THE INCREASE IN THE CANCER DEATH-RATE.*

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ACCORDING to the report of the Registrar-General the death-rate from cancer is steadily on the increase. In the decennium 1891-1900 the death-rates from cancerous disease at all ages, and in both sexes, averaged 758 annually per million persons living, a number exceeding the average death-rate in the preceding decennium by nearly 26 per cent. During the years 1851-1900 the cancer death-rate amongst males has trebled, and amongst females it has doubled.

About 30,000 deaths occur annually in England and Wales from cancer, and it is an appalling fact that, on an average, the chance of a man above 35 years of age ultimately dying of cancer is 1 in 11, and for a woman above the same age 1 in 7. Various causes are assigned to account for the increasing number of deaths from this disease. It is frequently stated that the increase is largely, if not entirely, due to more accurate diagnosis, to the more frequent resort to post mortem examination to confirm the cause of death, and to the use made of the microscope in deciding the nature of doubtful tumours.

The following criticism may be offered to this view:—

- (a) The final stages of cancer present a clinical picture not easily mistaken.
- (b) Doubtful tumours may be more frequently submitted to microscopic examination than formerly, but this would have the effect of reducing the deaths from cancer—formerly all fatal tumours were termed cancer, those now revealed by the microscope not cancer would be attributed to their proper cause.
- (c) If we refer to cancer death-rates for "occupation groups," we find that the higher the social status, and therefore the better medical skill available, the less is the cancer death-rate; this is the reverse of what one would expect if better diagnosis accounts for the increased death-rate.
- (d) Little has been added to medical knowledge during the last 30 years that would aid the practitioner to a more accurate diagnosis in the later stages.

Up to the present time no remedy has been discovered that will prevent or cure the disease, we have no vaccine or antitoxin that will check its advance; once it has grown so far as to render a diagnosis possible, the only hope is to have it cut out.

The cause of the disease is still unknown, numbers of scientific workers are engaged in every civilized country in searching for it, many of whom regard it as being of an infectious nature and due to a living organism. If such an organism as a cancer parasite were found such a discovery would no doubt lead to new and effective measures for dealing with the disease, but until the mystery of the cause of cancer is solved we must act up to the extent of our present knowledge.

There are certain facts known about predisposing causes which the general public should be taught to appreciate. It is well known that cancer selects certain parts of the body for attack, and that these parts are frequently subject to irritation of various kinds, perhaps for years before the development of cancer. For instance, it is a common experience to find that cancer of the tongue or lip is preceded by a period of ulceration due to the irritation of decaying teeth, and that cancer of the stomach is a termination to years of dyspepsia. It is, therefore, correct to state that any organ or tissue of the body in a person over 35 years which is subject to continuous irritation or inflammation is in great danger of becoming cancerous. If, then, cancer is to be avoided, all conditions giving rise to irritation or inflammation in any part of the body should be removed. Medical advice should be sought for minor ailments, and continuous treatment obtained until the diseased tissue is restored to health and vigour. The surest way of escaping cancer and other diseases is by maintaining every tissue in the body in a full degree of health and vitality.

These are the preventive measures that should be advocated, the only curative measure is excision by the surgeon, once the disease is established there is no other cure. Here, again, it is necessary to emphasize the importance of seeking medical advice early. The man in the street is accustomed to regard a diagnosis of cancer by the physician as equivalent to sentence of death on the patient, and this indeed is one's everyday experience, but it is certain that if the disease was recognised in an earlier stage and promptly cut out by the surgeon there would be fewer cases of recurrence and lives would be saved.

APPOINTMENTS.

DR. JOHN F. MACDONALD, of Hamilton, has been appointed medical officer of health of the Auckland Rural District.

MR. DAVID RENNET (assistant deputy medical officer of health for Aberdeen) has been appointed medical officer of health for the city of Chester, in place of Dr. Currie, who has received the appointment of medical officer of health for East Fife.