relation to protracted sickness, after all a very small group of lives, or to some permanent cause operating on the New Zealand societies, I cannot say I do not regard the number of facts as sufficiently great to justify the latter conclusion; but, as it may eventually turn out that there is such a permanent cause, and that, further, though I think this unlikely, the favourable experience of acute sickness has been mainly due to the forbearance of members in fairly good circumstances, I do think that there is the gravest reason for not at present relaxing one whit the rigour of our standard in the valuation of New Zealand friendly societies, and for not lowering the minimum scale of contributions recommended for adoption.

Lastly, I have to submit to you the facts respecting sickness which I have compiled for each of the four separate classes of localities already enumerated and defined (page 3), namely, (1) large towns, (2) small towns, (3) country districts, and (4) mining districts. These are exhibited and

compared in the following table:

	Average No. of Weeks' Sickness per Annum to each Person.					Average No. of Weeks' per Annum to each Person of Sickness protracted beyond Six Months.				
Ages,	Large Towns.	Small Towns.	Country Districts.	Mining Districts.	All Societies.	Large Towns.	Small Towns.	Country Districts.	Mining Districts.	All Societies.
Under 20 20 and under 25 25 ,, 30 30 ,, 35 35 ,, 40 40 ,, 50 50 ,, 60 60 ,, 70 70 and upwards Unspecified	 [0'94] 0'53 0'75 0'78 0'77 1'36 [4'08] [14'99] [52'14] [0'39]	[0'72] 0'39 0'45 0'85 0'73 0'82 [2'84] [18'14] [52'17] [0'21]	[o·96] o·60 o·42 o·58 I·II o·86 [o·81] [I·63] [8·17] [o·35]	[0.86] 0.61 0.67 0.72 1.16 1.40 [1.48] No lives No lives [Nil]	[0.87] 0.52 0.57 0.74 0.98 1 11 2.69 [12.97] [39.23] [0.28]	[Nil] 0.15 0.22 0.30 0.38 0.82 [2.24] [12.86] [52.14] [Nil]	[Nil] o'04 o'13 o'24 o'19 [1'88] [15'81] [52'17]	[0'22] 0'10 0'01 0'02 0'30 0'24 [Nil] [Nil] [Nil]	[0'04] 0'02 0'07 0'07 0'42 0'57 [Nil] No lives No lives [Nil]	[0.08] 0.06 0.07 0.10 0.34 0.44 1.51 [10.88] [36.82] [Nil]
Totals	 1'04	0.84	0.41	0.01	0.87	0,21	0.52	0.15	0,55	0.50

I have grouped the ages above 40 in decennial instead of quinquennial periods, as otherwise the progression would have been too irregular. The most noticeable feature about this table is that the large towns show the heaviest and the country districts the lightest sickness, while the small towns and mining districts occupy an intermediate position. If, however, we confine our attention to those portions of the table which have the greatest value—namely, those relating to ages 20–50, the mining districts present a greater total of sickness than even the large towns, while the small towns and country districts approximate pretty closely to each other. Taking into account the fact that the mining districts include in this experience a relatively very large body of facts, and also that the membership of friendly societies in these districts constitutes, to a greater extent than in the case of the others, what I have termed "a shifting population," a circumstance which would tend, other things equal, to lighten the apparent rate of sickness, I think a slight probability is established that the occupation of gold-mining is somewhat less healthy or somewhat more hazardous, or both, than the average of occupations followed by members of friendly societies. As regards the contrast between the rates experienced in the larger and smaller centres of population, I think it may either be due to superior healthiness of the country avocations, or to the fact that persons living in country districts are better known to each other than those living in large towns, and that therefore unhealthy members are perhaps less likely to gain admission to the societies; or it may be due to a combination of the two causes.

The most important conclusions embodied in this report may be summed up as follows:—
(1.) The observed rates of sickness and mortality at the ages for which a considerable body of facts exists are lower than those which obtain for the corresponding ages in England.

(2.) It would be unsafe, however, to infer from this that the actual vitality of the members composing our societies is higher than that of their English brethren, as, apart from the circumstance that this is the first experience ever compiled in New Zealand, and moreover requires to be viewed with especial caution owing to the impossibility of completely verifying the accuracy of the returns, the result may be explained by the more shifting character of the New Zealand membership, and, in the case of the sickness, by the forbearance exercised by many members in claiming sick pay during short illnesses.

(3.) I cannot, as the result of this investigation, recommend the adoption of lower rates of contribution than those I have already submitted, or of less rigorous standards of valua-

tion than those of which I have expressed my approval.

I have, &c.,
F W FRANKLAND,
Actuary.

The Registrar of Friendly Societies.