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THE

Throttling of the Commonwealth

DRINK AND DEATH.

By JAMES WHYTE.

PROBABLY the best general test of the physical condition of a people is their death-rate. All the influences that tend to life, and all that tend to death register themselves there. Much of the record we cannot decipher, but a great deal of it we can. And one thing that is written in such large and clear characters that even those who run may read it, is that the greater portion of our diseases and of our premature deaths we owe to our own ignorance, and, above all, to our neglect of such knowledge as we possess but persistently disregard.

The Effect of Sanitation.

The history of sanitation in England for the last half century illustrates this. For the five years, 1850-54, the total annual death-rate was 23·26 per 1,000; while for the last five years of the century, 1896-1900, it was only 18·92 per 1,000. In other words, the average life of the people was, during the half century, lengthened by four years and one-third.

Death Rate Reduced One Half.

This was really a magnificent achievement; but something even more gratifying and more promising

than this has been accomplished. A veritable miracle has been wrought in the saving of the lives of a section of the population. The Registrar General's Returns show that between the decade 1841-50 and that of 1881-90 the rate of the mortality of the male children and youth of the country, of from five to twenty-five years of age, has for the twenty years been reduced by nearly a half, or from 8·2 per 1,000 to 4·7 per 1,000 per annum. That is, two persons live through the twenty years of the latter age-period indicated, for every one who lived through the corresponding age-period of the previous half century.

Ameliorations of Social Environment.

On this most satisfactory-looking result sanitarians and social reformers, but especially the former, justifiably plume themselves. Indeed, it is a result which speaks well for the resources of civilisation which they have evoked. But it has been brought about by an enormous expenditure of money, about £200,000,000 it is said, and an infinite amount of anxious thought and self-sacrificing labour. Besides, within the period in question great and most beneficent changes have been brought about in the environment of the masses. Free trade has made food cheap and abundant. The hours of labour have been shortened. The dwellings of the people have been improved. The sanitary condition of our cities and towns has been very greatly ameliorated. Workshops have been made much healthier. Muscular labour has, by the help of machinery, been much lightened. Child labour, which in the beginning of the century was so injurious to the rising generation, has been prohibited, and so also has the employment of women in unhealthy and degrading occupations. Wages are much increased, and clothing has been greatly cheapened. Public baths, public playgrounds, and public parks have multiplied opportunities for the promotion of healthy living. Medical men do less positive harm and more positive good than their predecessors did.



The Successes and Failures of these Ameliorations.

But what these ameliorations have failed to effect is almost as noteworthy as those they have effected. For instance, in startling contrast to the great fact that the death-rate of males between five and twenty-five years of age has been reduced, during the last 50 years, by about a half, stands the other surprising fact that in the death-rate of men of the age-period of from 25 to 75 there has been no reduction whatever.

The Registrar General, in the supplement to his 55th Annual Return, shows that the "mortality figure" for the age-period between 1860 and 1890-2 had even increased. For 1861-70 the figure was 960, for 1880-2 it was 942, and for 1890-2 it was 1,000. And when we compare the death-rate of men of 25-65 of the first five years of the second half of the century just closed (1850-4) with the rate of the men of the same age-period of the last five years of the century (1895-9), we find that for the former period it was 17·85 per 1,000 per annum, and for the latter it was 17·90. Actually there was no reduction.

The "Times" on the Wrong Tack.

How is this to be accounted for? How came it that the improved social and sanitary conditions which so greatly reduced the mortality of male children and young men, failed altogether to lessen the average of that of men in middle and later life? What is the explanation? The *Times*, in a leading article on some letters on the statistics under consideration, which several years ago I contributed to its columns, accounts as follows for the state of matters which the statistics disclose:—

"It is notorious that improvements in surgery, in medicine, and in sanitary science are saving every day hundreds of lives, especially in childhood, which would have been lost 50 years ago. The war against epidemic diseases, the insistence on wholesome conditions of work and living, the use of anæsthetics, the antiseptic treatment of

wounds and other injuries, abundant supplies of wholesome and cheaper food, and of better and warmer clothing for the poorer classes have all been operating in this direction. Mr. Whyte admits this, and it is indeed an essential part of his case. But he omits to take into consideration the consequences of these advances of science acting in unison with the development of the humanitarian spirit. Numbers of weakly lives are now preserved in infancy and childhood which would have perished a couple of generations back. This is apparent on the face of Mr. Whyte's statistics. But in a great proportion of such cases there can be no unqualified expectation of longevity. After attaining middle age those of weakly constitutions who have been saved by the more genial conditions of modern life may be expected to wear out quicker and in larger numbers than the picked lives out of whom the weaklings have been sifted by the harsh ordeal of an earlier time."

