

3 years in the previous decade; females on the other hand gained 4·5 years since 1941 compared with 4·2 years in the preceding decade. Thus, since 1931, 6·3 years have been added to male life expectancy, while 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 diminishing 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 half a year to a 40-year-old and a bare quarter year to a 60-year-old as compared with 6·3 years for a newborn male. During this period, life expectancy for a 5-year-old female gained 5·6 years; for a 20-year-old 4·7 years, 2·7 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 but more so and at all ages for females, whereas 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 from about 80 for females.

The fact that such a pattern exists is important in interpreting the results of these life tables. It must be remembered that the arbitrary population of 100,000 of each sex has been subjected here to the mortality rates in effect in 1950-52, and their life expectancy computed as if those death rates at each age were to prevail during their life time. 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 since 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 last two decades. As roughly 12 p.c. of all annual deaths occur among infants, and an additional 70 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.—Communicable Diseases

Statistics and information on communicable diseases can be found under "Notifiable Disease Statistics", Chapter VI, Public Health, Welfare and Social Security, on pp. 246-249.