Insurance and Finance

Mortality from Consumption

A NUMBER of tables are presented to our readers in the accompanying chart, which very graphically represent the industrial experience of a prominent American insurance company, the Prudential, of Newark, New Jersey. While the figures are the result of statistics collected in the United States, conditions in Canada are in most respects so similar, that the results may be considered to be of almost equal application.

The tremendous importance of the study of consumption from the insurance company's standpoint will be better realized from the statement that more deaths occur in a year from consumption than from any other disease. There are a number of causes, both natural and artificial, which affect the death-rate from this disease favorably or the reverse. One very important condition is trade or occupation. We referred briefly to this subject in a former article on consumption, and may have occasion to make reference to it again.

There are also a number of other modifying causes, a very important one being difference of sex. A reference to the chart will show that between ages 15 to 44 the number of males dying from consumption is 1.2 per cent. in excess of the number of females.

With regard to deaths from consumption by race, the Prudential remarks that the proportion of colored risks assumed is small for all periods of life, as the company makes no effort to solicit this class of risk on account of the much higher percentage of mortality and the generally unsatisfactory business results. With regard to the mortality rate of various Southern cities, the death rate of the colored population is said to be uniformly and considerably in excess of the death rate of the whites, and this excess has continued, although the mortality rate of both races has gradually decreased during the past thirty years.

With reference to consumption by nativity, our table exhibits an excess of over 7 per cent. among our native-born population as compared with those of foreign extraction. The difference in this case is somewhat more marked than in mortality by race, but it is satisfactory to know that in the case of a number of other diseases this adverse comparison is not maintained.

With regard to our table showing the rate of mortality with reference to sex and medical selection, the company's Reference Guide remarks: "It was formerly the practice not to require a medical examination of risks for small amounts of insurance, but, after accumulating the necessary experience, the practice was changed to meet changed conditions. The industrial medical examination is sufficient for all practical purposes, but, of course, it is not as exhaustive and scientific as the medical examination of ordinary risks, in which a larger amount of insurance is involved." A referenec to the chart shows in this case comparatively little difference with regard to sex, but a significant percentage between examined and unexamined risks.

The table appearing under the title of "Consumption mortality rate per 10,000 lives at risk," shows an interesting comparison between two five-year periods, 1891-1895, and 1896-1900. The latter period will be seen to show a decrease in mortality from consumption of 3 per cent.

Our final table, showing the percentage of deaths, during the first year of insurance, from consumption, and from all other causes, shows clearly the alarming proportion of deaths resulting from the above-mentioned disease. The distinction of sex has not been made. With regard to this table, the Reference Guide remarks: "Of the mortality of males during the first year of insurance, accidents and pneumonia formed the largest proportion. Among females, pneumonia and tuberculosis were the principal causes of death at this period of policy duration. This comparison is of exceptional interest, and proves the value and effect of medical selection in reducing the mortality from chronic and organic diseases during the early years of policy duration in the experience of a life insurance company."