VITAL STATISTICS.

Marriages in Victoria can only be celebrated by a minister of religion whose name is registered in the office the Government Statist, or by the Government Statist, or the Assistant Government Statist, or a duly appointed registrar of marriages. It is essential that every marriage be preceded by the parties making a declaration as to age and the absence of any legal impediment, and by three days' notice, except in cases of emergency, also that two witnesses of full age be present at the ceremony; but there is no residential qualification. To be married by a minister, one of the parties must give him at least three clear days' written notice, or-in cases of emergency-a written permission obtained from any Justice, dispensing with such notice; and the marriage may then be solemnized according to the rites of the religious denomination to which the minister belongs. To be married by a Registrar of Marriages, the parties to the marriage must give written notice, which has to be posted in, and a copy thereof at the outer door of, his office at least three clear days before the marriage. This can only take place in his office, with open doors, and between the hours of 8 a.m. and 4 p.m. No fee is payable for the celebration of a marriage before a registrar. In the event of a minor (not being a widower or widow) wishing to marry, there must be obtained the written consent of the father or a guardian appointed by him; or, in the case of his absence, death, desertion, judicial separation, or divorce, of the mother, if the minor is under her care: and, in other cases, of a police magistrate or a guardian of minors appointed by the Chief Justice. is a ward of the Neglected Children's or Reformatory Schools' Department, the Departmental Secretary's consent is the authority.

In order to guard against the celebration of marriages by undesirable persons, the present law provides that no person shall be registered as a minister of religion unless he ordinarily officiates as such in one of the recognised religious denominations, is nominated by the recognised head of the denomination in Victoria, or, if there be no such head, then by at least two registered ministers; and unless he satisfies the Government Statist that he is a fit and proper person to celebrate The Governor in Council may prohibit from celebrating marriages any minister who is proved guilty of any offence, misconduct, or impropriety unworthy of his calling, or who makes a business of celebrating marriages for the purpose of profit or gain, irrespective of carrying out the ordinary duties of a minister; and the Government Statist may, at the request of the head of a denomination, cancel the registration of any minister of that denomination who ceases to officiate or otherwise loses his qualifications. Any clergyman or person officiating as such who celebrates a marriage without being duly registered, or any person who obtains registration by untruly representing himself as an officiating minister, or who personates a registrar, shall be guilty of a misdemeanour, punishable by a penalty not exceeding £500, or by imprisonment not exceeding five years, or by both; but, if the offence were accidental, he is subject to a maximum penalty of £20 on summary conviction. No marriage shall be invalid by reason of its having been celebrated by an unqualified person if either of the parties shall have believed at the time that such person was qualified. or by reason of any formal defect or irregularity.

Marriage with a deceased wife's sister was legalized in Victoria in 1873; but there is no provision to validate the marriage of a woman

with a deceased husband's brother.

Marriages of Jews and Quakers are exempted from the foregoing provisions, and are deemed legal and valid if celebrated according to

their respective usages.

The present official system of compulsory registration of Registration. births, deaths, and marriages in Victoria has been in force since 1853, and the registers-framed on the best models-are replete with all necessary information bearing on the family history of the people. The statutory duties under the Registration Acts are performed by the Government Statist, who has control over the local registrars of births and deaths, and (so far as regards their registration duties) over the officiating clergymen and registrars of marriages. Copies of entries certified by him or by the Assistant Government Statist are prima facie evidence in the Courts of Australia of the facts to which they relate. At the head office in Melbourne there is kept for reference a complete collection of all registrations effected since 1st July, 1853, as well as originals or certified copies of all existing church records relating to earlier periods, as far back as 1837. indexes in use since the introduction of civil registration in 1853 contained up to the end of 1916 over 3,547,000 names, of which 1,814,000 related to births, 850,000 to deaths, and 883,000 to marriages. indexes are at present growing at the rate of 76,000 names per annum. For the registration of births and deaths the State is divided into about 520 registration districts, for each of which a registrar is appointed, who (if not a public servant) is paid by fees at the rate of 2s. 6d. per entry, but is not prevented from following his or her own private business; whilst the marriages are recorded by the clergyman or registrar of marriages who performs the ceremony. Registrations of marriages are made in triplicate, and of births and deaths in duplicate—each copy bearing the original signatures of the parties married and witnesses (in case of a marriage), or of the informant (in case of a birth or death), and of the minister or registrar. One copy is retained by the registrar or minister; one is forwarded to the Government Statist—to be kept as a permanent record; and the third (in case of marriage only) is given to one of the parties married.

Births must be registered within 60 days by the father or mother or the occupier of the house where the birth occurred, or by some person authorized by one of these. A person who fails in his duty to register within 60 days is liable to a penalty of £10, although he still may register within twelve months on payment of a fee of 5s. To insure registration of all births, parents and the occupiers of houses where births occur are required to, and doctors and nurses may, and are expected to, report cases to the registrars. After twelve months, registration can only be effected after proper legal authority has been obtained, and on payment of a fee of 10s.

Deaths must, under a penalty of £10, be notified within seven days to the local registrar by the occupier of the house where the death occurred, or the doctor or nurse, and must be registered within twenty-one days by some person present at death or in attendance during the last illness, or in default of such persons by the occupier of the house where the death occurred, or by some person authorized by one of these. An exception is made in regard to sudden deaths, and deaths of boarded-out children under the age of five years, which should be at once reported to the Coroner, and can only be registered by him or on his authority. This exception does not apply to wards of the State or infants retained by or

received into any approved public charitable institution.

In addition to ordinary registration, every birth, or death under the age of five, of an illegitimate child must be notified in writing by the occupier of the house where the event occurred within three days to the local registrar, if in any city, town, or borough, or within seven days if elsewhere. If, however, the mother is the occupier, the period for notification is extended to three weeks. Offenders against this provision are liable to imprisonment for six months, or to a penalty of £25. Illegitimate children may be legitimized at any time after the marriage of the parents on the application of the father, or of the mother if the father be on war service or has died during the preceding period of two years, to the Government Statist or to any Registrar of Births and Deaths, and on the payment of fees varying from 10s. to 20s.—provided that there was at the time of the birth no impediment to the marriage.

Applicants for searches or certificates of births, deaths, or mar riages should, in applying to the Government Statist, furnish particulars of the date and place of the event; also the names of the parties in the case of a marriage, or the name, age (if a death), and parentage in the case of a birth or death. The fee for a search in the Official Records, or an extract of an entry, is 2s. 6d., and that for a certificate 7s. 6d. (except where the case appears in the records of the current quarter, when 5s. only is charged). For a search in the early church records, prior to 1st July, 1853, the fee is only 1s., or 2s. if a certificate is required.

MARRIAGES.

Marriages in Victoria in 1916 numbered 11,341, which marriages. was 1,491 less than in the preceding year, the total for that year having constituted a record. The figures for each of the last twenty years are as follows:—

MARRIAGES IN EACH YEAR, 1897 TO 1916.

Year.		No. of Marriages.	Year.		No. of Marriages.
1897		7,568	1907		9,575
1898	••	7,620	1908		9,334
1899	•	8,140	1909		9,431
1900		8,308	1910		10,240
1901		8,406	1911		11,088
1902	• •	8,477	1912		11,738
1903		7,605	1913		11,324
1904	••	8,210	1914	• •	11,830
1905		8,774	1915	••	12,832
1906	••	8,930	1916		11,341

As the tendency to marry is necessarily influenced by the view taken of present and future prospects, the relatively large number of marriages in the five years—1910 to 1914—is an indication of the general prosperity of that period. The figures for 1915 include a large number of marriages of soldiers who were leaving to take part in the war. Under normal circumstances, many of these would have taken place at a later date, and this accounts in a large measure for the smaller number of marriages for 1916.

Marriage rate—per 1,000 of the total population—like birth and death rates similarly estimated, is somewhat unreliable in comparatively newly settled countries like Australia, especially in earlier periods, but, as it affords

a ready and approximate comparison between years not widely separated, the figures relating to Victoria are shown in the following table for the last ten years:—

MARRIAGE RATES, 1907 TO 1916.

Year.		Marriage Rate.	Year.		Marriage Rate.
1907		7.64	1912		8.65
1908	• •	7 · 37	1913		8.13
1909	• •	$7 \cdot 36$	1914		8.31
1910	• •	7.83	1915	• • •	9.00
1911	••	8.40	1916	• • •	8.05

The marriage rate for 1915 was the highest recorded since 1860. The reason for the lower rate in 1916 is given on the preceding page. A similar cause accounts for the reduced marriage rates in that year in the other Australian States, New Zealand, and England and Wales.

Marriages to marriageable men and woman.

The marriages in proportion to the population, to the unmarried men and widowers aged 21 to 55, and to the unmarried women and widows aged 18 to 50 in each census year, 1857 to 1911, are given in the following table:—

MARRIAGES PER 1,000 OF POPULATION AND OF SINGLE MEN AND WOMEN, 1857 TO 1911.

			Exc	lusive of Ch	inese and A	borigines.		
	Year of			f Unmarried Idowed		Propor	ion of Marr 1,000 of the	iages per
Cen	sus.	Enumerated Population.	Men (aged 21 to 55).	Women (aged 18 to 50).	Marriages.	Popula- tion.	Unmarried and Widowed Men (aged 21 to 55).	Unmarried and Widowed Women (aged 18 to 50).
1857 1861 1871 1881 1891 1901 1911	••	383,668 513,896 712,263 849,438 1,130,463 1,193,340 1,309,950	88,456 98,665 77,078 77,250 133,576 123,691 132,642	18,128 24,009 40,836 75,098 113,276 137,267 158,556	4,465 4,528 4,715 5,732 9,007 8,468 10,984	11·64 8·81 6·62 6·75 7·97 7·10 8·39	50·48 45·89 61·17 74·20 67·43 68·46 82·81	246·30 188·60 115·46 76·33 79·51 61·69 69·28

Note.—The figures in this table relate to the twelve months of which the date of census is the central point.

The marriage rate for men in the last census year was the highest ever recorded, and the marriages in proportion to population were more numerous than in the preceding four census years. An examination of the figures for the seven census periods shows how the crude marriage rate is affected by the proportion of marriageable persons in the community. The maximum marriage rate (per 1,000 of population), which

occurred in 1857, was co-incident with the highest proportion of marriageable persons, while the minimum rate-in 1871-was associated with the lowest proportion of such persons. A further examination of the figures shows that the ordinary marriage rate is more directly affected by the proportion of eligible men than by that of eligible women in the population. Thus, the percentage of single women aged 18 to 50 rose from 4.7 in 1857 to 12.1 in 1911, whilst that of single men aged 21 to 55 fell from 23 to 10 in the same period. After allowing for the more uniform distribution of males and females of marriageable ages in the later years, the decrease in the percentage of marriageable men coincides fairly closely with the decline in the ordinary The female marriage rates show that the chances of marriage rate. a woman marrying are now very much smaller than at any earlier period, except 1901, the proportion entering wedlock each year having fallen from about 1 in 4 in 1857, and nearly 1 in 5 in 1861, to 1 in 16 in 1901, and 1 in 15 in 1911.

The marriage rates amongst marriageable men and women at different periods of life have been computed for various age groups at each of four census periods, and are shown in the following table:—

PROPORTION OF MARRIAGES PER 1,000 MARRIAGEABLE MEN AND WOMEN AT EACH AGE.

		M	en.	,		Women.				
Age Group.	1881.	1891.	1901.	1911.	1881.	1891.	1901.	1911.		
5—21 1—25* 5—30 0—35 5—40 0—45 5—59 0 and upwards	57.8 114.2 82.9 56.4 30.5 21.8 10.5	44·3 85·9 75·2 51·1 33·4 25·9 9·1	44·6 90·5 82·1 62·6 39·9 29·8 9·1	55·2 118·6 101·1 72·9 44·7 34·9 12·1	24·6 118·8 105·7 73·1 53·8 32·5 22·1 4·9	23.6 106.0 100.5 66.4 46.4 27.7 17.8 4.2	18·8 87·2 84·7 57·9 37·2 22·3 14·3 2·4	23 · 3 105 · 6 112 · 1 66 · 6 43 · 6 20 · 1 15 · 6		

^{*} In the case of men 20-25.

In 1911 the proportion of marriages to marriageable men at each age (except 20-25) was the highest experienced, and the marriages to marriageable women were more numerous in every age group except 40-45 than in the preceding census year. The men aged 25-30,

30-35, and 35-40 who entered into wedlock during the year under review represented 119, 101, and 73 per 1,000 respectively of the marriageable males at these ages, as against 90, 82, and 63 in 1901. The numbers of women aged 21-25, 25-30, and 30-35 who contracted marriage in 1911 were equal to 106, 112, and 66 per 1,000 respectively of the single and widowed women, as compared with 87, 85, and 58 for the corresponding ages in 1901. It thus appears that the chances of women aged 21-25 and 25-30 marrying within a year increased by 21 and 32 per cent. in Victoria during the last intercensal period. It will be noted that in 1911 the highest marriage rate among women obtained at the age period 25-30, whilst in each of the three earlier census years the maximum rate occurred between the ages 21 and 25.

Marriage rates of bachelors, widowers, spinsters, and widows. The probabilities of bachelors and spinsters marrying and of widowers and widows re-marrying were obtained by comparing their marriages at specified ages with the respective numbers in the community at these ages at the last census. The marriages per 1,000 of the above-mentioned persons are given in the following table for the year 1911:—

MARRIAGES, PER 1,000, BACHELORS, WIDOWERS, SPINSTERS, AND WIDOWS, 1911.

Age Group.				Marriages to	every 1,000-	
•			Bachelors.	Widowers.	Spinsters.	Widows,
5—21	••		55·3 118·8 99·6 69·0 38·1 27·0 7·4	64·5 120·1 151·2 113·2 94·4 66·8 16·8	22·3 105·3 111·1 63·8 38·9 16·5 12·6 3·7	40.0 145.6 147.6 80.8 60.5 30.7 17.2 2.3

In the case of men, 20-25.

The figures show that the probability of a widower marrying within a year is greater than that of a bachelor of similar age, and, further that the difference in favour of the former is much greater at ages over 30 than at earlier ages. Comparing the marriage rate for widows with that for spinsters it is seen that at every age under 50 the chance of a widow marrying is considerably greater than that of a spinster of the same age. As 76 per cent. of the widowers and 78 per cent. of the

widows are over 50 years—a period of life when the chance of re-marrying is small—and the great majority of the bachelors and spinsters are under that age—a period when the probability of marrying is much greater—it follows that the rate for each of the two former sections is much lower than that for each of the latter. In proportion to their respective numbers, the marriages of widowers were only slightly more than half as numerous as those of bachelors, and those of widows were only about one-fifth those of spinsters.

Age: of bridegrooms and brides who were married in 1916 are shown in combination for various groups in the table which follows:—

AGES OF BRIDEGROOMS AND BRIDES IN COMBINATION IN VICTORIA, 1916.

							· A	ges of	Brides	•								
Ages of Bride- grooms,	15,	16.	17.	18.	19.	20.	21 to 25.	25 to 30.	30 to 35.	35 to 40.	40 to 45.	45 to 50.	50 to 55.	55 to 60.	60 to 65.	65 to 70.	70 and over.	Total Bridegrooms.
16 17 18 19 20 21 to 25 25 to 30 80 to 35 85 to 40 45 to 50 55 to 60 65 to 70 70 to 75 75 and over	 1 1 2 7 1 2 	1 1 2 13 6 4 1 1	1 3 7 13 49 24 3 	15 19 26 145 66 23 5 3 1 1 	1 4 17 29 2366 1333 277 111 3	 2 1 13 32 287 188 44 12 2 3 1 1 	25 26 63 1,593 1,738 476 157 53 18 9 1	2 5 457 1,559 750 303 99 47 12 8	2 64 273 396 260 125 77 26 6 8 2	 6 65 116 176 117 80 39 17 8 1	3 9 25 47 77 66 38 20 9 2	3 8 14 23 32 14 3 1 1		 1 1 2 4 8 6 5 5 1	1 4 5 3 2 6	1 2	 1	3 8 17 2,86 4,06 1,87 99 51 34 17 11 5
Total Brides	14	32	101	366	461	586	4,143	3,242	1,239	62 8	296	164	64	33	21	8	3	11,34

The ages of bridegrooms ranged from 16 to 83 years, and those of brides from 15 to 81. Although age inequalities among contracting parties were relatively few, they were striking in degree. Thus a man between 50 and 55 married a girl of 18, while eight women between 45 and 50 were married to men who were their juniors by 15 years. The great majority of the parties were, however, of suitable ages. Of every

1,000 men married during the year, 694 were older and 195 younger than their brides, and 111 were of the same age as their partners.

Proportion of marriages at various ages.

The proportions of both sexes marrying in the various age groups are shown in the succeeding table for the averages of the periods 1881-90 and 1901-10, also for the year 1916:—

PROPORTION OF MALES AND FEMALES MARRYING AT DIFFERENT AGES, 1881-90, 1901-10, AND 1916.

			Proportion per 1,000 of total.								
Age Group.]	Bridegroom	s.							
			1881-90.	1901–10.	1916.	1881-90.	1901–10.	1916.			
Under 15						.15	-14				
15 to 16	•••	•••	•••			1.17	1.12	1.23			
16 to 17	•••		-03	.09	.18	6.53	5.16	2.82			
17 to 18	• • • .		•29	.34	.71	20:32	15.58	8.90			
18 to 19	•••	•••	1.46	2.09	2.73	42.94	33.31	26.98			
19 to 20	•••.	•••	5.62	7.02	7.58	65.03	48.67	40.65			
20 to 21	•••	***	15.19	13.67	15.34	73.84	59.41	51.67			
21 to 25 25 to 30	•••	• •••	321.02	258.64	252.18	432.34	380.91	365.32			
25 to 30 30 to 35	•••	•••	365.48	357.07	358.44	223.83	267.78	285.87			
35 to 40	•••	•••	134·57 58·29	177·13 84·06	165.42	62.07	98.54	109-26			
10 to 45	•••	•••	32.54	40.87	87·38 44·97	29.53	44.37	55.37			
5 to 50	•••	•••	24.77	24.05	30.77	17·10 12·23	21.19	26.10			
50 to 55	•••	•••	18.40	13.33	15.08	6.74	11.00 6.29	14.46			
5 to 60	•••	•••	11.49	8.05	10.14	3.40	3 13	5·64 2·91			
0 and over	•••	•••	10.85	13.59	9.08	2.78	3.40	2.82			
Total	•••		1,000.00	1,000.00	1,000.00	1,000 00	1,000.00	1,000:00			

The age constitution of brides shows a very marked alteration in recent periods. Of every 1,000 women who were married during 1916 498 were under 25 years, and 286 were aged 25-30, as against 642 and 224 at corresponding ages in 1881-1890. As fertility is considerably less at older than at younger ages, it is evident that, owing to the altered age distribution of wives, the potential births to every 1,000 marriages in the year under review are fewer than to marriages contracted during 1881-1890.

A high proportion of re-marriages has the effect of increasing the average marrying age of bridegrooms and brides. This is readily seen by comparing for 1916 the mean age at marriage of bachelors, 28.85, with that of divorced men and of widowers—42.91 and 46.86 respectively. The average age of spinsters marrying was 26.02, as against 35.58 for divorced women and 42.26 for widows. Although the ratio of re-marriages has declined, the average age of men marrying women under 45 and of their brides is greater than in the period 1890—4. The average age at marriage for certain periods since 1870 is shown in the following table:—

MEAN AGES AT MARRIAGE.

		Av	erage Age of—
Period.		Brides under 45.	Bridegrooms of Brides under 45.
		Years.	Years.
1870-4		24.13	29.93
1880-4		23.83	28.61
1890-4		24.66	28.66
1900-4		25.44	29.70
1905		25 ·7 7	29.76
1906		25.97	29.90
1907		25 ·82	29.78
1908		2 5·85	29.77
1909		25.99	29.78
1910		25.88	29.58
1911		25.81	29.46
1912		25.75	29.17
1913		25.66	29.01
1914		25.71	29.01
1915		25.68	28.75
1916		26.07	29.48

The mean age of women under 45 who married in 1916 was above the average of the previous five years, and it was greater by nearly one and a half years than that of women who married in 1890-4. In Victoria for 1916 the mean marrying age of all brides was 26.82, as compared with 26.80 in England and Wales and 26.69 in New Zealand. The mean ages of all bridegrooms in the same countries were 30.09, 29.11, and 30.09 years respectively.

The marriages in Australia for 1916 numbered 40,292, as against 45,264 in the previous year, 43,276 in 1914, 41,605 in 1913, 42,145 in 1912, and 39,473 in 1911. Of states and New Zealand. South Wales, 5,208 in Queensland, 3,602 im South Australia, 2,365 in Western Australia, 1,433 in Tasmania, 19 in the Northern Territory, and 4 in the Federal Capital Territory. In the subjoined table are shown the marriage rates per 1,000 of the

population in the Australian States and New Zealand for the period 1902-6 and for each of the last ten years:—

MARRIAGE RATES IN THE AUSTRALIAN STATES AND NEW ZEALAND.

Year.	Victoria.	New South Wales.	Queens- land.	South Australia.	Western Australia.	Tasmania.	Australia.	New Zealand
000.0	0.00	m. 00	0.15	0.70	0.05	7.50	7.11	0.06
902-6	6.92 7.64	7·33 7·84	6·15 7·58	6·73 7·94	9·02 8·02	7·58 7·91	7·11 7·78	8.26
907	7.04	7.97	7.22	7.84	7.50	7.74	7.64	8 82
908	7.36	8.21	7.96			8.13	7.86	8.33
910	7.83	8.81	8.05	$\begin{array}{c c} 8.30 \\ 9.21 \end{array}$	7·54 7·75	7.98	8.37	8.30
		9.18		9.21	8.45	7.77	8.78	8.67
911	8.40	, -	8.41			7.86		,
912	8.65	9.58	8.91	9.62	8.37		9.07	8.8
913	8.13	9.01	8.68	9.44	8.19	8.27	8.67	8.2
914	8.31	9.37	8.73	9.11	8.22	7.62	8.80	8.51
1915	9.00	9.70	8.94	9.01	8.01	8.03	9.14	9:12
1916	8.05	8.74	7.61	8.29	7.51	7.23	8.21	7.30
Average			-					
912-16	8.43	$9 \cdot 29$	8 · 57	9.09	8.06	7.80	8.78	8.41

All the States and New Zealand had lower marriage rates in 1916 than in the preceding year.

Marriage rates in various countries. The average marriage rate in Australia—8.78—for the period 1912-16 was higher than in seventeen of the twenty-one countries shown in the following table for the latest five years for which this information is available:—

MARRIAGES PER 1,000 OF THE POPULATION IN VARIOUS COUNTRIES.

Country.		Marriage Rate.	Count		Marriage Rate.		
Ontario	•••	•••	9.7	Italy			7.5
Bulgaria		•••	9.3	Austria		•••	7.5
Roumania	•••	•••	9.2	The Netherla	ınds		7 · 1
Hungary			8.9	Denmark			7.1
Servia			8.7	Scotland	•••		7 · 1
Japan			8.4	Spain			7.0
Russia	•••		8.4	Switzerland			6.9
England and	Wales		8.2	Norway		•••	6.3
Belgium			7.9	Sweden		•••	5.9
France	•••		7.8	Ireland	•••		5.3
Germany	•••	•••	7.8				

Marriages to marriageable males in Australasia. For reasons already given, a better and more reliable index of the frequency of marriage in the different States is a comparison of the marriages with the number of marriageable males, aged 21 and upwards. This is shown in the following statement for the period 1900-2 and for the year 1911:--

MARRIAGES PER 1,000 MARRIAGEABLE MALES IN AUSTRALASIA.

	1900-2.	1911.	Increase per cent in 1911.
Victoria	56.0	67:3	20.2
New South Wales	58.3	68.0	16.6
Queensland	41.6	54.9	32.0
Cauth Amatualia	56.8	81.3	43.1
Western Australia	. 41.9	45 · 8	9.3
Tamonio	65.7	69*3	5.5
A	55.7	64.7	16.0
Now Zooland	. 55.1	58.8	6.7

In each State the proportion of marriageable men who married during the year 1911 was greater than that for the period 1900-2, the excess amounting to 43 per cent. in South Australia, 32 in Queensland, 20 in Victoria, nearly 17 in New South Wales, 9 in Western Australia, and 5½ in Tasmania. The comparatively low marriage rates for men in Western Australia and Queensland were due to the unequal distribution of marriageable men and women. At the 1911 census, to every 1,000 unmarried and widowed women aged 18 to 50, the numbers of bachelors and widowers between 21 and 55 years of age in each State and Australia were as follows:—Victoria, 853; New South Wales, 1,116; Queensland, 1,449; South Australia, 946; Western Australia, 2,265; Tasmania, 950; and Australia, 1,096.

The following table gives the numbers and rates per 1,000 of the population of brides and of bridegrooms—whose usual place of residence (if in Victoria) was in Melbourne and suburbs, other urban districts, or rural districts respectively, or was outside the State—during the year 1916:—

USUAL RESIDENCE OF BRIDES AND BRIDEGROOMS, 1916.

