

240, but last year dropped to 200, which represents an average rate for deaths from this cause. It is understood that motor-car mileage has greatly reduced in the last two years.

Apoplexy and Diseases of the Arteries.—It is of interest to note that last year there was a substantial drop in the death-rate from “apoplexy” and “diseases of the arteries.” Whether or not this is attributable to reduced luxury and speed is a matter of speculative interest.

Outstanding exceptions to an otherwise improving table are the increasing death-rates from heart-disease and cancer, particularly the former. The heart-disease rate shows a definite and considerable increase in the five-year period, the cancer rate a slight one. In both instances increasing length of life may be included as a contributing cause. Cancer, owing, perhaps, to its invasive and dread effects, has captured public sentiment in many countries and much thought and money are applied to research into its cause and treatment. Heart-disease, however, is nearly twice as fatal. Certain diseases such as rheumatic fever, diphtheria and other common infectious diseases as well as syphilis, are regarded as predisposing to heart and arterial disease, yet, despite the known reduction in virulence of these diseases in New Zealand, heart-disease continues to take increasing toll of human lives. Statistically, it is a very prominent figure in the death-rate picture, being the cause of 3,098 deaths in a total of 11,701. For the past six years I have tabulated the deaths from heart and arterial diseases and stressed the importance of this feature in our vital statistics. Last year heart-disease, apoplexy, and diseases of the arteries accounted jointly for 4,026 deaths in a grand total of 11,701, or 34 per cent. of the whole. This percentage appears to be increasing year by year as the following table shows:—

Deaths from Heart-disease, Apoplexy, and Diseases of the Arteries shown as Percentage of Total Annual Deaths from all Causes.

Year.	Number of Deaths.	Percentage of Deaths from all Causes.	Year.	Number of Deaths.	Percentage of Deaths from all Causes.
		Per Cent.			Per Cent.
1928	3,352	28	1931.. ..	3,871	32
1929	3,595	29	1932.. ..	3,990	34·1
1930	3,988	32	1933.. ..	4,026	34·4

This is surely an important field for investigation by the Department, medical practitioners, life-insurance companies, and the general public. In New Zealand the average expectation of life at birth is now sixty-two years. Although this constitutes a world's record, probably it can be lengthened and the magnitude of these figures for heart and arterial diseases marks them out as worthy of special attention.

Kidney or Bright's Disease (561).—Since 1900, unlike heart-disease, apoplexy, and diseases of the arteries, the death-rate from which have greatly increased, that from kidney or Bright's disease has shown little variation.

Diabetes (229).—During the past twenty years the death-rate from diabetes has shown a tendency to increase. This may be due partially or entirely to improvement in diagnosis.

Maternal Mortality.—The questions of maternal mortality and diseases and accidents of child-birth are dealt with fully in the report on maternal welfare by my colleague, Dr. Paget.

Chest-diseases (649) :—

Pneumonia	242
Pneumonia, secondary to influenza, whooping-cough, and measles ..	50
Broncho-pneumonia	180
Bronchitis	177
	649

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 measures 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.