "Expectation of Life," will be found inadequate. The method by which that value is obtained for a given age, involves the consideration of the decrements of life at every superior age; and therefore, in any table, the expectation of life,

* The Expectation of Life, as resulting from these Tables, will be found in Table R, p. 83, of the "Contributions."

† See Tables Q and T, pp. 80 and 87 of the "Contributions."

even at younger ages, will be affected by the irregularities of mortality at the older ages. It consequently sometimes happens that a comparison of different tables, especially at the younger and middle periods of life, may show an equal or nearly equal expectation, while there are in reality very different chances under the two tables of living a given number of years; and again, Expectation Tables may show very different values for the same age, when according to the nature of the data there are equal chances of living a given number of years.

From what has been said it will be seen, that although the "Expectation of Life" expresses the true average duration in years of a certain number of individuals at a given age, yet it does not represent the chances of surviving an equivalent number of years; and consequently, for medical and other purposes, in which it is required to determine the relative value, improvement, or other change which may have taken place within a given period of life, another expression must be found. The equation of life, which represents a term of years for which there is an equal probability of living, appears to be the best mode to determine the comparative value of life in different classes or different districts within the same period of years, as the expression is affected by the mortality within those ages only. In order to show the relation which the equation of life bears to the expectation of life, the expression under each form, corresponding to the decennial ages, are given for various classes of results in

TABLE XIX.
Equation of Life—England and Wales.

Ages.	England and Wales.				Friendly Societies (Females.)	
	Males.		Females.		Rural, Town and City.	
	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.
10	52·305	47·756	53·554	48·383	56·749	49·493
20	44·212	40·691	43·706	41·598	49·702	45·264
30	36·482	34·099	38·066	35·167	41·017	38·184
40	28·790	27·476	30·412	28·733	32·248	30·781
50	21·255	20·846	22·697	22·055	23·894	23·820
60	14·285	14·585	15·355	15·623	16·236	17·238

Ages.	Friendly Societies (Males.)							
	Rural Districts.		Town Districts.		City Districts.		Rural, Town and City.	
	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.
10	58·375	53·258	54·315	50·537	51·743	47·913	56·408	51·810
20	49·353	45·355	45·201	42·274	43·052	40·015	47·434	43·774
30	40·813	38·407	36·517	34·575	34·920	32·860	38·972	36·605
40	32·129	30·972	28·135	27·153	27·218	26·087	30·531	29·331
50	23·609	23·470	20·053	19·973	20·056	19·927	22·344	22·192
60	15·923	16·652	12·815	13·761	13·295	13·769	14·945	15·694

TABLE XX.
SCOTLAND—Males.

Ages.	Rural Districts.		Town Districts.		City Districts.		Rural, Town and City.	
	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.
10	57.474	53.051	55.828	50.743	43.371	42.637	54.567	50.803
20	48.467	44.990	46.407	42.752	34.753	34.586	45.656	42.722
30	39.995	37.783	37.106	35.040	27.831	28.635	37.478	35.651
40	31.493	30.305	28.020	27.641	21.255	22.647	29.539	28.657
50	23.266	22.898	19.441	20.742	16.409	17.386	21.917	21.812
60	15.990	16.018	11.217	13.121	12.688	13.335	15.174	15.018

TABLE XXI.
Trades in Friendly Societies (Males) England.

Ages.	Labourers. Rural Districts.		Clerks. Rural, Town & City.		Plumbers, Painters, and Glaziers. Rural, Town & City.		Bakers. Rural, Town & City.		Miners. Rural, Town & City.	
	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.	Equation.	Expectation.
10	61.512	56.005	41.920	39.085	46.666	43.000	49.516	47.082	61.402	48.516
20	52.240	47.900	33.500	31.835	39.101	36.901	41.031	40.027	42.186	40.070
30	43.341	40.697	27.110	27.570	31.262	30.508	33.030	32.357	33.187	33.157
40	34.349	32.709	19.045	21.857	23.508	24.305	25.001	24.176	24.067	24.020
50	25.631	25.075	13.648	16.046	16.381	17.000	19.170	19.091	16.890	17.635
60	17.574	17.821	11.610	12.426	9.779	12.168	13.630	14.063	10.414	11.850

The terms in the respective columns headed Equation, were determined as follows:—

Let E_x = the number alive in the columns headed "Living" in Tables C, F, I, &c., &c.* at the given age x .

Then $\frac{E_x}{2}$ = the number alive at an advanced age, $x + n$ which will always be intermediate between the proximate years of age $x + n - \phi$, and $x + n + 1 - \phi$, the fraction ϕ of which is determined as follows:—

$$\lambda(E_{x+n-\phi} - E_{x+n}) - \lambda(E_{x+n-\phi} - E_{x+n+1-\phi}).$$

An inspection of the preceding Tables will show that at the earlier ages the equation of life always exceeds the expectation, and that at those ages there is always an even chance of outliving the period of years represented by the Expectation of Life; but the converse is the case for the older ages. It will also be further seen, that in those Tables giving a higher absolute value of life, the equation retains its superiority over the expectation, till a more advanced period of years; or in other words, if the equation and expectation of life in any table be compared, the more advanced the period of life at which the two expressions approximate to equal values, the higher is the absolute value

* For Tables C, F, I, &c., see "Contributions."

of life throughout that table. An example of this will be seen in observing the respective terms for the City and Rural Districts, in the former of which the approximation happens ten years earlier than in the other: again, if the results for the labourers in the Rural Districts be compared with the results for clerks, thirty years' difference will be found; and on comparison of the results for other classes in Tables XIX., XX., and XXI., intermediate periods of approximation will appear.

4. Influence of Locality on Sickness.

The next part of this question to be brought under consideration is the influence of locality on the amount of sickness among the members of Friendly Societies*.