Usual Residence of	σ	sual Reside	Total	Proportion of Bride- grooms		
Bridegrooms.	Metro- politan.	Other Urban.	Rural.	Outside Victoria.	Bride- grooms.	per 1,000 of Popula- tion.
In Victoria—						
Metropolitan Dis- tricts	5,312	189	330	66	5,897	8.5
Other Urban Dis- tricts	164	886	209	9	1,268	6.1
Rural Districts	690	278	2,645	32	3,645	7.1
Outside Victoria	230	36	127	138	531	
Total Brides	6,396	1,389	3,311	245	11,341	••
Proportion of Brides per 1,000 of Popu- lation	9.3	6.7	6.5			

Of the 393 men residing outside the State who married Victorian women, 212 were residents of New South Wales, 27 of Queensland, 52 of South Australia, 25 of Western Australia, 32 of Tasmania, 3 of New Zealand, 10 of the United Kingdom, 2 of India, 1 of the United States, and 9 of other countries, while 20 were seafaring men.

The extent to which the high crude marriage rates Marriages in Greater Melbourne, as compared with the country, are to marriagedue to variations in age, sex, and conjugal condition may able persons in metropolis be ascertained by an examination of the results of the last census. The first striking fact disclosed is that, whether the comparison be made for all ages or for marriageable ages only, there is a great preponderance of women over men in the metropolis, whilst in the remainder of the State the men are in excess. In Greater Melbourne there were 55,347 unmarried men aged 21 to 55, as compared with 84,238 unmarried women aged 18 to 50. In the rest of the State the eligible men and women at the corresponding ages numbered 79,925 and 74,318 respectively. It is thus seen that, while there was a surplus of 28,891 marriageable females in the metropolis, there was a deficiency of 5,607 in the country. To obtain definite information regarding the frequency of marriage, the residents of these areas who entered into wedlock were compared with the marriageable population of each sex, and the resulting proportions for the average of the period 1910-12 are shown in the following statement:-

YEARLY MARRIAGES PER 1,000 MARRIAGEABLE PERSONS IN GREATER MELBOURNE AND THE REST OF THE STATE, 1910-12.

Men, Womer Melbourne and Suburbs 95.8 66.6					. ,
Melbourne and Suburbs 95.8 66.6	District.			Men.	Women.
Melbourne and Suburbs 99.8 66.6	M. II.		 .	05.0	00.0
Rest of the State 66.4 68.9		•••	•••		

The results show that the chance of marrying within a year is slightly less for a woman residing in Greater Melbourne than for one living outside that area. On the other hand, the chance of a man marrying is 44 per cent. greater for a metropolitan than for a country resident.

Marrying age according to compation. In the Year-Book for 1915-16 a table is given showing the average age at marriage of persons engaged in various occupations. This was based upon 42,764 marriages for the period 1907-11, in connection with which the records gave definite occupations.

Marriage records show that of the persons married in Victoria during 1916, 90.4 per cent. were born in Australia, 7.7 per cent. were born in the United Kingdom, and only small proportions, amounting to 1.5 per cent. of the bridegrooms and 4 per cent. of the brides, were natives of foreign countries. The numbers born in Australia and other countries are shown in the following table for the years 1908 and 1916:—

BIRTHPLACES OF PERSONS MARRIED, 1908 AND 1916.

Where Born.	Brideg	rooms.	Brides.		
Where Born.	1908.	1916.	1908.	1916.	
Australia	8,013	9,929	8,709	10,582	
Now Zooland	173	111	106	10,582	
England and Wales	635	835	301	466	
Scotland	154	172	68	96	
[malamd	141	98			
other British Possessions			81	69	
	31	31	20	16	
Germany	56	20	15	4	
Russia	-7	24	2	ϵ	
Italy	15	12	6	- 8	
United States	24	25	6	10	
Other Foreign Countries	85	. 84	20	20	
Total	9,334	11,341	9,334	11,341	

Marriages in quariers. Victorian experience shows that the Autumn quarter is the most frequently selected season for marrying. In 1916, however, the greatest proportion took place in the Summer, when 27.96 per cent. of the total marriages were solemnized, as against 27.08 per cent. in the Autumn, 23.36 per cent. in the Winter, and 21.60 in the Spring.

The proportion of re-marriages has shown during the conjugal con-last forty-five years a continuous decline, owing to the decreasing ratio of persons who have become widowed at the younger and probable marrying ages, and also to the later marrying ages of bachelors and spinsters in recent as compared with earlier periods. The following statement shows the percentages

of persons in each conjugal condition who married in the periods mentioned:—

CONJUGAL CONDITION OF PERSONS MARRYING, 1871-1916.

Percentage of total Marriages.							
1871-80.	1881-90.	1891–1900.	1901–10.	1916.			
80.59	85.84	87.22	88.46	90·94 2·74			
7·10 7·75 4·56	$6.17 \\ 3.27$	6·07 2·48	5·70 2·18	4·78 1·54			
	80·59 7·10 7·75	1871-80. 1881-90. 80·59 85·84 7·10 4·72 7·75 6·17	1871-80. 1881-90. 1891-1900. 80·59 85·84 87·22 7·10 4·72 4·23 7·75 6·17 6·07	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$			

Of every 1,000 persons of each sex married in Victoria during last year, 63 were widowers and 43 were widows, as against 94 and 80 respectively during the decade 1881-90.

The number of divorced persons re-married during 1916 was 192, which was slightly below the number for the preceding year. Of the 118,130 persons married during the last five years, divorced persons numbered 1,002 or 1 in every 118 persons, as compared with 1 in every 646 in England and Wales in 1914. The following are the numbers of divorced persons who have re-married in Victoria since 1911:—

DIVORCED PERSONS RE-MARRYING, 1912 TO 1916.

		Year.	Males.	Females.	Total.	
		-				
Sec	1912		91	120	211	
	1913		78	99	177	
	1914		91	124	215	
	1915		88	119	207	
	1916		81	111	192	
				ļ		

The divorced persons in the State at the last census numbered 1,240, of whom 575 were men and 665 women. A comparison of the re-marriages of divorced males and females during 1911 with these numbers shows that, according to the experience of that year, 11.5 per cent. of the males and 15.8 per cent. of the females re-marry each year. As these proportions greatly exceed the rates for other sections of the community, it is evident that many divorces are obtained with the view of early re-marriage.

Marriages of minors.

The proportion of bridegrooms and brides under 21 years of age were lower in 1916 than in the preceding year. The percentages in each Australian State for 1916, and in

England, Scotland and Ireland for the latest year for which the information is available are as follows:—

Percentage under 21 years of age.

		Bı	ridegrooms.		Brides.
Victoria	:.	•••	2.65	••	13.23
New South Wale	8		3 • 32	••	19.50
Queensland			3.51 .	• •	22 • 33
South Australia	• •	• •	$2 \cdot 64$		16.07
Western Austral	ia.	• •	1.69		$19 \cdot 32$
Tasmania			3·4 9	• •	22.96
Australia	• •		3.01		17.89
England and Wa	les (191	4)	4.16		$14 \cdot 25$
Scotland (1913)	••		6.16		18.94
Ireland (1914)			1.63		6.24

Persons marrying before attaining their majority are proportionately fewer in Victoria than in any other Australian State.

Marriages in religious denominations. The numbers and proportions of marriages solemnized according to the rites of the principal religious denominations and of those performed by registrars of marriages for the years 1915 and 1916 are shown in the following table:—

MARRIAGES IN VARIOUS DENOMINATIONS.

	1	915.	1916.		
Denomination.	Number.	Percentage of Total Marriages.	Number.	Percentage of Total Marriages,	
Ohanah as Familian d	2.540	27:60	2 007	96.81	
Church of England Roman Catholic Church	3,542	16.98	3,007	26·51 18·59	
	2,179 2,316	18 05	2,108	1	
Presbyterian Church Methodist Church		15.16	2,055	18:12	
	1,945	9.11	1,645	14.51	
Congregational Church Baptist Church	1,169 550	1 1	1,104 532	9.74	
	1	4.29		4 69	
Lutheran Church Church	55	1.15	65	57	
Independent Presbyterian Church	148	!		0.00	
Church of Christ	312	2 43	268	2:36	
Salvation Army	51	'40	54	.48	
Jews	38	30	42	.37	
Other Sects	135	1.05	99	.87	
Registrars of Marriages	392	3.05	362	3.19	
Total	12,832	100.00	11,341	100.00	

Marriages by Anglican clergymen represented 26.51 per cent. of the total in 1916 as compared with 25.44 in 1911 and 21.18 in the period 1904-8. Excepting the ratios for the Presbyterian and Methodist churches, there were great disparities between the proportion of marriages celebrated according to the rites of each of the principal denominations and the proportionate number of adherents possessed by it in the community.

In 1916, 3·2 per cent., in 1915, 3·0 per cent., and in 1914 and 1913, 2·6 per cent. of the total marriages in Victoria were celebrated by lay registrars, as against 1 per cent. in 1909, and about 7 per cent. in the décade ended 1890. The decrease which occurred between the earlier period and 1909 was due to the competition of matrimonial agencies which sprang up about 1894, and the increase of 220 per cent. shown by the rate for 1916 over that for 1909 was probably due to the provisions of the Marriage Act 1909 (now incorporated in the Marriage Act 1915—No. 2691) permitting the removal from the list of registered clergymen of the names of those who were making a business of celebrating marriages. The percentages of civil marriages in the Australian States, New Zealand, and the United Kingdom in the latest year for which the information is available were as follows:—

CIVIL MARRIAGES.

Country.		Year.	Civil Marriages—per cent of total,
England and Wales	•••	 1914	24.1
New Zealand	•••	 1916	21.1
Western Australia	•••	 1916	16.2
Scotland		 1913	9.0
South Australia	•••	 1916	3.5
Victoria	•••	 1916	3.2
Queensland	•••	 1916	3.0
New South Wales	•••	 1916	3.0
Ireland	•••	 1915	1 6
Tasmania	•••	 1916	1.0

The proportion of civil marriages in Victoria is only one-fifth of the proportion in Western Australia, one-seventh of that in New Zealand, and about one-eighth of that in England and Wales.

Registered clergymen. The ministers qualified by registration to celebrate marriages in Victoria numbered 1,504 on 31st December, 1916. The numbers of these in each denomination (excepting

Jews and Quakers) and of the lay registrars of marriages were as follows:—

REGISTERED MINISTERS OF EACH DENOMINATION.

Denomination.	Number of Registered Ministers.	Denomination.	Number of Registered Ministers.
		•	· ·
Church of England	385	Australian Church	1
Roman Catholic	311	Ballarat Town Mission	1
Presbyterian	. 281	Christian (Unattached)	1
Methodist	253	Free Christian	1
Congregational	68	New Church	1
Baptist	. 77.	Unitarian	1
Church of Christ	54	Greek Orthodox Church	1
Lutheran	21		
Salvation Army	32	Total clergymen	1,504
Seventh Day Adventist	7	Lay Registrars of Mar-	par Torritoria
Latter Day Saints	6	riages	21
Catholic Apostolic	. 2		
		Grand Total	1,525

BIRTHS.

The number of births registered in Victoria during the year 1916 was 34,239, of which 17,625 were of males and 16,614 of females. This was 771 below the number recorded for the preceding year and 1,986 below that for 1914. Still-births, which are excluded from both births and deaths, numbered 1,105, and corresponded to a ratio of 3.2 per 100 infants born alive in 1916. The ratio for the metropolitan area was 3.7, as against 2.7 for the remainder of the State. There were 1,061 male to every 1,000 female births in 1916, as compared with 1,045 to every 1,000 on the average of the preceding five years. The figures for each year since 1896 are as follows:—

BIRTHS IN VICTORIA, 1897 TO 1916.

Ye	ar.	Males.	Females.	Total.	Year.	Males.	Females.	Total
1897		16.013	15,297	31,310	1907	15,989	15,380	31,369
1898		15,435	14,737	30,172	1908	16,073	15,028	31,101
1899		15,785	15,223	31,008	1909	16,092	15,457	31,549
1900		15,834	14,945	30,779	1910	16,411	15,026	31,437
1901		15,876	15,132	31,008	1911	16,944	16,100	33,044
902		15,583	14,878	30,461	1912	18,244	17,573	35,817
1903		15,115	14,454	29,569	1913	18,436	17,542	35,978
904		15,31 3	14,450	29,763	1914	18,549	17,676	36,225
905		15,523	14,584	30,107	1915	17,821	17,189	35,010
906		15,716	15,128	30,844	1916	17,625	16,614	34,239

About two-thirds of the increase for 1912 was due to the fact that, after the Maternity Allowance Act came into force on the 10th October of that year, births were registered much sooner after their occurrence than was customary before the passing of that measure. As a result of the commencement of this practice there were more births registered in 1912 than occurred in that year.

In young communities, birth rates calculated per 1,000 of the population are to some extent unreliable and misleading. In the earlier periods when, owing to immigration, the population consists for the most part of men and women at the reproductive period of life, the rates are obviously high. As time proceeds, however, notwithstanding that immigration of reproductive adults may be maintained, the proportion of such adults to the total population must diminish, and with it, of necessity, the birth rate. The following table shows the birth rates in Victoria from 1870 to 1916:—

BIRTH RATES IN VICTORIA PER 1,000 OF POPULATION,
· 1870 TO 1916.

Yea	r.	Birth Rate.	Year.	Birth Rate.	Year.	Birth Rate.
1870		38:07	1897	26 · 49	1907	25.03
1875		33 · 94	1898	25.21	1908	24.56
1880	••	30.75	1899	26:14	1909	24.62
1885		31 · 33	1900	25·79	1910	24.20
1890		33.60	1901	25.72	1911	25.03
1891	••	33.57	1902	25.05	1912	26.41
1892	••	32.51	1903	24.28	1913	25 · 82
1893	•.•	31.18	1904	24.42	1914	25.45
1894	••	29.05	1905	24 57	1915	24 55
1895	••	28.46	1906	24.91	1916	24 · 30
1896	••	27 · 19				

The birth rate for 1916 was the lowest since 1910. The cause of the sharp rise in the rate for 1912 is given above. The varying proportions and age distributions of married women at reproductive ages in the population at different periods account in a measure for the reduction in the crude rate in the above table. The effect of these changes is shown on page 322.

The births in Australia for 1916 numbered 131,429, as against 134,829 in the previous year, 137,964 in 1914, 135,701 in 1913, 133,270 in 1912, 122,369 in 1911, 116,894 in 1910, and 114,070 in 1909. Of the total births 34,239 occurred in Victoria, 52,075 in New South Wales, 18,916 in Queensland, 11,857 in South Australia, 8,563 in Western Australia, 5,642 in Tasmania, 74 in the Northern Territory, and 63 in the Federal Capital Territory. The following table gives the birth rates, calculated in the ordinary way, per thousand of the population in the Australian States and New Zealand for 1891, 1901, and each of the last seven years:—

BIRTH RATES IN THE AUSTRALIAN STATES AND NEW ZEALAND.

Year.	Victoria.	New South Wales.	Queens- land.	South Australia.	Western Australia.	Tasmania.	Australia.	New Zealand
1891	33.57	34.50	36.35	33.92	34.85	33.37	34.23	29.01
1901	25.78	27 ·60	28.28	25.09	30.32	28.40	27.05	26.34
1910	24.20	28.07	27.31	26.38	27.89	29.87	26.73	26.17
1911	25.03	$28 \cdot 68$	27.66	26.89	28 • 25	28.63	27.23	25.97
1912	26.41	$29 \cdot 90$	29.70	28.65	28.86	30.53	28.65	26.48
1913	25.82	28.81	30.26	29 · 12	29.39	30.03	28 · 27	26.14
1914	25.45	$28 \cdot 93$	29.46	29.33	28.40	30.33	28.05	25.99
1915	24.55	$28 \cdot 31$	29.35	26.81	27.97	29.32	27.24	25.33
1916	24.30	28.00	27.65	27.30	27.21	28.47	26.78	25.95
Mean of 1912–16	25.31	28.79	29 · 28	28.24	28.37	29 · 74	27.80	2 5·98

The birth rate was lower in all the Australian States. Factors in except South Australia, in 1916 than in the preceding year. birth rates. The birth rate of a community is almost wholly dependent upon the proportion of wives at the reproductive period of life and their internal age distribution. As these elements, especially the former, differ widely in certain Australian States, the crude rates of the different States are scarcely comparable. An investigation of the results of the last census shows that in every 1,000 of the population of each State and of the Commonwealth the married women aged 15 to 45 numbered 106.0 in Victoria, 115.4 in New South Wales, 107.2 in Queensland, 109.9 in South Australia, 123.6 in Western Australia, 110.5 in Tasmania, and 111.2 in Australia. In the case of Victoria, the deficiency in the proportion of wives at the ages mentioned was accentuated by their comparatively unfavorable internal age distribution, the proportion at the younger and more fertile ages being smaller than that of any other State. A computation shows

that owing to these differences the legitimate births in Victoria to every 1,000 of the population in 1911 were fewer by 3.5 than in New South Wales, by 1.4 than in Queensland, by 1.8 than in South Australia, by 4.2 than in Western Australia, and by 2.5 than in Tasmania, also that they were 2.0 less than in the whole of Australia.

On the average of the past five years the birth rate in Victoria was lower than in any other State. It was, however, above the rates in Switzerland, Sweden, Ontario, Belgium, Norway, England and Wales, Ireland, and France, on the average of the latest five years for which this information is available:—

BIRTHS PER 1,000 OF POPULATION, IN VARIOUS COUNTRIES.

Country.	Births per 1,000 of population,	Country.	Births per 1,000 of population.
Russia (European)	. 44.2	South Australia	28.2
Roumania	. 41.9	Holland	$27 \cdot 7$
Bulgaria	. 40.7	New Zealand	26.0
Servia	. 37.2	Denmark	25.8
Hungary	. 36.3	Scotland	25 4
Japan	. 33.7	Victoria	25.3
Austria	. 32.5	Norway	25.2
Italv	. 32.0	Belgium	23:6
Spain	. 31.4	Ontario :	23 · 4
Tasmania	. 29.7	Sweden	23 1
Queensland	. 29.3	England and Wales	23 · 1
Germany	. 29.0	Switzerland	\$2.7
New South Wales	. 28:8	Ireland	22.7
Western Australia	. 28.4	France	18.9

Corrected birth rates per 1,000 wives in Victoria. An accurate view of the alteration in the fertility of wives is obtained by comparing the ratio of legitimate births to wives at reproductive ages, and allowing for the difference in their age distribution at each period. The following table shows for Victoria the distribution of married women

in six five-year groups in the last five census years :-

PROPORTION OF MARRIED WOMEN IN AGE GROUPS TO TOTAL BETWEEN 15 AND 45 IN THE LAST FIVE CENSUS YEARS.

Campus Vac	_	Proportion	in each Age	Group to E 15 and 4		arried Wome	n between
Census Yes	r.	15-20.	20—25.	25-30.	30-35.	35-40.	40-45
1871		20.3	130.4	211.4	230 · 7	233 · 2	174.0
1881		17.3	159.5	204.6	206.0	209.7	202.9
1891		13.5	156.9	275 · 2	244 · 1	172.1	138 · 2
1901		8.1	99.0	198.3	249.6	249 · 2	195.8
1911		12.4	113.8	206.9	226 · 6	221.2	219 · 1

To estimate the effect which the alteration in age distribution had on the birth rate, the proportion in each of the above groups was multiplied by the average natality rate for the group according to a standard table—the standard used for this purpose being the Swedish table of 1891. The sum of the products for each census year represented the number of births which would have occurred in that year per 1,000 married women between 15 and 45 had the fertility of these women remained unaltered, i.e., the potential births. The year 1871 was used as a basis with which to compare the four subsequent census years, and corrections were applied to the actual births (per 1,000) occurring in those years, so as to make them conform to the age constitution in the first-mentioned year. The correction factors were obtained by taking the number of births per 1,000 married women aged 15-45 which would have occurred in 1871 had the standard natality rates prevailed, and dividing this number by the corresponding number's of potential births for 1881, 1891, 1901, and 1911. The above method was applied to find what proportion of the alteration in the ratio of births to married women under 45 was due to causes other than varying age constitution. The last mentioned factor has been taken into account in the computation of the birth rates appearing in column 5 of the subjoined table:-

CORRECTED LEGITIMATE BIRTH RATES.

	(1)		(2)	(3)	(4)	(5)	(6)
	Cens Year		Married Women between 15 and 45 years of age.	Legitimate Births.	Legitimate Births per 1,000 Married Women 15-45.	Corrected Legitimate Births per 1,000 Married Women 15-45.	Factor for Correction of Rate in Column 4.
187	71		88,561	26,805	302 · 67		••
188	31	• •	84,831	25,675	302.66	303 · 14	1.0016
189	91	٠.	120,700	35,853	297.04	281.98	0.9493
190)1		127,858	29,279	229.00	238 · 75	$1 \cdot 0426$
191	l1		139,398	31,080	222 · 96	231.50	1.0383

An inspection of the rates in column (5) shows that there was a fall of 7 per cent. in 1891 as compared with 1881, a further serious decline of over 15 per cent. in 1901 as compared with 1891, and a decrease of 3 per cent. in 1911 as compared with 1901, which were not due to variations in the age distribution of the married women between 15 and 45 in the community. A further examination of the corrected legitimate birth rates appearing in this column shows that the births in 1911 to every 1,000 married women of reproductive ages were 71 fewer than in 1881, 50 fewer than in 1891, and 7 fewer than in 1901.

Corrected legitimate

Legitimate birth rates (per 1,000 of the total population) for widely separated periods do not give a correct indication of the relative fertilities of those periods, unless the number of married women at reproductive ages in proportion to the population and the age constitution of such women have remained unchanged. In order to allow for the disturbance which may have been introduced through variations in these elements it is necessary that corrections be made in the crude rates. The factor to correct the result of changes in the proportion of married women between 15 and 45 is obtained by comparing the number of such women in the community at the period of observation with the number in a standard population. The method of obtaining the correcting factor for the disturbance due to the second element was explained in a previous paragraph.

The following table shows the crude legitimate birth rates in five census years, the corrections to be applied thereto for the reasons mentioned above, the amended birth rates, and the difference between these and the crude rates. The standard used in the computation of the correction factors was the Victorian population of 1871. Corrected birth rates per 1,000 of the population in the years 1881, 1891, 1901, and 1911 are as follows:—

CORRECTED LEGITIMATE BIRTH RATES PER 1,000 OF POPULATION.

	4 - 4 - 4 <u> - 4 - 4 - 4 - 4 - 4 - 4 - 4 -</u>	10.00						
		ż	Sirths per population s).	-45, per ation.	Correction for variate	ions in—	Rate.	een crude I rates.
Year.	Enumerated Population.	Legitimate Births	Legitimate Births 1,000 of popul (crude rafes).	Wives aged 15-45, 1 1,000 of population.	Proportion of wives aged 15-45.	e distribution of wives aged 15-45.	Corrected Birth Rate	Difference between crude and corrected rates.
(1)	(2)	(3)	(4)	(5)	(6) 	(2) Age	(8)	(9)
1871 1881 1891 1901 1911	731,528 862,346 1,140,405 1,201, 3 41 1,315,551	26,805 25,675 35,853 29,279 31,080	36.64 29.77 31.44 24.37 23.63	121·1 98·4 105·8 106·4 106·0	1°2307 1°1446 1°1382 1°1425	1.0016 0.9493 1.0426 1.0383	36.69 34.39 28.77 27.89	6 92 2 95 4 40 4 26

An inspection of the crude rates in the fourth column of the above table shows that legitimate births per 1,000 of population apparently declined by 6.87 in 1881, 5.20 in 1891, 12.27 in 1901, and 13.01 in 1911, as compared with the first census date. After making allowance for the disturbing elements known to exist, the apparent decline of 6.87 in 1881 is altered to an increase of .05 per 1,000, while the decline of 1891 is reduced from 5.20 to 2.25, that of 1901 from 12.27 to 7.87, and that of 1911 from 13.01 to 8.75 per 1,000 as compared with 1871. Between 1891 and 1911 there was a reduction of nearly 19 per centain the rate due to other than normal causes.

Births to wives in Australasia and England. The next table shows the legitimate births per 1,000 married women under 45 (not allowing for their differing age distribution) in each State, New Zealand, and England and Wales in the three census years 1891, 1901, and 1911:—

LEGITIMATE BIRTHS PER 1,000 MARRIED WOMEN UNDER 45 YEARS OF AGE.

Country.		Legitimate Bi	Decrease		
		1891.	1901.	1911.	per cent. in 20 years.
Victoria New South Wales		297·0 298·9	229.0	223.0	24.9
Queensland		315.0	235·6 251·0	235·4 244·8	21·2 22·3
South Australia Western Australia		311·1 352·8	235·0 244·0	235·9 221·8	24·2 37·1
Tasmania New Zealand		315·9 279·1	254·6 246·1	244·8 211·7	$22 \cdot 5 \\ 24 \cdot 2$
England and Wales	••	268.8	234 · 2	196.2	27.0

It will be seen from these figures that between 1891 and 1911 there was a pronounced decline in the proportion of legitimate births to married women under 45 years of age in the different States, New Zealand, and England and Wales, varying from 37 per cent. in Western Australia to 27 per cent. in England and Wales, 25 per cent. in Victoria, 24 per cent. in South Australia and New Zealand, and 21 per cent. in New South Wales. Slightly more than one-fourth of the total decline in Victoria during the twenty years was due to the altered age distribution of married women under 45 years of age, and it is probable that this cause was also responsible for a portion of the decrease in each of the other States and New Zealand.

