Table 25 summarizes the life expectancy figures extracted from the Canadian Life Tables for 1931, 1941 and 1951. Life expectancy at birth increased for men from 60 in 1931 to over 66 years in 1951 and from 62 to 70·8 years for women during the same period. This is a gain for males of 3·4 years since 1941 compared with a gain of almost 3 years in the previous decade; females gained 4·5 years since 1941 compared with 4·2 years in the preceding decade. Thus, since 1931 a total of 6·3 years have been added to male life expectancy and female longevity has been lengthened by 8·7 years.

The increases in life expectancy have been predominantly at the younger ages, particularly in infancy, and diminish with advanced age. For example, since 1931, 2·6 years have been added to the life expectancy of a 5 year old male, 1·7 years to a 20 year old, almost 6 months to a 40 year old and barely three months to a 60 year old as compared with 6·3 years for a new born male. During this period life expectancy for a 5 year old female gained 5·6 years; for a 20 year old 4·7 years, 2·6 years for a 40 year old and 1·5 years for a 60 year old as compared with 8·7 years for a newborn female.

Longevity has improved for both sexes, though more so and at all ages for females, but there has been only slight improvement for males beyond middle life. Briefly the rapid decline in the death rate for infants of both sexes is continuing, with slower declines with advancing age, so that relatively stationary death rates have been established from about 50 onwards for males and up to about 80 for females.

The fact that such a pattern exists is important in interpreting the results of these life tables. The arbitrary population base of 100,000 of each sex in the tables has been subjected to the mortality rates in effect in 1950-52, and the life expectancy computed as if those death rates at each age were to prevail during their lifetime. Actually the theoretical 200,000 infants born in 1950-52 will most probably have a pattern of survival and life expectancy quite different from that of the present life table as they will spend most of their lives under conditions of public health and medical care which in all likelihood will be superior to those prevailing in 1950-52.

The improvement in life expectancy, particularly among children and adolescents is owing mainly to the substantial reduction in recent years of mortality from infectious diseases; on the other hand diseases associated with middle and old age are much less amenable to control. It is therefore unlikely that improvement in life expectancy in the future will be comparable to that of the past two decades. As approximately 12 p.c. of deaths in 1951 occurred among infants and an additional 72 p.c. among persons over 50 any further improvement must come as the result of further declines in mortality from conditions associated with childbirth and early infancy, further control of infectious diseases, prevention of accidents, and advances in combatting diseases associated with middle and old age, such as cardio-vascular-renal conditions and cancer.

Section 8.—International Comparisons of Vital Statistics

The following table gives a summary of Canada's general and provincial vital statistics rates along with those of several other countries. It will be noted that the low death rate in Canada is bettered by only two countries and that most of the provinces have lower rates than most other countries. The birth rate too makes Canada one of the fastest growing countries and this country currently ranks sixth among the countries listed. However there is marked room for improvement in rates of infant mortality; ten of the countries listed have lower rates than Canada.