Owing to the greater practical convenience of collecting and arranging the data, as well as of subsequently applying the results to the more useful purposes of Friendly Societies, the amount of sickness throughout the whole of this paper is invariably expressed under the denomination of weeks. For example, in Table XXII., opposite to age 35, and under the head "Rural Districts," the decimal expression $\cdot 8991$ signifies that the average amount of sickness to each individual per annum is that fraction of a week. And again, opposite the same age, in the column "City Districts," the average amount of sickness to each person in the course of a year is $1\cdot 2372$ weeks. When, however, it is required to change the expression to the more scientific denomination of the fraction of a year, that may be easily done by multiplying any of the results by $\cdot 019178$.

An examination of the rates of sickness as given for the Rural Districts will shew that it fluctuates up to the age of 32, and that from that age up to 87 there is a uniform and gradual increase. In the Town Districts the rate of sickness will be found subject to a similar increase from the age of 27 upwards; and in the City Districts the rate increases throughout the whole range of the table. A comparison will shew a higher rate of sickness in the Town than in the Rural Districts, throughout the whole period of life. The rate of sickness in the City Districts will also be found higher than in the Rural Districts, from 23 to 63 years of age; it then continues at a lower rate up to the age of 75, when it again rises, and continues higher till the end of life. In the City Districts, from the age of 24 to 44, the sickness is also higher than in the Town Districts; but from 45 to 57 the rate

* In Tables E and L, pp. 16 and 64 of the "Contributions," the amount of sickness is given among a certain number of persons, at every year of life, expressed in weeks and decimals of a week; and in an adjacent column will be found the amount of sickness among the same number of persons in quinquennial periods of life, also the average amount of sickness to each individual per annum. In the same Table the amount of sickness under the various arrangements described for each of the districts recognised in the Tables of Mortality is also given; and an inspection of the last column will give a general idea of the relative amount of sickness in those districts.

Table V., p. 92, has been formed from the last column, by interpolating the terms for the intermediate years of age, by the method of third differences; and the adjusted results were afterwards obtained in the same manner as that described for the Rates of Mortality in England and Wales, among the members of Benefit Societies, in the early part of this paper.

in both districts differs but little. After 57 years of age to the end of life, there is a much higher rate of sickness in the Town than in the City Districts. The following table will give a general view of the relative amount of sickness in the various districts:—

TABLE XXII.

Ages.	Average Sickness per Annum to each Person—expressed in Weeks.			
	Rural Districts.	Town Districts.	City Districts.	The Three Districts combined.
20	·8387	·8564	·5659	·8398
25	·8630	·8649	·9650	·8744
30	·8753	·8794	1·1059	·9107
35	·8991	1·0114	1·2372	·9836
40	1·0677	1·2669	1·4663	1·1808
45	1·2537	1·8323	1·8125	1·4939
50	1·5896	2·5559	2·3831	1·9603
55	2·3260	3·3029	3·3036	2·7047
60	3·8531	4·9132	4·4973	4·1657
65	7·6305	9·1387	5·9019	7·7501
70	14·1949	15·4995	9·9610	14·0391
75	20·7848	24·0134	22·3864	21·4661
80	24·3545	32·9841	35·2065	26·9405

Sickness will be found to follow to some extent the same law with regard to the influence of locality, that was observed to prevail in respect to mortality; being least in the Rural Districts, and increasing in amount in the other districts; but it will be observed that the relation of cause and effect generally supposed to exist between sickness and mortality is not here manifested—in fact, the highest ratio of sickness is sometimes found associated with a favourable rate of mortality. In order to shew, however, the merits of this hypothesis for the general results of the three districts, a table is subjoined shewing the increase per cent. in the rate of mortality in the Town and City Districts above the Rural, also the increased rate of sickness in the same districts at the corresponding ages.

TABLE XXIII.

Ages.	Increased Mortality per Cent. above the Rural Districts in the		Increased Sickness per Cent. above the Rural Districts in the	
	Town Districts.	City Districts.	Town Districts.	City Districts.
20	27·6008	12·7200	2·1104	32·7650
30	5·4852	30·5204	0·4684	26·3338
40	20·4517	75·7842	18·6560	37·3419
50	35·5833	61·6666	60·7220	49·9182
60	51·5277	41·0185	27·5130	16·7200
70	43·2990	26·7248	9·1906	29·8191

Abundant evidence in addition to this is furnished out of the present materials illustrative of this point; for example, labourers, al-

though influenced by the most favourable rate of mortality, are found to be subject to as high an amount of sickness as the general average; and so also are some other occupations, in which the rate of mortality is also favourable, found subject to a rate of sickness much above the average.

Again, the sickness among the sixteen trades formerly referred to is less than the general average, although, as has been shown, they experience a greater mortality. Bakers also, at the early and middle periods of life, are less subject to sickness than the general average, and among them there is likewise a higher mortality. The class butchers seem to experience a very high rate of mortality, although not subject to above the average amount of sickness. In applying the test of mortality to various localities and employments there is no difficulty, but the case is very different in viewing sickness as an index to the sanitary condition of any trade or of any locality. What constitutes sickness in one case, is often a very different thing from that in another. The standard seems too indefinite and capricious; and although the results as obtained may be considered perfect for all the purposes of Friendly Societies, a careful inquiry will shew their vague nature for medical and other scientific purposes, unless carried further than the mere amount of sickness, without regard to the circumstances under which it has taken place, and the causes producing it. Taking two occupations—tailors and clerks—which happen to be of readiest reference, they are found subject to a very high rate of mortality; still they do not seem, particularly clerks, to be subject to so much as the average amount of sickness; and on consideration of the nature of those employments, it will immediately suggest itself, that the same trivial circumstances which would be sufficient to disable sawyers, and also colliers and miners, would have little effect on those following quiet occupations. Sawyers, colliers, and miners are subject to accidents and various injuries which cannot be considered constitutional disease or sickness; yet it entitles them to relief from Benefit Societies, and they will of course be returned on the sick list. Tailors and clerks are less subject to those accidents, and accordingly their sickness is also less; the other classes, particularly colliers and miners, being much above the average.

