H.-31.

PNEUMONIC INFLUENZA.

The table appended illustrates the course of this disease for the quinquennial period 1922-26.

Preumonic Influenza in New Zealand, 1922-26.

	Year.			Not	difications.	Deaths.	
Market and a special control of the special c				Number.	Rate per 10,000 of Mean Population.	Number.	Rate per 10,000 of Mean Population.
1922	• •			216	1.73	23	0.18
1923			, .	1,144	8.98	223	1.75
1924				180	1.39	32	0.25
1925				69	0.52	23	0.17
1926				641	4.73	132	0.98

Last year's epidemic was about half as fatal as that of 1923.

SECTION 3.—NON-NOTIFIABLE DISEASES.

CANCER.

The following table, taken from the "New Zealand Official Year-book," shows the cancer deathrate 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, 1915–26.

	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.
1915		••			900	9,965	8.19	9.03
1916					909	10,596	8.27	8.50
1917					957	10,528	8.71	9.09
1918					936	16,364	8.49	5.72
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

It will be seen from this that New Zealand, in common with all civilized countries having a low general death-rate, shows a steadily increasing death-rate from cancer, last year nearly one person in every thousand living having died of this disease. Huge sums are being spent in an endeavour to ascertain the cause of this disease, in the hope that a means of prevention may be found. Even in New Zealand a sum of £2,000 was set aside last year for cancer research.

Factors in the Increase of Cancer.—First, this increase in the death-rate from cancer is in considerable measure more apparent than real, for the following reasons: Statistical inquiry and accuracy in compilation is improving year by year, thus a greater proportion of the deaths due to cancer are correctly assigned to that disease. Again, not only is skilled medical attention, including sojourn in wellequipped hospitals, more readily attainable, but each year the skill to test for and diagnose cancer is increasing. Moreover, sentimental objection on the part of relatives to the certification of death from cancer is yearly disappearing. It is evident, though, that the factors mentioned cannot account for the whole of the great increase in the cancer death-rate, and that there must have been a real increase. In reference to this smaller real increase, Mr. Butcher, Chief Compiler, Census and Statistics Office, Wellington, comments in the following sense: Paradoxical though it may seem to say so, even this real increase is in large part a reflection of the progress that has been made in the science of medicine and sanitation. New Zealand has been noticeably successful in reducing her rate of infantile mortality, and a certain measure of success has attended the efforts made in recent years to cope with tuberculosis. The judicious handling of infections and epidemic diseases, and the legislative safeguards against unnecessary occupational risks, have further increased every person's prospect of reaching middle life, whereupon he finds the selection of diseases in his older age confined mainly to heart-disease, arterial degeneration, apoplexy, cancer, and old age. Moreover, in New Zealand the average death from cancer occurs after age 60, so that if we could eliminate or reduce cancer this would have little or no effect upon the death-rate. The main point of difference, however, between cancer and the other principal causes of death in later life lies in the more painful nature and the prolonged agony of the illness preceding death. It is this that justifies every human effort to solve the cancer problem.