This example is taken from Devore and Peck, Statistics, 3 ed., (1997), Duxbury, p. 23. The original source is "The Blood Viscosity of Various Socioeconomic Groups in Guatemala" in The American Journal of Clinical Nutrition, Nov., 1964, 303-307. The Institute of Nutrition of Central America and Panama measured the serum total cholesterol levels for a group of 49 adult, low-income rural Guatemalans and for a group of 45 adult, highincome urban Guatemalans. These serum total cholesterol levels (in $\mathrm{mg} / \mathrm{dL}$ ) are provided in Table 1.

Table 1. Guatemalan cholesterol data.
Rural group cholesterol levels (in mg/dL).

| 95 | 108 | 108 | 114 | 115 | 124 | 129 | 129 | 131 | 131 |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 135 | 136 | 136 | 139 | 140 | 142 | 142 | 143 | 143 | 144 |
| 144 | 145 | 146 | 148 | 152 | 152 | 155 | 157 | 158 | 158 |
| 162 | 165 | 166 | 171 | 172 | 173 | 174 | 175 | 180 | 181 |
| 189 | 192 | 194 | 197 | 204 | 220 | 223 | 226 | 231 |  |

Urban group cholesterol levels (in mg/dL).

| 133 | 134 | 155 | 170 | 175 | 179 | 181 | 184 | 188 | 189 |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- |
| 190 | 196 | 197 | 199 | 200 | 200 | 201 | 201 | 204 | 205 |
| 205 | 205 | 206 | 214 | 217 | 222 | 222 | 227 | 227 | 228 |
| 234 | 234 | 236 | 239 | 241 | 242 | 244 | 249 | 252 | 273 |
| 279 | 284 | 284 | 284 | 330 |  |  |  |  |  |

Before we compute any summary statistics consider the histograms provided below. There are three pairs of histograms. The first two figures contain proper relative frequency histograms while the third contains stem and leaf histograms. Based on these histograms we can see that both of these cholesterol level distributions are basically mound shaped with some skewness to the right. In the rural group there are four individuals with somewhat high cholesterol levels ( 220 or more); there is a gap of 16 separating the cholesterol levels of these individuals from the rest of the rural group. It is this group of four observations which causes the rural distribution to appear skewed to the right. The urban group has similar slightly unusual groups of cholesterol levels; one group having somewhat low levels and one having somewhat high levels. There is one unusually large value (330) in the urban group that we might consider an outlier, since there is a gap of 46 between 330 and the next largest value. (An outlier is an observation that is widely separated from the majority of a distribution.) We will need to consider the implications of this outlier in
our analysis of this example. Note that without the urban outlier (330), the cholesterol distribution of the urban group is essentially symmetric.

It is also apparent that the people in the urban group tend to have higher cholesterol levels than the people in the rural group.

There appears to be more variability among the cholesterol levels of the people in the urban group. With the urban outlier (330) there seems to be much more variability in the cholesterol levels of the people in the urban group. Without this outlier, there appears to be only slightly more variability in cholesterol levels of the people in the urban group.

Figure 1. Guatemalan cholesterol level histograms.


Figure 2. Guatemalan cholesterol level histograms.


Figure 3. Guatemalan cholesterol level stem and leaf histograms.
The stem represents tens and the leaf represents ones. (mg/dL)

| Rural | Urban |
| :---: | :---: |
| 95 | 9 |
| 1088 | 10 |
| 1145 | 11 |
| 12499 | 12 |
| 13115669 | 1334 |
| 140223344568 | 14 |
| 15225788 | 155 |
| 16256 | 16 |
| 1712345 | 17059 |
| 18019 | 181489 |
| 19247 | 190679 |
| 204 | 20001145556 |
| 21 | 2147 |
| 22036 | 2222778 |
| 231 | 234469 |
| 24 | 241249 |
| 25 | 252 |
| 26 | 26 |
| 27 | 2739 |
| 28 | 28444 |
| 29 | 29 |
| 30 | 30 |
| 31 | 31 |
| 32 | 32 |
| 33 | 330 |

The five number summaries and the associated distances based on them are provided, for the rural group, for the entire urban group, and for the urban group omitting 330, in Table 2. The steps involving in computing the medians and quartiles, for the rural group and the entire urban group, are outlined below.