The Other Side.

I have never seen that those who support this theory have considered more than one side of the question. They urge, and quite rightly, that by means of sanitary and other improvements some children who, but for these improvements would have perished in childhood, have had their lives prolonged to a later period; and that, when they do die their deaths go to swell the mortality records of a later age-period. But these disputants leave the other side of the question out of sight altogether. Of course medical science, sanitation, and the rest, which, in a sense artificially, keep the life in a few feeble infants and children for a short time, or even run them on to middle life, are at least as effective in strengthening the healthy, in carrying *them* through dangerous disease, and in repairing and maintaining *their* vital powers as in prolonging for a short time the lives of the abnormally feeble.

Besides, what of the increased health, strength, energy, hopefulness, and comparative immunity from zymotic and other diseases which have been secured

not only to weaklings but to the population as a whole? The improvements referred to, I insist, influence the whole community at all age periods. Why, then, should it be assumed that they do not tend to lessen the death-rate at all age-periods on to the period of old age, when man's natural course is run?

A Statistical Blunder.

But, further, and this is absolutely conclusive. There was no increase whatever in the saving of child-life prior to 1871. The rate of mortality for the children of five and under for 1838-47 was 71.47 per 1,000 per annum, for the period 1848-57 it was 72.39 per 1,000, and for that of 1858-67 it had risen to 73.24. Up to this point, evidently enough, no increase in the saving of infant life had taken place. Then for the period 1868-77 things began to mend among those under five just a little. For that period the death-rate for children under five was 70.12. Now, very obviously, the fancy that the increase in the death-rate of males who in the decennium 1881-90 were over 35 years of age can be accounted for by the baseless supposition that the adult population of that period consisted to an unusual extent of weakly lives who from 30 to 50 years previously would have perished in childhood or youth, is absurd.

A Powerful and Malign Influence.

It must surely have been some most potent and malign influence or agent that countervailed, in the case of men of the later age-period, all those influences and agencies which, at the same time, did so very much to improve the physical condition of young people between 5 and 25.

Temperance Among the Young.

It is beyond reasonable doubt or question that those of the population who are under 25 years of age have benefited enormously by the great social and sanitary improvements that have taken place in this country during the last half-century. And it is well worth

noting that comparatively few of these young people are within what we may call "the drinking age"; and worth noting also that the Temperance reformation has in recent times been mainly operative among the younger section of the population; that, for example, men under 40, and especially those under 30, are in a very much larger proportion total abstainers than were the young men of from 50 to 60 years ago. The Bands of Hope, the Good Templars, the Rechabites, the Sons of Temperance, the Cadets of Temperance, and the Young Abstainers in connection with all the Christian Churches now constitute a mighty army of young people under teaching and training as abstainers, and have been so for half a generation or more. These have been coming year by year in increasing numbers, within what to them would have been the "drinking period." And multitudes of them have been saved by their Temperance education and training from what would have been the most dangerous of the temptations of that period of their lives. All these agencies have had an important effect on the health and life of the young in entering the period of life which we call the "drinking period"—that is, the period when the free using of liquor usually begins, the period of earning something like full wages, of exercising independent will in the expenditure of money, and, generally, in the management of life. The epoch *preceding* is that in which the sanitary and social ameliorations referred to have their fullest, freest, and most effective operation on the lives and health of the younger section of the people of the country, and who, in this portion of their lives, have reaped what others have sowed.

Intemperance of the Middle-aged and Elderly.

But the great majority of Englishmen of from 25 to 65, when they ought to be industrially and physically at their best, have nullified for themselves those advantages to physical health and life which the thought and labour of the reformers of half a century have purchased. *And they have done so by their increased drinking;* for, notwithstanding all that has been said and done in recent times to discredit "sotting" and to promote

sobriety, there is proof positive that the men who use alcohol at all drink much more of it per head and do more soaking than the alcohol users of fifty years ago did. As this may be doubted, here are the sad facts.