But the most striking refutation of the theory, that sickness and mortality bear the relation to each other of cause and effect, will perhaps be derived from a comparison of the general results of mortality in Friendly Societies in England for all districts combined, with that for Scotland*. The result of this comparison will be, that the rate of mortality in Scotland among the members of Friendly Societies is much higher than among the same class in England; and if the theory just recited were to hold good, there should also be found a greater amount of sickness in Scotland; but such is not the case, for instead of there being an increased ratio of sickness, the ratio is actually below that in England. Nothing further need, therefore, be said on this part of the subject; but the argument may be rendered more obvious by an inspection of the following abstract, in which it will be seen that while the excess of mortality is uniformly against Scotland, the excess of sickness is as constantly against England.

* See Tables F and M, pp. 25 and 73 of the "Contributions,"

TABLE XXIV.

Age.	Mortality per Cent. in		Excess of Mortality in Scotland per Cent.	Average Sickness yearly in		Excess of Sickness in England per Cent.
	England.	Scotland.		England.	Scotland.	
30	·7563	·7926	4·7997	·9107	·8376	8·0268
40	·9386	1·0767	14·7134	1·1808	·9767	17·2849
50	1·4267	1·5830	10·9538	1·9603	1·8548	5·3818
60	2·5034	2·9096	16·1331	4·1657	3·9423	5·3628

The nature of the information on the Schedules relating to the Societies in Scotland would evidently satisfy many speculations as to the cause, duration, and mortality of sickness and disease; but as it is proposed to give in this paper a simple representation of the amount of sickness only in the different districts, all inquiries, however interesting and instructive, as to the ratio of sickness to mortality, under the various circumstances which present themselves of employment and disease, must for the present remain untouched.

The next part of the subject naturally arising in this paper is, the relation which the average amount of sickness, as developed by this

TABLE XXV.

Sickness per Annum to each Person—expressed in Weeks.

Age.	Highland Society.	Ansell.	Three Districts combined, Table V.	Age.	Highland Society.	Ansell.	Three Districts combined, Table V.
21	·575	·780	·8453	46	1·032	1·411	1·5688
22	·576	·785	·8515	47	1·108	1·475	1·6528
23	·578	·791	·8585	48	1·186	1·544	1·7461
24	·581	·798	·8661	49	1·272	1·619	1·8486
25	·585	·806	·8744	50	1·361	1·701	1·9603
26	·590	·815	·8834	51	1·451	1·791	2·0812
27	·596	·825	·8915	52	1·541	1·890	2·2161
28	·603	·836	·8988	53	1·633	1·999	2·3650
29	·611	·848	·9052	54	1·726	2·120	2·5279
30	·621	·861	·9107	55	1·821	2·256	2·7047
31	·631	·876	·9154	56	1·918	2·410	2·8956
32	·641	·893	·9250	57	2·018	2·586	3·1371
33	·652	·912	·9396	58	2·122	2·788	3·4293
34	·663	·933	·9591	59	2·230	3·021	3·7722
35	·675	·956	·9836	60	2·346	3·292	4·1657
36	·688	·981	1·0130	61	2·500	3·611	4·6099
37	·702	1·009	1·0474	62	2·736	3·991	5·1904
38	·718	1·040	1·0869	63	3·100	4·448	5·9073
39	·737	1·074	1·1313	64	3·700	5·001	6·7605
40	·758	1·111	1·1808	65	4·400	5·672	7·7501
41	·784	1·151	1·2353	66	5·400	6·486	8·8760
42	·814	1·195	1·2939	67	6·600	7·471	10·0679
43	·852	1·243	1·3565	68	7·900	8·659	11·3257
44	·902	1·295	1·4232	69	9·300	10·086	12·6494
45	·962	1·351	1·4939	70	10·701	11·793	14·0391

inquiry, bears to the Sickness Tables.

The only tables to are those contained in tables given in the big Societies, and published by the Society for the Diffusion of Useful Knowledge, shew the relative amount of sickness given ages according to of this inquiry.

For the sake of a more accurate comparison of the merits of those different

Age.	Annual Amount	
	Highland Society.	Ansell.
20	·575	·77
30	·621	·86
40	·758	1·111
50	1·361	1·701
60	2·346	3·292
70	10·701	11·793

The remarkable increase the present results, beyond the very startling to those not given in the Table of the Friendly Societies throughout the country, has been generally acknowledged to be much far back as 1825 it was thought in the House of Commons. It is against the nature and standard of the Highland Society's Table were ob- discussed elsewhere. For some it was thought that the amount of sickness shewn in the present perfectly safe; but instances down whose contributions appear the increased amount of sickness of some of the best regulated, and reports of a very clear to the increased amount of sickness. A knowledge of circumstances sent inquiry, the original objection, whether the Friendly Society rate of sickness.

t of sickness, as hitherto shewn in other

it is deemed necessary to make reference, Highland Society's Report for 1824, and the valuable work by Mr. Ansell on Friendly Societies, 1835 under the superintendence of the 'Useful Knowledge. The following will show the amount of sickness per annum to each person at the Friendly Societies, and also according to the results of the

convenient and general view of the relative results, the following abstract is given.

TABLE XXVI.

Sickness to each Person—expressed in Weeks.

Average of all Districts, Table V.	Excess per Cent. above Highland Society.	Excess per Cent. above Ansell.
·840	31·5476	7·6190
·911	31·8331	5·4884
1·181	35·8171	5·9272
1·960	30·5612	13·2142
4·166	43·6869	20·9798
14·039	23·7766	23·0636

the amount of sickness, as shewn by the two other tables, will no doubt appear sufficiently familiar with the condition of the country. The rate of sickness as shewn by the Highland Society, has been long and generally below the actual average, and even so unfavourably of by a Committee of the Highland Society, it was unnecessary to enter into the objection from which the data for the Highland Society, as that subject has been amply shown after Mr. Ansell's work appeared, calculated according to the increased rates would render Friendly Societies almost daily of Societies breaking out to those tables; and recently become so apparent to the members of the Highland Societies, that meetings have been of the opposite kind published, pointing out the cause of their falling condition of this kind first led to the preparation of which was simply to answer the question actually were subject to a higher

