

## THE PRINCIPAL CAUSES OF DEATH.

The following table gives the main causes of deaths last year in their order of magnitude, and the actual number of deaths therefrom.

## TOTAL DEATHS IN NEW ZEALAND IN 1932, 11,683.

Causes.						Actual Deaths.
Heart-disease (all forms)	..	..	..	..	..	2,935
Cancer	..	..	..	..	..	1,472
Violence	..	..	..	..	..	928
Chest disease—						
Pneumonia	..	..	..	..	..	278
Pneumonia secondary to influenza, whooping-cough, and measles	..	..	..	..	..	51
Bronchitis	..	..	..	..	..	207
Broncho-pneumonia	..	..	..	..	..	226
						— 762
Tuberculosis (all forms)	..	..	..	..	..	615
Apoplexy or cerebral hæmorrhage	..	..	..	..	..	611
Kidney or Bright's disease	..	..	..	..	..	580
Senility	..	..	..	..	..	439
Disease of the arteries	..	..	..	..	..	444
Diabetes	..	..	..	..	..	229
Diseases and accidents of child-birth ( <i>i.e.</i> , maternal mortality)	..	..	..	..	..	101
Appendicitis	..	..	..	..	..	101
Hernia and intestinal obstruction	..	..	..	..	..	94
Diarrhœa and enteritis	..	..	..	..	..	68
Epilepsy	..	..	..	..	..	41

*Common Infectious Diseases.*

Influenza (all forms, including pneumonic)	..	..	..	..	..	67
Diphtheria	..	..	..	..	..	40
Whooping-cough	..	..	..	..	..	44
Scarlet fever	..	..	..	..	..	6
Typhoid fever	..	..	..	..	..	8
Measles	..	..	..	..	..	..

*Infant Mortality.*

Infant deaths (under one year), all causes	..	..	..	..	..	777
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For several years now the principal causes of death have been thus tabulated. The year 1932 compared with 1931 gave, in round numbers, 360 fewer deaths in a population increased by 11,336. Reduction in deaths occurred principally as follows: Accidental violence, 265; infectious diseases, 166; chest diseases, 87; infant-mortality, 79; whereas there was an increase in deaths from heart-disease (an increase of 118) and diseases of the arteries (24).

An outstanding feature noteworthy over many years is that the death-rates from the common infectious diseases appear to show a steady and definite reduction. The greatest example is typhoid fever. A five-year average taken fifty years ago gave a mortality more than forty times that for the five years ending in 1932. We still experience epidemics of scarlet fever, diphtheria, measles, and whooping-cough, but these epidemics give an annual death-rate very much lower than that experienced in former epidemics, while in the intervening non-epidemic years the sporadic cases have assumed a milder type and give a reduced death-rate. Tuberculosis also displays this very markedly over a fifty-year period, the death-rate per 10,000 of mean population in 1881 having been 13.8 compared with 4.22 in 1932, a threefold reduction. In the last five years the death-rate from this disease per 10,000 of mean population has been reduced from 5.02 to 4.22.

As is well-known, the infantile-death rate of New Zealand (made up of infant deaths from all causes) has been very greatly reduced, and during recent years infants under one month of age are sharing in this lessened mortality.

These reductions are so great and so sustained that one is forced to the conclusion that good environment (to use a comprehensive term which includes measures taken to improve diet and hygiene) is steadily removing these diseases. This same tendency in lesser degree is noticeable in the vital statistics of closely populated England and is coincident in both countries with improving nutritional and hygienic conditions, including welfare measures directed mainly to those in special need of guidance or protection. The thought then arises, despite the prophesies of certain epidemiologists who, on historical grounds, predict a recurrence of high infectious-disease virulence and mortality and perhaps undervalue the influence of improved environment, and those of immunologists who regard the subject as essentially one of acquired immunity, whether or not New Zealand and even closely populated England can by the maintenance or even improvement of a good environment retain the *natural resistance of their peoples to these diseases.*