For the ten years, 1848-57, we learn from the Government returns the consumption of liquor of all sorts was, in alcoholic strength, the equivalent of 3.626 gallons of proof spirits per head per annum; while for the last ten years it was equal to 4.137 gallons, or rather more than half a gallon per head in excess of what was drunk per head per annum fifty years ago. This, of course, means that the drinkers of to-day consume very much more alcohol per head than did the drinkers of fifty years since. for the proportion of abstainers of the drinking age and for the transition period between what are roughly called the non-drinking and the drinking ages, is very much greater than it was in the earlier times referred to. Hence, every alcohol user's share of the total quantity consumed is, of course, much greater than was the case in the times referred to, and the result is seen in the nullification of the physical benefits which manifestly must have been brought on the environment of mature and elderly men.

A Doubt.

But some of my readers may not be disposed to take for granted that it is really alcohol that has cancelled in the case of men between 25 and 65 those ameliorations and advantages which have so manifestly added to the duration of the lives of boys and young men between 5 and 25 years of age. May it not be something else than alcohol, hostile to life, that comes into operation or comes much more vigorously into operation in the case of the seniors than it does in that of the juniors, and is something sufficient to account for the difference produced within the last fifty years in the respective death-rates of the classes concerned?

Drink and Premature Death.

It is a matter of common knowledge that what is called excess in drinking alcohol shortens life, "the

average shortening," as a committee appointed by the British Medical Association to inquire into the subject reported "being roughly proportioned to the degree of indulgence." It was to the degree of indulgence in *alcohol* that these medical experts attributed the average degree of shortening of life among those whose lives were the subject of investigation. That is one significant fact. Another is that these experts found that the shortest lives were among the class of the liquor sellers whom the Registrar-General shows to be to the greatest extent of any class subject to excessive mortality from drink diseases. Then, it is a well-known fact that life assurance offices will not accept at ordinary rates the risk of insuring the lives of those known to be at all intemperate. Besides, and this is most important, such offices will not effect, except at enormously increased premiums, insurances on the lives of liquor sellers and even of those whose daily business necessarily brings them much into contact with liquor selling and liquor sellers. The lives of these latter are exposed to such danger from alcohol that the risk of premature death has to be covered by much-increased premiums. These facts, and multitudes of other such, show at least that in the opinion of competent judges the intemperate use of alcohol causes mortality, and that wherever premature death takes place on a wide scale, and is not obviously attributable to some other known cause, diligent inquiry ought to be made as to the extent and effects of alcohol consumption prevailing in the neighbourhood.

The British Medical Association's Inquiry.

In August, 1887, the well-known report of the Collective Investigation Committee of the British Medical Association on the "Inquiry into the Connection of Disease with Habits of Intemperance," was presented to the Association at its meeting in Dublin. The habits as to the use of alcoholics of 4,222 men between 25 and 65 years of age, whose deaths, which had taken place within the preceding three years, had been reported upon by certain members of the Association, and the

particulars sent to a central authority in order that the facts ascertained might be analysed and classified. It was found that only 40 per cent of the numbers reported upon had been "habitually temperate," that 55 per cent had been more or less intemperate. Of the total number of 4,222 no fewer than 25·6 per cent had been "careless drinkers," 12·9 per cent had been "free drinkers," and 16·5 per cent had been "decidedly intemperate." The rest were unclassified. But the astounding fact is that so great a proportion as 55 per cent had, to a greater or less extent, shortened their lives through the use of drink, "the average shortening," according to the report, "being, roughly, proportional to the degree of indulgence."

The most remarkable facts disclosed, however, were those relating to the licensed victuallers. Of these "true guardians of sobriety," only 11·3 per cent were set down as having been "habitually temperate," 16·3 per cent as having been "free drinkers," 26·9 per cent as having been "careless drinkers," and the appalling proportion of 45·5 per cent as having been drunken or "habitually intemperate." The evidence further shows that, taking the average duration of life of the "habitually temperate" as the standard, one-sixth of the 4,222 men whose cases were reported upon had shortened their lives on the average ten years, two in every thirteen theirs five years, and the rest theirs on the average extent of from two to three years.

It must be noted that the comparison made was between alcohol users classed as "habitually temperate," and alcohol users classed as more or less intemperate. No comparison was made by the Association between total abstainers and "habitually temperate" alcohol users. On this point the committee say: "We have not in these returns the means of coming to any conclusion as to the respective duration of life of total abstainers and habitually temperate drinkers." But what we want to know is, not merely the advantage which total abstainers have in the matter of length of life over the "habitually temperate," but also what, approximately, is the extent to which life is shortened throughout our whole adult male population by both temperate and intemperate drinking.

MODERN MATERIALS.