The birth records for 1916 show that 84 out of every 100 children were born to Australian parents, and 95 out of every 100 to one or both parents born in Australia. Of the total fathers, 79.72 per cent. were born in Victoria; 87.29 in Australia; 1.12 in New Zealand; 7.07 in England and Wales; 1.62 in Scotland; 1.00 in Ireland; 27 in other British Possessions; and 1.63 per cent. in foreign countries. The corresponding percentages for mothers were: Victoria, 82.56; Australia, 91.13; New Zealand, 1.01; England and Wales, 5.22; Scotland, 1.06; Ireland, 5.7; other British Possessions, 22; and foreign countries, 79.

Ohlnese and half-easte chinese births.

During the past seven years the births to Chinese parents numbered 51, or 1 in every 4,421 legitimate births, and the Chinese half-easte births (fathers only Chinese) totalled 209, or 1 in every 1,079 legitimate births registered in the same period.

Ages of giti mate

The average ages of fathers and mothers of legitimate children whose births were recorded in 1916 were 33.73 and 29.84 years respectively, which were 4.25 and 3.77 years above the average ages of bridegrooms marrying brides under 45 years of age, and of such brides for the same The proportions of both parents in various age groups are shown in the following table for the year mentioned:-

PERCENTAGE OF PARENTS IN AGE GROUPS, 1916. []

Father	•	Mother.				
Age Group.	Proportion per 100 Births.	Age Group.		Proportion per 100 Births.		
		77 1 00		2 21		
Under 20	. 22	Under 20	•••	2 21		
20 to 25	9 98	20 to 25	•••	21 63		
25 to 30	. 26.40	25 to 30		31 · 19		
30 to 35	24.96	30 to 35		23 86		
35 to 40	18 58	35 to 40		15 43		
10 to 45	10.69	40 to 45	•••	5.21		
45 to 50	6.16	45 and over		47		
50 and over	3.01					
Total	. 100 00	Total		100.00		

It will be seen that on the experience of 1916, 52.82 per cent. of the mothers were between ages 20 and 30, and 39.29 per cent. between ages 30 and 40. The proportions of fathers at these ages were 36.38 and 43.54 per cent. respectively. Of every 1,000 legitimate births, about 22 were due to mothers under 20 years, and nearly 5 to mothers aged 45 years and upwards.

The proportion of legitimate births recorded as first Ages of births was 28.78 per cent. in 1916, as compared with 29.21 in the previous year, 28.36 in 1914, 29.26 in 1913, 28.55 in 1912, 27.42 in 1911, 26.22 in 1910, 26.20 in 1909, 25.43 in 1908, 24.98 in 1907, 24.78 in 1906, and 21.87 per cent. in 1901, the proportion for the latest year being greater by 31.6 per cent. than that for 1901. The percentages of mothers of first births at various ages are shown in the following table for the last five years:—PERCENTAGE OF MOTHERS OF FIRST-BORN CHILDREN IN AGE GROUPS.

2				Percentage o	f Mothers in A	ge Groups.	
	Ages.		1912.	1913.	1914.	1915.	1916.
Under 20 20 to 25	•••		8·5 41·1	8·1 40·5	7·8 40·9	8.0	6.2
25 to 30 30 to 35	•••		$\begin{array}{c c} 32.0 \\ 12.2 \end{array}$	32·7 12·7	32 2 13 4	32·9 13·5	40 · 6 34 · 5 13 · 0
35 to 40 40 and ov	er	•••	5·0 1·2	4·9 1·1	4.6	4·8 1·2	4·5 1·2
Tota	l . .		100.0	100.0	100:0	100.0	100.0

The experience of the period 1912-16 shows that of every 100 mothers of first-born children, 7.7 were under 20 years of age, 48.2 were under 25, 81.0 were under 30, and only 1.2 were aged 40 and over. These proportions are very similar to the ratios of brides in the same groups during the period dealt with, which show that 9.4 per cent. of the women marrying were under 20, 51.9 per cent. were under 25, 79.8 per cent. were under 30, and only 2.4 per cent. were aged 40 to 45.

The next table shows the number of births per 1,000 of the population in the metropolitan, the other urban, and the rural districts, for 1875 and each subsequent fifth year, also the averages of the years 1901-5 and 1906-19, and the rates for each of the last six years:—

BIRTH RATES IN METROPOLITAN, OTHER URBAN, AND RURAL DISTRICTS, 1875 TO 1916.

Year.			Births per 1,000 of the Population.					
	rear.		Metropolitan District.	Other Urban Districts.	Rural Districts.	Victoria		
1875			33.63	38.63	31.54	33.94		
1880			$31 \cdot 19$	34.21	28.72	30.75		
1885	٠,		$34 \cdot 94$	31.87	28.12	31.33		
1890			37.71	34.43	28 • 93	33.60		
1895			29.46	34.03	25.49	28.46		
1900	• •		24.54	32.29	24.26	25.79		
901-5			$24 \cdot 03$	32.14	23.46	24.81		
1906-10			23.59	32.47	22.88	24.66		
1911			24.51	31.85	22.79	25.03		
1912			27.48	33.24	22.46	26.41		
1913			27.20	31.77	21.74	25.82		
914			26.82	31.36	21 34	25.45		
1915			26.11	30.32	20.18	24.55		
1916			25.51	30.56	20.10	24 33		

Birth rates in country The birth rates in the seven principal country towns are given below for each of the last five years:—

BIRTH RATES IN THE SEVEN PRINCIPAL COUNTRY TOWNS.

·			Births per	1,000 of the	Population.		
Year.	Ballarat and Suburbs.	Bendigo and Suburbs.	Geelong and Suburbs.	Castle- maine and Suburbs.	Mary- borough.	Warrnam- bool.	Stawell.
1912 1913 1914 1915 1916	26 55 26 53 26 01 24 73 24 16	33·99 32·74 31·44 28·99 27·38	28·00 28·13 27·03 28·17 27·58	29·86 27·00 32·46 28·16 27·40	35·18 30·18 34·91 26·67 32·00	42·11 38·65 45·27 44·11 41·22	38·51 36·52 42·20 34·22 37·87
Average	25.60	30.91	27.78	28.98	31.79	42.27	37.8

On the average of the five years 1912 to 1916, the birth rate in all of the above towns exceeded that of the State, and except in Ballarat it was greater than that of Melbourne and suburbs. The highest rate prevailed in Warrnambool, and the lowest in Ballarat and suburbs.

Birth rates in metropolitan municipalities are

metropolitan municipalities. shown in the following table:—

METROPOLITAN BIRTH RATES 1901, 1911, 1914, 1915 AND 1916.

	Bin	rths per 1,000	of the Pop	ulation.	
Districts.	1901.	1911.	1914.	1915.	1916.
Malhauma Cita	21 · 15	19.90	22:69	21 · 85	21 45
Melbourne City	22:58	24 40	22.93	23.05	21 52
Fitzroy City	26 49	23 36	23.22	21 46	19.44
Collingwood City	25 51	25.28	31.31	29 36	29 · 26
Richmond City	26 71	24 81	28.72	28.79	27:39
Brunswick City	24 40	26 00	33.23	32 55	30.79
Northcote City		23.77	25.96	25.12	25.71
Prahran City	22.69	21 71	22.19	20 08	20.12
South Melbourne City	22.10	24 59	26.76	22 21	22 15
Port Melbourne Town	25 26		20.28	19 60	18.81
St. Kilda City	18 59	21.10	22.00	21.89	21 . 38
Brighton Town	22.39	22.48	25·19	27.89	25 89
Essendon City	23.77	21.32		19.17	16 51
Hawthorn City	22.67	20.16	20.08	25.04	26 · 34
Kew Town	21.54	23.43	23.26	34.28	35.20
Footscray City	28 · 21	30 05	36.39	25 69	25 24
Williamstown Town		24 42	27.24		30 08
Oakleigh Borough	31 25	33 94	34.45	34 45	28 28
Caulfield City	18.72	20.15	27.20	27 35	
Malvern City	21.98	20.25	22.68	21 46	21 20
Camberwell City	19.17	15.24	23.11	19.36	21.67
Preston Shire	00.76	24 06	24.14	23 · 87	23 95
Coburg Town	00.50	22.75	23.12	22.72	25 67
Greater Melbourne:		1			
Excluding Births in Institution	s 23 03	22.32	24.83	23 94	23.46
Including Births in Institution		24 51	26.82	26.11	25 5

All the municipalities, except Caulfield, Coburg, Essendon and Kew had lower birth rates in 1916 than in 1914.

Birth rates in Australasian Capitals. The next table shows the mean population, number of births, and birth rate in each Australasian capital city and suburbs for the year 1916:—

BIRTH RATES IN CAPITAL CITIES OF AUSTRALASIA.

Capit	al City and	Suburbs.		Year 1916.				
	**			Mean Population,	Number of Births.	Births per 1,000 of the Population.		
Melbourne		•••		689,820	17,600	25.51		
Sydney Brisbane		•••		763,800	20,856	27.31		
Adelaide	***	•••	•••	165,166	5,286	32.00		
Dauth	•••	•••		225,182	5,874	26.09		
Hobart		•••		122,000	4,083	33.47		
	• • • •	•••		39,264	1,347	34 · 31		
Wellington	•••	•••	•••	84,000	2,254	26 · 83		

The average birth rate of the six Australian capitals was 27.45 per 1,000 of the population in 1916, as against 28.29 in the previous year.

The birth rates of the Australasian capitals for 1916 and of 20 other cities for the latest year for which the information is available are given below:—

BIRTH RATES IN CITIES.

City.		Births per 1,000 of Population.	City.	Births per 1,000 of Population.	
Hobart Buenos Ayres		34·3 34·2	New York Copenhagen	•••	25·2 23·7
Perth Moscow	••	33·5 33·0	Amsterdam London	•••	23 · 2
Brisbane	•••	32.0	London Milan	•••	23·0 21·7
Dublin Belfast	***	27·9 27·8	Hamburg Stockholm	•••	21.4
Sydney	•••	27.3	Edinburgh	•••	20·1 20·1
Wellington Boston	•••	26.8	Dresden	•••	20 · 1
Adelaide	•••	26.3	Berlin		19.6
Petrograd		26 1	Prague	•••	18.7
Melbourne	•••	25 · 9 25 · 5	Vienna Paris	•••	17·7 16·8

Two and triplet births in the past five years were as follows:—

CASES OF TWINS AND TRIPLETS.

	Year.		Year. Cases of Twins.		Cases of Triplets.		
1912	•••	•••		367	7		
1913	•••	•••	•••	394	2		
1914	•••	••,•	•••	402	4		
19 15	•••	•••	•••	397	1		
1916			•••	3 65	6		

On the average of the five years 1 mother in every 91 gave birth to twins, and 1 in every 8,766 was delivered of three children at a birth. The proportions for the decennium ended 1912 were 1 in every 98 and 1 in every 7,949 respectively.

Under a section of an Act passed in 1903, an illegitimate child, whose parents subsequently married, might, provided there was no lawful impediment to the marriage of the parents at the time of the birth, be legitimized if registered for that purpose within six months after marriage. In December, 1912, another Act was passed, which provides that children born out of wedlock may be legitimized at any time after the marriage of the parents, on the application of the father, provided there was no lawful impediment to the marriage of the parents at the time of the birth. Up to the end of 1916 advantage was taken of these Acts to legitimate 1,169 children, of whom 14 were registered in 1903, 19 in 1904, 34 in 1905, 43 in 1906, 58 in 1907, 60 in 1908, 51 in 1909, 71 in 1910, 126 in 1911, 106 in 1912, 157 in 1913, 149 in 1914, 141 in 1915, and 140 in 1916.

Legitimation Acts are in force in all the States and New Zealand, the most recent being that of Western Australia, which was passed in 1909. Of every 100 children born out of wedlock, the numbers legitimized in the various States and New Zealand during 1916 were as follows:—New Zealand, 23.6; Queensland, 18.4; New South Wales, 16.8; Western Australia, 11.5 (in 1915); South Australia, 10.9; Victoria, 7.9; and Tasmania, only 4.5 (in 1915).

The number of illegitimate births in Victoria during the year 1916 was 1,764, which gives a proportion of 5·15 to every 100 births registered, as against 5·75 in the previous year, 5·57 in 1914, 6·03 in 1913, 5·72 in 1912, 5·94 in 1911, and 5·59 in 1910. The percentages of the children born out of wedlock in various countries are shown in the following table:—

PERCENTAGE OF CHILDREN BORN OUT OF WEDLOCK.

Country.	Year.	Percentage Born out of Wedlock.	Country.	Year.	Percentage Born out of Wedlock.
Sweden	1912 1914 1913 1911 1913 1915 1911 1916 1916	15·3 11·8 11·5 9·7 9·2 7·1 6·9 6·3 5·2 5·0	New South Wales	1916 1914 1916 1915 1916 1916 1916 1915	4·8 4·7 4·5 4·4 4·0 3·9 3·7 3·1 2·1

While the percentage of illegitimate to total births in Victoria increased from 5.36 in 1891 to 5.94 in 1911, the illegitimate births in proportion to single women were fewer in the later year. It is thus seen that the higher ratio of illegitimate to total births in 1911, as compared with 1891, was not due to greater laxity of morals, but to the smaller number of legitimate births. The proportion of infants born out of wedlock to the unmarried and widowed women between 15 and 45 years of age in Victoria are shown in the subjoined table for the census years 1891, 1901, and 1911, when the conjugal

ILLEGITIMATE BIRTHS PER 1,000 SINGLE WOMEN.

condition of the population was known :-

	Year.		Single Women aged 15 to 45.	Illegitimate Births.	Illegitimate Births per 1,000 Single Women.
1891			142,443	9.004	
1901	••	• • •	167,760	2,064 1,729	14·49 10·31
1911	• •	• •	187,488	1,964	10.48

Although the proportion of illegitimate births to total births was nearly 11 per cent. higher in 1911 than in 1891, the ratio of infants born out of wedlock per 1,000 unmarried and widowed women fell from 14.49 in 1891 to 10.48 in 1911, which was equal to a decrease of nearly 28 per cent. in the intervening period.

fliegitimate births to unmarried women in various countries. The illegitimate births in proportion to unmarried and widowed women of reproductive ages in various countries are given in the next table:—

BIRTHS TO UNMARRIED AND WIDOWED WOMEN IN VARIOUS COUNTRIES.

1		12	1 1		
					Illegitimate
		Illegitimate Births per			Births per
		1,000		7	1,000
Country.	Period.	Unmarried Women	Country.	Period.	Unmarried Women
		aged 15-45.	. H		aged 15-45
					1
					
German Empire	1900-2	27.4	Western Australia	1911	14.0
n		24.3	Scotland	1900-2	13.4
Sweden	,,	24.2	Tasmania	1911	11.9
Prussia	,,	23.7	Victoria	39	10.5
Italy	,,	19.4	Switzerland	1900-2	9.8
France	77	19.1	New Zealand	1911	9.2
Belgium	,,	17.8	South Australia	,,	8.2
Norway	,,	17-2	England and	1	
Spain	,,	15.5	Wales	79	8.0
Queensland	1911	15.5	Holland	1900-2	6.8
New South Wales	,,	14.5	Ireland		3.8

A larger proportion of illegitimacy prevails in Melburne and suburbs than in the other urban and rural districts of Victoria, the proportion in the country districts being the smallest of all. During the year 1916, in the metropolitan area, slightly more than 1 birth in every 13, in other urban districts 1 in 26, and in the rural districts only 1 in 53, was registered as illegitimate. The proportions in 1907-12 were 1 in 11, 1 in 21, and 1 in 42 respectively.

DEATHS.

The following return shows the number of deaths—
males and females—also the quarters in which they
were registered and the proportion per 1,000 of the population
since 1899:—

DEATHS IN EACH QUARTER, 1900 TO 1916.

		Sex.			Death Rate			
Period.	Annual Deaths.	Males.	Females.	March.	June.	September.	December.	per 1,000 of the Popula- tion.
1900-4	15,457	8,686	6,771	3,921	3,750	3,992	3,794	12.84
1905-9	14,932	8,296	6.636	3.805	3,539	3,917	3,671	11.93
1910	14,736	8.132	6.604	3,820	3,693	3,661	3,562	11.34
1911	15,217	8.356	6.861	3.519	3,774	4.132	3,792	11.52
1912	16,595	9,077	7,518	4.000	4,199	4,498	3,898	12.23
1913	15,475	8,496	6,979	4,075	3,678	4.137	3,585	11.11
1914	16,503	9,017	7.486	3,953	4.030	4,257	4,263	11.59
1915	15,823	8,860	6,963	3.524	3,788	4,380	4.131	11.10
1916	16,489	8,901	7,588	4,111	4,140	4,509	3,729	11.70
Average								
1912–16	16,177	8,870	7,307	3,933	3,967	4.356	3,921	11.55

The number of deaths in 1916 was 16,489, which was 666 above the total for the preceding year. The seasonal mortality showed that the quarter ending 30th September was most fatal, the next being that ending 30th June, and the last quarter being least fatal. For every 100 female there were 117 male deaths in 1916 as against 122 on the average of the previous five years.

The deaths in Australia in 1916 numbered 54,205, as against 52,808 in the preceding year, 51,778 in 1914, 8tates and New Zealand. 51,825 in 1913, 52,209 in 1912, 47,901 in 1911, and 45,628 in 1910. Of the total deaths in the year under review 16,489 occurred in Victoria, 19,854 in New South Wales, 7,514 in Queensland, 5,077 in South Australia, 3,085 in Western Australia, 2,056 in Tasmania, 122 in the Northern Territory, and 8 in the Federal Capital Territory. The death rates per 1,000 of the population for each of the Australian States and New Zealand are shown in the

following statement for the period 1902-6, and for each of the last ten years:—

DEATH RATES IN THE AUSTRALIAN STATES AND NEW ZEALAND.

Period.	Victoria.	New South Wales.	Queens- land.	South Australia.	Western Australia.	Tasmania.	Australia.	New Zealand
1902-6	12.55	10.84	10.92	10.67	12-17	11.04	11.44	9.81
1907	11.61	10.56	10.35	9.87	11.09	11.22	10.86	10.95
1908	12.45	10.13	10.23	9.84	10.74	11.51	10.91	9.57
1909	11.27	$9 \cdot 97$	9.68	9.72	10.21	10.01	10.31	9.22
1910	11.34	$9 \cdot 98$	9.70	10.21	10.09	11.31	10.43	9.71
1911	11.52	10.34	10.65	9.82	10.20	10.12	10.67	9.39
1912	12.23	10.86	10.96	10.28	11.07	10.73	11.23	8.87
1913	11-11	10.91	10.39	10.82	9.35	10.87	10.78	9.47
1914	11.59	10.13	$9 \cdot 97$	10.71	9.39	9.67	10.53	9.31
1915	11.10	10.50	11.00	10.67	9.28	10.11	10.67	9.06
1916	11.70	10.68	10.98	11.69	9.80	10.38	11.04	9.64
Average						-		
1912 – Ĭ6	11.55	10.62	10.66	10.83	9.78	10.35	10.85	9.27

The death rate was higher in all the States, except Queensland, in 1916 than in the previous year. The rate in Victoria, taking the average of the last five years was higher than in any other State, but this result was chiefly due to the larger proportion of elderly persons, amongst whom the mortality rate is very high. In any comparison of crude death rates of the different States and New Zealand, it is necessary to bear in mind the proportion of persons aged (say) 60 years and upwards in each community. This was accurately known at the 1911 census, when Victoria had 735 persons aged 60 years and over per 10,000 of the population, as compared with 629 in New South Wales, 581 in Queensland, 706 in South Australia, 402 in Western Australia, 626 in Tasmania, 647 in Australia, and 705 in New Zealand. Of the persons who died in 1916, 35.5 per cent. were aged 65 years and over in Victoria, 29.1 in New South Wales, 26:4 in Queensland, 33·1 in South Australia, 20·2 in Western Australia, 32.9 in Tasmania, 30.6 in Australia, and 35.0 in New Zealand. It will thus be seen that, while Victoria had a higher crude death rate, it had concurrently a larger proportion of elderly persons in the population and a greater percentage of total deaths at ages 65 years and upwards than any other State.

The following are the death rates per 1,000 of the population in various countries for the latest five years for which these particulars are available, also the averages of the 10 years ended 1907. In all the countries except Bulgaria and Servia, there has been a decrease, and in Holland, England and Wales, Germany, Prussia, Spain, Denmark, Switzerland, Italy, and the United States, there has been a considerable decrease in the recent five-year period as compared with the average of the ten years referred to. The countries are arranged in

order according to the average rate of mortality in the decade 1898-1907:---

DEATH RATES IN VARIOUS COUNTRIES.

Country.	Average of 10 Years— 1898—1907.	Average of latest available Five Years.	Decrease Per cent.	
Russia, European	30.9	28.5*	7.8	
Spain	26.7	21.8	18.4	
Hungary	26.5	24.6	7 · 2	
Roumania	25.6	24.5	4 · 3	
Austria	24.3	21.8	10.3	
Servia	23.0	23.6	+2.6	
Bulgaria	22.8	23.9†	+4·8	
Italy	22.0	19.2	12.7	
Japan	20.7	20.6	•5	
France	20.2	18.4	8.9	
Germany	20.0	16.3	18.5	
Prussia	19.7	16.1	18.3	
Ireland	17.8	16.8	5.6	
Switzerland	17.6	14.3	18.7	
Belgium	17.3	15.7	9.2	
Scotland	17.3	15.7	$9 \cdot 2$	
United Kingdom	16.7	14.6	12.6	
England and Wales	16.5	14.2	13.9	
United States (registration area)	16.3	13.9	14.7	
Holland	16.2	12.8	21.0	
Sweden	15.6	14.0	10.3	
Denmark	15.1	12.9	14.6	
Norway	14.8	13.3	10.1	
Province of Ontario	12.9	12.3	4.7	

*1908-9. †1908-11. +Increase.

Comparing this statement with the previous one, it will be noticed that the death rate in Victoria—the highest in Australasia for the reason previously stated—is considerably lower than in Holland, Denmark, and Norway—the European countries having the lowest rates. Emigration from the older to the newer countries tends to raise the death rate in the former, and to lower it in the latter. In consequence of this, the crude death rates, calculated on the total population, will naturally be on a lower level in Australasia than in Europe, yet it may be safely affirmed that the true rate of mortality, allowing for differences in the age constitution of the people, is considerably lighter in Australasia than in any country in Europe, except, perhaps, Denmark, Norway, Sweden, and Holland.

Comparisons of the crude death rates of a country distribution and crude death rates. for different periods, or of different countries for the same period, are frequently misleading, as they do not allow for variations in the age distributions of the population. In European countries, the proportion of elderly people, among whom the death rate is heavy, is higher than in the Commonwealth or any of the Australian States, and it is greater in Victoria, and lower in Western Australia, than in any of the other

States. The proportions living at various age groups at the last census in each division of the Commonwealth and New Zealand, and those in 1890 in Sweden—a country which fairly represents European conditions—are shown in the following table:—

PROPORTIONS LIVING AT FIVE AGE GROUPS IN AUSTRALIAN STATES, NEW ZEALAND, AND SWEDEN.

<u>.</u>		Propo	ortion per 1 th	0,000 of Por e Age Grou	pulation liv	ing at	
Country.		Under 1 Year.	1 to 20.	20 to 40.	40 to 60.	60 and over.	Total.
Victoria	•	235	3.837	3,173	2,020	735	10,000
New South Wales		274	3,926	3,358	1,813	629	10,000
Queensland		269	4.083	3,285	1,782	581	10,000
South Australia		256	3,901	3,304	1,833	706	10,000
Western Australia		266	3,646	3,682	2.004	402	10,000
Tasmania		279	4.243	3,069	1,783	626	10,000
Australia		260	3.914	3,297	1,882	647	10,000
New Zealand		241	3,763	3,600	1,691	705	10,000
Sweden		255	3,980	2,696	1,923	1.146	10,000

The figures show that the characteristic features of Australian populations, as compared with those of European countries, are a large preponderance of persons at the age group 20-40, and a relatively small number aged 60 and over. Among the Australian States, Victoria and Western Australia have, as mentioned previously, the highest and lowest proportions respectively of persons aged 60 years and upwards—a point which should be kept in view when comparing their crude death rates.

The differences shown in the preceding table in the mortality.

age constitutions of the populations of the six States and New Zealand have been taken into account in computing their respective indexes of mortality. The results for each are based upon an age distribution corresponding to that of Sweden in 1890, which has been adopted by statisticians as a standard for this purpose. Mortality indexes for each State and New Zealand for the undermentioned years are as follows:—

INDEX OF MORTALITY FOR THE AUSTRALIAN STATES
AND NEW ZEALAND.

