prompts total abstinence possibly induces them to be more thrifty and to take better care of themselves in other respects. No doubt the personal habits of the individual considerably influence his probabilities of life—for example, diet alone is a material agent in man's physical well-being.

Turning now to the weeks of sickness-claim, it will be noticed that the sickness-rates among the Rechabites are considerably higher for all ages under forty-five, and that for the subsequent period of life the rates of sickness are materially less than for the Odd Fellows and Foresters. This higher rate of sick-claim in early life is a marked feature in your experience, and, consequently, I was induced to give it my most careful attention. An excessive rate of sickness may be due either to the claimants being over-numerous, to the recipients of the allowance drawing for a protracted period, or to a combination of both causes. That the sickness-claimants in early life are very numerous in your society the following figures clearly show:—

Ages.	Proportion of Members sick.	
	Foresters.	Rechabites.
Under 25	23·5 per 100	27·9 per 100.
25–34	21·6 "	24·6 "
35–44	22·8 "	25·6 "
45–54	25·7 "	26·9 "
55–64	31·3 "	26·4 "
65–74	46·1 "	40·6 "

Thus, there appears up to middle life a decided increment in the number of members claiming sick-pay in your Order; and, as it is precisely during this stage of life that you admit members, I am rather inclined to the opinion that adequate care is not exercised as to the state of health of many of those admitted. If so, it is to be expected that a larger proportion of these members would come upon the funds than is the case for the whole Order. Clearly, therefore, it behoves your branches to more efficiently supervise the newly-entered members, and to exercise greater precaution as to their state of health before membership is allowed. Experience has proved that judicious medical selection of the lives pays several times over the expense which this procedure entails. It must not be forgotten that when once a person is admitted into a friendly society it is practically the assured only that can determine the contract. Naturally, therefore, many lives which are above par in health drift away from the society, whilst the diseased ones remain.

It might be contended, as the rates of mortality were remarkably low among your members, that though their vitality was sufficient to stave off grim death, yet for this very reason possibly more sickness would be found arising from non-fatal illness. If this contention be true an increased intensity in the attacks of sickness would be anticipated; but this the investigation does not show, as the following figures for the average duration of attacks of illness demonstrate:—

Ages.	Weeks of Sickness per Member per Annum to every Member sick.	
	Foresters.	Rechabites.
Under 25	4·5	3·8
25–34	4·2	4·2
35–44	5·5	5·3
45–54	7·5	6·9
55–64	11·9	11·1
65–74	20·0	20·8

The lower incidence of the sickness risk in your Order after age fifty, as compared with the rates prevailing among the Odd Fellows and Foresters, is mainly due to the less number of claimants in your society, and not to any reduction in the duration of the attacks of illness. For all practical purposes these latter coincide in their intensity with the experience of other friendly societies. . . .