For a good many years after the Temperance movement began the materials for this comparison did not exist; but now the returns of societies which insure abstainers and non-abstainers in separate sections, together with the statistics of teetotal benefit societies, which have of late accumulated, supply such material as enables us to compare the duration of the lives of groups of total abstainers with the lives of exceptionally temperate users of alcohol.

All the insurers in the associations referred to are "selected lives." Before admission as members all are subjected to medical examination, and the unhealthy, weakly, or intemperate are eliminated. Those admitted belong mostly to the provident, regular, careful, sober classes; hence the alcohol users among them are abnormally clear of the risk of falling into the worst and most deadly forms of alcoholic intemperance. Yet the disparity in the duration of the lives of abstainers and the duration of the lives of alcohol users is shown in the records of those associations to be very marked indeed.

The oldest and by much the largest of these associations is the United Kingdom Temperance and General Provident Institution. It has recently published its experience for 36 years—from 1866 to 1901. In its Temperance section it has had 8,838 "expected" claims, and only 6,300 have become actual. That is, at the end of 1901 as many as 2,538 teetotal insurers were living, all of whom, according to the reasonable forecast of the actuaries, ought to have been dead, and all but about 4 per cent of whom would actually have been dead had they been alcohol users.

The Sceptre Life Association is a younger and smaller office. It has just published its experience for 18 years, which has been remarkably uniform throughout. In its Temperance section it has a large proportion of life abstainers as insurers. This it reckons is a very special advantage. In the general section, during the 18 years, it has had 2,081 "expected" deaths and 1,652 actual deaths; being 79·38 per cent of those expected. In the Temperance section it had

1,221 "expected" deaths, and only 675 actual deaths; or 55·12 per cent.

The Abstainers and General Insurance Company, Limited, have also had an experience of 18 years, and their "expected" deaths, under the H.M. Table of the Institute of Actuaries, were 539, and their actual deaths 267, being 49·5 per cent of the expected deaths.

Finally, we have the Scottish Temperance Life Assurance Company, Limited. It records that "the death claims amongst its abstaining members during the 15 years, 1883-97, have been only 47 per cent of the experience of 20 life insurance companies."

So far as known, there is no difference likely to affect the duration of life between the abstainers and the alcohol users, in these societies, save that which arises from the difference of their habits with regard to the use of alcohol. Plainly, teetotal groups have a great advantage in the matter of length of life over even groups deemed exceptionally temperate.

Here is another very grave aspect of the question.

The Registrar's "Mortality Figure."

The forty years between the ages of 25 and 75 constitute the specially productive period of life, the period of responsibility, of ripeness of judgment, of experience. Men's best work is mostly done in these years of life. The Registrar-General has, therefore, devoted special attention to the bringing into light of the effects on life and health during this age-period of the men of this country, of their habits and employments. He has ascertained that of 61,215 men of this age-period in the general community, 1,000 die within the year, while of the same number of publicans, also of that age-period, 1,642 die. By applying the Registrar-General's method to the returns of the teetotal Rechabites, we find that of the same number at the same age-period, only 560 die. Thus we find that, roughly stated, of a group of publicans, a group of men of the general community, and a group of Rechabites—all the groups of the same number and all the members of the groups of the same age-periods—one Rechabite dies for every two of the general community, and for every

three of the publicans. But, as has been said, the lives of the Rechabites are "selected" lives, and something must be allowed for that. When, however, adequate allowance is made for that fact, and for the other fact that the term "general community" includes teetotalers as well as drinkers, and that, therefore, the annual mortality of 61,215 of the general community of from 25 to 65 years of age, all of whom are alcohol users, must be considerably more than 1,000.

ALCOHOL AND TUBERCULOSIS.

To many of us it is, at first sight, incredible that so large a proportion of our national mortality as the foregoing figures seem to show is the result of drinking. Yet the more we give attention to the evidence as to the number and deadly character of the diseases caused or greatly aggravated by alcoholism, the more it becomes manifest to us that alcohol is indeed "the enemy of the race," the harbinger of physical degradation and untimely death.