				Index of	Mortality.		<u> </u>	
Year.	Victoria.	New South Wales.	Queens- land.	South Australia.	Western Australia.	Tasmania.	Common- wealth.	New Zealand.
1901	15.63	15.33	15.24	14:30	17.89	13.82	15.41	12.42
1911	14.31	13.13	$13 \cdot 52$	12.15	13.49	12.90	13.52	11.80
1912	15.17	13.58	14.00	12.74	15.26	13.64	14.06	11 26
1913	13.62	13.68	13.64	13.19	12.60	13.42	13.56	11.90
1914	14.24	12.78	12.80	12.95	12.34	12.02	13.20	11 78
1915	13 . 35	13.04	14.08	12.83	12.49	12.80	13 24	11 44
1916	14.01	13.21	13.87	14.06	13.51	12.69	13.65	11.76

A reliable estimate of the improvement in the health of the community is obtained by comparing the death rates for each age group at different periods. Such rates for Victoria are given in the subjoined table for the decennial periods 1881-1890, 1891-1900, and 1902-1911:—

DEATH RATES AT CERTAIN AGE GROUPS IN VICTORIA.

	Age Grou	ın.	Deaths per 1,000 at each Age.			
Age oroup				1881-1890.	1891-1900.	1902–1911.
	Males				4.7	
Under 5	•••	•••		44.79	39 · 29	26.73
5 to 10		•••		4.06	3.36	2.16
10 to 15	•••	•••	•••	2.65	2.20	1 87
15 to 20		•••		4.03	3:28	2.72
20 to 25	•••	• • • •		$6 \cdot 35$	4.79	3.21
25 to 35	•••		•••	$7 \cdot 72$	6.60	4.75
35 to 45	•••			11.23	9.03	7.81
45 to 55	•••	•••	• • • •	19.28	15.32	13 48
55 to 65				33 · 25	32.90	25 38
65 to 7 5	•••	•••	•••	61.13	62.99	59.04
75 and upv	vards			137:18	145.05	157 · 26
All ages	•••	•••	• •••	16.55	15.47	13.30
	F emale	es.				
Under 5				39.46	34 · 09	22:35
5 to 10	•••	,		3.92	3.15	2.03
10 to 15		•••		2.56	2.06	1.78
15 to 20	4	•••	•••	4 · 17	3.43	2.80
20 to 25	••• .	•••	•••	5.81	4.81	3.59
25 to 35	•••	•••	•••	7 · 90	6.89	5.01
35 to 45	***	•••	• • • •	10.93	8.68	7 · 16
45 to 55	•••		•••	14.84	12.12	9.96
55 to 65	•••	•••	•••	23.49	23.64	18.80
65 to 75	•••	•••	•••	50 32	45.87	46 71
75 and up	wards	•••		159.00	124.33	131 77
All ages		•••	•••	13.56	12.36	10.66

The figures show that at all ages, excepting 75 and over for males, and 65 and over for females, very much lower death rates were experienced during the last decennium than in the preceding one. Compared with 1891-1900, the mortality rate for the period 1902-11 for the two sexes combined was lower by 33 per cent. at the age group 0-10, by 14 per cent. at 10-15, by 18 per cent. at 15-20, by 26 per cent. at 20-25, by 27 per cent. at 25-35, by 15 per cent. at 35-45 and 45-55, and by 20 per cent. at 55-65. The rates, up to age 65 and probably to age 75, are comparable, and the marked decrease at successive periods points to a general improvement in hygienic conditions.

Death rates at various ages in Australian In the next table the annual deaths in Victoria per 1,000 persons of each sex at various ages are compared with those in the other Australian States, and in the Commonwealth, for the period 1909-11:—

ANNUAL DEATH RATES AT VARIOUS AGES IN EACH AUSTRALIAN STATE, 1909-11.

		An	nual Death	s per 1,000	of Populatio	n.	
, Age Group.		1)	1	T	1	1
	Victoria.	New South Wales.	Queensland	South Australia.	Western Australia.	Tasmania.	Common wealth.
Males.							·
0_5	24 .04	00.50				ŀ	
5-10	2.01	23·76 2·03	21 53	20:31	26:78	24.05	23 · 40
10-15	1.68	1 75	2·15 1·92	1 · 90 1 · 34	3.09	2.36	2:13
15-20	2.53	2.47	3.14	2.46	1 ·84 2 · 54	1.49	1.71
20-25	3.14	3.22	4.38	3.05	4.42	2·63 3·63	2·58 3·43
25-30	3 94	3 . 74	4.94	3.90	5.07	4.11	4.09
30-35	4 .72	4 · 35	5.42	4.79	5.91	4.44	4.78
35-40	6 .30	5 63	7 · 32	6.90	7 . 20	6.73	6.34
40-45 45-50	7.97	8.13	9 .30	7.86	10.64	6.86	8.40
EO EE	10 ·89 14 ·63	10.64	13.55	10.77	14.48	9.00	11 35
55-60	20 49	13 · 28 20 · 41	17 · 15 22 · 55	14.91	16.12	13 . 28	14.49
60-65	32 04	27.94	29 16	18 · 98 29 · 95	23 98	15.70	20.52
65-70	50.53	44 50	50.32	40.11	30 · 21 45 · 43	23 .33	29 28
70-75	76 - 20	70.60	65 . 82	59.63	78.10	36 ·89 53 ·49	46 · 25 70 · 20
75-80	120 - 16	108.32	98.99	102 .64	116.27	99.52	111 19
80-85	171 .92	158 63	152 . 59	155 - 53	155 .88	158 -83	163 58
65 and over	269 . 56	283 · 16	231 29	250 80	281 .66	855 · 33	273 .85
All ages-							
Males	12.82	11 15	11 · 46	10.79	11.42	10.84	11.60
Females.							
0-5	18 89	20 05	19.08	16 24	21 .66	20 .91	19 . 39
5-10	1.94	1 69	2.11	1.46	8.05	1.91	1.89
10-15 15-20	1.51	1 34	1 34	1.47	1.86	1.97	1.46
M 05	2.44	2.04	2.20	2.35	2.10	3 48	2 · 28
e en	3 · 46 4 · 33	3 15	3 · 44	3.45	3 76	4 23	3 · 40
30–30 30–35	4 92	3 · 92 4 · 40	4 · 41	5 02	{ 4·52	4.54	∫ 4·28
5-40	6.20	5.79	5.90	₹ 1	5.15	<i>}</i>	4 69
0-45	6.58	6.06	6.94	6 05	6 62	6.47	6.04
5-50	8 . 22	7.66	7.79	8.04	7.44	₹ 1	6 · 36 7 · 87
0-55	9.90	9.98	10.13	9.60	11 58	7 · 43	9.93
55-60	14.49	14.45	13.51	12.88	13 13	14-19	14.12
0-65	21.62	20 67	21 89	19.19	17.72	18.18	20.73
85-70 0-75	35.12	37.10	33 48	32 · 19	34 43	34 43	35 - 30
E 00	59·07 97·13	54 . 55	50 18	48 98	55 - 53	52 95	55 .22
0-85	133 - 47	91 ·45 133 ·49	88 41	83 .86	98 36	86 . 75	92 80
5 and over	239 .69	211.64	137 · 58 223 · 23	128 · 76 228 · 03	130 · 53 190 · 19	138 35 258 01	133 · 94 229 · 05
All ages—							
Females	10 17	8 · 83	8.34	9 · 20	8 . 55	9.71	9 · 23

A comparison shows that for the period 1909-11, the Victorian death rate for males at every age group between 5 and 50 was below that of the Commonwealth. For men aged 50 to 60 the rates were very similar, but for the five age periods between 60 and 85 they were lower in Australia, as a whole, than in Victoria. Among females, the mortality rates in the State were lower for four, and higher for fourteen, age periods than those for the corresponding ages in the Commonwealth.

Victorian and English death rates compared. The death rates of each sex at various ages in Victoria and Australia for the period 1909-11, and in England and Wales for 1906-10, are shown in the table which follows:—

DEATH RATES AT VARIOUS AGES IN VICTORIA, AUSTRALIA, AND ENGLAND.

		Annual Deaths per 1,000 of Each Sex.						
Age Group.		Males.		Females.				
	Victoria. 1909-11.	Australia. 1909–11.	England and Wales. 1906-10.	Victoria. 1909-11.	Australia. 1909–11.	England and Wales 1906-10.		
0-5	24.0	23.4	45.4	18.9	19.4	38.0		
5-10	2.0	2.1	3.3	1.9	1.9	3.4		
10-15	1.7	1.7	2.0	1.5	1.5	2.1		
15-20	2.5	2.6	3.0	2.4	2.3	2.8		
20-25	3.1	3.4	4.0	3.5	3.4	3.3		
25 –35	4.3	4.3	5.3	4.6	4.5	4.5		
35-45	7.1	7.3	8.6	6.4	6.2	7.1		
45-55	12.5	12.8	15.5	8.9	8.8	12.0		
55-65	25.3	25.2	31.2	17.6	17.0	24.3		
65-75	62.1	56.2	64.4	45.7	43.6	53.1		
75-85	138.2	127.8	137.7	109.1	105.8	119.6		
85 and upward	269.6	273.8	283.0	239.7	229.0	250.9		
All ages .	12.8	11.6	15.6	10.2	9.2	13.8		

The low mortality rate at nearly every age in Victoria, by comparison with that in England and Wales, evidences the healthy climate and the favorable social and industrial conditions of the State. A striking feature of the Victorian and Commonwealth mortalities is the light rate among infants and young children. The superiority of the Victorian over the English rate is very pronounced for the age groups 0-5 and 5-10, but it is less marked for the next ten years of life. For the age groups 20-25 and 25-35, the rates for males are lower, while those for females are slightly higher, in Victoria than in England. For each age period after 35, except 75-85 for males, the death rates for both sexes in Victoria are lighter, and at some ages considerably lighter, than in England.

Prior to 1912 two sets of death rates were given for metropolitan municipalites, i.e., the numbers dying (exclusive of those in hospitals) in specified areas in proportion to their respective populations, and the deaths in metropolitan institutions in proportion to the population of Greater Melbourne. On the assumption that the various districts contributed proportionately to population to the deaths in institutions, the sum of the two rates mentioned was generally accepted as the approximate death rate of a given area. An investigation of the usual place of residence of 9,500 persons who died in public hospitals

showed, however, that in many instances facts did not justify the assumption referred to. Thus, of the total deaths of residents of Fitzroy, Port Melbourne, and Melbourne City, 34 per cent. occurred in hospitals, as compared with only 11 per cent. in the case of deaths of residents of Kew, Caulfield, and Camberwell. In consequence of these discrepancies, the method of estimating the mortality rate for each district was discarded, and in its place was adopted the system of allotting all hospital deaths to the districts where the deceased had resided, and showing the deaths of residents of specified areas in proportion to their respective populations. In regard to persons dying in Hospitals for the Insane and Benevolent Asylums, their places of residence before entering these institutions were unknown, and the deaths were, therefore, allotted to the various municipal areas according to their populations.

The deaths of residents of twenty-two metropolitan municipalities and their proportions to population are shown in the following table for the period 1910-12 and for the years 1915 and 1916:—

DEATH RATE OF METROPOLITAN MUNICIPALITIES, 1910-12, 1915 AND 1916.

Municipality.	Ar	nual Deaths	i.		Annual Deaths r 1,000 Residents.			
	1910-12.	1915.	1916.	1910-12.	1915.	1916.		
Richmond City	594	527	564	14.71	12:68	13.71		
Port Melbourne Town	196	185	166	14 56	13.60	12.46		
Melbourne City	1,469	1,470	1,507	14.44	13.87	14.22		
Fitzroy City	493	503	564	14 41	14 · 19	16.04		
Collingwood City	462	458	440	13.44	12.72	12.29		
Brighton Town	161	157	209	13.02	9.57	12.01		
Oakleigh Borough	40	62	56	12 90	13.65	11.62		
Prahran City	587	580	579	12.89	11.96	11.89		
South Melbourne City	591	560	580	12.83	11.58	11.92		
Williamstown Town	198	227	223	12.80	13.11	12.59		
St. Kilda City	326	373	373	12.65	12:39	12.14		
Preston Shire	65	66	70	12.63	$9 \cdot 32$	9.52		
Footscray City	290	359	377	12.15	12.39	12.74		
Brunswick City	383	456	462	11.75	11 83	11.89		
Coburg Town	111	156	132	11.49	11.85	9.52		
Essendon City	269	320	349	11.12	10 53	11.14		
Hawthorn City	265	273	317	10.64	9.66	11.23		
Kew Town	105	114	148	10.47	9.68	12.22		
Camberwell City	131	150	177	10.21	8.77	9.96		
Caulfield City	157	199	263	9.68	8:86	10.95		
Malvern City	15 1 '	241	255	9.29	10 32	10.16		
Northcote City	165	280	273	9.22	11 . 95	11.18		
Remainder of Metropolis	218	299	317	9.22	10.38	10.88		
Whole Metropolis	7,427	8,015	8,401	12.61	11.80	12:18		
Remainder of State	8,089	7,808	8,088	10.99	10.45	11.27		

The outstanding features of the above figures are the high death rates prevailing in some of the old centres of population, of which Melbourne City, Fitzroy, Richmond, Collingwood and Port Melbourne are examples, and the low rates in comparatively recently settled areas, such as Northcote, Malvern, Caulfield, Camberwell, and Kew. For the former group the deaths for 1916 were 14.01 per 1,000 as against 10.79 for the latter. Slight differences in the age distribution of the populations of the two divisions may exist, but they can account for only a small portion of the great disparity in their mortality rates. It would appear that the standard of health, as indicated by death rates, is much better in the outlying and less densely populated suburbs than in the central and more congested areas of the metropolis.

The ages of the people, as disclosed at the last comparison to be made between and country death rates census, enable a the death rates prevailing in Greater Melbourne and in compared. the remainder of the State. On the average of the years 1910-12, the deaths of metropolitan residents were in the ratio of 12.61 per 1,000 of population as against a ratio of 10.99 for residents of the rest of the State. The apparent difference in favour of the country is 1.62, but a computation shows that, when allowances are made for the unequal age and sex distribution of the people in these areas, the actual difference is greater—the deaths per 1,000 of population being fewer by 2.55 among country than among metropolitan residents.

In Greater Melbourne, in the decade 1907-16, there per 1,000of the population. 12.88 deaths Metropolitan as compared with 15.76 in the decennium 1892-1901. The reduction in the rate represents a saving of 17,600 lives in the past ten years. Many factors have contributed to this result, but it is probable that the introduction of the sewerage system, the notification of contagious diseases, the destruction of insanitary dwellings, the improvement in the conditions of labour, the increasing supervision of the manufacture and sale of articles of consumption, the greater proportion of females in the community, and the advance of medical science, have been the main causes of the decline. That the sanitary conditions of the metropolis have greatly improved is evidenced by a comparison of the death rates from typhoid fever, diphtheria, and tubercular diseases for the period 1907-16 with those for the decennium 1892-1901. The following are the rates:-

	1	Deaths per 1,000 of Population.					
Cause of Death.		1892–1901.	1907-1916.	Total Decrease in 1907-16.			
Pulmonary Tuberculosis		1.654	0.964	0.690			
Other Tubercular Diseases		0.446	0.233	0.213			
Typhoid Fever		0.293	0.067	0.226			
Scarlet Fever		0.033	0.014	0.019			
Measles		0.215	0.044	0.171			
Diphtheria		0.196	0.167	0.029			
Total	-	2 · 837	1 · 489	1.348			

The figures show that the lower death rates from the six abovementioned diseases in 1907-16 accounted for nearly 47 per cent. of the total decline. It is impossible to state which municipalities have contributed most to this result, as their mortality rates from the diseases referred to are not available for the earlier period. A comparison, however, of the general death rates in each for the periods under review shows that all divisions of the metropolis have, in varying degrees, shared in the improvement.

Prior to 1912 the death rates given for the chief country towns were based upon the deaths therein in relation to their respective populations. For the reasons mentioned on page 338, that method was discarded and the deaths of residents in proportion to population are now shown instead. Such deaths, and their rates per 1,000 of population, are given in the following statement for the periods 1910-12 and 1913-15 and the year 1916:—

DEATHS PER 1,000 RESIDENTS IN COUNTRY TOWNS.

Town.	An	nual Deaths Residents.	of		Deaths of I 000 of Popu	
	1910-12.	1913-15.	1916.	1910–12.	i1913–15.	1916.
Ballarat and Suburbs	639	680	610	15-07	16.08	14.99
Bendigo and Suburbs	690	632	534	17.51	16.44	14 · 92
Geelong and Suburbs	411	402	415	13.68	11.53	12.02
Castlemaine	92	102	98	13-11	13.90	13 • 23
Warrnambool	95	91	95	13.55	12.34	12.84
Maryborough	76	75	61	13.39	14.05	12.20
Stawell	82	70	46	18.60	15.31	10.43

On the average of the past four years the death rate in Bendigo was 34 per cent. higher, and that in Ballarat 32 per cent. higher than the rate—11.98—in Greater Melbourne.

An examination of the particulars of residence of persons who have died in public hospitals of Victoria during the past seven years reveals interesting and definite information regarding the assistance rendered by these institutions to people in different divisions of the State. For

twenty-two metropolitan municipalities, the seven principal country towns, and the remainder of the State, the percentage of the total deaths of residents thereof which occurred in public hospitals during the period 1910-15 and the year 1916 was as follows:—

PROPORTION OF DEATHS OF RESIDENTS OCCURRING IN HOSPITALS, 1910-15 AND 1916.

Area	Percentage of Deaths of Resi- dents occurring in Hospitals.		Area.	Percentage of Deaths of Resi- dents occurring in Hospitals.	
· .	1910–15.	1916.		1910–15.	1916.
Port Melbourne Town	35.9	38.6	Oakleigh Borough	14.6	28.6
Fitzroy City	34 5	31.0	Brighton Town	14.2	15.8
Melbourne City	34 4	36.9	Castlemaine	13.9	17 3
Collingwood City	28.0	32.5	Ballarat	13.9	14.9
Richmond City	26.6	32.1	Hawthorn City	13.2	20.2
South Melbourne City	26.5	27.8	Malvern City	12.8	12.2
Preston Shire	25.0	27 · 1	Kew Town	12.6	14.2
Northcote City	24 4	27 · 1	Williamstown Town	12.2	25.6
Brunswick City	$23 \cdot 9$	27.9	Caulfield City	11.7	16.0
Warrnambool	23.0	28 · 4	Camberwell City	11.1	19.2
Maryborough	22.9	16.4			
Footscray City	22.6	24.9	Summary:—		
Prahran City	21.7	23.0	Greater Mel-		
Stawell	19.6	21.7	bourne	24 6	27 1
St. Kilda City	18.9	22.0	Seven Country	İ	
Coburg Town	18.0	27.3	Towns	16.4	18.0
Bendigo	16.8	18.0	Remainder of	1	
Essendon City	16.5	21.2	State	17.8	22.6
Geelong	16.3	20.0	Whole State	20.9	24 3

The disparities in the proportions for different areas are very significant. Of the total cases of fatal illness occurring amongst residents of the districts mentioned in 1910-15, the percentage treated in public hospitals varied from 35.9 for Port Melbourne, 34.5 for Fitzroy, 34.4 for Melbourne City, 28.0 for Collingwood, and 26.6 for Richmond, to 11.7 for Caulfield and 11.1 for Camberwell. For the metropolitan area the percentage was 24.6 as compared with 17.6 for the rest of the State. Taking the proportion for fatal cases as an index of all cases dealt with, it would appear that, relatively to population, the assistance rendered by public hospitals to the residents of Greater Melbourne exceeds by about 40 per cent. that given to people residing elsewhere.

Deaths in public institutions were 37.3 per public institutions were 37.3 per cent. of the total in Greater Melbourne, 21.9 per cent. of the total in extra metropolitan districts, and 30.3 per cent. of the total in the State as a whole. The number of deaths in

each public institution in the metropolis in 1916 is given in the subjoined table:—

DEATHS IN PUBLIC INSTITUTIONS IN GREATER MELBOURNE, 1916.

Institutio	Institution.			Institution,	No. of Deaths.
Hospitals—			-	Other Public Institutions—	-
Melbourne			911	Victorian Homes for Aged and	1
Alfred	a.,		317	Infirm	78
St. Vincent's	•••	•••	154	Benevolent Asylum	171
Homœopathic	•••		94	Heatherton Sanatorium	93
Austin	•••		195	Convent of the Little Sisters	1.
Children's	•••	100	504	of the Poor	76
Women's	•••		199	Old Colonists' Homes	8
Infectious Diseas		•••	148	Foundling Hospital, Broad-	1 1
Queen Victoria	•••	•••	9	meadows	3
Eye and Ear	•••	•••	5	Foundling Hospital, East Mel-	1
	***	• • • •	28	bourne	10
Military Base	•••		40	Carlton Refuge	3
Glenroy Military		•••	3	Depôt for Neglected Children	65
Caulfield Militar		•••	5	Kew Lunatic Asylum	122
O 11,1111111111111111111111111111111111	,			Yarra Bend Lunatic Asylum	64
5				Mont Park Asylum	10
				Receiving House - Mental	
				Hospital	19
				Total Hospitals and other	
Total Hospital	s		2,612	Institutions	3,334

Of the 2,564 persons who died in public hospitals in Greater Melbourne during 1916, 406 were residents of places outside the metropolis.

Deaths and births in Australasian capitals.

The next table shows the numbers of deaths and births, and the death rates in the Australasian capital cities; also the numerical and centesimal excess of births over deaths in each during 1916:—

DEATHS AND BIRTHS IN CAPITAL CITIES, 1916.

Capital City with	Number	Deaths per 1,000 of	Number	Excess o		
Suburbs.	of Deaths.	Population.	of Births.	Numerical.	Centesimal.	
Melbourne	8,927	12.94	17,600	8,673	97	
Sydney	8,156	10.68	20,856	12,700	156	
Brisbane	2,284	13.83	5,286	3,002	131	
Adelaide	3,055	13.57	5,874	2,819	92	
Perth	1,559	12.78	4,083	2,524	162	
Hobart	587	14.95	1,347	760	129	
Wellington	1,008	12.00	2,254	1,246	124	

The deaths in the capital cities of the six States numbered 24,568, or 45.3 per cent. of the total deaths in Australia, during the year 1916. The centesimal excess of births over deaths for each city shows that

for every 100 deaths there were 262 births in Perth, 256 in Sydney, 231 in Brisbane, 229 in Hobart, 224 in Wellington, 197 in Melbourne, and 192 in Adelaide, giving an average of 224 for the metropolitan cities of Australasia.

The death rate in Melbourne for 1916 was 12.94 per 1,000 of population, which was lower than the latest available rates in 18 of the 21 undermentioned cities:—

DEATH RATES IN VARIOUS CITIES.

Cit	y.		Death Rate.	Oit	y •	-	Death Rate.
Moscow			24.8	Edinburgh	•••		14.4
Petrograd	•••	•••	$21 \cdot 2$	London			14.2
Dublin	•••		$20 \cdot 1$	Prague	•••		13.6
Belfast			18.8	New York	•••		13.6
Budapest			18.6	Berlin	•••		13.5
Boston	•••		16.8	Copenhagen	•••		13.4
Milan			16.6	Dresden	•••		13.1
Glasgow			16.4	Hamburg	•••		12.7
Buenos Ayres	•••		15.5	Amsterdam			11.1
Paris	•••		15.4	Stockholm	•••		11.0
Vienna	•••		15.3			***	

In 1916 the death rate of the metropolitan cities of Australia was 12°25 per 1,000 of their combined populations, which was below the proportionate mortality of all of the above cities except Amsterdam and Stockholm.

The mortality of children under one year in proportion to births has been considerably less in recent than in earlier periods, but the necessity for reducing the risks to infant health and life, particularly amongst illegitimate children, is still apparent. The deaths of infants in 1916 numbered 2,553, and, as there were 34,239 births, it follows that of every 100 infants born approximately 7.46 died within twelve months. The infantile death rates for Melbourne and suburbs, the extra metropolitan area, and the whole State, for different periods since 1880, are shown in the subjoined table:—

INFANTILE DEATH RATES 1881 to 1916.

			Deaths und	Deaths under One Year per 100 Births in—				
, P	. Period.		Melbourne and Suburbs.	Remainder of the State.	Whole State			
1881-1890	••		17.14	9.50	12.68			
1891-1900	••		13.36	9.60	11.11			
1901–1905	••		11.26	8.45	9.58			
1906-1910			9.47	6.95	8.00			
1911			7.82	6.12	6.87			
1912	• •		$9 \cdot 02$	6.05	7.45			
1913	• •		7.63	6.51	7.05			
1914	• •		8.45	$7 \cdot 24$	7.83			
1915	• •		7.99	5.77	6.88			
1916	••		8.56	6.29	7.46			

On the average of the past five years the infantile death rate for the metropolis was 8.33 per 100 births, which was 38 per cent. below that for the decennium ended 1900, and 51 per cent. below the rate for the decennium 1881-1890.

The deaths of infants under 1 year of age per 100 births deaths in Greater Melbourne, Ballarat, Bendigo, Geelong, and different areas, the rest of the State for each of the past ten years were as follows:—

INFANTILE DEATH RATES IN DIFFERENT DIVISIONS OF THE STATE.

