

By 1961, life expectancy *at birth* in Canada had reached a new high point of 68.4 years for males and about 74.2 for females—comparable to the expectancy for other countries of the world with highly developed programs of medical and public health care. Once a child has passed its first year of life, however, its life expectancy increases appreciably. At one year of age a male child *at present mortality risks* may, on the average, expect to live an additional 69.5 years and a female almost 75 years, representing for an infant boy a gain of 1.2 years over his expectation at birth and for an infant girl a gain of 0.8 years. The expectation of life of a 15-year-old boy is 56.2 additional years; of a 15-year-old girl 61.5 years. At 25 years of age the expectation is about 46.9 years for men and 51.8 years for women and at age 70, 10.7 years for men and 12.6 years for women.

Table 32 summarizes the life expectancy figures extracted from the Canadian life tables for 1931, 1941, 1951, 1956 and 1961. According to these figures, life expectancy at birth for men increased about three quarters of a year between 1956 and 1961 and 1.3 years between 1951 and 1956, compared with 3.4 years from 1941 to 1951 and 2.9 years from 1931 to 1941; females gained one and one quarter years between 1956 and 1961 and 2.1 years between 1951 and 1956, compared with 4.5 years and 4.2 years, respectively, in the preceding decades. Thus, from 1931 to 1961 a total of 8.4 years was added to male life expectancy and 12.1 years to female longevity.

The increases in life expectancy have been predominantly at the younger ages, particularly in infancy, and diminish with advanced age. For example, from 1931 to 1961, 3.5 years were added to the life expectancy of a five-year-old male, 2.5 years to a 20-year-old, about one year to a 40-year-old and about half a year to a 60-year-old as compared with 8.4 years for a newborn male. During this period, life expectancy for a five-year-old female gained 8.1 years, for a 20-year-old 6.9 years, for a 40-year-old 4.4 years and for a 60-year-old two and three quarter years as compared with 12.1 years for a newborn female.

Longevity improved for both sexes, though more so and at all ages for females, but there was only slight improvement for males beyond middle life. Briefly, the rapid decline in the death rate for infants of both sexes is continuing but the declines are slower with advancing age, so that relatively stationary death rates were established from about 50 years onward for males and from about 80 years onward 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 1956 tables, for example, was subjected to the mortality rates in effect in 1960-62, 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 1960-62 will most probably have a pattern of survival and life expectancy quite different from that of the present life tables 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 1960-62.

The improvement in life expectancy, particularly among children and adolescents, was caused mainly by the substantial reduction in recent years in 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 30 years. As approximately 9 p.c. of deaths in 1960-62 occurred among infants and another 77 p.c. among persons over age 50, any additional 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 combating diseases associated with middle and old age, such as cardiovascular-renal conditions and cancer.