We have a case in point in the recently-discovered close connection between alcoholism and tuberculosis. From the returns of the Registrar-General it appears that of the total mortality among men of the age-period of between 25 and 65, almost exactly one-fifth is due to phthisis. This terrible disease is by many held to be the chief scourge of our nation. The mortality from it, as most people know, is enormous; but few are aware of the closeness of the connection between alcoholism and tuberculosis. Consumption, or phthisis, or tuberculosis is, as has been shown, one of the most active agents of death at present known. It is therefore well that efforts of the most strenuous character are being made to deliver the nation from so deadly an enemy. But surely it is also important that the people should know what the main causes of this fatal disease really are, or, at least, to what it owes its maleficent power. Yet few do, and I have for some time observed that the *chief* cause is usually altogether left out in discussions on the subject of its prevalence. In these discussions alcohol is very seldom mentioned, although at the great Congress on Tuberculosis, held in London

in July, 1902, Professor P. Brouardel, Dean of the Faculty of Medicine, Paris, whose authority on such a subject is of the highest value, declared that "the public-house is the purveyor of tuberculosis"; that "alcoholism is the most potent factor in its propagation"; and that "the strongest man, who has once taken to drink, is powerless against the disease." If these statements are not the wildest exaggeration it is high time that those of us who have the health and vigour of the nation at heart should deal with the alcohol question, which is undeniably the chief factor in determining the physical condition of the people of this country. For, as Professor Brouardel says:—

"Any measures, State or individual, tending to limit the ravages of alcoholism will be our most precious auxiliaries in the crusade against tuberculosis. Ministers who have the charge of the financial department of the State like to calculate the sum the State gets from the duty on alcohol; but they should deduct from it the cost to the community of the family of the ruined drunkard, his degenerate, infirm, scrofulous, and epileptic children, who must have shelter.

"This invasion of alcoholism ought to be regarded by everyone as a public danger, and this principle, the truth of which is incontestable, should be inculcated into the masses, that the future of the world will be in the hands of the temperate."

Besides, Dr. T. N. Kelynack, of London, in a pamphlet containing the substance of a paper presented to the Congress on Tuberculosis, writes as follows:—

"Alcoholism and tuberculosis stand foremost amongst the conditions hampering human progress and limiting man's happiness. Through them the evolution of the race has long been impeded, and, unfortunately, in spite of numerous restraining and restricting efforts, their baneful influence is still accountable for a high degree of mortality, and an immense amount of sickness and suffering.

"With two such morbid influences barring human advance, it was but natural that eager minds studying the one should have been compelled to recognise the presence of the other."

Teetotal Benefit Societies.

The evidence supplied by the mortality experience of the Teetotal Benefit Societies has been of the very highest importance to the Temperance movement throughout the world. The chief of these societies are the Order of Rechabites, whose adult membership is roughly 198,000; the Sons of Temperance, who have somewhere between 66,000 and 70,000 of adult members; and two orders of the Sons of the Phoenix.

The total membership of these teetotal societies in good standing is between 250,000 and 300,000, and the total number of persons more or less dependent upon them must be something like 1,200,000.

Special Value of the Statistics.

The Rechabite statistics of to-day, so far as regards fulness and exactness, are much more valuable than were those of, say, fifteen years ago. Then there were none accessible to the public which showed the death-rate of the membership at the various age-periods. What the statistics did show was that, on the average, the death-rate of the Rechabites was much lighter than that of other non-teetotal benefit societies known to the public. That was something, but it did not go far. Now they accurately show the death-rates of the Order at every life-period. Hence, these can be compared with the rates, at all life-periods, of other benefit societies as well as with those of the public at large. One such comparison brings out the following most significant facts. At 20 years of age the "mean after-life-time," or the "expectation of life" of a Rechabite is 48·83 years; while, according to the Registrar-General, the expectation of life, at the same age, of males of the general community, is 40·27 years, a difference, it will be observed, in favour of the teetotal Rechabite, of 8·56 years.

Of course it will be said, and rightly said, that as the constitutionally weak and the specially unhealthy are not admitted into the Rechabite Order, and as the term "males in general" includes persons of all sorts of

physical conditions and infirmities, sufficient allowance for the advantage, not arising from total abstinence, which the Rechabites thus possess in the comparison, ought to be made. And this can now easily be done. The healthy males table of the Institute of Actuaries shows that at 20 years of age, healthy males—that is men who are insurable at the usual rates—have an “expectancy” of further life of 42·06 years. That is 1·79 years, or one year and four-fifths of a year of life more than, according to the Registrar, is the expectancy of men in general at the age in question.

Here is an authoritative table, which sets forth the actual difference between the death-rates of teetotal and mixed registered benefit societies.