		Deaths	Under One Y	Tear per 100	Births.	
Year.				···-		· .
	Victoria.	Melbourne and Suburbs.	Ballarat and Suburbs.	Bendigo and Suburbs.	Geelong and Suburbs.	Rest of the State.
1907	. 7.26	8.57	8.69	9.03	8•49	5.80
1908	8.61	9.83	9.52	11.37	10.33	7.12
1909	. 7.13	8.39	11.31	9.54	8.94	5.40
1910	7.69	9.23	10.19	9.44	6.57	6.01
1911	6.87	7.82	7.70	8.41	6.11	5 • 82
1912	7.45	9.02	10.04	8.36	6.73	5.53
1913	. 7.05	7.63	8.95	9.10	7.10	6.09
1914	7.83	8.45	12.31	9.45	8.91	6.58
1915	. 6.88	7.99	8.51	7.71	7.04	5.30
1016	7.46	8.56	7.93	8.16	7 · 25	5 97

The prejudicial effect of city surroundings on infant life is evidenced by the mortality being heavier in urban than in country districts. On the average of the past five years the deaths of children under 1 year of age to every 1,000 births were 83 in Melbourne, 95 in Ballarat, 86 in Bendigo, and 74 in Geelong as against 59 in the rest of the State.

In issues of this work prior to 1913 the infantile death rates in metropolitan districts.

In issues of this work prior to 1913 the infantile death rate given for each metropolitan municipality was based upon the deaths therein exclusive of those occurring in public hospitals. This method necessarily understated the mortality for each district, the understatement being greatest in the case of the poorer and more congested areas which contribute an undue proportion of the hospital cases. In order to ascertain the actual death rate for each area the deaths in hospitals are now allotted to the districts where the deceased had resided. For the period 1910–14 and the years 1915 and 1916 the deaths under 1 year

per 100 births for each municipality of Greater Melbourne were as follows:—

INFANTILE DEATH RATES FOR METROPOLITAN MUNICIPALITIES.

Municipality.	Deaths under One Year per 100 Births.			Municipality.	Deaths under One Year per 100 Births.		
44,7	1910-14. 1915	1915.	1916.		1910–14.	1915.	1916
Coburg Town Port Melb. Town Fitzroy City Richmond City Preston Shire Collingwood City Melbourne City South Melb. City Brunswick City Footscray City Williamstown Town	11·24 10·23 10·01 9·89 9·22 9·05 8·50 8·11	14 · 24 11 · 26 8 · 36 11 · 83 11 · 51 9 · 72	13·82 13·79 9·72 10·72 12·28 10·39 11·05 8·57	Brighton Town Oakleigh Borough Prahran City St. Kilda City Caulfield City Essendon City	7·84 7·65 7·27 6·38 5·87 5·79 5·72 5·58 5·51 5·47 4·76	5·85 9·09 5·99 7·29 4·89 5·90 4·98 2·72 5·99 6·95 3·05	7·72 8·20 6·79 6·67 6·25 6·33 8·07 3·82 6·50 8·16

It is noticeable that the seven centres having the lowest infantile death rates are residential areas which are not so thickly populated as nearly all of the other metropolitan districts. On the average of the years 1910 to 1914 Kew had only two-fifths and Northcote, Malvern, Camberwell, Hawthorn, Essendon, and Caulfield had less than one-half of the rate experienced in Port Melbourne and Coburg.

In 1916 the deaths of infants under one year per 100 births were 8.56 in Melbourne, as compared with 6.85 in Sydney, 8.32 in Brisbane, 8.26 in Adelaide, 7.10 in Perth, 8.02 in Hebart, and 5.81 in Wellington. The rates in Australasian capitals and London for 1916, and in 17 other cities for the latest year for which the information is available, are shown in the following table:—

INFANTILE DEATH RATES IN VARIOUS CITIES.

C	ity.		Deaths under 1 Year per 100 Births.	City.	Deaths under 1 Year per 100 Births.
Petrograd Breslau	•••	•••	22 · 9 17 · 2	Paris Edinburgh	9.9
Dublin	•••	•••	15.7	Buenos Ayres	9.3
Vienna Budapest	•••	•••	15·6 15·0	London Melbourne	8.9
Belfast	•••	•••	14.4	Brisbane	8.3
Berlin Milan			13·7 13·0	Adelaide Hobart	8.3
Glasgow			12.8	Perth	7.1
Dresden Hamburg	•••	•••	11·7 11·4	Sydney Amsterdam	6·9
Prague	•••	•••	11 3	Wellington	5.8
Boston	•••	•••	10.7		

Of the deaths of infants under 1 year, slightly more than 45 per cent. occur in the first month and nearly 62 per cent in the first three months of life. The annual deaths at ages under 1 month, from 1 to 3 months, from 3 to 6 months, and from 6 to 12 months, during the ten years ended with 1900, and the period 1912 to 1916, are given in the following table, together with the percentage of deaths at each of those age-periods and the proportion of deaths to each 100 births. It will be noticed that in the last five years the mortality rate of infants at each age period, except under 1 month, was considerably below the

DEATHS OF INFANTS AT DIFFERENT AGES, 1891-1900 AND 1912-16.

average of the ten years ended with 1900:-

	Average Annual Deaths of Infants under 1 year of Age.									
Ages.	Ten	Years—1891	-1900.	F	Five Years—1912-16.					
*	Number.	Percentage at each Age.	Number per 100 Births.	Number.	Percentage at each Age.	Number per 100 Birthe.				
Boys. Under 1 month 1 to 3 months 3 to 6 ,, 6 to 12 ,,	650 355 445 600	31 · 7 17 · 3 21 · 7 29 · 3	3·79 2·07 2·59 3·50	684 249 233 308	46·4 16·9 15·8 20·9	3·77 1·37 1·29 1·70				
Total	2,050	100.0	11.95	1,474	100.0	8.13				
Girls. Under 1 month 1 to 3 months 3 to 6 ,, 6 to 12 ,,	488 301 385 528	28·7 17·7 22·6 31·0	2·98 1·84 2·35 3·23	501 178 185 263	44.5 15.8 16.4 23.3	2·89 1·03 1·07 1·52				
Total	1,702	100.0	10.40	1,127	100.0	6.51				

The death rate of infants under 1 month was very similar in the two periods, but for the age groups 1 to 3 months, 3 to 6 months, and 6 to 12 months reductions amounting to 39, 52, and 52 per cent. respectively occurred in the mortality rates in 1912-16, as compared with 1891-1900. This result may be attributed chiefly to the improved milk supply and the consequent lighter mortality from diarrhoeal and wasting diseases.

The experience of the years 1912-16 shows that of every 20,000 newly-born boys and girls in equal numbers, 813 boys and 651 girls died within twelve months, and 9,187 of the former and 9,349 of the latter, or 18,536 of mixed sexes were living at the end of the year. The corresponding numbers surviving the first year in earlier periods were 17,765 in the ten years 1891-1900 and 17,468 in 1881-1890. It is thus seen that of every 20,000 births comprising equal numbers of each sex there were 771

more survivors in 1912-16 than in 1891-1900, and 1,068 more than in 1881-1890.

An investigation of infantile mortalities would be incomplete unless the diseases which have proved fatal in different years were ascertained, and their incidence in each period compared. Information of this nature reveals the causes of high death rates, and, when a fairly early period is selected for comparison with recent years, it shows in what direction improvements have taken place. The chief preventable and non-preventable causes of death, grouped under certain headings, are shown in the subjoined table for the periods 1891–3, and 1901–10, and for the years 1915 and 1916:—

INFANTILE DEATH RATES FROM CERTAIN CAUSES, 1891-3, 1901-10, 1915 and 1916.

Causes of Death.	Deaths under 1 year per 1,000 Births in-						
Causes of Death.	1891-3.	1901-10.	1915.	1916.			
Diarrhœal Diseases, all forms Wasting Diseases (Marasmus, Atrophy, &c.) Prematurity Bronchitis, Broncho-pneumonia, Pneumonia Convulsions Congenital Defects and Malformations Violence Whooping Cough Other causes	29 · 66 22 · 24 13 · 13 11 · 37 6 · 83 3 · 45 3 · 16 2 · 60 24 · 49	24·62 12·74 14·99 8·13 3·10 4·86 2·47 2·52 14·46	14.73 14.80 16.74 6.54 1.63 4.20 1.03 1.91 7.26	18·78 15·65 13·75 7·27 1·64 4·88 0·88 2·16 9·55			
Total, all causes	116.93	87.89	68.84	74.56			

Of every 1,000 infants born 34 died from diarrheal and wasting diseases in 1916, as against 37 in 1901-10, and 52 in 1891-3-a decrease of nearly 35 per cent. in 24 years. In 1916 acute bronchitis, broncho-pneumonia and pneumonia were responsible for 7:3 deaths per 1,000 births, as compared with 11.4 in 1891-3-a decline of 36 per cent. between the two periods. Certain causes, which may be regarded as of a non-preventable nature, Such as prematurity, congenital defects, and malformations, were responsible for nearly 28 per cent. of the total infantile mortality during the past two years. deaths from preventable causes about 1 in every 3 is due to diarrhoal diseases, which are specially prevalent and fatal in hot weather, when milk food, the chief diet of children, undergoes rapid changes and consequently becomes dangerous to infant life. The influence of the seasons on the mortality amongst children under 1 year is vividly shown by the deaths in certain months. The Victorian experience shows a high death rate from diarrheal diseases in December, January, February, March, and April. On the average of the last two years, of every 1,000 children born 17 died from diarrhoeal diseases

within a year, a proportion which shows the necessity for preventive measures in this direction.

The influence of temperature on infantile mortality from the chief digestive and respiratory diseases is specially noticeable, whilst on deaths from other causes, particularly those of a developmental character, very little influence is apparent. The deaths in Melbourne and suburbs from the two former classes of complaint in each month during the past six years are shown in the next table:—

INFANTILE DEATHS IN EACH MONTH FROM CERTAIN CAUSES.

			Infantile Deaths in Greater Melbourne in 1911-16 from—							
Month.			Dia	rrhœal Dise	ases.	Respiratory Diseases.				
			Males.	Females.	Total.	Males.	Females.	Total.		
January		٦	240	175	415	26	20	46		
February			185	142	327	18	14	32		
March			155	138	293	15	15	30		
April			124	127	251	24	35	59		
May	••		73	62	135	41	31	72		
June		••	35	36	71	52	53	105		
July		• • •	20	19	39	. 99	67	166		
August			20	17	37	90	67	157		
September			. 29	16	45	56	40	96		
October	• •		31	27	58	36	25	61		
November			90	57	147	37	16	53		
December	• •	•••	212	142	354	30	16	46		
Total,	1911–16		1,214	958	2,172	524	399	923		

The experience of the last six years shows that of the total infantile deaths in the metropolis from diarrhoal diseases 76 per cent. occur during the five months December to April, and of the deaths from respiratory diseases 57 per cent. occur in the four months June to September.

On the average of the past eight years, 185 in every Legitimate and 1,000 illegitimate infants died within a year, as against illegiti mate 66 in every 1,000 legitimate children. It is thus seen that the chance of an illegitimate child dying before the age of 1 year is nearly three times that of the legitimate In the year 1916 the mortality rate for legitimate infants was 6.84 per 100 births. The children born out of wedlock during the same year numbered 1,764, and the deaths of illegitimate infants were 333, the death rate being thus 18.88 per 100 births. In England and Wales, in 1915, the corresponding mortality rates for legitimate and illegitimate infants were 10.51 and 20:30 respectively. With the view of ascertaining the chief reasons for the marked disproportion in the mortality rates of the two classes, the following table has been constructed, showing the

deaths in Victoria from certain causes per 1,000 legitimate and illegitimate births for the periods 1904-8 and 1909-13 and for the year 1916:—

DEATH RATES OF LEGITIMATE AND ILLEGITIMATE INFANTS FROM CERTAIN CAUSES.

· ·	Deaths under 1 year per 1,000 Births.								
Cause of Death.	, .	Legitimate.	Illegitimate.						
	1904-8.	1909-13.	1916.	1904-8.	1909-13,	1916.			
Diarrheal Diseases	19.8	16.8	16.6	72.6	62.8	61.2			
Prematurity, Congenital Defects, Marasmus, &c.	30.3	28.8	31.9	52.1	62.8	76.5			
Bronchitis, Broncho-pneumonia,	6.9	6.7	7.2	18.6	14.2	9.1			
Other causes	18.3	13.1	12.7	58.7	46.8	42.0			
Total all causes	75:3	65.4	68.4	202.0	186.6	188.8			

The rates for 1916 show that of every 1,000 children born out of wedlock 61.2 died from diarrhoad diseases within a year as compared with 16.6 deaths per 1,000 legitimate infants from the same cause. Owing to a larger proportion of the former children being deprived of breast food a higher mortality from these diseases might be expected among them than among legitimate infants, but the striking differences in the death rates from this cause and from the chief respiratory diseases would indicate considerable neglect in the rearing of illegitimate infants.

Infantile mortality in Australasia. The next table gives the proportion of deaths of infants under one year to the total births in each Australian State and New Zealand for each of the last ten years, and the periods 1902-6 and 1891-1900:—

INFANTILE MORTALITY IN AUSTRALASIA.

	•		Deaths	under 1 ye	ar per 100 l	Births.		
Period	i.	Victoria.	New South Wales.	Queens-	South Australia.	Western Australia.	Tasmania.	New Zealand.
1891–190	0	11.11	11.22	10.34	10.54	14.48	9.58	8.38
19026		9.38	$9 \cdot 27$	8.93	8.21	12.21	9.02	$7 \cdot 29$
1907		7.26	8.86	7.76	6.59	9.77	8.28	8.88
1908		8.61	7.58	7.07	6.97	8.46	7.52	6.79
1909		7.13	$7 \cdot 43$	7.19	6.13	7.80	6.49	6.16
1910		7.69	$7 \cdot 46$	6.31	7.06	7.80	10.22	6.77
1911		6.87	$6 \cdot 95$	6.55	6.05	7.62	7.35	5.63
1912		7.45	7.13	7.16	6.16	8.21	6.66	5.12
1913		7.05	7.83	6.33	7.01	7.00	7.01	5.92
1914		7.83	6.97	6.39	7.60	6.82	7.16	5.14
1915		6.88	6.81	6.40	6.73	6.66	7.22	5.01
1916		7.46	6.78	7.04	7:36	6.63	7.50	5.07
Average					!			
1912-	16	7.33	7.10	6.66	6.97	7.06	7.11	$5 \cdot 25$

Decrease in Infantile mertality in Australasia. On the average of the last five years the lowest infantile death rate prevailed in New Zealand, followed by that in Queensland, South Australia, Western Australia, New South Wales, and Tasmania, in that order, and the highest in

Wales, and Tasmania, in that order, and the highest in Victoria. Although the rates show considerable variations in the States during any in different years in the oneyear, andsame State, it is noticeable that the pronounced improvement which commenced in all the divisions of the Commonwealth in 1904 has continued with slight variations up to the latest year. Compared with the infantile death rate in 1902-6, the rate for 1916 showed a percentage decline of 20 in Victoria, 27 in New South Wales, 21 in Queensland, 10 in South Australia, nearly 46 in Western Australia, and 17 in Tasmania. This reduction in the infantile mortality rate in 1916 was equivalent to a saving of 2,975 infant lives in Australia, of which 660 were in Victoria.

The following table shows the infantile death rates of various countries on the average of the latest five years for which this information is available, and of the Australian States and New Zealand on the average of the years 1912–16:—

INFANTILE MORTALITY IN VARIOUS COUNTRIES.

Country.	Deaths unde 1 year per 100 Births.	Country.		Deaths under 1 year per 100 Births.
Russia (European)	24.6	England and Wales	•••	10.2
Hungary	20 0	Switzerland		10.2
Austria	19.7	Holland		9.9
Prussia	16.6	Denmark		9.7
Spain	16.5	Ireland		9 1
German Empire	16.4	Victoria		7.3
Bulgaria	16 2	Sweden		7.2
Japan	15.7	Western Australia		7.1
Servia	15 4	New South Wales		7.1
Italy	14 3	Tasmania		7.1
Belgium	14 1	South Australia		7.0
Scotland	11 3	Norway		6.7
Ontario	11.0	Queensland		6.7
France	11 0	New Zealand		5 3

Of all the countries for which information is available Russia has the highest, and New Zealand the lowest, infantile mortality. In the former 1 in every 4, and in the latter, approximately, 1 in every 19 infants dies within its first year.

In 1916 the deaths of male children under 5 years of age numbered 1,883, and the deaths of female children under that age, 1,553—the former being in the proportion of 21.15 per cent., and the latter of 20.47 per cent., to the total number

of deaths of the respective sexes at all ages. The next table shows the annual number of such deaths in the State at each year of age, and the proportion of the deaths under five years of age to the deaths at all ages in decennial periods from 1871 to 1910, and in the years 1911 to 1916.

MORTALITY OF CHILDREN UNDER FIVE YEARS.

		Y	ears of A	ge at De	ath.		Total under 5 Years		
Period.		0.	1.	2.	3.	4.	Number.	Proportion Per 100 Deaths at all Ages.	
Males.									
1871-1880 1881-1890 1891-1900 1901-1910 1911 1912 1913 1914 1915	••	1,783 2,158 2,050 1,504 1,309 1,515 1,419 1,634 1,401 1,403	508 464 432 249 201 266 241 291 200 246	206 161 143 83 71 96 83 110 82 100	148 114 93 59 58 66 55 70 60 77	119 92 76 41 42 51 41 43 46 57	2,764 2,989 2,794 1,936 1,681 1,994 1,839 2,148 1,789 1,883	39.41 34.28 30.05 22.93 20.12 21.97 21.65 23.82 20.19 21.15	
Females.									
1871-1880 1881-1890 1891-1900 1901-1910 1911 1912 1913 1914 1915		1,482 1,805 1,702 1,192 961 1,154 1,119 1,202 1,009 1,150	482 423 385 217 149 217 191 235 188 215	198 151 129 81 73 76 67 74 60 81	139 105 82 51 50 57 47 67 64 53	106 84 68 40 41 52 35 46 42 54	2,407 2,568 2,366 1,581 1,274 1,556 1,459 1,624 1,363 1,553	46.06 39.61 33.61 23.58 18.57 20.70 20.91 21.69 19.57 20.47	

The figures show a marked reduction, from period to period, in the mortality of children under 5 years of age relatively to that of persons of all ages, the proportion being 34 per cent. lower in 1911-16 than in 1891-1900.

During the decade 1901-10, of every 20,000 children surviving their born—boys and girls in equal proportions—the numbers fifth year in Australasia and England. that survived their fifth year were 17,705 in Victoria, 17,686 in Australia, and 16,158 in England and Wales. In New Zealand the proportion was 18,186 in 1906-10. The undermentioned figures, based upon census data show, per 10,000 males and 10,000 females born, the numbers surviving at each age up to 5 years in the countries referred to:—

SURVIVORS AT EACH YEAR OF AGE, 1 TO 5 INCLUSIVE, IN VICTORIA, AUSTRALIA, NEW ZEALAND AND ENGLAND AND WALES.

			Surviv	ors per 10	0,000 male a	and 10,00	0 female in	fants—		
Age Survi	ived.	Victoria 1901–10.		Australia 1901–10.			Zealand 6–10.	England & Wales		
		Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
1 Year	• •	9,045	9,202	9,049	9,205	9,220	9,380	8,557	8,826	
2 Years	••.	8,886 8,831	9,057 9,004	8,888 8,828	9,052 8,995	9,117	9,281 9,232	8,211	8,493 8,364	
4 ,, 5 ,,	••	8,795 8,765	8,969 8,940	8,789 8,758	8,958 8,928	9,034	9,201	7,999	8,280 8,218	

Ages at death. The ages of males and females who died in 1916 and in the two preceding years are shown in the following table:—

AGES AT DEATH IN VICTORIA, 1914 to 1916.

		1914.			1915.			1916.	
Ages.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.
Under 1	1,634 291 110 70 43 160 115 171 235 253 232 296 335 463 557 546 469 534 632 670 759 337 93 3 2 2 1 1	1,202 235 74 67 466 157 93 139 232 243 243 254 263 344 590 618 317 91 12 4 3 3 1	2,836 526 184 137 89 317 208 310 467 496 475 550 598 807 922 930 846 978 1,222 1,350 1,377 654 184 15 6 5 3 2	1,401 200 82 60 46 164 114 197 281 248 266 312 441 536 577 531 583 630 688 705 390 94 10 12 1	1,009 188 60 64 42 137 110 150 200 257 221 268 261 301 384 390 332 388 594 618 545 308 110 9 6 4 4 2 1	2,410 388 142 124 88 301 224 347 481 505 487 742 920 967 863 971 1,224 1,306 1,250 698 204 19 18 18 7 6 1	1,403 246 100 77 57 187 134 153 215 224 205 272 327 419 585 628 605 718 666 426 103 5 6 3 6	1,150 215 81 53 54 169 108 156 246 275 214 248 279 349 416 421 381 493 582 634 570 356 106 5 9 4 5 1	2,553 461 181 130 111 356 242 309 461 520 606 768 1,001 1,049 953 1,041 1,187 1,236 782 209 10 15 10 10 10 10 10 10 10 10 10 10 10 10 10
Total	9,017	7,486	16,503	8,860	6,963	15,823	8,901	7,588	16,489

Of the 48,815 persons who died in Victoria during the last three years, 6,741 were aged 80 years and upwards, and 15—three males and twelve females—had attained or passed the age of 100 years. The highest age at death recorded in 1914-16 was 106 years, which was attained by a man and a woman. To every 100 female deaths there

were 117 male deaths in 1916, as against 127 in the previous year and 120 in 1914.

Since 1906 the causes of death in Victoria have been arranged according to the International Classification List. With regard to the selection of the primary cause of death when two or more associated diseases are stated, there is no material difference between this method and the one previously followed in the State, except in the case of a few minor nervous and respiratory complaints of persons dying in Hospitals for the Insane. The health of the community, as reflected in the death rates from the chief diseases arranged on a comparative basis, is shown in the appended table for the period 1890-2 and for the last five years:—

DEATHS PER MILLION FROM CERTAIN CAUSES.

Cause of Death. Typhoid Fever	1890- 1892. 369 34 2	1912. 	1913.	1914.	1915.	1916
Scarlet Fever	34 2		68	77.4		
Scarlet Fever	2			74	60	51
Whooping Cough			4	1	. 8	21
Whooping Cough		.64	32	74	22	13
D' 111	129	115	71	69	68	84
Diphtheria and Croup	552	190	176	148	142	189
Influenza	381	122	67	106	67	70
Hydatids	51	20	19	20	18	21
Cancer	584	905	838	830	812	921
Phthisis	1,365	803	755	724	661	743
Other Tubercular Diseases	OMO	154	156	140	135	136
Syphilis	39	57	55	51	34	36
Diabetes	38	113	91	119	114	128
Anæmia, Chlorosis, Leucæmia	28	85	76	100	83	94
Simple Meningitis		102	108	107	84	67
Cerebro-Spinal Meningitis		5	9	12	237	231
Infantile Paralysis		4	2	6	1	3
Locomotor Ataxia and other disease		-				· .
of Spinal Cord	43	70	62	75	58	70
Congestion and Hæmorrhage of the	3					
Brain	044	464	429	429	443	497
Epilepsy	H 4	34	31	39	30	54
Convulsions	0.50	83	57	75	60	55
Heart Disease (including Endocar ditis, Pericarditis, and Angina Pec					·	
toris)	. 962	1,427	1,294	1,278	1,134	1,287
Acute and Chronic Bronchitis .	691	399	270	295	263	313
Pneumonia and Broncho-pneumonia	853	1,006	767	863	865	767
Pleurisy	. 96	46	39	37	33	4:
Congestion of Lungs and Pulmonary	7	1		1	1	
Apoplexy	140	63	55	58	59	82
Asthma and Pulmonary Emphysems	70	52	58	49	64	54
Enteritis, Gastro-enteritis, and Diar		1				
rhœal Diseases	1,342	752	709	941	590	73

DEATHS PER MILLION FROM CERTAIN CAUSES-continued.

]	Deaths pe	er Millio	of the	Populatio	on.
Cause of Death.	1890- 1892.	1912.	1913.	1914.	1915.	1916.
Hernia, Intestinal Obstruction	124	114	92	107	109	107
Diseases of the Stomach (Cancer					-00	
excepted)	175	103	. 98	90	78	84
Cirrhosis and other diseases of the						
Liver (Cancer excepted)	329	171	136	160	145	96
Biliary Calculi	11	24	20	32	26	27
Appendicitis		83	83	72	72	55
Simple Peritonitis (non-puerperal)	106	27	30	39	34	33
Acute and Chronic Nephritis, Uræ-		1				
mia, Bright's Disease	294	658	594	520	566	570
Diseases of the Bladder and Prostate	86	105	80	97	99	91
Calculi of the Urinary System	8	6	9	10	6	4
Old Age	631	1,030	973	1,029	1,183	1,208
Suicide	109	112	103	90	105	83
Accidental Violence	811	515	491	468	492	459
Homicide	34	21	18	16	17	14

The most striking features of the mortality of 1916 were the high death rates from cerebro-spinal meningitis, diphtheria, phthisis, cancer and diabetes, and the low rate from suicide. These and other comparable causes of death are fully dealt with in subsequent paragraphs.

The efficacy of vaccination in minimizing the risk of infection from small-pox is recognized in Victorian legislation, which requires parents to have their children vaccinated. The proportion of successful vaccinations to every 100 births for the average of the period 1876-1899, and for each year since, is shown in the following table:—

SUCCESSFUL VACCINATIONS PER 100 BIRTHS.

P	riod.	Vaccinations per 100 births.	Period.	Vaccinations per 100 births.	
19 19 19 19 19	99 00 01 02 03 04 05 06 07	72 67 62 53 71 69 67 67	1908 1909 1910 1911 1912 1913 1914 1915	go.	

