

In Table C are given standardized death-rates for the two groups mentioned and for the sexes separately. It will be seen that whilst in the case of males under sixty-five years of age the rate has remained practically stationary, the female rate has markedly improved. The male rate is adversely affected by the loss of many healthy men during the war, and probably by the strain of war service beginning to show its effects as those who returned become older. It is probable that the male rate will fail to show improvement for many years to come.

The marked rise in the rates for the older groups shown is mainly, if not wholly, due to more accurate certification of the cause of death. That this marked increase has been coincident with a somewhat more marked decrease in deaths certified as due to senility is well shown in the accompanying graph, in which the trend of the death-rates from the two conditions is shown from 1899 to 1935.

TABLE C.—AVERAGE YEARLY STANDARDIZED DEATH-RATE FROM DISEASES OF THE HEART BY QUINQUENNIAL PERIODS.

	Under Sixty-five Years of Age.			Sixty-five Years of Age and over.		
	Males.	Females.	Persons.	Males.	Females.	Persons.
1900-04 .. ..	5.88	5.58	5.73	140.30	111.88	128.31
1905-09 .. ..	6.26	5.40	5.85	158.45	114.23	139.80
1910-14 .. ..	5.94	5.22	5.60	170.64	134.73	155.49
1915-19 .. ..	5.87	4.79	5.36	163.68	136.17	152.07
1920-24 .. ..	6.29	5.06	5.70	185.94	158.26	174.26
1925-29 .. ..	5.33	4.01	4.71	207.63	180.42	196.15
1930-34 .. ..	5.88	4.06	5.01	254.81	222.51	241.18
1935 .. ..	6.04	4.03	5.08	276.15	232.15	257.59

NOTE.—In the above table, and also wherever in this report standardized rates are given for deaths “Under sixty-five years of age” and “Sixty-five years of age and over”, such rates have been calculated on the basis of the age and sex constitution of the population in these respective age-groups at the time of the census taken in 1911.

*Cancer and other Malignant Tumours.*—In Table D are shown the average yearly standardized death-rates for four quinquennial periods from 1900 to 1934, not only for all ages, but for the two sections of population above and below sixty-five years of age. The quinquennia during which maximum and minimum average rates occurred are also shown. These have been extracted from the tables of five-yearly moving average rates used in the preparation of the accompanying graphs.

In the population under sixty-five years of age, for males, and for the sexes combined, the maximum average rates occurred during the period 1911-15, and for females a few years later—1917-21. Since then the rate has had a definite downward tendency, with a slight upward trend for males during the past few years. In that section of the population of sixty-five years of age and over, the minimum rates occurred at the beginning of the period, and increased until the maximum was reached during 1920-24 in the case of females and 1926-30 for males and the sexes combined.

It appears that the position has been reached where more accurate diagnosis, made possible by advances in medical and other sciences, results in the number of recorded cases corresponding much more closely to the number of actual cases occurring.

The figures also give occasion for a certain amount of optimism. The maximum rates for the four groups shown in the tables all occurred some years ago, indicating the probability that some success is attending modern methods of treatment. The publicity given to cancer during the past generation, and the stress laid on the importance of the sufferer seeking advice as early as possible, are no doubt also important factors in this respect.

In Table E, two periods (1920-24 and 1930-34) are compared to show the changes which have occurred in the recorded prevalence of cancer and other malignant tumours of various sites. The sites shown are those listed in the International List of Causes of Deaths. In some cases the rates are too low to have any significance, but a perusal of the table shows that there have apparently been some marked changes during the period. Cancer of the liver and biliary ducts has decreased in all groups given, but cancer of the pancreas has increased. The only other site in which an increase is shown in all groups is cancer of the genital organs and this increase is almost wholly due to cancer of the prostate in males and of the ovary in females. A key to the interesting situation that marked changes in site have occurred coincident with a decrease in the rates for cancer as a whole—except in the case of males of sixty-five years of age and over—is to be found on analysis of the cases recorded under “Other organs and site unspecified”. The use of such general terms as thorax, chest, abdomen, disseminated, &c., is decreasing with the inevitable result that other sites now bear the burden of the cases removed from this category. Three examples are given at the foot of the table.