

CANCER, 1,374.

The following table, taken from the "New Zealand Official Year-book," shows the cancer death-rate in the Dominion for the last ten years.

Number of Persons who died from Cancer, the Proportion per 10,000 Persons living, and the Percentage of all Deaths, 1919-28.

Year.	Deaths from Cancer.	Total Deaths, all Causes.	Deaths from Cancer per 10,000 of living Persons.	Deaths from Cancer per 100 of all Deaths.
1919	1,031	10,808	9.07	9.54
1920	1,029	12,109	8.72	8.50
1921	1,044	10,682	8.53	9.77
1922	1,066	10,977	8.52	9.71
1923	1,115	11,511	8.75	9.69
1924	1,245	10,767	9.59	11.56
1925	1,207	11,026	9.08	10.95
1926	1,341	11,819	9.91	11.35
1927	1,324	11,613	9.63	11.40
1928	1,374	11,811	9.87	11.63

We know not the cause of cancer. It is increasing in prevalence at a slow, not rapid, rate. Being a disease of late life, and having in the past often missed detection or registration, its apparent increase is in considerable measure accounted for by our longer span of life and greater skill in diagnosis. The real increase is slight, and can be checked if advice and treatment be sought early in the disease. Recent results show that the proportion of actual cures from the treatment of early cancer is very high indeed.

It has always been an important cause of death, but results show that nowadays submission to skilled treatment at an early stage is worth while. Particularly after the age of thirty-five we should seek medical examination for any unusual condition which might be cancer.

CHEST-DISEASES, 1,027.

Pneumonia	422
Pneumonia secondary to influenza, whooping-cough, and measles	147
Broncho-pneumonia	230
Bronchitis	228

1,027

There is reason to believe that many of these deaths could be prevented. In some countries the experiment has been tried of making every pneumonia case compulsorily notifiable and attempting isolation. Apparently the results achieved have not justified the expense and trouble thereby involved, but the fact remains that probably a large proportion of these illnesses are infectious. All associated with epidemics of influenza, measles, whooping-cough, or diphtheria certainly are. Again, when in the absence of a recognized outbreak of such common infectious diseases, groups of pneumonia or broncho-pneumonia cases occur in a community, affecting in considerable measure virile young adults, adolescents, and children, of which it can be said the infecting agent is virulent, then measures can be taken which give promise of considerably reducing the death-rate from these lung-ailments. Such measures are complete case-isolation to be practised by doctor and nurse, and convalescents to be restrained from close contact with other persons, attendance at indoor public gatherings, &c., until they have completely recovered.

The following table illustrates that a noteworthy feature during the prevalence of influenza is that the death-rate not only of pneumonic influenza, but also of acute primary pneumonia and pneumonia (all forms), rises, showing infection which should respond to preventive effort. It is believed, too, that epidemic pneumonia occasionally occurs unassociated with influenza.

Disease.	Number of Deaths.	
	1927.	1928.
Influenza	131	242
Influenzal pneumonia	43	100
Pneumonia	313	422
Broncho-pneumonia	207	230

Both during epidemic and normal periods living-habits and environment certainly have an influence upon the incidence and severity of chest-diseases.

VIOLENCE, 956.

Regarding the 956 deaths last year from violence, of which 744 were due to accident, 202 to suicide, and 10 to homicide, it is noteworthy that in the last eight years, whereas the death-rates from suicide and homicide has shown little variation, that from accident, especially motor-vehicle accident, has increased considerably.

In the last three years the number of deaths annually from motor-vehicle accidents has averaged 154.