In 1916 the vaccinations of children were equal to 61 per cent. of the births, as compared with 69 per cent. in the preceding year, 66 per cent. in 1909-1913, and 72 per cent. in 1876-1899. As a result of an outbreak of small-pox in Sydney in 1913, it is estimated by the Public Health Department that about 160,000 adults were re-vaccinated in Victoria during that year.

Persons suffering from small-pox have arrived at Victorian ports on many occasions but, as they were at once quarantined, the disease never spread among the people of the State. There have been no deaths from the disease during the past six years, but in 1910 three oversea arrivals—1 male and 2 females—died from small-pox in the Victorian Quarantine Station. Since 1853 only 28 deaths have occurred from this cause, and of that number only 5 took place in the thirty-two years ended 1916. Statistics of European countries reveal a very marked decline in the mortality from small-pox in recent years. The deaths per million of the population in various countries are shown in the appended table for the average of the latest three years for which these particulars are available:—

DEATHS FROM SMALL-POX PER MILLION OF POPULATION IN VARIOUS COUNTRIES.

Country.	Period.	Deaths per Million of the Population.	Country.	Period.	Deaths per Million of the Population	
Italy	1912-14	33.2	Queensland	1914-16	•5	
Ceylon	1913-15	20.1	Holland	1913-15	.3	
Belgium	1910-12	7.6	Switzerland	1912-14	.3	
Hungary	1910-12	4.5	Scotland	1913-15	•2	
Western Australia	1914-16	3.1	England and Wales	1913-15	2	
United States	1913-15	2.6	New South Wales	1914-16	2	
France	1909-11	2.0	Ireland	1913-15)	
Japan	1911-13	1.2	Sweden	1910-12	l ai	
Roumania	1912-14	1.2	New Zealand	1913-15	No Deaths.	
Austria	1910-12	.7	Victoria	1914-16	[Z 8	
Ontario	1913-15	.6	South Australia	1914-16		
Prussia	1910-12		Tasmania	1914-16	()	
German Empire	1910-12	•5				

The reported cases of typhoid fever for the whole State declined from 288 per 100,000 of population in 1895–9 to 87 per 100,000 in 1911–14, 67 in 1915, and 52 in 1916, or by 82 per cent. in the intervening years. The death rate from the disease decreased by 83 per cent. during the same period. The deaths per 100 cases were 9.0 on the average of the past five years as against 8.6 in 1905–9, 9.9 in 1900–4, and 10.4 in 1895–9. In Sydney the case mortality rate was equivalent to 10.2 per cent. for the decade 1903–12, in Boston it was 11.8 per cent. for the three-year period 1911–13, and in England and Wales it reached 18.5 per cent. in the years 1911–12. The comparatively low case mortality rate in

Victoria evidences the generally mild type of the disease in the State The reported cases of, and deaths from, typhoid fever and their proportions to the population, also the percentage of cases that ended fatally, are given in the next table for periods back to 1889:—

TYPHOID FEVER IN VICTORIA, 1890 TO 1916.

			Annual Ca	ses Reported.	Annua	l Deaths.	Deaths per	
Period.			Number.	Per 100,000 of Population.	Number.	Per 100,000 of Population.	100 reported	
1890-4			2,932	253 • 9	381	33.0	13.0	
1895–9	••		3.397	288 • 4	355	30.1	10.4	
1900-4	••		2,152	178.1	213	17.6	9.9	
1905-9	••		1,569	125.4	135	10.8	8.6	
1910			2,124	163.5	139	10.7	6.5	
1911			1,303	98.6	95	7.2	7.3	
1912			1,122	82 .8	98	7.2	8.7	
1913			1,127	80.9	95	6.8	8.4	
1914			1,195	84.0	106	7.4	8.9	
1915	• •		958	67.2	86	6.0	9.0	
1916			727	51.6	72	5.1	9.9	

Typhoid Fever in the Metropolls. The cases of, and deaths from, typhoid fever in proportion to population in Greater Melbourne are given in the subjoined table for different periods during the past 27 years:—

TYPHOID FEVER IN THE METROPOLIS, 1890 TO 1916.

			Annual Case	s Reported.	Annual Deaths.		
	Period.		Number.	Per 100,000 of Population.	Number.	Per 100,000 of Population.	
1890-4	••		1,645	349.3	205	43.5	
1895 – 9			1,510	327.6	156	33.8	
1900-4			701	140.0	74	14.8	
1905-9			466	86.7	49	9.1	
1910	•,•		689	118.5	52	8.9	
1911			368	61.9	34	5.7	
1912			272	44.3	29	4.7	
1913			282	44 · 1	29	4.5	
1914			312	47.1	38	5.7	
1915			197	29.0	27	4.0	
1916			162	23.5	$\overline{23}$	3.3	

The cases of, and deaths from, typhoid fever in proportion to population in Greater Melbourne declined by 94 and 92 per cent. respectively between 1890-9 and 1916. The introduction and the extension of the sewerage system coincide closely with, and in a large measure account for, this great improvement.

Prevalence of typhoid fever in different areas.

The numbers of cases of typhoid fever during each of the last six years in five divisions of the State, and their proportions to the respective populations for the period 1910-15 and the year 1916 are given in the following

table:-

PREVALENCE OF TYPHOID FEVER.

	F	Reported	Annual Cases per 10,000 of Population—					
Area.	1911.	1912.	1913.	1914.	1915.	1916.	1910–15.	1916.
Greater Melbourne Ballarat and Suburbs Bendigo and Suburbs Geelong and Suburbs Rest of the State	368 81 120 49 685	272 80 88 28 654	282 47 96 59 643	312 75 87 49 672	197 79 65 10 607	162 59 32 22 452	5·7 18·6 26·1 13·1 11·6	2·3 14·5 8·9 6·4 7·4

The mortality from typhoid fever is higher at early adult and middle ages than at other periods of life, and higher among males than females. This is shown in the next table which gives the death rates in age groups for each sex at the last three census periods:—

DEATH RATES FROM TYPHOID FEVER, 1890-2, 1900-2, AND 1910-12.

A	ge Group.			Males.			Females.	
			1890-2.	1900-2.	1910–12.	1890-2.	1900-2.	1910-12.
0-15		•••	2.26	0.97	0.38	2.85	1.46	0.44
15-20	• • • • • • • • • • • • • • • • • • • •	• • •	5 21	2.65	1.76	5.85	2.23	1.22
20-25	•••	•••	9.21	4.39	1.82	4.77	1.84	1.32
25-35			6.48	3.28	1.71	3.87	2.04	0.82
35-45			3.60	2.25	1.26	2⊪03	1.21	0.68
45-55			2.24	1.95	0.82	1 . 29	0.93	0.39
55-65			1.74	0.66	0.20	1.04	0.34	0.20
65 and o	ver	••	0.99	••	0.10	2.13	0.23	0.19
All ages			4.08	1.95	1.00	3 · 25	1.49	0.69

The experience of the last three census periods shows that the rate for males exceeds that for females by 29 per cent., and that the heaviest mortality occurs between the ages 15 and 35. It is notable that at each census period there were proportionately fewer deaths of boys than of girls under the age of 15.

Typhoid death rates in various countries.

The deaths from typhoid fever per 100,000 of the population in various countries for the latest three-year period for which this information is available are shown in the following table:—

DEATH RATES FROM TYPHOID FEVER IN VARIOUS COUNTRIES.

Country.	Period.	Deaths per 100,000 of Population.	Country.	Period.	Deaths per 100,000 of Population
Servia Spain Hungary Italy Queensland Western Australia United States Japan Ontario Austria New South Wales South Australia	1909-11 1912-14 1910-12 1912-14 1913-15 1913-15 1913-15 1911-13 1913-15 1910-12 1913-15	109·9 25·8 22·1 21·3 20·1 15·2 13·6 13·4 12·8 12·5 11·9	Roumania France Belgium Tasmania Victoria Ireland New Zealand Englandand Wales Scotland German Empire Holland Switzerland	1912-14 1909-11 1910-12 1913-15 1914-16 1913-15 1913-15 1913-15 1911-13 1913-15	10.9 10.4 9.8 7.1 6.2 4.9 4.2 4.0 3.7 2.8

In 1916 the deaths from scarlet fever numbered 29, which corresponded to a rate of 21 per million of the population, as compared with rates of 8 in the previous year, slightly over 1 in 1914, 4 in 1913 and 1912, 3 in 1911, 22 in 1910, 33 in 1909, 17 in 1908, and 34 in 1890-2. During 1916 there were 1,566 cases reported as against 754 in 1915. For the two years mentioned the deaths were equal to 1.8 per cent. of the cases. Death rates from scarlet fever are considerably lower in the Australian States than in European countries. The deaths from this disease per 100,000 of the population in various countries, on the average of the latest three years for which this information is available, are given in the subjoined table:—

DEATH RATES FROM SCARLET FEVER IN VARIOUS COUNTRIES.

			. 101190.		
Country.	Period.	Deaths per 100,000 of Population.	Country.	Period.	Deaths per 100,000 of Population.
Hungary Roumania Austria Scotland Belgium Italy Ireland German Empire England and Wales United States Sweden Spain	1910-12 1912-14 1910-12 1913-15 1910-12 1912-14 1913-15 1911-13 1913-15 1913-15 1910-12 1912-14	40·5 33·3 16·5	Ontario France New Zealand Switzerland New South Wales Holland Tasmania Victoria South Australia Japan Queensland Western Australia	1913-15 1909-11 1913-15 1912-14 1913-15 1913-15 1913-15 1914-16 1913-15 1911-13 1913-15	3 · 5 2 · 9 2 · 4 2 · 3 2 · 3 2 · 3 2 · 1 1 · 7 1 · 0 · 8 · 2 · 2

Measles. Although the mortality from measles has varied very considerably from period to period, there has been no very severe epidemic outbreak since 1898 when 671 deaths resulted from the disease. In 1916 there were 19 deaths attributed to this cause, representing a rate of 13 per million of the population, as compared with rates of 22 in the previous year, 74 in 1914, 32 in 1913, 64 in 1912, 56 in 1911, 25 in 1910, 3 in 1909, and 16 in 1908.

On the average of the five years 1910 to 1914, 47 per cent. of those who died from the disease were under 2 years of age and 75 per cent. were under 5 years. The incidence of mortality at various ages for each sex for the period 1910-14 was as follows:—

		Annual Deaths from Measles per 10,000 of each Sex aged—										
Sex.	0 to 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 t o 10.	10 to 15.	15 to 20.	20 and over.	All Ages.		
Males Females	4·02 4·34	7·41 4·92	4·39 2·44	2.04	0·97 1·00	0·73 0·72	0.06	0.09	0.06	0·55 0·46		

The deaths from measles per 100,000 of the population in different countries, for the latest three years for which this information is available, are shown in the next table:—

DEATH RATES FROM MEASLES IN VARIOUS COUNTRIES.

Country.	Period.	Deaths per 100,000 of Population.	Country.	Period.	Deaths per 100,000 of Population.
Hungary	1910-12	38.6	France	1909-11	8.9
Scotland	1913-15	35.1	United States	1913-15	8.2
England and Wales			Japan	1911-13	8.0
Belgium	1910-12		Switzerland	1912-14	7.7
Spain	1912-14		Queensland	1913-15	6.6
Austria	1910-12		New South Wales	1913-15	6.0
Italy	1912-14		South Australia	1913-15	5.0
Treland	1913-15		Ontario	1913-15	3.9
Holland	1913-15		New Zealand	1913-15	3.8
Germany	1911-13		Victoria	1914-16	3.6
Sweden	1910-12		Western Australia	1913-15	3.5
Roumania	1912-14		Tasmania	1913-15	2.7

There were 118 deaths referred to whooping cough in 1916, which equalled a rate of 84 per million of the population at all ages, as compared with rates of 68 in the previous year, 69 in 1914, 71 in 1913, 115 in 1912, 32 in 1911, 50 in 1910, 132 in 1909, 54 in 1908, and 103 in 1907. The infantile death

rate is more affected than the general rate by this ailment, as it is practically confined to children. In the year under review 74 of the deaths, or 63 per cent., were of infants under 1 year and, with eight exceptions, all the deaths were of children less than 5 years of age. On the average of the past ten years the mortality rate from the disease was 20 per cent. higher among girls than boys. The deaths from whooping cough per 100,000 of the population for various countries, during the latest three-year period for which this information is available, are given in the following table:—

DEATHS FROM WHOOPING COUGH PER 100,000 OF POPULATION IN DIFFERENT COUNTRIES.

Country.	Period.	Deaths per 100,000 of Population.	Country.	Period.	Deaths per 100,000 of Population.
Scotland	1913-15	41.9	Switzerland	1912-14	12.4
Austria	1910-12	34.3	United States	1913-15	$9 \cdot 4$
Hungary	1910-12	$29 \cdot 5$	Japan	1911-13	
Belgium	1910-12	28 · 7	Tasmania	1913-15	8.9
Roumania	1912-14	24:8	New Zealand	1913-15	8.7
England and Wales	1913-15	19.9	New South Wales	1913-15	8.3
German Empire	1911-13	19 · 1	Ontario	1913-15	8.1
Ireland	1913-15	16.7	South Australia	1913-15	7.8
Holland	1913-15	15.9	France	1909-11	7.6
Sweden	1910-12	15 1	Victoria	1914-16	7.4
Italy	1911-13	14.5	Queensland	1913-15	6.1
Spain	1912-14	12.5	Western Australia	1913-15	

On the average of the past three years the mortality rate from whooping cough in Victoria was only slightly more than one-third of that in England and Wales.

The prevalence of diphtheria throughout the State during the past six years was the most unsatisfactory feature of the statistics of sickness relating to that period. For the year 1916 the number of cases was 5,377 as against a yearly average of 5,021 in 1911–15, 1,410 in 1905–9, 1,680 in 1900–4, and 1,584 in 1895–9. On the other hand, a very great reduction has taken place from period to period in the proportion of cases which ended fatally. On the average of the past five years the case mortality rate was only 4.6 per cent. as compared with 6.3 per cent. in 1905–9, 9.5 per cent. in 1900–4, and 13.9 per cent. in 1895–9.

The appended table shows for the whole State and the metropolis the reported cases of, and deaths from, diphtheria, and their proportions to

the population, also the ratios of deaths to cases for different periods since 1894:—

DIPHTHERIA IN VICTORIA AND GREATER MELBOURNE, 1895 TO 1916.

			Annual Ca	ses Reported.	Annual	Deaths.	Deaths per	
Period.			Number.	Per 100,000 of Population.	Number.	Per 100,000 of Population.	100 Cases Reported.	
				VICTORIA.				
1895-9		• • 1	1,584	134.6	221	18.8	13.9	
1900-4	••		1,680	139.0	159	13.2	9.5	
1905-9			1,410	112.6	89	7.1	6.3	
1910			2,415	185.9	112	8.8	4.6	
1911			5,120	387.5	237	17:9	4.6	
1912			5,289	390.5	257	19.0	4.9	
1913			5,367	385.2	245	17.6	4.6	
1914	• •		4,868	342.3	211	14.8	4.3	
1915			4,463	313.0	203	14.2	4.5	
1916	••		5,377	381.5	266	18.9	4.9	
			GRE	ATER MELBOY	URNE.			
1895-9			748	162.1	113	24.6	15.1	
1900-4	• • •	• • •	686	136.9	58	11.6	8.2	
1905-9			758	140.8	46	8.5	6.1	
1910	• • •		1.655	284 6	74	12.7	4.5	
1911	• •		3,035	510.7	130	21.9	4.3	
1912	• ;		2,451	399.0	130	21.2	5.3	
1913	• •	• • •	2,412	377.1	122	19.1	5.1	
1914	•••	••	2,164	326.6	116	17.5	5.4	
1915			2,527	372.2	134	19.7	5.3	
1916			3,214	465.9	173	25.1	5.4	

Prevalence of Diphtheria in of the State in each of the past six years and their propordifferent areas. tions to the respective populations for the period 1910–15 and the year 1916 are given in the subjoined table:—

CASES OF DIPHTHERIA IN DIFFERENT AREAS.

Area,		Report	Annual Cases per 10,000 of Population.					
	1911.	1912.	1913.	1914.	1915.	1916,	1910-15.	1916
Greater Melbourne Ballarat and Suburbs Bendigo and Suburbs Geelong and Suburbs Rest of the State	3,035 133 337 121 1,494	2,451 147 474 122 2,095	2,412 179 653 184 1,939	2,164 167 563 91 1,883	2,527 77 376 130 1,353	3,214 76 165 122 1,800	37:8 30:4 106:5 35:8 24:7	46.6 18.7 46.1 35.3 29.6

According to the experience of the past seven years the annual cases of diphtheria per 10,000 of population ranged from 97.9 in Bendigo to 39.1 in Melbourne, 35.7 in Geelong, 28.7 in Ballarat, and 25.4 in the rest of the State.

Death rates
Of the 533 males and 529 females who died from diphtrem diphtheria theria during the five years 1910-14, 883, or 83 per cent.
were under 10 years of age. The incidence of mortality for each sex at different ages for the period mentioned was as follows:—

DEATH RATES FROM DIPHTHERIA AT DIFFERENT AGES, 1910-14.

-	Annual Deaths from Diphtheria per 10,000 of each Sex aged—												
Sex.	0 to 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 and over.	All Ages.			
Males	2.92	6.30	5.26	9.90	7.50	5.91	1.76	0.36	0.09	1.57			
Females	2.68	5.16	6.27	6.43	8.14	6.84	1.68	0.39	0.11	1.54			

Diphtheria in various countries.

The deaths from diphtheria and croup per 100,000 of the population for various countries, during the latest three-year period for which this information is available, are given in the following table:—

DEATH RATES FROM DIPHTHERIA AND CROUP IN VARIOUS COUNTRIES.

Country.	Period.	Deaths per 100,000 of Population.	Country.	Period.	Deaths per 100,000 of Population.
Servia Hungary Spain Austria Germany Prussia Roumania Scotland United States Tasmania Victoria New South Wales England and Wales	1909-11 1910-12 1912-14 1910-12 1911-13 1911-13 1912-14 1913-15 1913-16 1913-16 1913-15 1913-15	25·3 24·1 21·6 21·3 18·4 17·7 17·4 16·7 16·0 15·9	South Australia Sweden Ontario Queensland Belgium Western Australia Italy Switzerland Japan Ireland France New Zealand Holland	1913-15 1910-12 1913-15 1913-15 1910-12 1913-15 1912-14 1912-14 1911-13 1913-15 1909-11 1913-15	14·7 13·7 13·5 13·1 12·7 10·5 9·8 9·7

The deaths attributed to hydatids in 1916 numbered 30, being equivalent to a rate of 21 per million of the population, as compared with rates of 18 in the preceding year, 20 in 1914, 19 in 1913, 20 in 1912, 24 in 1911, and 51 in 1890-2. According to the experience of the past five years the death rate from this disease is 25 per cent. higher among males than females. Hospital returns for the period 1912-16 show that 428 cases of hydatids were treated therein and that 57, or 1 in every 8, ended fatally.

Anæmia, chlorosis, and leucæmia were responsible for 132 deaths in 1916, which corresponded to a rate of 94 per million of the population, as against rates of 83 in the previous year, 100 in 1914, 76 in 1913 and 85 in 1912. Of the 34 persons who died from leucæmia in 1916, 23 were males.

During 1916 diabetes was responsible for 85 male and 96 female deaths, representing a rate of 128 per million of the population as compared with rates of 114 in the preceding year, 119 in 1914, 91 in 1913, 113 in 1912, 117 in 1911, and 106 in 1910. The deaths from diabetes per 10,000 of each sex in nine age groups for the periods 1890-2, 1900-2, and 1910-12, are shown in the subjoined table:—

DEATHS FROM DIABETES PER 10,000 OF EACH SEX.

	Deaths per 10,000 of each Sex.							
Age Group,		Males.			Females.			
	1890-2,	1900-2.	1910–12,	1890~2.	1900-2.	1910-12.		
0–10	.02	.09	•10	02	•05	.15		
10-20	17	•24	•20	.14	.26	36		
20-30	•29	17	64	·14 ·30	·36 ·51	•30 •53		
30-40 40-50	·21 ·58	·32 ·49	1.11	•49	•42	78		
50 60	1.18	1.38	1.80	1.31	1.42	3.18		
60–70 ,	1.49	2.67	5.63	2.49	3 19	8.47		
70-80	$2 \cdot 87$	4.36	7.34	1.88	5.01	11.54		
80 and over	1.65	4.11	7.43	$4 \cdot 44$	3.54	6.83		
All Ages	•40	•56	1.00	.36	•60	1.26		

At each age group over 30 the mortality rate from diabetes was considerably higher in 1910-12 than in the previous census period. During 1910-12 the female exceeded the male rate for each age group 2620.—20

between 50 and 80, the excess for the twenty years of life 60 to 80 amounting to 54 per cent. For all ages the rate for females was 26 per cent. higher than that for males.

The deaths from influenza in 1916 numbered 98, corresponding to a rate of 70 per million of the population, as compared with rates of 67 in the previous year, 106 in 1914, 67 in 1913, 122 in 1912, 114 in 1911, and 381 in 1890-2 Although this disease has varied in form in different periods it has always proved much more fatal to elderly people than to those of middle or young ages. Fifty-two per cent. of the deaths in 1916 were of persons aged 60 years and upwards. The age incidence of the disease at various periods is shown in the next table, which gives the death rate from influenza per 10,000 of each sex in age groups during the years adjoining five census dates:—

DEATHS FROM INFLUENZA IN VICTORIA PER 10,000 OF EACH SEX.

	A	ge Group.			1870-2.	1880-2.	1890-2.	1900-2.	1910-12.
		Males.							
0-15	• • • •			•••	.69	·34	2.50	1.10	40
15 - 20					,	.07	.64	•34	•24
2 025							1.20	.59	.21
25 - 35			•••	***	.05	.07	1.50	.79	.17
35—4 5					.05		3.04	1.31	•59
45 —55					.09	· 24	5.12	$3 \cdot 20$.73
55 —65					-67	$\cdot 24$	12.65	5.25	2.38
65 and up	wards	•••	•••		1.09	2:36	27 · 13	$17 \cdot 02$	12.27
All age	98	•••			•33	·25	3.94	2:30	1.10
	i	Temales.							
0 - 15		•••			.52	34	1.86	1.15	•42
15-20	•••	•••		•••			.92	83	•34
2025		•••				***	1.28	.69	.35
25 — 3 5	•••		***		.07	.07	2.35	.89	122
35 45			*11	•••		.08	4.11	1.86	•30
45 —55	•••	•••			.17		5.39	2.02	.68
5 5—65	•••	•••	***	•••	.39	62	11.46	5.53	1.61
65 and u		•••	•••	•••	84	3.18	$35 \cdot 22$	16.02	12.80
All age	eg.				.28	• 24	${3.72}$	2.13	1.10

The death rate for the last census period shows a substantial decrease as compared with that for each of the two preceding periods, the rate for 1910-12 being 50 per cent. below that for 1900-2, and nearly 71 per cent. lower than the rate for 1890-2. It is notable that the decline in the mortality rate from this disease has been associated with very heavy reductions in the death rates from pulmonary tuberculosis and other respiratory diseases.

In 1916 the deaths from respiratory diseases numbered Respiratory 1,925, which represented a rate of 1,366 per million of the population, as compared with rates of 1.368 in the previous year, 1,397 in 1914, 1,279 in 1913, 1,659 in 1912, and 1,470 in 1911. Of the deaths from complaints of this nature in the year under review, 119 were referred to acute bronchitis, 322 to chronic bronchitis, 440 to broncho-pneumonia, 641 to pneumonia, 60 to pleurisy and 69 to These six diseases accounted for nearly 86 per cent. of the total respiratory mortality. The seasonal incidence of the maladies is evidenced by the deaths in June, July, August, and September, which represented nearly 48 per cent. of the total for the whole year. Respiratory diseases are much more fatal at the extremes of life than at middle ages, and among males than females. This is shown in the appended table, which gives the death rates in age groups for each sex at five census periods :--

DEATHS FROM RESPIRATORY DISEASES PER 10,000 OF EACH SEX.

	, A	ge Group.			1870-2	1880-2	1890-2	1900-2	1910–1
		Males.					7		-
0 - 15					22.65	29.02	28.52	16.53	12.94
520			• • • •	•••	3.05	3.30	2.92	2.70	1.6
20 - 25			***	•••	5.70	5.34	4.88	4.85	2.3
25—35	•••			•••	5.69	8.31	6.85	5.94	3.8
35-45					10.28	15.80	13.55	9.49	10.5
4 5—55				***	20.43	26.59	25.18	18.04	18.2
55-65	•••	* ***	•••		41.79	51.65	56.51	38.37	32.6
55 and u	pwards	•••	•••	•••	108-11	136.54	141.07	112.38	138.8
All age	es	•••	• • •	•••	17.29	24.48	24.30	18 66	17.1
		Females.			Ì		<u></u>		<u>,</u>
0 - 15					18.50	24.18	24.13	13.85	10.5
.5—20			•••		1.88	2.02	3.52	2.34	1.5
20-25		4.0	•••		3.54	4.23	3.05	3.34	2.4
25 - 35				•••	4.51	5.72	5.65	3.75	3.5
5-45					7.94	12.53	11.55	7.68	5.8
5—55		,.,			7.87	13.63	17.01	11.80	8.2
5-65					22.97	29.15	32 10	27.42	16.6
55 and u	pwards	***		••	73.10	116.12	112:38	86.78	99.8
All ago					12.63	17:08	17.62	13.28	11.8

Compared with the census years 1900-2, the mortality from respiratory diseases for the period 1910-12 shows a decline at each age group up to 35 for males and to 65 for females, the reduction for all ages amounting to 8 per cent. in the rate for the former and 11 per cent. in that for the latter. At each census date the male exceeded the female rate, the average excess for the five census periods being nearly 41 per cent.