Mr. Ansell's data had reference to the five years 1823—1827; and it is difficult to account for the difference between his tables and the present results, unless it be considered that the imperfect manner in which the affairs of Friendly Societies at that period were managed, did not allow of so accurate information being then obtained as now, when required by Act of Parliament to make quinquennial returns. In Scotland, at the time even of collecting the data for this inquiry, it was found that quadruple the Societies would have filled up schedules in competition for the prizes offered, but were prevented doing so by the incomplete system in which their books were kept. It is not improbable that the difference of the two classes of results may be partially accounted for by the smallness of the numbers over which his observations extended, as in the aggregate they amounted to 24,323 years of life only, or about 5,000 persons for a period of five years. If this fact is considered, and at the same time the irregularities which peculiarity of employment and other circumstances have been shown to produce, it will not be difficult to account for the dis-

TABLE XXVII.

Comparative Amount of Sickness in various periods of Years according to the Sickness Tables of the Highland Society, the Tables by Mr. Ansell, and the Results of this Inquiry.

From Age	Amount of Sickness in each Period of Years, expressed in Weeks.				
	Highland Society.	Ansell.	Average for the three Districts.	Excess per Cent. over Highland Society.	Excess per Cent. over Ansell.
20—30	5·870	8·060	8·7145	32·641	7·510
30—40	6·728	9·535	9·9120	32·1227	3·8035
40—50	9·670	13·395	14·7999	34·6617	9·4926
50—60	17·827	22·562	27·0894	34·192	16·712
60—70	47·982	58·717	77·3029	37·929	24·042
70—80	.....	.....	205·3562	.....	.....
20—40	12·598	17·595	18·6265	32·3652	5·5378
30—50	16·398	22·930	24·7119	32·8775	7·2107
40—60	27·491	35·957	41·8893	31·3723	14·1618
50—70	65·803	81·279	104·3923	36·965	22·140
60—80	.....	.....	282·6591	.....	.....
20—50	22·268	30·990	33·4264	33·3820	7·2888
30—60	34·219	45·492	51·8013	33·9416	12·1798
40—70	75·473	94·674	119·1922	36·6796	20·3703
50—80	.....	.....	309·7485	.....	.....
20—60	40·089	53·552	60·5158	33·7545	11·5074
30—70	82·201	104·209	129·1042	28·5841	19·2831
40—80	.....	.....	324·5484	.....	.....
20—70	88·071	112·269	137·8187	36·0965	18·5386
30—80	.....	.....	334·4601	.....	.....
20—80	.....	.....	343·1749	.....	.....

crepancy. If the nature of Mr. Ansell's Treatise had required an enumeration of these features, it would have been interesting to have traced the cause.

It is not believed that the mere fact of small numbers would, of itself, be sufficient to account for the difference, without at the same time a peculiarity in the combination of the employments of the persons composing those numbers; for not the least remarkable feature which has appeared in the present inquiry is, the uniformity of the results as to sickness, with even smaller numbers than those included in Mr. Ansell's statement, when all the facts recorded were under similar circumstances as to locality and employment.

In order to give a still further and more comprehensive view of the several tables over periods of years, the following arrangement may be useful.

An inspection of the fourth and fifth columns of the above Table will afford the most conclusive evidence of the increased ratio of sickness above that set forth in previous tables. To those interested in the progress of Friendly Societies the results are highly important, as they will demonstrate the impossibility of permanence in those institutions on their present foundations. Considering the immense number of those Societies which have broken down, it is lamentable to think that so little should have been done to ascertain the real nature and extent of the risks to which they are subject. It is still more remarkable that so many legislative enactments should have occupied the attention of the Government of the country from time to time, and that Committees also of the House of Commons should have had the condition of those Societies for several years under consideration, without any practical measure being carried out for collecting and arranging data in a proper shape to point out the true character of the liabilities to which they are subject. In fact, the stimulus given to the formation of those Societies by some recent Acts of Parliament should be regarded as an evil rather than as a benefit to the working classes. An immense number of Societies were formed in a very short period, and their contributions regulated by the most delusive and inadequate data, so that at the present time very few are to be found calculated to survive many years. Under a scientific and amply developed system, those Societies would be calculated, in a few years, to completely remove the cause of nearly all that poverty, distress and misery which haunt our manufacturing towns, and fill our workhouses with the working classes of the country; but owing to the imperfect and unstable foundation on which they are at present built, instead of being a help and a support to a poor man, they involve him in those difficulties for which he might otherwise have provided. On becoming a member of such a Society, he reasonably looks forward to it as a support for his declining years, and a protection during periods of sickness and disease; but ultimately, at the very time when assistance is required, he discovers that the Society has been formed on a ruinous plan, that the increasing years and infirmities of its members have absorbed all its funds, and that those surviving must be thrown destitute on the parish as a public charity. It is to this point, by the most ill conceived of all proceedings, that the legislation of the Government has hitherto tended. Every facility and encouragement are

given to the formation of Societies, without any help or information for their management or guidance. The ship is cast upon the waves without rudder or compass, and the safety of the vessel left to accident and chance.

As already stated, a Committee of the House of Commons reported in 1825, unfavourably of the Table of Sickness furnished in the preceding year by the Highland Society; still no other data were supplied on which any more confidence could be placed; the consequence was, that Societies were formed, and continued to be managed, on calculations resulting from the same data; and, even up to the present time, thousands of those Societies are conducted either on those terms, or terms still less adequate to carry out the purposes contemplated.

An inspection of Column 4 of the preceding Table will show that, in the decennial periods of life from 20-70, the Friendly Societies in England and Wales experience an excess of sickness of from 32 to 37 per cent. above that indicated in the Table of the Highland Society, or an average increase of sickness over the whole of that period of fifty years of 36·096 per cent.; or, in other words, Friendly Societies actually experience about 138 weeks' sickness in that fifty years, while the Highland Society Table would lead them to expect eighty-eight weeks only.