On July 17th, 1896, the House of Commons ordered to be printed a Special Report on the Sickness and Mortality experienced by the Registered Friendly Societies in the United Kingdom, prepared by Mr. William Sutton, Actuary to the Friendly Societies' Central Office, London. This has been issued, and when the mortality per cent is compared with that of the Independent Order of Rechabites, whose experience was tabulated by Mr. Francis G. P. Neison, Actuary, the following results are obtained:—

Teetotal and Non-Teetotal Benefit Societies.

Age.	Sutton's Report, page 1166.	Neison's Report, page 33.	Difference in favour of Rechabites.
25	... 572	... 508	... 064
30	... 709	... 512	... 197
35	... 902	... 545	... 357
40	... 1066	... 646	... 420
45	... 1328	... 857	... 471
50	... 1730	... 1197	... 533
55	... 2389	... 1719	... 670
60	... 3402	... 2515	... 887
65	... 4989	... 3897	... 1092
75	... 11618	... 10031	... 1587
95	... 52508	... 34228	... 18280

These statistics would have appeared more favourable to the Rechabites but for the following circumstances: The non-teetotal friendly societies have a very considerable proportion of members who are teetotalers; and, moreover, all the teetotal benefit societies that are registered as friendly societies, such as the Rechabites and Sons of Temperance, are *included* in Mr. Sutton's report. The consequence of course is that the aggregate death-rate is somewhat reduced by the lighter rate of the teetotal members of the non-teetotal societies as well as by that of the teetotal benefit societies being included in it.

Mr. Richardson Campbell's Testimony.

As to the trustworthiness of the mortality statistics of the Rechabites, Mr. Richardson Campbell, General Secretary of the Order, writes: "If further proof were necessary in regard to the low rate of mortality experienced by the Independent Order of Rechabites, it is to be found in the state of their insurance or funeral funds, as shown by their official valuer in his reports to the Government Friendly Society Office, in London, as required and demanded by the Friendly Societies Act of 1875, and as presented by him to the Rechabites Conference, held at Brighton, in August, 1895.

"This report shows that the relative degree of solvency of the combined district branches who insure the funeral benefits is £1 1s. 8 $\frac{3}{4}$ d. in the £; or, in other words, that for every £1 of liability the society has undertaken to pay, it has £1 1s. 8 $\frac{3}{4}$ d. of assets to meet it; and this can only be attributed to a favourable rate of mortality to that which even the society itself expected." Another valuation is at present in progress, and the result, which is remarkably satisfactory, will shortly be issued to the public.

The Sons of Temperance, &c.

Now it is most important to note that the mortality statistics of the Rechabites are by no means all that we

have to go upon in this department. Another large and prosperous benefit society in this country, the Sons of Temperance, has had experience which is practically identical with that of the Order of Rechabites. And, besides in the Australian colonies, and in New Zealand, the teetotal benefit societies—of which the membership is now very large—have quite as great an advantage in the matter of health and longevity over the non-teetotal societies in these communities as the Rechabites and Sons of Temperance have over non-teetotal societies in this country.

Testimony from South Australia.

As bearing upon this aspect of the question, take the following facts: Mr. H. Dillon Gouge, F.S.S., the Public Actuary for South Australia, reports the result of a comparison in that colony between the mortality of teetotal and non-teetotal or mixed benefit societies, as follows:—

Teetotal Society.	Yearly Mortality per cent.	Non-teetotal or Mixed.	Yearly Mortality per cent.
Rechabites, S.A.	0·620	Foresters	1·333
Rechabites, Albert	0·687	Oddfellows, M. U.	1·351
Sons of Temperance ...	0·724	G. U. Oddfellows	1·658
Abstainers' Average	0·689	Non-teetotal or Mixed } Average	1·381

It will be observed that the non-abstaining or mixed societies have more than double the mortality of the teetotal societies.

This, however, is defective evidence, as the respective ages are not given.

An Old Fallacy Confuted.

But it has been strongly argued by drink defenders that the validity of the inferences in favour of the

longevity of teetotalers, drawn from the experience of these insurance societies, is much impaired by the fact that in such societies insurers are more or less frequently transferred from the teetotal to the non-teetotal section. It is argued that this takes place with the teetotalers when their health has given way, and they have been obliged to take alcohol as a medicine, and that when they die the death-rate of the non-teetotal section is unfairly weighted, and that of the teetotal section unduly lightened. It is hardly necessary to say that there was never even an iota of evidence adduced in proof of this contention, or to add that this did not prevent it from being treated as if it had been proved to the hilt. In this alcohol controversy the merest surmise goes for a great deal when it can be used for strengthening the prejudices which exist in favour of drinking. This particular theory of the effects of transference has been gone into and has been found to be—like so much else used to bolster up the drink delusion—baseless.