Influenza and respiratory diseases (combined).

The annual mortality rates from influenza and respiratory diseases (combined), per 10,000 males and females respectively living at different ages at five census periods, are shown in the following table:—

DEATH RATES FROM INFLUENZA AND RESPIRATORY DISEASES (COMBINED).

Age Group.	,	1870-2.	1880-2.	1890-2.	1900-2.	1910-12.
Males.					-	
0—15		23:34	29.36	31.02	17.63	13.34
15-20		3.05	3.37	3.26	3.04	1.90
20-25		5.70	5.34	6.08	5.44	2.56
25—35		5.74	8.38	8.35	6.73	4.03
35-45		10.33	15.80	16.59	10.80	11.09
1555		20.52	26.83	30.30	21.24	18.98
55—65		42.46	51.89	69.16	43.62	35.06
35 and upwards		109.20	138.90	168.20	129.40	151.14
All ages		17.62	24.73	28.24	20.96	18.27
Females.				-		
0—15		19.02	24.52	25.99	15.00	10.92
5—20		1.88	2.02	4.44	3.17	1.90
20-25		3.54	4.23	4.33	4.03	2.83
25—35		4.58	5.79	8.00	4.64	3.77
3 5—4 5		7.94	12.61	15.66	9.54	6.15
45—55		8.04	13.63	22.40	13.82	8.96
55—65		23.36	29.77	43.56	32.95	18.25
55 and upwards		73.94	119.30	147.60	102.80	112.61
All ages		12.91	17:32	21:34	15.41	12.91

The mortality rates from influenza and respiratory diseases combined showed a decrease for both sexes at the last census period as compared with the preceding one, such decrease amounting to 13 per cent. in the male and 16 per cent. in the female rate. Excepting the age groups 15-20 at the last three census periods, and the group 20-25 in 1910-12, the proportion of deaths of females from these diseases at the different age periods was lower in every instance than that of males. The difference in favour of the former was somewhat small up to the age of 35, but for subsequent ages it was very considerable.

Tubercular, and Simple Meningitis. An outbreak of cerebro-spinal meningitis in Victoria was responsible for the deaths of 239 males and 99 females in 1915. The cases reported to the Board of Health during the same year numbered 644, of which 458 were of males and 186 of females. During 1916 the cases numbered 754 and the deaths 326, the latter representing 43 per cent. of the cases as compared with a fatality rate of 52 per cent. in the previous year. In England, 53 per cent. of the cases ended fatally in 1915. The

numbers of deaths from cerebro-spinal, tubercular, and simple meningitis during the last six years were as follows:—

DEATHS FROM DIFFERENT FORMS OF MENINGITIS, 1911-16.

Year.			ro-spinal ingitis.		ercular ingitis.		mple ingitis.	Total—All Forms of Meningitis.		
		Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
1 911		9	2	41	49	75	51	125	102	
1912		4	3	26	44	63	76	93	123	
1913		8	4	25	41	85	65	118	110	
1914		12	5	42	30	89	63	143	98	
1915		239	99 .	35	35	74	46	348	180	
1916	• • •	191	135	29	40	56	39	276	214	
Total		463	248	198	239	442	340	1,103	827	

Age incidence of different forms of Meningitis. The next table shows the incidence of mortality at various ages from different forms of meningitis for the period 1911-16:—

DEATHS AT DIFFERENT AGES FROM MENINGITIS, 1911-16.

Age Group.	Cerebro-spinal Meningitis.			percular lingitis.		mple ingitis.	Total—All Forms of Meningitis.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females
Under 5	100	80	106	120	256	198	462	398
5 to 15	53	46	50	51	49	39	152	136
15 , 25	146	41	13	39	26	32	185	112
25 ,, 35	64	19	10	17	21	14	95	50
35 ,, 45	$4\overline{2}$	21	13	4	31	21	86	46
45 ,, 55	39	26	4	5	31	17	74	48
55 ,, 65	13	9	1	2	10	7	24	18
55 and over	6	6	1	ĩ	18	12	25	19
Total								
1911-16	463	248	198	239	442	340	1,103	827

On the average of the last six years the deaths of children under 5 years of age from cerebro-spinal, tubercular, and simple meningitis represented 25, 52, and 58 per cent. respectively of the total deaths from these diseases. Of the 326 persons who succumbed to cerebro-spinal meningitis in 1916, 85 were under 5 and 138 were under 15 years. Up to the age of 15 years the incidence of the mortality from this disease in the period 1911-16 was only slightly higher for males than females, but for the age group 15 to 45 the rate for the former was about three times that for the latter.

In 1916 locomotor ataxia and other diseases of the spine excluding infantile paralysis, accounted for 70 male and 28 female deaths, representing a death rate of 70 per million of the population, as compared with rates of 58 in the previous year, 75 in 1914, 62 in 1913, 70 in 1912, 62 in 1911, 64 in 1910, 75 in 1909, and 80 in 1908. Of the 26 persons who died from locomotor ataxia 25 were males.

Mortality returns show that infantile paralysis was responsible for the deaths of 1 girl and 3 boys in 1916, as against 2 girls in 1915, 5 boys and 4 girls in 1914, 2 boys and 1 girl in 1913, and 4 boys and 2 girls in 1912. Of those who died during the five years 11 were metropolitan and 13 extra metropolitan residents. Five of the victims were under 1 year of age, and 13 were under 5 years.

During 1916 there were 1,668 deaths ascribed to organic heart disease, 14 to pericarditis, 96 to acute endocarditis, and 35 to angina pectoris. The total—1,813—from these causes represented a rate of 1,286 per million of the population, as compared with 1,134 in the previous year, 1,278 in 1914, 1,294 in 1913, 1,427 in 1912, 1,434 in 1911, and 1,423 in 1910. Of the 1,813 persons who died from these diseases in 1916, only 48, or 2.6 per cent., were under 15 years of age. On the average of the three years 1910 to 1912 the deaths from all forms of heart disease per 10,000 of each sex in age periods were as follows:—

DEATH RATES FROM HEART DISEASE AT VARIOUS AGES.

4					Death:	s per 10	,000 Per	sons age	d—		
Sex.		0-15.	15-20.	20-25.	25-35.	35 –4 5.	45-55.	55-65.	65–75.	75 and upwards.	All Ages.
Males Females	::	1·25 1·25	1 · 81 1 · 66	2·35 2·08	3·01 2·88	6·71 7·10	15 · 53 15 · 63	49·57 36·22	127·50 107·21	243 · 44 238 · 86	15·19 13·58

The figures indicate that the mortality rate from heart disease is a function of age, and that it attains its maximum at the oldest age. Of the deaths of persons aged 75 and upwards, approximately 1 in 6 is due to some form of this disease.

In 1916 there were 892 male and 808 female deaths from digestive ailments, representing a proportion of 1,206 per million of the population, as against rates of 1,098 in the previous year, 1,504 in 1914, 1,220 in 1913, 1,345 in 1912, 1,233 in 1911, and 2,382 in 1890-2. Victorian experience shows that more than half of the mortality from digestive maladies has been ascribed to diseases of a diarrhoeal nature. In 1916 diarrhoeal

complaints were responsible for 1,030 deaths which were equivalent to a rate of 731 per million of population, the corresponding rates in previous years being 590 in 1915, 941 in 1914, 709 in 1913, 752 in 1912, 679 in 1911, 918 in 1910 and 756 in 1909. The age incidence of this disease shows that it is heaviest at the extremes of life. Of the 1,030 deaths in the year under review, 810, or nearly 79 per cent., were of children under 2 years of age and 99, or about 10 per cent., were of persons over 65 years of age. There were 45 male and 32 female deaths from cirrhosis of the liver, 53 male and 65 female deaths from other affections of that organ, and 79 male and 72 female deaths from hernia and intestinal obstruction.

The deaths from appendicitis numbered 78 in 1916, 102 in the previous year, 103 in 1914, and 116 in 1913, and corresponded to rates of 55, 72, 72, and 83, per million of the population respectively. Hospital records show that during 1916 there were 1,325 cases treated, and that 54, or 4·1 per cent., ended fatally, as compared with fatality rates of 5·3 per cent. in 1915, 2·8 per cent. in 1914, 4·5 per cent. in 1913, and 6 per cent. in the period 1908-12. According to the experience of the five years, 1910 to 1914, the death rate from appendicitis is approximately 31 per cent. higher among males than females. The mortality rates at various ages for that period were as follows:—

DEATH RATES FROM APPENDICITIS, 1910-14.

	-	Deaths from Appendicitis per 10,000 of each Sex aged—											
Sex.	Under 10.	10 to 15.	15 to 20.	20 to 25.	25 to 35.	35 to 45.	45 to 55.	55 to 65.	65 and over.	All Ages.			
Males	0:43	1.00	1.24	1.03	1.01	0.97	0.90	1 · 38	1.05	0.92			
Females	0.42	1.43	0.88	0.71	0.28	0.52	0.85	0.58	0.55	0.70			

In 1916 there were 993 deaths attributed to diseases of the urinary system, which corresponded to a rate of 705 per million of the population, as against rates of 712 in the previous year, 670 in 1914, 724 in 1913, 803 in 1912, 727 in 1911, 628 in 1910, and 644 in 1909. Bright's disease, uræmia, and acute nephritis were responsible for 803 deaths, or 81 per cent., and complaints of the bladder and prostate for 128 deaths, or 13 per cent. of the total referred to maladies of the urinary system. The deaths

per 10,000 of each sex in age groups for the periods 1890-2, 1900-2, and 1910-12 are shown in the following table:—

DEATH RATES FROM DISEASES OF URINARY SYSTEM.

	•		Deaths per 10,000 of each Sex.									
	Age Group.			Males.		Females.						
			1890-2.	1900-2.	1910–12.	1890-2.	1900-2.	1910-12.				
0-10			1.16	.93	•67	•97	.59	•79				
10-20			•43	•45	•73	.58	•82	•71				
20-30	•••		1.45	1.83	1.72	1.82	1.59	1.61				
30-40			3.05	3.55	3.03	4.72	4.21	3.76				
40-50			$7 \cdot 36$	8.12	9.03	6.63	7.26	7.07				
50-60			11.90	17.43	18.95	5.91	11.36	13.81				
60 - 70		•••	27.42	39.62	46.63	9.62	21.49	24.44				
70-80			58.98	80.68	96.18	14.62	27.70	38.53				
80 and	over		74.07	128.48	153.04	$22 \cdot 21$	27 15	43.70				
	All Ages		5.25	8.05	9.18	2.84	4.28	5.34				

The figures for the latest period show that there is scarcely any difference between the rates for males and females under 50 years of age. For older ages, however, the excess of the male over the female rate is very pronounced, especially at ages 70 and upwards. For all ages the rate for males exceeds that for females by 72 per cent.

Deaths from phthisis at various ages.

The ages and sexes of those who died from pulmonary tuberculosis in the decennium ended 1910, and in each of the last three years, are given in the next table:—

DEATHS FROM PULMONARY TUBERCULOSIS AT VARIOUS AGES.

Ages.	Males.				Females.			
	Man waang	Year.			Ten years-	Year.		
	Ten years— 1901 to 1910.	1914.	1915.	1916.	1901 to 1910.	1914.	1915.	1916
0-10	66	9	2	9	86	2	5	2
10-15	50	7	2	6	142	4	10	10
5-20	323	17	19	16	551	46	32	46
20-25	579	54	48	60	777	70	66	79
25-30	742	60	51	72	863	83	77	72
30-35	761	72	53	55	767	61	44	44
35-40	854	67	66	69	731	57	44	49
10-45	775	58	51	72	478	40	40	42
5-50	674	56	72	68	353	35	23	39
50-55	531	64	58	67	195	20	32	18
55-60	423	36	41	48	170	24	20	17
30-65	397	26	27	30	128.	9	5	7
35-70	421	19	21	20	124	8	6	5
0 and over	436	16	16	14	121	11	11	11
Total	7,042	561	527	606	5,486	470	415	441

Notwithstanding the increase in population the deaths from phthisis in 1916 were considerably below the annual average of the decennium 1901–1910. The decreases from period to period are dealt with in subsequent paragraphs.

The deaths from phthisis in 1916 numbered 1,047—606 being of males and 441 of females—and equalled a rate of 743 per million of the population, as compared with rates of 661 in the previous year, 724 in 1914, 755 in 1913, 803 in 1912, 839 in 1911, 830 in 1910, 848 in 1909, 955 in 1908, 958 in 1907, and 1,365 in 1890-2. The rate for 1916 was 12 per cent. higher than that for the preceding year, the increase being evenly distributed over town and country. The rates are more fully shown in the following table which gives the mortality per 10,000 of each sex, in age groups, at six census periods:—

DEATH RATES IN VICTORIA FROM PHTHISIS IN AGE GROUPS AT THE LAST SIX CENSUS PERIODS.

		Ann	ual Mortal	ity from P		10,000 of	each .
Age Group.							
		1860-2.	1870-2.	1880-2.	1890-2.	1900-2.	1910-12.
Males.							
0 to 15		2.55	1.22	1.74	. 90	.38	.46
5 // 20		$7 \cdot 72$	5.71	6.88	5.41	5 06	3.71
20 // 25		12 · 23	18.75	21 19	18 · 29	14.35	8 · 45
25 // 35		16.23	22.21	30.33	23 · 70	20 31	13.11
35 // 45		21 63	21.83	25 11	28 · 28	22.07	15.63
45 <i>#</i> 55		23 14	$22 \cdot 24$	28.65	$31 \cdot 17$	25.05	18.07
55 // 65		25.63	27.86	31 41	36.48	35.75	18.88
55 and upwards	•••	23.20	19.56	18.08	25.40	31.07	13.55
All Ages	•••	13.33	12.89	15:33	15.73	13.21	8.98
Females.							
0 to 15		3:70	.98	1.76	1 43	. 93	.97
5 // 20		14.07	12.37	12.50	9.51	8.18	7 · 62
0 " 25		18.95	19 28	21.00	18.49	12.79	12.68
5 // 35		24.76	22.02	26:56	21.77	18.15	14.03
5 " 45		25.62	21.65	24:06	22.53	17.74	11.51
5 n 55		25.01	19.60	20.72	16 13	14.41	8.18
5 , 65		22.59	10.21	14.26	12:35	12 52	7.47
55 and upwards	•••	18.03	12.61	13.12	8.25	8.18	5 29
All Ages		14.46	10.62	12.75	11.21	9 · 72 ·	7 · 6

A comparison of the mortalities from pulmonary tuberculosis at the last two census periods shows that, except among boys and girls under 15, lower death rates obtained at each age group during 1910-12 than in 1900-2, and that the improvement was greater among males

than females. An analysis of the figures discloses the fact that at certain ages the decrease was very slight in the female rate, while in the male rate it was very considerable at all over 15. Taking three important periods of life, 15-20, 20-25, and 25-35, it is found that between the last two censuses the rates for males declined by 26, 41, and 35 per cent. respectively, as compared with reductions of only 7, 1, and 22 per cent. in the rates for females. The heavy decline in the death rate from phthisis among men between 20 and 35 years of age is very striking, especially as it is co-incident with a reduction of 43 per cent. in the mortality rate from other diseases of the respiratory system. By combining the death rates from pulmonary tuberculosis, as shown above, with those from other forms of tubercular disease, given in a subsequent page, it appears that the section of the community represented by females aged 15 to 25 was the only one which experienced no relief from tubercular diseases in 1910-12, as compared with the preceding census period. It is probable that this result is partly due to the increased proportion of females engaged in manufacturing industries. Comparing the number of females aged 15 to 25 employed in factories with the total females of similar age in the community, it is found that between the 1901 census and that of 1911 there was an increase of 78 per cent. in the proportion exposed to the risk of tubercular infection involved in factory employment.

Phthisis in various countries.

Death rates from pulmonary tuberculosis, per 10,000 of the population, in various countries, for the latest year for which this information is available, are given

DEATH RATES FROM PULMONARY TUBERCULOSIS IN VARIOUS COUNTRIES.

Country.	Year.	Deaths per 10,000 of Population.	Country.	Year.	Deaths per 10,000 of Population.
a		•:			•
Servia	1911	32· 4	Scotland	1915	11 1
France	1911	18.0	Holland	1915	11.0
Ireland	1915	17.4	Belgium	1912	$9 \cdot 3$
Sweden	1912	15· 8	South Australia	1915	7.7
Japan	1913	15.0	Victoria	1916	7.4
Switzerland	1914	1 3 ·8	Western Australia	1915	7 · 😨
United States	1915	12.8	New South Wales	1915	5.7
German Empire	1913	12.6	New Zealand	1915	5·1
Spain	1914	12 3	Queensland	1915	4.9
England and Wales	1915	11 8	Tasmania	1915	4.8

The death rate from phthisis is considerably lower in Victoria than in European countries and the United States.

Tubercular death rates in Melbourne, Ballarat, and Bendigo The distribution of tuberculous mortality shows that certain urban centres—particularly Bendigo and suburbs—furnish considerably higher death rates than the rural portions of the State. The tubercular death rate amongst miners is very considerably in excess of that among and graviers and as mining occupations predominate in

farmers and graziers and, as mining occupations predominate in Bendigo and suburbs and farming and grazing occupations in the rural districts, the distribution of callings accounts in a large measure for the disparity in the mortality rates from this cause in the divisions of the State referred to. On the average of the past five years the tubercular death rate of Bendigo exceeded the rates of Ballarat and Melbourne by 32 and 62 per cent. respectively. The rates in these localities from phthisis and other tubercular diseases are given in the appended table for the periods 1891–1900 and 1901–5, and for each of the last eleven years:—

DEATH RATES FROM TUBERCULAR DISEASES IN MELBOURNE, BALLARAT, AND BENDIGO, 1891 to 1916.

$\begin{array}{c ccccccccccccccccccccccccccccccccccc$				Deaths p	er 10,000	of the I	Populatio	n.	· 	
Standard Standard			Phthisis.	- Ann			ular	A11	Tuberci Diseases	ılar
$\begin{array}{cccccccccccccccccccccccccccccccccccc$	Period.	Melbourne and Suburbs.	Ballarat and Suburbs.	Bendigo and Suburbs.	Melbourne and Suburbs.	Ballarat and Suburbs.	Bendigo and Suburbs.	Melbourne and Suburbs.	Ballarat and Suburbs.	Bendigo and Suburbs.
Average of	1901-1905 1906 1907 1908 1909 1910 1911 1912 1913 1914 1915	13.9 11.5 11.6 11.5 9.7 9.7 9.9 10.0 8.8 8.9 7.7	15·3 13·2 10·5 13·3 9·4 11·0 9·4 10·0 10·9 11·2 10·2	22·7 21·7 20·2 18·4 22·9 22·8 19·5 17·7 20·0 11·8 13·6	4·2 3·9 3·4 2·6 2·6 2·4 2·6 2·2 2·0 1·7	4.0 2.3 1.8 2.1 1.9 2.5 3.3 1.7 2.8 .9 2.1	4·7 2·5 2·0 1·3 3·2 1·1 2·5 2·1 2·3 1·0 2·4 1·4	18·1 15·4 15·0 14·1 12·3 12·1 12·5 12·0 11·0 10·9 9·4 10·4	19·3 15·5 12·3 15·4 11·3 13·5 12·7 11·7 12·1 12·3 15·8	28· 27· 24· 22· 19· 26· 23· 22· 19· 16· 15·

In each of the areas the proportionate mortality from phthisis was greater in 1916 than in the preceding year.

Relatively to population cases of pulmonary tuberculosis are fewer in country districts than in urban areas.

The cases reported during each of the past six years in five divisions of the State, and their proportions to the populations of these divisions for the period 1910-15 and the year 1916 are given in the subjoined table:—

PHTHISIS IN DIFFERENT AREAS.

• ••• •••	Repo	orted Cases of Pulmonary Tuberculosis.			Annual per 10 of Popul	,000		
Area.	1911.	1912.	1913.	1914.	1915.	1916.	1910-15.	1916
Greater Melbourne	879	803	780	856	972	1,094	13.8	15.9
Ballarat and Suburbs	55	58	56	60	63	77	13.7	18.9
Bendigo and Suburbs	106	82	64	53	59	70	20.8	19.6
Geelong and Suburbs	26	33	31	18	20	37	8.5	10.7
Rest of the State	341	351	445	423	395	375	6.0	6.2
Whole State	1,407	1,327	1,376	1,410	1,509	1,653	10.4	11.7

The proportion of residents of any large area reported as suffering from phthisis represents fairly closely the degree of infection of that centre. While this may be taken as true when applied to the metropolis as a whole, it cannot be accepted as definitely correct for each of its parts, as the place of residence of a large proportion of the people differs from their place of work or business. The prevalence of the disease in the principal metropolitan municipalities is shown in the next table for the two and a half years ended June, 1911, which is the latest period for which this information has been tabulated:—

PHTHISIS IN METROPOLITAN MUNICIPALTIES.

Municipality.	Annual Cases per 10,000 of the Population.	Municipality.		Annual Cases per 10,000 of the Population.
Preston Shire	20.2	Richmond City		12.1
Port Melbourne Town	18.7	Brighton Town		$10 \cdot 4$
Melbourne City	18.1	Hawthorn City		$10 \cdot 3$
Fitzroy City	17:3	Northcote City		10.0
Brunswick City	17.1	Essendon City	•••	9.8
Coburg Town	15.4	Kew Town		9.8
South Melbourne City	15.2	Footscray City		$9 \cdot 2$
Camberwell City	14.0	St. Kilda City		6.7
Prahran City	13.4	Malvern City	•••	6.6
Collingwood City	12.5	Caulfield City		$5 \cdot 2$
Williamstown Town	12.2			•

The results of an investigation of 3,198 cases of pulmonary tuberculosis which occurred in the State during the two and a half years ended June, 1911, are given in the 1913–14 edition of this work. The matters dealt with were the sex and age of the patients, their usual place of residence, the chances of metropolitan and extra metropolitan residents contracting the disease at different ages, the time elapsing from the commencement of the complaint to the date on which medical advice is obtained, and the probability of recovering from the disease. In the issue referred to the medical and economic results of sanatorium treatment of tuberculosis of the lungs in Germany are shown for a series of years.

In 1916 there were in Victoria 192 deaths from tubercular diseases (excluding phthisis), which corresponded to a rate of 136 per million, as compared with rates of 135 in the previous year, 140 in 1914, 156 in 1913, 154 in 1912, 186 in 1911, 176 in 1910, 192 in 1909, 200 in 1908, 209 in 1907, and 379 in 1890-2. The death rates in various age groups are shown in the following table for five census periods:—

DEATH RATES FROM TUBERCULAR DISEASES (PHTHISIS EXCEPTED) IN AGE GROUPS.

Age Group.		Deaths	per 10,000 of each	Sex.	
Age Group.	1870-2.	1880-2.	1890-2.	1900-2.	1910-12.
Males.					
0-15	7.53	7.98	10.36	5.64	2.75
15-20	·64	.81	1.17	1.12	1.12
2 0—25	1.80	1.23	-89	1.77	1.23
25—35	.70	-66	.84	1.91	1.71
35-45	.77	.88	·7 7	1 39	1.38
4 5—55	.95	85	•67	1.64	82
55 —65	.88	1.07	-78	2.40	1.29
65 and over	1.09	2.36	•56	1.17	•59
All ages	3.46	3.55	4.02	2.99	1.70
Females.					
0-15	5.89	7.28	8.43	5.33	2.12
15—20	·82	1.30	1.27	1.95	2.34
20-25	•52	.69	1.23	2.09	2.59
2535	•54	·41	-88	1.98	1.81
35-45	1.04	.70	•42	1.77	1.33
1555	17	•67	•34	1.01	.93
55-65	·39	62	-69	.71	1.11
35 and over	1.69	1.19	.64	.71	29
All ages	3.10	3.39	3.58	2.91	1 76

As compared with the period 1900-2 the proportion of persons under 15 years of age who died from tubercular diseases (excluding phthisis) during 1910-12 represents a decline of 51 per cent. for males and of 60 per cent. for females. The most important increase occurred in the rate for females aged 15-25.

The experience of recent years shows that the tubercular death rate in Victoria is but slightly affected by the arrival from beyond Australia of persons suffering from tubercular diseases. In 1916, *3 per cent. of the persons who died were born outside and resident less than one year in Australia, and 3 *4 per cent. had resided in the continent for a shorter period than five years.

Cancer—deaths at various ages.

The numbers dying from cancer in different age groups in each of the last three years, and the yearly average at the same ages for the period 1901-10 are given below:—

DEATHS FROM CANCER AT VARIOUS AGES.