The ruin of any Society, under such conditions, is inevitable. There are many other errors in the rules of Friendly Societies, connected with the various benefits which they hold out, calculated to ruin their schemes; but if it were necessary here to cite instances in which Societies have suffered from the simple feature of excessive sickness, abundant instances could be pointed out; but the internal evidence contained in this paper, of the actual rate of sickness experienced by Societies in the aggregate, must also prove that individual Societies have been sufferers. In illustration of this point, it is impossible to avoid quoting a passage from a very able Report, dated 8th of February, 1841, submitted to the Edinburgh Compositors' Society, by a Committee appointed to revise the laws. They state, in their Report, that the contributions and benefits of the Society were regulated by the data of the Highland Society; and, in order to discover whether the experience of the Society has harmonized with the original data from which their calculations resulted, an investigation of the actual sickness in the Society was made, of which the following is an abstract:—

TABLE XXVIII.

Age.	Number of Members.	Actual Sickness in the Society.		Amount of Sickness expected by the Highland Society Tables.		Excess of Actual Sickness.	
		Weeks.	Days.	Weeks.	Days.	Weeks.	Days.
20—30	732	979	1	417	0	562	1
30—40	580	863	5	398	1	465	4
40—50	126	191	5	129	3	62	2
50—60	11	12	2	20	4	8	2
Total.....	1449	2047	1	965	2	1081	5

It will thus be seen that the actual sickness experienced by this Society has exceeded that contemplated by the Highland Society Tables by no less an amount than 112 per cent.

The following gives the amount of sickness as experienced by this Society, and also according to the results of various tables.

	Excess of Sickness in Compositors' Society.			
	Weeks.	Days.	Weeks.	Days.
Amount of sickness in Compositors' Society	2047	1	.....	....
Ditto, Highland Society Tables	965	2	1081	5
Ditto, Ansell's Table....	1357	0	690	1
Results as given in this paper, City Districts, Table V.	1748	0	299	1
Results as developed in { Printers	2000	0	47	1
{ Colliers and Miners	2146	0	—98	5
less sickness in Compositors' Society than among Colliers and Miners.				

It will thus appear, that while there was in the Society an excess of 112 per cent. above the Highland Society's Table, and also an excess of 51 per cent. above Mr. Ansell's Table, there is an excess of only 17 per cent. above the results obtained in the present inquiry, for the average of all trades in the City Districts, and of 2 per cent. above the general class printers, which includes both compositors and pressmen; but there is at the same time also actually less sickness than among colliers and miners by nearly 5 per cent.

It has been shown that particular trades and employments are subject to different degrees of sickness and mortality, and the importance of this element in considering the health of towns, and the influence of locality on the duration of life, has already been pointed out; but in viewing the condition of Friendly Societies, the necessity of considering the peculiar effect of certain trades and occupations must appear to be of vital importance. A most remarkable disparity exists between the rates of sickness prevalent in different places and in different employments, and Societies may run the greatest hazard by incautiously adopting each other's Regulations or Tables; for so great is the distinction which obtains between the liabilities incurred by members of different trades, that what would be sufficiently safe for one Society might completely ruin another. It may seem to some that the excessive amount of sickness experienced by the Compositors' Society may be accounted for by the fluctuation in small numbers, but on reference to the Report itself such will not be found to be the case. The facts extend over a term of sixteen years, and the results for the various periods are pretty uniform, and cannot be looked upon as the result of any accident, but must be regarded as a distinctive and proper feature of that trade to which the members of the Society belong.

In calculating tables for the guidance of such a Society, it would evidently not be safe to assume the results for the general average of the country or a given district as a sufficient basis to proceed upon; for, allowing such to be the case, and adopting even the present results as a standard of calculation, there would still be 17 per cent. of the sickness in the above Society unprovided for. As remarked in respect of the rates of mortality in different trades and occupations, so also may it be said of sickness, the present inquiry, therefore, cannot be

regarded as complete till the results for the various employments are published.

Other Societies in Edinburgh, it will be seen from a passage presently to be quoted from the Report in question, have also experienced an increased amount of sickness beyond the rates of the Highland Society's Table, although the sickness in those Societies has not equalled in amount that of the Compositors' Society. It is stated that the sickness in those Societies amounted "on an average to no less than 87 per cent. more than the Highland Society's rate." Considering this statement, from the correctness of detail in other parts of the same report, to be correct, it seems to be a very remarkable coincidence, that in the City Districts, being that with which those Societies should be brought into comparison, there is, according to the results of this investigation, at the same term of life also exactly 87 per cent. more sickness than given in the Highland Society's Table. From 20 to 60 years of age, according to the Highland Society's Table, (see page 98,) there is forty weeks' sickness to each person; but according to the City Districts, Table XXII., there is seventy-five weeks' sickness, or 87 per cent. more than given in the Highland Society's Table.

The practical advantage of thus recognising particular districts and occupations is obvious; for had either of the preceding questions been tested by the results for the general average, no satisfactory solution could have been offered. Hence the reason why some Friendly Societies go on prospering, while others, under apparently the same management and scheme, survive but for a short term of years, to ultimately involve their members, when most in need of support, in ruin. The following extract from the Report of the Committee in question is important:—

"The average annual sickness to an individual is as follows:—

		Compositors' Society.					Highland Society.				
		Weeks. Days. Hours.					Weeks. Days. Hours.				
From 20 to 30 years of age				1	2	1	.....	0	4	3	
„ 30 to 40	„			1	2	22	.....	0	4	19	
„ 40 to 50	„			1	3	3	.....	1	0	4	
„ 50 to 60	„			1	0	17	.....	1	6	3	