For the rural group there are $n=49$ observations so that
(1) $49 / 2=24.5$, thus the median 152 is obs. no. 25 , corresponding to the first 2 leaf in the 15 stem.
(2) $49 / 4=12.25$, thus the first and third quartiles are $Q_{1}=136$, the 13 th observation counting up, corresponding to the second 6 leaf in the 13 stem, and $Q_{3}=174$, the 13 th observation counting down, corresponding to the second 4 leaf in the 17 stem.

For the urban group there are $n=45$ observations so that
(1) $45 / 2=22.5$, thus the median 206 is obs. no. 23 , corresponding to the 6 leaf in the 20 stem.
(2) $45 / 4=11.25$, thus the first and third quartiles are $Q_{1}=196$, the 12 th observation counting up, corresponding to the 6 leaf in the 19 stem, and $Q_{3}=239$, the 12 th observation counting down, corresponding to the 9 leaf in the 23 stem.

Table 2. Five number summaries with distances.

| min: | 95 |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| $Q_{1}$ : | 136 | $Q_{1}-\min :$ | 41 | med - min: | 57 |
| med: | 152 | med - $Q_{1}$ : | 16 |  |  |
| $Q_{3}:$ | 174 | $Q_{3}$ - med: | 22 | max - med | 79 |
| max: | 231 | max - $Q_{3}$ : | 57 | max - med. | 79 |
| Urban group (all). (mg/dL) $\mathrm{n}=45$ |  |  |  |  |  |
| min: | 133 | $Q_{1}-\min :$ <br> med - $Q_{1}$ : <br> $Q_{3}$ - med: <br> $\max -Q_{3}$ : |  | med - min: | 73 |
| $Q_{1}$ : | 196 |  | 63 |  |  |
| med: | 206 |  | 10 |  |  |
| $Q_{3}$ : | 239 |  | 33 | max - med: | 124 |
| max: | 330 |  | 91 |  |  |

Urban group (omit 330). (mg/dL) n=44

| $\min :$ | 133 | $Q_{1}-\min :$ | 60 |  |  |
| ---: | ---: | :--- | ---: | :--- | ---: |
| $Q_{1}:$ | 193 | med - $Q_{1}:$ | 12.5 |  | 72.5 |
| med: $:$ | 205.5 | $Q_{3}-$ med: | 32 | max-med: | 78.5 |
| $Q_{3}:$ | 237.5 | max $-Q_{3}:$ | 46.5 |  |  |
| $\max :$ | 284 |  |  |  |  |

Table 3. Summary statistics for the cholesterol example.

| group | mean | median | std. dev. | range | IQR |
| :---: | :---: | :---: | :---: | :---: | :---: |
| rural | 157.02 | 152 | 31.75 | 137 | 38 |
| urban (all) | 216.87 | 206 | 39.92 | 197 | 43 |
| urban (omit 330) | 214.30 | 205.5 | 36.42 | 151 | 42 |

Box plots for the Guatemalan cholesterol example are provided in Figures 4 and 5. These simple graphical displays give a visual impression of the information in Table 2 (the five
number summary values and the distances among these values). A box plot does not convey as much information about the shape of a distribution as a histogram, but, it does give a useful graphical impression of the shape of the distribution (including skewness or symmetry). Box plots are particularly useful for quick comparisons of two or more distributions.

Figure 4. Guatemalan cholesterol level boxplots.


Figure 5. Box plots for cholesterol level.


Notice that each box plot has five vertical marks indicating the locations of the five number summary values. The box which extends from the first quartile to the third quartile and is divided into two parts by the median gives an impression of the distribution of the values in the middle half of the distribution. In particular, a glance at this box indicates whether the middle half of the distribution is skewed or symmetric and indicates the magnitude of the interquartile range (the length of the box). The line segments (whiskers) which extend from the ends of the box to the extreme values (the minimum and the maximum)
give an impression of the distribution of the values in the tails of the distribution. The relative lengths of the whiskers indicate the contribution of the tails of the distribution to the symmetry or skewness of the distribution.

Returning to the cholesterol example first consider the shapes of the cholesterol distributions. We can use the distances, based on the five number summary, given in Table 2 (and shown in the box plots) to quantify the degree of skewness in these distributions.