			Male	98.			Females	Females.				
Age Group	•	Yearly Average, 1901-10.	1914.	1915.	1916.	Yearly Average, 1901-10.	1914.	1915.	1916.			
0-15		5	1	6	5	3	6	3	6			
15–25		6	4	3	5	4	6	- 6	4			
25-35		9	10	16	15	13	15	17	18			
35- 4 5		34	30	28	25	59	64	67	57			
5-55		79	105	86	121	90	135	126	164			
55–65		107	160	144	184	102	163	151	162			
35-75		159	140	166	163	121	139	136	154			
5-85		81	103	86	94	60	72	81	93			
5 and over	• •	12	18	21	15	9	11	15	13			
Total		492	571	556	627	461	611	602	671			

The widely different social and economic effects produced by the prevalence of and deaths from the two important diseases—cancer and phthisis—are evidenced by the ages of their victims. For the year 1916 the average age of those who died from cancer was 62·1 years for males, and 59·8 years for females, whilst the corresponding averages for phthisis were 41·2 years for males and 34·3 years for females.

Cancer—death rates at different ages.

Deaths from cancer in 1916 numbered 1,298, and represented a death rate of 921 per million of the whole population, as compared with rates of 812 in the previous year, 830 in 1914, 838 in 1913, 905 in 1912, 833 in 1911, 832 in 1910, 802 in 1909, and 794 in 1908. Cancer rates, computed in relation to the general population in earlier and later periods, are not fairly comparable, owing to the changed age distribution of the people. A more accurate mortality rate is obtained by comparing the deaths with the persons of the same sex living in age groups. This has been done for four census periods, when the numbers of the people in age groups

were accurately known, and the results are given in the appended table:—

DEATH RATES FROM CANCER IN AGE GROUPS.

	De	eaths from Cancer	per 10,000 of each Sex.	
Age Group.	1880-2.	1890-2,	1900-2.	1910-12,
	1000-2.		1000 2.	1010-12.
Males.		-		
Under 5	29	. 18	30	.73
5 to 10	24	·10	42	25
10 " 15	·18	.11	20	-16
15 // 20	.07	· 17	·22	·15
20 // 25	·25	$\cdot 32$	33	.71
25 // 35	.80	·81	1 · 26	.96
35 // 45	4.12	$4 \cdot 29$	3.69	3 16
45 // 55	10.16	14.83	14 14	16.03
55 // 65	22.01	$31 \cdot 92$	36.00	36 · 36
35 <i>n</i> 75	34 · 55	52 75	59.04	74.15
75 and over	45.12	58.55	74 04	88 · 40
All ages	4.29	6.16	7.52	8:50
Females.				
Under 5	·12	$\cdot 09$	26	19
5 to 10	12	·10	.04	10
10 " 15	06	.06		· 27
15 // 20	·26	•12	•28	-14
20 // 25	.39	$\cdot 22$	23	41
25 // 35	2 65	1.68	1.61	1 39
35 // 45	$7 \cdot 32$	$7 \cdot 43$	6.05	7.26
45 # 55	15.07	18:00	18.13	17.87
55 // 65	$29 \cdot 35$	31 79	33.05	38.03
35 " 75	$32 \cdot 68$	53.96	51.18	61.66
5 and over	27 · 56	49.55	62.70	86.19
All ages	4 27	5 57	6 · 64	8.76

Deaths from cancer occurred at all age periods, but the rates in the foregoing table show that it is essentially a disease of later life, increasing rapidly in the groups past middle age, and reaching a maximum mortality rate in the oldest age group. A comparison of the figures for the last two census periods, which would not be appreciably affected by differences in the diagnosis of the disease, shows that at ages under 45 an increase occurred in the rate for females, and a slight reduction in that for males. At the next age period, 45-55, the male rate increased by nearly 13 per cent., while the female rate declined very slightly. At the period, 55-65, the mortality rate for men remained almost stationary, but that for women exhibited a very marked increase. Among both males and females aged 65 and upwards the death rate was considerably heavier in 1910-12 than in 1900-2. From the figures for the two periods mentioned it would appear that there was a slight but definite increase in the death rate from cancer among persons under 65, and a large increase among persons over that age and, further, that on the whole the increase was much greater among females than males.

Seat of cancer.

The following table shows the seat of cancer in persons who died from this disease in 1916:—

SEAT OF CANCER.

Seat of Disease.	Males.	Females.	Total.
Cancer of the buccal cavity (mouth, &c.)	. 91	7	98
,, the stomach and liver	253	203	456
,, the peritoneum, the intestines,			
and the rectum	78	108	186
,, the female genital organs		109	109
,, the breast		107	107
,, the skin	44	14	58
,, other and unspecified organs	161	123	284
Total Deaths	627	671	1,298

Thirty-five per cent. of the persons who died from cancer were affected in the stomach or liver. Of the total females who died from the disease nearly one-third were affected in the genital organs or the breast.

Death Rates from cancer in various Deaths from cancer per 10,000 of the population in various countries, for the latest year for which this information is available, are given in the next table:—

DEATH RATES FROM CANCER IN VARIOUS COUNTRIES.

Switzerland 1914 12·8 United States 1915 8·1 England and Wales 1915 11·3 France 1911 8·0 Scotland 1915 11·1 Ontario 1915 7·2 Sweden 1912 11·0 New South Wales 1915 7·1 Holland 1915 10·9 Belgium 1912 7·1 German Empire 1916 9·2 Western Australia 1915 6·2 South Australia 1915 8·8 Japan 1914 6·7 Ireland 1915 8·2 Queensland 1915 6·4 Austria 1912 8·1 Snain 1914 5·6	Country.	Year.	Deaths per 10,000 of Popu- lation.	Country.	Year.	Deaths per 10,000 of Popu- lation.
Scotland 1915 11·1 Ontario 1915 7·2 Sweden 1912 11·0 New South Wales 1915 7·1 Holland 1915 10·9 Belgium 1912 7·1 German Empire 1913 9·2 Tasmania 1915 7·0 Victoria 1916 9·2 Western Australia 1915 6·8 South Australia 1915 9·0 Italy 1914 6·7 Ireland 1915 8·8 Japan 1913 6·6 New Zealand 1915 8·2 Queensland 1915 6·4	Switzerland	1914	12.8	United States	1915	8 1
Sweden 1912 11·0 New South Wales 1915 7·1 Holland 1915 10·9 Belgium 1912 7·1 German Empire 1913 9·2 Tasmania 1915 7·0 Victoria 1916 9·2 Western Australia 1915 6·8 South Australia 1915 9·0 Italy 1914 6·7 Ireland 1915 8·8 Japan 1913 6·8 New Zealand 1915 8·2 Queensland 1915 6·4	England and Wales	1915	11.3	France	1911	8.0
Holland 1915 10·9 Belgium 1912 7·1 German Empire 1913 9·2 Tasmania 1915 7·0 Victoria 1916 9·2 Western Australia 1915 6·8 South Australia 1915 9·0 Italy 1914 6·7 Ireland 1915 8·8 Japan 1913 6·8 New Zealand 1915 8·2 Queensland 1915 6·4	Scotland	1915	11 1	Ontario	1915	7.2
German Empire 1913 9·2 Tasmania 1915 7·0 Victoria 1916 9·2 Western Australia 1915 6·8 South Australia 1915 9·0 Italy 1914 6·7 Ireland 1915 8·8 Japan 1913 6·6 New Zealand 1915 8·2 Queensland 1915 6·4	Sweden	1912	11.0	New South Wales	1915	$7 \cdot 1$
Victoria 1916 9·2 Western Australia 1915 6·8 South Australia 1915 9·0 Italy 1914 6·7 Ireland 1915 8·8 Japan 1913 6·6 New Zealand 1915 8·2 Queensland 1915 6·4	Holland	1915	10.9	Belgium	1912	7.1
Victoria 1916 9·2 Western Australia 1915 6·8 South Australia 1915 9·0 Italy 1914 6·7 Ireland 1915 8·8 Japan 1913 6·6 New Zealand 1915 8·2 Queensland 1915 6·4	German Empire	1913	9.2	Tasmania	1915	7.0
Ireland 1915 8 · 8 Japan 1913 6 · 6 New Zealand 1915 8 · 2 Queensland 1915 6 · 4		1916	9.2	Western Australia	1915	6.8
Ireland 1915 8 · 8 Japan 1913 6 · 6 New Zealand 1915 8 · 2 Queensland 1915 6 · 4	South Australia	1915	9.0	Italy	1914	$6 \cdot 7$
New Zealand 1915 8 2 Queensland 1915 6 4	Ireland	1915	8.8		1913	6.6
Austria 1912 8:1 Spain . 1914 5:6	New Zealand	1915	8.2		1915	6.4
The state of the spann is the state of the s	Austria	1912	8.1	Spain	1914	5.6

Victoria showed a lower death rate from cancer than six of the above countries, but a higher one than any other Australian State.

During the year 1916, the deaths of 884 men and 818 women aged 65 years and over were ascribed to senile decay. The deaths at these ages from all causes during the year numbered 5,860—3,087 of men and 2,773 of women. It is thus seen that 29.0 per cent. of the deaths of persons aged 65 years and upwards were due to senile decay. The mortality rates of elderly persons in several age groups have been computed, taking the average of the three years 1910–12, when the numbers of persons within those groups were accurately known. These show that of every 100 persons in the respective age groups, there died within a year, from all causes,

4.21 aged 65 to 70, 6.63 aged 70 to 75, 10.71 aged 75 to 80, 16.36 aged 80 to 85, and 27.30 aged 85 and upwards.

Death rates from accidental violence have been lower in later than in earlier periods, a result that is chiefly due to the lighter mortality rate from accidental drowning, the smaller proportion of the population engaged in country occupations, which are generally of a more hazardous nature than those in towns, and the increasing proportion of females in the community. In 1916 there were 480 male and 167 female deaths attributed to accidents and negligence, which represented a rate of 459 per million of the population. This proportion was slightly below the average rate—487—for the previous five years, and 43 per cent. lower than the ratio—811—for 1890-2. The deaths from different accidents in 1916 are given in the appended table:—

DEATHS FROM ACCIDENTAL VIOLENCE, 1916.

Nature or Place	of Accide	nt.		Males.	Females.	Total.
Poisoning by Food				9	4	13
Other Acute Poisoning	rs		1	-6	4	ÎÔ
Burns (including Confi	agrations	ı)		28	40	68
Absorption of Poisono	us Gases	,		2	3	5
Suffocation				7		4
Suffocation in bed (infe	ints)			4	7	11
Drowning				114	40	154
Firearms				21	4	25
Falls				49	9	58.
In Mines and Quarries				6	"	6
Machines		• •		1Ĭ	2	13
Vehicular Accidents-	•	••		**		10
On Railways			1	42	1	12
Motor Car		•	••	20	6	43
36		•	••	6	2	26 8 1
Motor Bus	• •	• •		ñ	"	9
Motor Lorry	•	• •		1 3 · 2 7	l l	<u> </u>
Bicycle	••			. 9	''	3
Trom Con		• •		7	4	3 2 11
Vehicle drawn by		• •		22	8	28
Vehicle, Undefined	l			6	1	40
		• •	•••	3	-	4
Starvation	••	••	• •	3	i	3
Effects of Heat	••	• •	• • •	7	4	1
77 + 0.11	• •	• •	••	3	2	# E
Lightning	••	• •	• • •		4	5
Electricity	••	• •	• •	5	••	₽ ±
Fractures, Unspecified	••	• •	•••	37	i i	[5
Other Violence	••	• •		61	8	56 69
Total	• •			480	167	647

On the average of the past five years the female mortality rate from accidents was slightly less than one-third of the rate for males.

Fatal accidents
among males great among males aged 15 to 45 as among men over that
ages. The deaths per 10,000 males at certain ages from
2620.—21

drowning, sunstroke, and other accidents for the period 1909-13 were as follows:—

DEATH RATES FROM ACCIDENT-MALES, 1909-13.

		Accidental Deaths per 10,000 Males Aged-						
	15-20.	20-25.	25–35.	35-45.	45-55.	55-65.	65 and over.	15 and up- wards.
Drowning Other Accidents	1·74 3·68	1·19 5·19	1·15 ·08 4·68	1·40 ·10 5·90	1·89 ·27 7·51	2·57 ·18 10·06	3·64 ·96 16·54	1·72 ·16 6·56
Total Accidents	5.42	6.38	5.91	7.40	9.67	12.81	21 · 14	8.44

For men aged 20 to 35 the death rate from accidental violence is less than one-third of that for men over age 65 and slightly less than one half of the rate for those aged 55 to 65. The death rates in the above table agree fairly closely with English experience, which shows that the annual deaths from accidents per 10,000 males were 5.33 at ages 15-20, 5.71 at 20-25, 6.64 at 25-35, 8.62 at 35-45, 11.12 at 45-55, 13.99 at 55-65, and 18.85 at 65 and upwards.

Occupations of men dying from accidents.

During the year 1916, 378 males aged seventeen years and upwards died from the results of accidents. The numbers for the different occupations were as follows:—

Occupation.	Deaths from Accidents, 1916.	Occupation.		Deaths from Accidents 1916.
Labourer (undefined)	97	Postal employee		3
Farmer, grazier	63	Publican		3
Miner	16	Agent		2
Soldier	16	Blacksmith	• •	2
Driver, carter, carrier	14	Boxmaker	• •	2
Railway employee	12	Butcher	• •	2
Clerk	10	Builder, contractor		2
Horse trainer, jockey, groo	m 9	Cabinetmaker		2
Grocer	7	Clergyman		2
Seaman	. 6	Constable	٠	2
Carpenter	5	Doctor	٠	2
Engineer	5	Electrician		2
Plumber	5	Hawker	• •	2
Bootmaker	4	Merchant	• •	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Bricklayer	4	Printer	• • •	2
Fireman	4	Salesman		2
Painter	4	Solicitor		2
Storeman	4	Warder		2
Traveller	4	Others (specified)		20 19
Cook	4 3 3	Unspecified		19
Engine-driver	3			
Ironworker	3	Total	• •	378
Manager	3	A]

Of the 378 deaths of males over 17 years of age which resulted from accidents in 1916, 69 were due to drowning.

In the year 1916, 82 males and 33 females took their own lives. The deaths represented a rate of 83 per million of the population as compared with rates of 105 in the preceding year, 90 in 1914, 103 in 1913, 112 in 1912, 114 in 1911, 101 in 1910, 92 in 1909 and 1908, and 109 in 1890-2. A much lower rate from suicide obtains among females than males, the rate for the former being about one-third of that for the latter on the average of the past five years. Among males the death rate from suicide in 1916 was about 27 per cent. below the average of the three years preceding the war. This is fairly similar to English experience, which shows that the mortality rate from this cause among males was 25 per cent. lower in 1915 than in the period 1911-13.

Homicide. The deaths ascribed to homicide in 1916 numbered 20 of which 8 were of males and 12 of females. These represented a rate of 14 per million of the population as against rates of 17 in the previous year, 16 in 1914, 18 in 1913, 21 in 1912, 18 in 1911, 31 in 1910, 12 in 1909, 15 in 1908, and 34 in 1890–2.

Deaths of married siderably at different ages, and is less at younger than at older age periods. The number of deaths of married mothers, in childbed, and the death rates for various age groups are shown for the decade 1906–15 and the year 1916 in the following table:—

DEATH RATES OF MARRIED MOTHERS IN CHILDBED IN AGE GROUPS, 1906-1915 AND 1916.

			I.	farried Mothers.	
Age Gro	Deat	hs.	Deaths per 1,000 Confinements		
		1906-15.	1916.	1906–15.	1916.
Under 20 years	***	23	2	2.71	2.82
20 to 25 "	•••	184	18	2.85	2.59
25 " 30 "	•••	326	31	3.60	3.10
30 , 35 ,	***	334	29	4 · 59	3.79
35 " 40 "		346	23	6.86	4 64
40 years and over	•••	156	16	6 90	8 78

The experience of the ten years 1906-15 shows that for the age period 35 years and upwards the deaths of mothers in childbed were

69 per 10,000 as against 37 per 10,000 for those under 35 years of age. For the same term of years the number of deaths per 1,000 married women in first confinements was 5.57, as against an average of 4.04 for other confinements.

The death rate of women in childbed is usually ascertained by comparing the number of deaths of parturient women with the total number of births. The proportions which prevailed in each of the last six years, and the averages of previous periods back to 1871 are given below:—

DEATHS OF MOTHERS (MARRIED AND SINGLE) TO EVERY 10,000 CHILDREN BORN ALIVE.

	Number of Mot	Number of Mothers who Died Annually of—					
Period.	Puerperal Diseases or Accidents. (Excluding Sep- ticamia.)	Puerperal Septicæmia.	Total.	Deaths of Mothers to every 10,000 Children Born Alive.			
1871–1880 .	. 127	46	173	64.38			
1881-1890 .	. 121	64	185	59-19			
1891-1900 .	. 117	66	183	56•01			
1901–1905 .	. 126	58	184	60.92			
1906–1910	. 101	46	147	47.17			
1911	. 86	62 :	148	44.79			
1912	92	61	153	42.72			
1913	. 112	65	177	49.20			
1914	97	61	158	43.62			
1915	91	40	131	37.42			
1916	75	55	130	37.97			

In recent years a marked reduction has taken place in the death rate of women in childbed. The deaths of mothers per 10,000 children born alive were 42.2 in 1912-16, as compared with 47.2 in 1906-10, and 60.9 in 1901-5.

Puerperal Septembra. In 1916 there were 55 deaths of married and unmarried mothers from puerperal septicæmia, which corresponded to a death rate of 16·1 per 10,000 births, as against 11·4 in the previous year, 16·8 in 1914, 18·1 in 1913, 17·0 in 1912, 18·8 in 1911, 17·2 in 1910, 11·4 in 1909, 15·4 in 1908, and 18·1 in 1901–7.

NATURAL INCREASE.

Natural increase per 1,000 of population in Australasia. The natural increase, i.e., the excess of births over deaths, per 1,000 of the population, in the various Australian States and New Zealand, for the period 1902-6 and for each of the last ten years, is shown in the following table:—

NATURAL INCREASE PER 1,000 OF THE POPULATION, AUSTRALIAN STATES AND NEW ZEALAND.

Period.	Victoria.	New South Wales.	Queens- land.	South Australia.	Western Australia.	Tasmania.	Australia.	New Zealand.
1902–6	12:30	15.76	15.41	13 · 28	18.04	18.12	14 · 68	16.94
1907	13.43	16.58	16.52	13.95	18 15	18.46	15.58	16.35
1908	$12 \cdot 11$	16.64	16.48	14.75	18.16	18.85	15.29	17.88
1909	13:35	17.58	17.55	15.76	18.47	19.89	16.30	18.07
1910	12.86	18.09	17.61	16.17	17.80	18.56	16.30	16.46
1911	13.49	18.34	17.01	17.07	18.05	18.51	16.60	16.58
1912	14.20	19.04	18.74	18.37	17.79	19.80	17.42	17.61
1913	14.71	17.90	19.87	18.30	20.04	19.16	17.48	16.67
1914	13.85	18.80	19 · 49	18.62	19:01	20.66	17.52	16.68
1915	13.45	17.81	18.35	16.14	18.69	19.21	16.57	16.27
1916	12.60	17.26	16.67	15.61	17.41	18.09	15.74	16.29
Mean								
12-16	13.76	18-16	18.62	17.41	18.59	19.38	16.95	16.70

The mean natural increase in the Australian States for the period 1912-16 was 16.95 per 1,000 of population, which is probably greater than will prevail when the age constitution of the people becomes similar to that of old settled countries. At present the proportion of elderly people is smaller than in those countries and, partly as a consequence of this, the death rate is lower. It has been shown in a previous paragraph that the Victorian death rates at nearly all periods of life are below those of England and Wales. The Australian annual rate of increase due to excess of births over deaths—16.95—would enable a population to double itself in 41 years, whilst at the Victorian rate of 13.76 per 1,000 of population a period of nearly 51 years would be required.

Natural increase per 1,000 of population in various countries. The rate of natural increase in Australia for 1912-16 is higher than that in Japan and all European countries, except Roumania, on the average of the latest five years for which this information is available. The rates for various countries are given below:—

NATURAL INCREASE PER 1,000 OF THE POPULATION IN VARIOUS COUNTRIES.

Country.	Natural Increase per 1,000 of Population.	Country.	Natural Increase per 1,000 of Population.	
Tasmania	19:4	Italy	12.8	
	. 18.6	Germany	12.7	
Western Australia .	. 18.6	Norway	11.9	
New South Wales .	. 18.2	Hungary	11.7	
South Australia .	17.4	Ontario	11.1	
Roumania	. 17.4	Austria	10.7	
	16.9	Scotland	9.7	
	16.8	Spain	9.6	
	. 16.7	Sweden	9.1	
Russia	. 15.7	England and Wales	8.9	
	14.9	Switzerland	8.4	
	13.8	Belgium	7.9	
	13.6	Ireland	5.9	
	. 13.1	France	∙5	
Denmar k .	12.9			

The rate of natural increase in Victoria is lower than in the other States and New Zealand, but higher than in seventeen of the countries enumerated in the above table.

Excess of births over deaths in Australasia.

The next table shows the excess per cent. of births over deaths in each of the Australian States and New Zealand for the period 1902-6, and for each of the last ten years:—

EXCESS PER CENT. OF BIRTHS OVER DEATHS, AUSTRALIAN STATES AND NEW ZEALAND.

Period.	Victoria.	New South Wales.	Queens- land.	South Australia.	Western Australia.	Tasmania.	Australia.	New Zealand
1902-6	98	147	144	125	150	165	129	174
1907	116	157	· 160	141	164	164	144	149
1908	97	164	161	150	169	164	140	187
1909	119	176	181	166	181	199	158	196
1910	113	181	182	158	176	164	156	170
1911	117	178	160	174	177	182	155	177
1912	116	175	171	179	161	185	155	199
1913	132	164	191	169	214	176	162	176
1914	120	186	195	174	202	214	166	179
1915	121	170	167	151	201	190	155	179
1916	108	162	152	134	178	174	142	169
Mean								
1912–1 6	119	171	175	161	191	188	156	180

Taking the average of the period 1912-16, it is seen that the least excess in Australasia was in Victoria, and the greatest in Western Australia. To every hundred deaths that occurred there were 219 births in Victoria, 271 in New South Wales, 275 in Queensland, 231 in South Australia, 291 in Western Australia, 288 in Tasmania, 256 in Australia, and 280 in New Zealand.

The excess per cent. of births over deaths varies very Excess of considerably in different portions of the State, being greater births over deaths ln in areas which have been settled at a comparatively recent districts. date than in old-established districts. This is specially in the excess rates for the Mallee, Gippsland, and noticeable Wimmera districts, where for every 100 deaths there were 447, 299, and 277 births respectively, as against 151 in the North Central and 197 in the Metropolitan districts. The subjoined table shows the excess per cent. of births over deaths in nine divisions of the State for the periods 1905-7 and 1908-12 and for each of the last four years :-

EXCESS PER CENT. OF BIRTHS OVER DEATHS IN DISTRICTS.

District.	Excess per cent. of Births over Deaths.							
District.	1905-7.	1908-12.	1913.	1914.	1915.	1916.		
Metropolitan	81	88	119	106	107	97	-	
Central	121	113	133	117	141	104		
North Central	87	96	90	82	90	51		
Western	110	115	131	116	122	101		
Wimmera	179	195	222	170	188	177		
Mallee	305	323	410	345	386	347		
Northern	122	131	146	118	135	124		
North Eastern	133	144	100	136	97	115		
Gippsland	235	225	215	222	158	199		
								
State	108	112	132	120	121	108		

The figures in the above table are based upon the deaths occurring in the different areas and not upon the usual residence of the deceased. This accounts to some extent for the small excess rate in the Metropolitan, Central, and North Central districts. The very favorable position of the Mallee, Wimmera, and Gippsland districts in respect of their excess of births over deaths is almost wholly due to their low death rates.

Excess of births ove deaths in various countries.

Although the excess per cent. of births over deaths is lower in Victoria than in the other States and New Zealand, it is higher than in any of the other countries in the following table, on the average of the latest five years for which this information is available:—

EXCESS PER CENT. OF BIRTHS OVER DEATHS IN AUSTRALASIA AND OTHER COUNTRIES.

Country.	· · · · · · · · · · · · · · · · · · ·	Excess per cent. Births over Deaths.	Country.	Excess per- cent. Births over Deaths.
Western Australia Tasmania New Zealand Queensland New South Wales South Australia Australia Victoria Holland Denmark Ontario Norway Germany Roumania Bulgaria		191 188 180 175 171 161 156 119 116 100 90 89 78 71	Italy Sweden Japan England and Wales Scotland Switzerland Servia Russia (European) Belgium Austria Hungary Spain Ireland France	67 65 64 63 62 59 58 55 50 49 48 44 35 3

The very favorable position of Australasia as regards the excess of births over deaths is wholly due to its low death rate. Very much higher birth rates prevailed in some of the above countries, especially Russia, Bulgaria, Roumania, Servia, and Austria, than in Australia, but this advantage was more than counterbalanced by their higher death rates. On the average of five years, the loss caused by every 100 deaths was compensated by 256 births in Australia, as compared with 216 in Holland, 200 in Denmark, 189 in Norway, 178 in Germany, 164 in Japan, 163 in England and Wales, 162 in Scotland, 155 in Russia, 149 in Austria, and only 103 in France, which had the lowest excess rate of all the countries shown.