

mentally deranged patients had some form of schizophrenia. It is interesting to note that the cultural background of the African plays an important part in his psychotic reactions. Because of the lack of personal and intellectual integration, the systematic and analytic arguments commonly used by schizophrenics in support of their convictions are lacking in the African.

The figures for manic-depressive psychosis are low but when these figures are given separately for the manic and depressive forms, the manic state predominates. Psychotic depression of any sort is rare in the African and once again the answer may lie in the culture. It is the author's belief that for depression to develop, some degree of personal integration and a sense of responsibility are necessary and the African is lacking in both of these attributes.

Regarding the psychoneuroses, hysteria is the most frequent form of neurotic behavior in Africa. There are, however, many psychiatric cases that are unclassifiable in terms of the standard categories. There are several reasons for this. The patient's past history is often unobtainable, and there is also a considerable language problem due to the different dialects spoken. The factor of "disavowal" further complicates history-taking. When an African recovers from a confusional state, he denies its occurrence and refuses to discuss it lest he call back the evil spirits that produced it.

It can be seen how profoundly African life is affected by infective, nutritional and cultural factors. "It may well be surmised that when there occurs some freedom from malnutrition and infection, and when other circumstances are propitious, African society can rise to splendid heights, . . ."

KATHERINE SIMON

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### PROSPECTS OF FURTHER DECLINE IN MORTALITY RATES<sup>1</sup>

**D**URING the past two decades the mortality rates of the total population have declined greatly. However, greatest in-

<sup>1</sup> Dorn, Harold F.: Prospects of Further Decline in Mortality Rates. *Human Biology*, December, 1952, xxiv, No. 4, pp. 235-261.

creases have occurred in the lower age groups so that concern is now centered about the death rates of people above middle age.

The type of forecasts of mortality rates varies with the purpose for which the data are used. Leaders in public health and medicine are concerned with the effect of the greater spread of medical knowledge upon the mortality rates. Mortality is one of the components of population growth; so forecasts of longevity are attempted by those concerned with population growth. Insurance companies need a conservative basis upon which to estimate annuity premiums and reserves; these change as do the mortality rates.

As Dr. Dorn indicates, analyses of age-specific mortality rates can be presented in three ways. The generation approach (in which the date of birth remains constant as the age varies); the time series (in which age remains constant as the date of birth varies); and the synthetic cohort or life-table approach depicting the rates at each age during a specified time interval.

In the past the decline in mortality rates has largely been due to improvements in sanitation, the more widespread acceptance of immunization, improved personal hygiene, and a general rise in the level of living. Until ten or fifteen years ago relatively little of the decline could be attributed to advances in medicine and surgery, apart from preventive medicine. According to Dr. Dorn, however, advances in these fields will be the dominant factors in the future declines in mortality. However, he does not expect the declines of the future to equal those of the past in the United States. For this reason he states that projections based upon past mortality rates are likely to be inadequate. Application of the lowest age-specific death rate of either a foreign country or a state may also be inaccurate.

Since the absolute level and the trend varied greatly for different classifications of the total population, Dr. Dorn projected mortality rates separately for white males, white females, non-white males, and nonwhite females. For each group mortality rates were projected to 1960 and 1970. His projections are based upon annual rates of decrease in mortality rates for specific ages during the interim from 1936-1938 to 1946-1948; during this period medical knowledge became increasingly im-

portant, and death rates decreased more after 1935 than prior to that date.

Mortality rates for the early years of life are already so low that even large relative decreases will affect life expectation only slightly. In order to achieve as great an increase in the average longevity for the total population during the next two decades as has occurred in the past twenty years, the mortality rates for later adult life will have to decline considerably. Accidents, cancer, and cardiovascular-renal diseases account for more than two-thirds of all deaths above the age of 50; therefore, increased longevity depends much upon the lowering of death rates from these causes. For the nonwhite population the death rates from accidental causes decreased for all age groups during the past decade. For the white population, death rates from accidents are lower than a decade ago except for persons 15-24 years of age.

As for cardiovascular-renal diseases there has been a considerable decline in the death rates for all except the white male population. Although the rates have decreased for white males below the age of 35, they have continually increased for older white males during the past three decades.

The possibility of lower death rates from cancer does not appear very promising. "The most that can be expected is a cessation of the steady increase for the male population with some slight decrease in rates for females, especially white females." (p. 250)

Dr. Dorn's projections of age-specific mortality rates to 1960 and 1970 yield the life expectations at birth which are given below along with those for 1929-31 and 1948. According to these figures the increase during the next twenty years in life expectation at birth will be less than the increase during

YEAR	WHITE		NONWHITE	
	Male	Female	Male	Female
1929-1931	59.1	62.7	47.6	49.5
1948	65.5	71.0	58.1	62.5
1960	67.9	74.2	63.6	67.9
1970	69.8	76.4	66.9	71.4

the past twenty years. For whites it will be considerably less.

With respect to the future growth of our population, it may be noted that existing mortality rates for the whites are already so low that a further decline would affect population growth only slightly. Yet, if the birth rate were to drop to its 1940 level, the trend in mortality rates would be the main factor influencing the future size of the total population.

According to Dr. Dorn, the most important demographic effect of the declining mortality rates perhaps will be its influence on age distribution. If gains from immigration remain insignificant and if fertility rates are approximately at replacement level, the projected trends of mortality rates for white females to 1970 would yield a virtually rectangular age distribution until the age of 80. Under these assumptions the stationary population resulting from mortality rates of 1970 would be about 7.6 per cent greater than that resulting from 1948 mortality rates. "For nonwhite males the corresponding increase would be 15.3 per cent, showing that the trend in mortality is still an important factor in the growth of nonwhite population."

LILA M. FISCH

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### THE CANADIAN SICKNESS SURVEY 1950-51<sup>1</sup>

THE Canadian Sickness Survey is unique in that it was the first morbidity survey made by monthly visits over a period of a year on a national level. The survey was begun in the fall of 1950 "to obtain estimates of the incidence and prevalence of illness and accidents of all kinds, the amount of medical, nursing, and other health care received, and the volume of family expenditures for the various types of health services." The

<sup>1</sup> Peart, A. F. W.: Canada's Sickness Survey. Review of Methods. *Canadian Journal of Public Health*, October, 1952, pp. 401-414.

The Dominion Bureau of Statistics and The Department of National Health and Welfare. Canadian Sickness Survey 1950-1951, Special Compilation: No. 1. Family Expenditures for Health Services. Ottawa, Canada, May, 1953, 13 pp.

The Dominion Bureau of Statistics and The Department of National Health and Welfare. Canadian Sickness Survey 1950-1951, Special Compilation: No. 2. Family Expenditures for Health Services by Income Groups. Ottawa, Canada, July, 1953, 13 pp.

The Dominion Bureau of Statistics and The Department of National Health and Welfare. Canadian Sickness Survey 1950-1951, Special Compilation: No. 3. Family Expenditures for Health Services by Expenditure Group. Ottawa, Canada, September, 1953, 56 pp.