"From a comparison of these two rates, it will be seen that the sickness experienced by this Society has been more than double that given by the Highland Society. Since ascertaining this result, the Committee have made various inquiries in order to ascertain how far this increase corresponded with the experience of other Societies established on similar principles; and they have to report as the result of these inquiries, that in Heriot's Benefit Society, the School of Arts, the Goldsmiths' Equitable, the Journeymen Goldsmiths' and in the Cabinet and Chairmakers' Societies, a very great increase had also been experienced, amounting, on an average of these Societies, to no less than 87 per cent. more than the Highland Society's rate. Great, however, as this increase appears, it is easy to be accounted for when the state of Societies is considered during the period embraced by the Highland Society's inquiry. It is well known that up till the period of the publication of the Highland Society's Report, Societies generally partook very much of a charitable character, no member being

entitled to benefits unless he was in indigent circumstances. Now, when it is considered that the Highland Society's rate of sickness was deduced from the amount of sickness experienced by the 79 Societies above mentioned, during a period when they were formed upon this charitable principle, it is not to be wondered at that now, when they are established upon strictly insurance principles, and when, in consequence, each member claims to the utmost extent of the benefits, the sickness should be found to be so much greater than was at first supposed. This, the Committee conceive, is quite sufficient to account for the great disparity between the rate of sickness given by the Highland Society, and that now found to occur among Societies."

The preceding comparisons did not extend beyond 60 years of age; but, as will appear from subsequent illustrations to be given in this paper, the claims to be made by members after passing their sixtieth year become generally so alarming as to be the usual means of awakening Societies to the danger of their position. For example, although in the Compositors' Society all the members were under 60 years of age, still there was a large amount of what is called permanent sickness. At page 6 of the Report in question, it will be seen that of the members actually sick,

91.0 per cent.	had	7½ weeks' sickness each;
3.5	"	69
and 5.5	"	216

It will thus appear, that the amount of sickness among 5.5 per cent. of the members was actually more than double that experienced by 91 per cent. of another class of the same Society. When the subject of permanent sickness is brought forward, its relation to age, its effect on the funds of a Society, and the methods by which the future liabilities of a Society may thereby be determined, will be amply discussed.

Having entered so fully into the characteristic features of the Highland Society Table, in relation to the results of this inquiry, a simple inspection of Table XXVII. will be sufficient to shew to what extent Mr. Ansell's Table is liable to the same objections. At the decennial periods of life from 30—70, it will be seen that there is an excess of sickness in the Friendly Societies in England and Wales over Mr. Ansell's Table, varying from 4 to 24 per cent., or a mean difference over the whole of that period of forty years of 19.283 per cent. This excess of sickness, as well as all the other results in Table XXVII., are derived from making Table XXII. the standard of comparison; but if Mr. Ansell's Table were taken as the standard of comparison, the deficiency in amount of sickness over that period of years would be 23 instead of 19 per cent., and at ages 60—70 the deficiency would be 31 instead of 24 per cent., as given in Table XXVII., or a deficiency of nearly one-third. But in regarding that table as a general guide for Friendly Societies, its inadequacy for many cases will instantly appear by making it bear on the results of Table XXII. for the City Districts, in which, as already stated, the amount of sickness from 21—60 years of age, is seventy-five weeks, being an excess over Mr. Ansell's Table, for that period of life, of no less than 41 per cent. The greatest care and discrimination should therefore be exercised, in established Friendly Societies, not to adopt general results for the

guidance of particular classes. The laws of sickness and mortality are under peculiar modifications in each class, and must be developed before any safe practical conclusions can be arrived at, deserving of public confidence.

The following are the results of a combination of the elementary data of some interest, in a form not hitherto attempted, and from which some useful conclusions may be drawn. In the preceding tables the rate of mortality has invariably been regarded in relation to every member of the Society or Societies, at the given ages; but in column 1 of the following table will be found the results of a different combination. All the members at every year of life, or rather all the members of exactly the same age, being placed into one group, it was then observed how many of these had actually experienced sickness during the course of that year of life. And these being abstracted from the total number of members of the same age, column 1 was deduced, expressing for quinquennial periods of life the per centage of members that are actually sick in the course of one year; for example, out of every hundred members aged 31—35 in a Society, twenty-one will be on the sick list during some part of the year; but of the same number of members aged 61—65, at least thirty-five members would be sick during some period or other of the year.

TABLE XXIX.

Age.	Per Centage of Members sick during each Year.	Ratio of Sick Members to every 100 not sick in every Year.	Mortality per Cent. among those actually sick.	Sickness per annum among those actually sick.	Total Amount of sickness to each death.
11—15	21·9565	28·1337	·9901	4·1231	416·4290
16—20	22·0743	28·3273	2·8571	3·5887	125·6032
21—25	22·0386	28·2686	3·0539	3·8518	126·1271
26—30	21·6997	27·7134	3·3271	4·1921	125·9977
31—35	21·0147	26·6058	3·7592	4·3583	115·9411
36—40	21·5471	27·4650	4·0686	4·9463	121·5732
41—45	22·9858	29·8463	4·5306	5·9418	131·1468
46—50	24·6012	32·6333	5·1657	6·8556	132·7123
51—55	27·6422	38·2022	6·2401	8·5104	136·3839
56—60	30·2124	43·3535	7·2732	10·9261	150·2235
61—65	35·5676	53·2015	8·6163	15·1975	176·3808
66—70	46·8193	88·1443	9·6004	24·2217	252·2988
71—75	58·3750	140·2400	12·1306	32·6275	268·9679
76—80	73·5916	278·6667	11·3636	36·2367	318·8876
81—85	74·4624	291·5790	18·4116	37·7633	205·1064
86—90	79·4872	387·5000	17·2043	41·0829	238·7943
91—95	50·0000	100·0000	.....	39·2450	.....
96—100	.....	.....	.....	.....	.....

An inspection of column 1 will shew, that from the younger ages up to the period 31—35, the ratio or chance for any given member to be sick diminishes; but that from that period of life upwards, the tendency for any given member to be sick increases in a uniform and regular series. No table of this kind has hitherto existed; and it is

believed, that in addition to the more general purposes of Vital Statistics, it will be practically useful to Benefit Societies, in enabling them to determine whether the numbers on their sick list be greater or less than the average. Table XXII will afford a means to determine whether the total amount of sickness in a Society be greater than the average; but the present table simply points out the proportion of members to be expected on the sick list, and is perhaps more important than the other, as a test to the means of selection adopted for the admission of members.

