

immunity from the disease. It is perfectly true that more persons die of consumption in this period than in any other, but the other statement is not upheld by a closer study of statistics. There are fewer persons in any period succeeding the one named, and it is found that while the percentage of the entire mortality is less, the individual risk is greater, as we take later periods. Wurzburg, in Prussia, found the following table of percentages of annual mortality from phthisis, for every 10,000 persons, living at each period:—

Age.	Men.	Women.	Age.	Men.	Women.	Age.	Men.	Women.
0-1	24.95	21.92	10-15	4.35	7.38	40-50	57.10	40.10
1-2	20.27	20.55	15-20	17.87	18.87	50-60	82.38	54.48
2-3	12.09	12.94	20-25	34.77	25.93	60-70	112.25	76.09
3-5	6.49	7.18	25-30	40.04	33.58	70-80	75.23	50.03
5-10	4.07	5.26	30-40	44.25	38.12	Over 80	31.71	21.01

This table gives a large mortality from phthisis during the first year. The minimum occurs between five and fifteen years of age. The liability to death from consumption increases in man from puberty till seventy years of age. Roundly stated, the minimum individual risk is at seven years of age, and the maximum at seventy. Women are more frequent victims in childhood. These interesting figures are sustained by the investigations of Lehmann, in Copenhagen, and of Schmitz, in Berlin.

HIGH AND LOW LIFE AND LONGEVITY.—Riches add ten years to life, if we are to believe an essay read before the Association of Hygiene, at Berlin, by Josef Körösi, director of the Bureau of Statistics at Budapest. He divided the people of his city into four classes, according to their worldly endowment, from the abjectly poor to the very rich. The rich class averages fifty-two years of life. The middle class averages forty-six years, and the poor class forty-one and a-half years of life. He also finds that the influence of poverty upon the occurrence of