The managers of the United Kingdom Temperance and General Provident Institution have looked into the question and have found that, as matter of hard fact, exceedingly few have been transferred from the one section to the other; so few, indeed, that their transference made no appreciable change in the mortality statistics of the institution.

Besides, the directors of the Sceptre Life Association, wishing to know exactly how the matter stood, caused an examination to be made into the extent and effects of this sort of transference among their assurers. They ascertained that the number of persons who had passed from one section to the other was small, and the effects on the statistics were just what reasonable people would have expected.

The result of the investigation was thus stated by Mr. W. Bingham, one of the directors, at the Annual General Meeting of the Association in 1895:—

“It was sometimes suggested that probably impaired lives passed over to the general section when they ceased to be abstainers, and that the general section suffered by the higher death-rate, while the Temperance section got the advantage. Taking a number of years, and passing in review

all the policies which have been transferred from the Temperance section, it was found that the actual death-rate which took place showed a lower percentage among the transferred ones than among the members of the general section if the transferred ones were left out of the calculation; therefore, so far from the general section having suffered on that account it had actually received an advantage."

Such testimony ought to settle the question, because it was the evidence furnished by the mortality experience of these societies which was held to be vitiated in the manner stated.

The Investigation Committee of the British Medical Association.

In August, 1887, the well-known "Report of the Collective Investigation Committee of the British Medical Association, on the inquiry into the connection of disease with habits of intemperance," was presented to the Association at a meeting in Dublin. This report, as everybody acquainted with the Temperance movement knows, gave rise to many interesting and profitable discussions. The following is the statement by the Investigation Committee itself, of the objects and methods of the investigation:—

ITS OBJECTS AND METHODS.

"The inquiry was carried on from May 9th, 1885, to December 11th, 1886. The form of inquiry paper used consisted essentially of a table containing seven columns. The table was divided horizontally into twenty-five spaces, and each space was distinguished by a numeral placed in the first column. The second, third, and fourth columns were headed, 'Occupation, or Social Position,' 'Age of Death,' and 'Cause of Death.'

"The contributor to the inquiry was requested to take his death certificate book for the past three years, and to fill in columns 2, 3, and 4 from the counterfoils

of his certificates of males over twenty-five years of age, in order as they came.

"In the 6th column he was requested to indicate the alcoholic habits of the deceased by an index letter, A, B, C, D, or E, corresponding with the following scale of alcoholic classes:—

"Class A.—Total Abstainers.

"Class B.—The Habitually Temperate.—That is, men who drink small amounts, and only with meals, and rarely take spirits, except for medicinal purposes (the latter part of the definition not to apply to whisky-drinking countries).

"Class C.—The Careless Drinkers.—Men who, without being 'intemperate,' or 'free drinkers,' yet do not confine themselves within a rigid rule; who do not demur to drinking spirits occasionally as a beverage; who may at times drink between meals, or even to the extent of intoxication occasionally, but who do not make these practices a habit; and on the average do not materially exceed what has been termed the 'physiological amount' of $1\frac{1}{2}$ ounces of pure alcohol daily.

"Class D.—The Free Drinkers.—Men who 'drink a fair amount,' or 'take their wine freely,' habitually exceeding the physiological amount to a material extent; but yet who cannot be called 'drunkards,' or considered to have forfeited a character for sobriety.

"Class E.—The Decidedly Intemperate.—'Drinking men,' 'hard drinkers,' and 'drunkards.'

"If a doubt exist to which of two classes a patient should be considered as belonging, he may be placed between the two by joining the letters, as AB or C.D.

"The inquiry was placed in the hands of all members of the Association, and 178, whose names are printed in an Appendix (A), responded to it, forwarding 250 schedules of returns, including altogether 4,234 cases in which the alcoholic class was named, without counting those in which a blank was left."

The following table (No. 1) shows the average age at death for each of these classes:—

TABLE I.

Class.		Years.		Years.	Days.
A	... Total Abstainers	51'22	or	51	80
AB	.....	56'72	or	56	215
B	... The Habitually Temperate...	62'13	or	62	50
BC	.....	62'42	or	62	155
C	... The Careless Drinkers.....	59'67	or	59	246
CD	.....	60'45	or	60	130
D	... The Free Drinkers	57'59	or	57	216
DE	.....	53'64	or	53	233
E	... The Decidedly Intemperate...	52'03	or	52	14
Unclassified	.....	60'91	or	60	334
		<hr/>			
		58'92		58	336

Table No. II. shows the number of cases failing in each class, and the percentage of each class on the aggregate of cases :—

TABLE II.