Column 2 is simply a modification of column 1, and needs no explanation further than to state, that it will afford a ready means of testing the relation of the sick to the non-sick members in any one year, when placed in separate groups, as is generally done in Benefit Societies.

In preceding tables the rate of mortality was given for the general population of Friendly Societies; but in the third column of the foregoing Table will be found the mortality per cent. among those persons actually sick. The mortality among the population generally has been shewn to increase with age; so also does the mortality among those persons actually sick increase with age.

In the quinquennial period of life 21-25, the mortality among those sick is 3.0539 per cent.; but in the advanced period of life 66-70, the mortality is increased to 9.6004 per cent., or more than three times that of the other period. An inspection of this column will shew that there is a uniform and gradual rate of increase of mortality.

Tables of this kind are calculated to throw important light on the subject of Vital Statistics. A chronological series would point out any change or modification that may have taken place in the intensity and severity of disease. By the aid of the information given in column 3, premiums may easily be determined for the assurance of lives while actually sick; but as the results in that column do not distinguish sickness under particular diseases, a knowledge of the disease under which the patient might be suffering would be of no assistance to parties undertaking the risk: but if particular diseases, with the sickness and mortality under each, were given in separate classes, then the results would apply to given diseases, in the same manner in which the above results will apply to sickness in general, irrespective of disease. An application of columns 1st and 3rd will afford the means of measuring the exact liabilities of a Friendly Society; and if the same means were available to an Assurance Company of ascertaining the ratio of its members sick, the principles of determining the liabilities in those Companies would undergo an important change.

Suppose that in any particular Society containing 3,647 members, equally distributed over the ten quinquennial terms of life from 20 to 70 years of age, one thousand of those should be found on the sick list in the course of a year, and of one thousand persons found sick, fifty-six deaths would take place in that year; but if in the actual result the balance of those numbers was in any way disturbed, that circumstance would tend to shew whether the selection of lives in the Society was of a favourable or unfavourable character.

The results in column 3 were obtained by direct observation; but

it is evident that if m is made to represent the rate of mortality per cent., and a the results in column 1, then

$$\frac{m \times 100}{a} = \text{column 3.}$$

It is obvious that in applying the results in this table to any practical purpose, independent calculations must be made for each term of years, otherwise errors of the same nature to those pointed out at page 41 would affect the result.

Column 4th of the same table will be found to represent the amount of sickness per annum among those actually sick. From the age of 15 upwards, the amount of sickness will be found to increase in a regular and uninterrupted series. At the term of life 21-25, there is 3-8518 weeks' sickness in a year to each person, but at the term 66-70 there is 24-2217 weeks' to each person actually sick.

Without any further inquiry on this point, the manner in which it will bear on what is called permanent sickness in Friendly Societies is obvious. It will thus be seen, that not only have advanced years a greater liability to sickness, but that, once on the sick list, its duration receives a most remarkable increase. It will also be further seen, that at the two terms of life 21-25 and 66-70, the relative chances of being sick are in the ratio of 220 to 468, while the mortality at the same terms of life is in the ratio of 31 to 96 among those actually sick; and that the amount of sickness to those persons at the respective ages, shews the remarkable disparity of 39 to 242.

The cares, anxiety, and suffering with which the decline of life is thus beset, appear to form a most striking contrast to the improvident carelessness with which in youth any provision for those calamities is regarded. "If any man will not work, neither shall he eat;" and as "the time cometh when no man can work," it is in the summer of life that abundant provision must be made for the vicissitudes of that winter which incapacitates for labour; but how mortifying must be the disappointment which falls on the hopes of those patient contributors to Friendly Societies, who, after thirty or forty years' experience, find in the decline of life, when thrown by their infirmities on those Societies for support, no brighter prospect than the severe and harassing privations of pauperism, or the consolations of the workhouse.

The results in column 4 may be obtained in the same manner as that just described for column 3, viz.;—Let s represent the average sickness per annum, as given in Table XXII, and a the results in column 1 of Table XXIX; then

$$\frac{s \times 100}{a} = \text{column 4}$$

It must be kept in view, that the results in this column, as well as those given in the whole of the same table, will be much influenced by local circumstances and peculiarity of employment, and that it is not to be thought that they can be applied with safety to all Societies promiscuously. Considerable experience and discrimination will always be required, to determine on the due application of many of the most important practical results here produced.

the most curious and interesting part of the preceding

Table is column 5, as it connected with Vital; that column will shew constitution has a greater sickness, still it presents life a greater power of yet, although there is there is a higher capacity.

At the period of weeks of sickness there is only one death a greater amount of ages than at younger

This peculiar feature those giving attention ways. Many of them after years; and, in diseases ensue, which fatal in their results chronic form of disease to the sick-list of such as Consumption great extent incapacity may be high

Nothing like a of the preceding place to refer to applied. In Friendliness among the of deaths to be among which into the affairs of the relative Provided that amount of sickness deaths, it might the results; augmentation might be registered the member Medical Science no simpler lar modes much success sickness a mentary d publish the Supp patients and equ here giving

some remarkable and novel features
35. A careful survey of the figures in
although, as age advances, the human
tendency to decay, and greater liability to
apparent anomaly of having in advanced
rting sickness than in younger life; and
power to resist the approach of disease,
of sustaining its insidious and destroying

31-35, it will be seen that for every 116
one death; but at the term of life 66-70,
252 weeks of sickness; or in other words,
cess is required to destroy life at advanced

which seems to have been unexpected by
or such subjects, may be explained in several
scaes prevalent in younger life disappear in
sing from the diseases peculiar to youth, other
although not so acute in their nature, are yet
and thus the change from the acute to the more
will impart increased duration, but not severity,
Society. Again, many fatal diseases of youth,
and other Diseases of the Chest, do not to any
ate from labour; and in those diseases the mor-
while the amount of sickness is small.

proper enumeration of all the practical applications
is here contemplated; but it may not be out of
ew of the more obvious uses to which it may be
by Societies, a correct record of the amount of sick-
nbers will afford a means of predicting the number
oked forward to, as well as the class of members
deaths are most to be expected. Investigations
Society will also be much aided by a skilful survey
ount of sickness to the deaths among the members.
ver a sufficiently long period, an unusually large
s was found to prevail in relation to the number of
e safely inferred that some peculiar element affected
if both sickness and mortality should show a marked
yond the calculated numbers, then such a feature
d as evidence of an inferior condition of health among
that Society. For the more important purposes of
the results in column 5 are easily available. Perhaps
rical test could be offered of the efficiency of particu-
eatment; but to apply the results here given with
e figures should have been classified according to the
ortality of particular diseases. A portion of the ele-
ill admit of such a classification; and it is intended to
its on some future occasion.

