

Transactions

ABSTRACT

OF

The Proceedings of the Association of  
Life Insurance Medical Directors of  
America from the Seventeenth to  
and Including the Twenty-  
second Annual Meeting.

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The earliest known actuarial report of smokers dying, on average, earlier than nonsmokers appears in the Proceedings of the Association of Life Insurance Medical Directors (New York: Knickerbocker Press, 1912) pages 473-476.

Dr. Edwin Wells Dwight, M.D., Chairman of the Medical Directors' Association, presented data from 60 years regarding 180,000 New England Mutual policyholders showing that "tobacco abstainers" had a 43 % lower mortality than expected from American Experience Tables.

### RATIO OF ACTUAL TO EXPECTED MORTALITY.

	Abstainers	Rarely use	Temperate	Moderate
Tobacco	57.00%	72.00%	84.00%	93.00%
Alcohol	59.00%	71.00%	84.00%	125.00%

The standard here used is the American Experience Table, which is largely an artificial table upon which premiums are based, but which provides for a much higher mortality than the average companies sustain. For example, the actual mortality of the New England Mutual in 1913 was 57 per cent. of the expected.

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This experience is that of the last nine of the first twenty-five years of the Company's business. It was even more favorable to total abstainers in the earlier years.

What is more significant than anything else is the fact that a critical examination of the experience of every company, separately classifying its risks, reveals the fact that in every year and at all ages, wherever a considerable number of lives are under observation, mortality is much lower amongst abstainers than it is amongst non-abstainers.

This is being recognized more and more by the British Companies several of which, while they do not maintain abstainers' sections, guarantee a permanently lower rate of premium.

#### DISCUSSION

Dr. Wilkins—I am sure there is not a more troublesome question to the Medical Director than this one of habits, and I know it will bear a good deal of discussion.

Dr. Dwight—I have made out some figures in the experience of our Company which I think may be worth while calling to your attention. I am sure that we have all been interested in the figures that have been given, and I am sure that there can be no question as to the accuracy of such figures, but I am equally sure that if such figures are published without some qualification, they are apt to give a false impression, and they are apt to be accepted by certain portions of the community at an unfair valuation. I am sure that most of you gentlemen appreciate the importance of having your classes homogeneous, and this particular investigation shows, I think, the value. There are many more factors, I think, than the one question as to whether an individual drinks or not, which should be taken into consideration. I imagine the mortality of the total abstainer in the Presbyterian clergyman class and the total abstainer in the bartender class would be quite different, and included in these large groups are a great many cases which are influenced by habitat, other habits, occupation,



residence, type of life, and many other factors. I am not going to take up much of your time, but I have before me figures on habits in our Company for the past sixty years, both on liquor and tobacco. I bring them up to show two or three rather interesting points. In the first place, our figures on the habits as to the use of alcohol agree almost exactly with those which have been given us. We divide them into four classes. No man acknowledges, or very few men acknowledge, that they are excessive in the use of liquor. We divide them into the Total Abstainer, Rarely Use, Temperate, and Moderate. By "rarely use" we mean the man who says that he perhaps twice a year at a dinner drinks two glasses of champagne. While we have reason to believe that this is an honest statement, it is not quite fair to say he is a total abstainer. Otherwise they are divided by the individual's own statement,—in many instances incorrect. In many instances the total abstainer is a total abstainer because he has to be and has been advised to be, or he thinks it wiser to be, but take them as they run, we find the total abstainer with a mortality of 59% of the American Table—these are rough figures; Rarely Use, 71%; Temperate, 84%; and Moderate, 125%. If we let these figures stand as they are, it is accumulative evidence to demonstrate that we ought all to stop drinking the next minute, and that we ought to divide our applicants into abstainers and non-abstainers; but let us see what the effect of tobacco is. We find that the total abstainer from tobacco has a mortality of 57% as against 59% when he is a total abstainer from alcohol; that the Rarely Use is 72% as against 71% from alcohol; that the Temperate is 84% as against 84% for alcohol; and that the Moderate is 93% as against 125% for alcohol. In other words, the mortality on the total abstainer from alcohol is almost absolutely the same as that on the total abstainer from tobacco. It may be said that a man is usually a total abstainer from both, but he is not necessarily so. It does mean, I think, that we are describing the same kind of groups, the same type of man, the same conservative type of man in the total abstainers from both kinds. Then to show



you the numbers—we find that out of 180,000 cards, 42,700 were total abstainers from alcohol—at least they said they were—while the total abstainers from tobacco were 41,100—almost exactly the same number; 13,000 rarely used tobacco, while 20,000 rarely used alcohol. I only bring them up as they are, simply as a suggestion that before we accept all total abstainers on a different premium or before we talk very much about doing it, we had better be sure that it is all due to total abstinence from alcohol or tobacco, and we had better go a good deal further in our investigations in our attempt to make those groups homogeneous, before we here as an Association or as individuals, advocate very strongly the wide separation between total abstainers and those who rarely use.

Dr. Grasett—I would like to say just a few words, Mr. President, not in connection with any of the statistics which have been brought forward, but regarding the difficulty which we experience in our own Company in bringing out the truth of what a man really takes. Statistics, you know, are very illuminating at times, but when you get them together, it is sometimes hard to arrive at the exact truth. So we have tried in our Company to find out exactly what every man takes, and if you class them as total abstainers, moderate drinkers, temperate drinkers, etc., every man has his own idea of what temperance is, so we have tried to get our Examiners to tell us what is the number of glasses a man takes a day and of what liquor, and also to qualify so far as he can, giving us all the information possible, because we believe that the greatest foe to successful Life Insurance is a man's habits, and if it is difficult for the ordinary Examiner to report upon that great foe physically, viz., the heart, as we saw yesterday, many of the errors being due to mistakes in connection with the circulatory system, so I believe that more errors can easily take place in connection with habits, and therefore we have tried to be very particular about that.

Now in connection with the habits,—we never rely on friends' reports. I do not think a friend's report is worth the paper it is written on. There are very few men who will report

adversely on a friend, unless the history is a well known fact. Therefore if we could arrive at a true picture of what the man's habits are, I think there would not be the slightest difficulty in deciding how to treat it.

Dr. Emery—I would like to make a suggestion for statistics in the future, and that is to find out how much a man eats, for oftentimes it is much more important. A man who is an over-eater is not likely to live as long as some excessive drinkers. In other words, a man's habits of eating, and whether he performs the daily functions of life regularly and properly, is what we should know, and if we can only know that, I think we would do a great deal more than we do now, and do more for our Companies. It is most important. The man who is known as a club-man, a free liver, is generally an early dier.

Dr. McMahan, in closing the discussion—This paper was not at all intended as a moral lesson. All the statistics to which I have had access seem to point in one direction, that the total abstainer is a very much better life, other things being equal, than the moderate drinker. In our two sections in the Manufacturers' Life—the Abstainers and the General, they are absolutely the same in every other respect. There is no choosing in the Abstainers—they are taken just as they come and a man is given the opportunity to insure in either section. The cost of course is rather less in the Abstainers' section. And what Dr. Dwight has said about the influence of tobacco tallying so closely with these, is, I think, only what is to be expected because I find in our own experience the great majority of total abstainers are the men who use no tobacco either, while men who drink a good deal usually smoke a good deal. That is not always true, but as a general rule, I think we can assume that the excessive smokers are the men who drink a good deal. I do not wish to add anything more. I think the figures are of a good deal of significance and if I have succeeded in this paper in drawing the attention of the members to the fact that the total abstainer is a very much better risk than the drinker, I have attained my object.

I wish to acknowledge my indebtedness to Mr. Henry