Class.	No. of Cases.	Percentage.
A ... Total Abstainers.....	122 or 2'8	per cent of 4,234
AB	54 or 1'2	„ „
B ... The Habitually Temperate	1,529 or 36'1	„ „
BC	178 or 4'2	„ „
C ... The Careless Drinkers ...	977 or 23'0	„ „
CD	112 or 2'6	„ „
D ... The Free Drinkers.....	547 or 12'9	„ „
DE	100 or 2'3	„ „
E ... The Decidedly Temperate	603 or 14'2	„ „
Unclassified	12 or 0'2	„ „

Total..... 4,234

THE CONCLUSIONS OF THE COMMITTEE.

The conclusions of the Committee, as stated by themselves, are as follow:—

“On the whole, then, in addition to the information that we obtain from these returns as to the alcoholic habits of the inhabitants of this country, and as to the relative alcoholic habits of different occupations and classes, we may not unfairly claim to have placed upon a basis of fact the following conclusions:—

“1. That habitual indulgence in alcoholic liquors beyond the most moderate amounts has a distinct tendency to shorten life, the average shortening being roughly proportional to the degree of indulgence.

“2. That of men who have passed the age of twenty-five, the strictly temperate, on the average, live at least ten years longer than those who become decidedly intemperate. (We have not in these returns the means of coming to any conclusion as to the relative duration of life of total abstainers and habitually temperate drinkers of alcoholic liquors.)”

Manifestly Harmful.

It will be observed that, of a total of 4,057 persons who were not abstainers, only 40·3 per cent (classes B and BC) had been “habitually temperate.” That is, about sixty out of every hundred of the persons reported upon drank to a manifestly harmful extent. It is shown further that, of the rest, one group numbering 600 shortened their lives through intemperance, to the extent, on the average, of ten years each; that another group of about 650 shortened theirs, through the same vice, by about five years; and that a third of about 1,100 curtailed theirs by from two to three years each on the average.

It is surely a tremendous fact that out of 4,057 adult users of liquor only 1,707 (classes B and BC) were habitually temperate, and it shows how utterly baseless is the charge so often made against the Temperance people that they greatly exaggerate the extent of the deadly evil against which they so strenuously wage war.

Warranted Temperate.

Now it strikes me that this group of 1,707 persons, warranted, on medical authority, to have been "habitually temperate," will receive a good deal of attention in the not distant future. A group of this kind has, for a long time, been very eagerly sought for. At last we have obtained it, and it supplies a missing link in the argument furnished by statistics in favour of total abstinence. It is a curious fact that the defenders of our drinking customs, whilst persistently maintaining as an indisputable fact that only an exceedingly small proportion of the population ever drink to a harmful extent, at the same time, and with equal persistency, maintain that the soberest groups have always a great many intemperate persons among their members. When Temperance reformers point to the greater duration of life among abstainers than among alcohol users, either in the same benefit club or in the same assurance society, the drink defenders insist that the comparison is not one between teetotalers and moderate drinkers, but between teetotalers and a mixed body of moderate and intemperate drinkers, and that this entirely vitiates the comparison. They conveniently forget that only a very great amount of intemperance could possibly account for the difference in longevity between the two classes. At last, however, we have fallen on a group of the "habitually temperate," and what we know, on the best authority, about these, enables us to demonstrate that "habitually temperate" drinking, altogether apart from its fatal tendency to pass into habitually intemperate drinking, is a practice so deleterious that, in the average of cases, it very considerably shortens the lives of those who indulge in it.

Conclusion.

The foregoing facts demonstrate that the foul and degrading drink superstition still demands and still obtains on the average ten of what ought to be the best years of the lives of the great majority of the men of the United Kingdom. What beyond settles this is the fact

that *abstainers* at 21 years of age have, on the average, an advantage of ten years of valid "expectation" of life *over alcohol users of the same age*; and that they have no other advantage save that which is traceable to their abstinence.

Thus, the use of alcohol accounts for a great proportion of the premature mortality amongst the men of our nation. But that is by no means all or the worst. We must remember that such intemperance as kills the body also inevitably first beclouds the intellect and deteriorates and debases the soul, and that health, morals, religion, family affection, industrial capacity, and good citizenship are always impaired and often altogether extinguished long before death arrives by such intemperance as kills.



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