First consider the cholesterol distribution for the rural group. The range of the right half of the distribution $(\max -\operatorname{med}=79)$ is greater than the range of the left half of the distribution (med $-\min =57$ ); Since 79 is about $40 \%$ larger than $57(79 / 57=1.386)$, this comparison shows that, overall, the rural group cholesterol distribution is skewed to the right. Next consider the middle half (center) of the distribution, that is the part of the distribution between $Q_{1}$ and $Q_{3}$. The range of the right half of this central region $\left(Q_{3}-\right.$ med $\left.=22\right)$ is greater than the range of the left half of this central region (med $\left.-Q_{1}=16\right)$. Here, again, the range on the right 22 is about $40 \%$ more than the range on the left $(22 / 16=1.375)$ indicating that the middle half of the rural group cholesterol distribution is skewed to the right. Finally, consider the tails of the distribution, that is the lower fourth, from the minimum to $Q_{1}$, and the upper fourth, from $Q_{3}$ to the maximum. The range of the right tail ( $\left.\operatorname{Max}-Q_{3}=57\right)$ is greater than the range of the left tail $\left(Q_{1}-\min =41\right)$. As before, the range on the right is about $40 \%$ more than the range on the left $(57 / 41=1.390)$ indicating that there is skewness in the tails of the rural group cholesterol distribution. All of these comparisons support our contention that the cholesterol distribution for the rural group is skewed right and they also show that the degree of skewness in the tails is similar to the degree of skewness in the middle of the distribution.

Next consider the urban group, including the outlier. The range of the right half of the distribution $(\max -\operatorname{med}=124)$ is much greater than the range of the left half of the distribution (med $-\min =73)$; Since 124 is about $70 \%$ larger than $73(124 / 73=1.699)$, this comparison shows that, overall, the urban group cholesterol distribution is strongly skewed to the right. For the middle half (center) of the distribution, we find that the range of the right half of the central region $\left(Q_{3}-\right.$ med $\left.=33\right)$ is greater than the range of the left half of the central region (med $-Q_{1}=10$ ). Here the range on the right 33 is about 3 times the range on the left $(33 / 10=3.3)$ indicating that the middle half of the urban group cholesterol distribution is very strongly skewed to the right. The skewness is less extreme in the tails of this distribution with the range of the right tail ( $\operatorname{Max}-Q_{3}=91$ ) being greater than the range of the left tail $\left(Q_{1}-\min =63\right)$. For the tails, the range on the right is about $40 \%$ more than the range on the left $(91 / 63=1.444)$ indicating that there is skewness in the tails of the urban group cholesterol distribution but it is not as strong as the skewness
in the center of the distribution. As with the urban group cholesterol distribution all of these comparisons support our contention that the cholesterol distribution for the urban group is skewed right. For the urban group we see that the degree of skewness in the tails is lower than the degree of skewness in the middle of the distribution.

If we omit the outlier (330) from the urban group, then the direction of skewness in the tails of the urban group cholesterol distribution reverses and overall the distribution appears reasonably symmetric. That is, without the outlier the range of the right half of the distribution $(\max -\operatorname{med}=78.5)$ is only slightly larger than the range of the left half of the distribution (med $-\min =72.5$ ); but, the range of the left tail (lower fourth) $Q_{1}-\min$ $=60$ is now larger than the range of the right tail (upper fourth) $\operatorname{Max}-Q_{3}=46.5$.

With the outlier the range 197 for the urban group is much larger than the range 137 for the rural group. If we omit the outlier, then the range for the urban group is 151 which is still larger than 137 but not by so much. On the other hand, if we consider the interquartile ranges, 38 for the rural group and 43 ( 44.5 without the outlier) for the urban group, we find that there is a similar amount of variability in the middle halves of these distributions. Hence, our contention that there is much more variability among the cholesterol levels of the urban Guatemalans depends very heavily on the cholesterol level of one individual. Whether we include this individual or not, we are justified in claiming that there is more variability among the cholesterol levels of the urban Guatemalans.

Based on our analysis of these cholesterol level distributions we might propose several hypotheses or conjectures about why these distributions differ as they do. First we might conjecture that the rural Guatemalans are probably more physically active and eat food which is lower in fat than the urban Guatemalans. This would cause the rural Guatemalans to tend to have lower cholesterol levels. Second, we might argue that there is less variability in the cholesterol levels of the rural Guatemalans because their lifestyles and eating habits are probably quite similar.

In this example, if we base our comparisons of the location and the amount of variability in these distributions on the mean and standard deviation we reach essentially the same conclusions as we did when using the five number summary.