Medical Practitioner to have within the circle of hi
ousand persons, whose ages vary from 21 to 70 year
read over that term of life; according to the resul
ought to expect 274 of them to be on his sick list di

ing the course of a year—that they would experience 2430 weeks' sickness in the aggregate—and that there would be about sixteen deaths out of that number in the same time; and presuming that he were to visit each patient every alternate day, it would produce 8,505 visits in the course of a year, or about 23 visits daily. Societies and many other public bodies adopt a practice of paying an annual sum for medical attendance and advice; and it will thus be seen that means are available by which to calculate the probable amount of labour and time that may be required for the discharge of such engagements.

It may at this place be again stated, that in applying the preceding results to individual classes, or in a few instances only, it should not be expected that they will in every case be confirmed. Nothing short of a refined classification is calculated to meet the peculiar aspect of all the cases presenting themselves. A review of Table XXII will shew the wide distinction which prevails between the ratio of sickness in the Rural, Town, and City Districts; and in particular trades or occupations the sickness sometimes is double in amount that in other employments. In sickness therefore, as well as in mortality, it is obvious that general results can be but of little practical value. Suppose it were attempted to conduct Societies in Liverpool, or any other large city in England, on the same terms that would be adequate for Societies in the Rural Districts of Kent and Essex—it is manifest that they could not be of long duration.

Here it may be also well to state, that if in any public inquiry it should be attempted to ascribe the increased amount of sickness in the Town Districts to the less healthy nature of the districts, or their peculiar local influence on health, the conclusion would certainly be fallacious. Precisely similar arguments to those made use of in reference to the mortality of those districts, will explain the differences in the ratio of sickness in the same places; and it is therefore to be inferred, that whatever sanitary regulations may be carried out for promoting the health of towns, the wide distinction between the rates of sickness and mortality in particular districts will still not disappear. The cause of that difference is beyond the reach of any sanitary measure; and unless a change were to take place in the character and machinery of the manufactures of a town, by which the workmen would be habituated to less restrained but more natural and complete physical exercises, no improvement in the state of health is to be looked for.

The evils, so far as relates to health, represented to exist by some writers to so frightful an extent, and to connect themselves with inferior sewerage, filthy streets, and ill-planned houses, are certainly overstated by them. The data brought forward have generally been of the most indefinite and insufficient nature; and when, in connection with this, the erroneous methods employed, and the promiscuous manner in which their figures are generally combined, are kept in view, it must seem surprising that the thinking and intelligent portion of the community should have given their opinions any credence, or believed their conclusions entitled to so much weight.

Perhaps no statistical facts are better established than the duration of life among the middle and upper classes of this country; and if the data brought forward in this paper be received as of sufficient

merit to represent will then appear the value of life in means than sanita-

Those persons dealings with Ass of any improvem cleanliness of habi selves powerful el should be felt am results? The pos large towns, and i longer lived than stances enables t kingdom.

It is evident, different classes c within the scope c elements must ex life. It would fu more in connexio habituated than society, and consc clue will be found to be expected th planning of stree if it were possible man, twenty per Neither is it to b to be relieved fro is subject; nor th those exercises n follows the drudg these, and other the excessive me shewn in the pre even in the count made up of perso be expected is a local influence c effected in the sa them at once b cipal innovations the true merits o tion of taste and

The duration of life among the working classes, it is clear that any important change to be hoped for in the Town Districts, must be effected through other regulations.

Purchasing Government Annuities, and having Insurance Companies, are certainly beyond the reach of laws to be introduced by local regulations; and if the comfort of dwellings, and fresh air, be of themselves elements in raising the standard of life, their influence is great on that class of persons. But what are the actual conditions of the workmen inhabiting the miserable streets of our large towns, breathing their supposed noxious vapours, are actually the opposite of the affluent and upper classes, whose easy circumstances enable them to inhabit comparatively the palaces of the

aristocracy. From the great disparity in the value of life among the workingmen, whose conditions as to whatever is afforded by public sanitary measures are the same, that other elements are likely to have a powerful influence on the duration of life never appear, by viewing the various classes of society side by side, with the physical exercises to which they are subjected in connexion with their moral position and rank in life, and recently with their sanitary condition, that a better explanation of the differences in the duration of life. It is not the want of any arrangements whatever as to the drainage and ventilation, which are likely to add to the longevity of a tailor; but the want to give his frame the physical exercises of a ploughman, which would be added to the duration of his life. The clerk, who is thought that the plumber, painter, and glazier, is exposed to the poison of the metallic emanations to which he is subjected; the clerk can inhale the fresh air, and indulge in the necessary to develop his physical constitution, while he is confined to the counting-house. It is an aggregation of occupations similarly conditioned, which makes up the vitality of our large towns; and since it has been proved by the preceding pages that this class of lives is also less healthy in the country districts, and that the town populations are chiefly composed of those following such occupations, the legitimate result to be expected is a shorter duration of life in towns, independent of any other causes of ill health. If improvements and changes are to be effected by sanitary regulations of our large towns and cities, let them be carried out,—not upon the necessity of such measures to avert a pestilential havoc in human life,—but on the question, the comforts, conveniences, and elevations of moral purity, thence arising.