



EDITORIALS

DECLINING MORTALITY IN OLDER PERSONS

Contrary to a widespread impression, the death rates among older persons in our population have shown marked improvement in the last two decades. This has been brought out in two recent reports.* Between 1930 and 1949 the death rate for white women in the United States fell 25 per cent at ages 65 to 74 years, and 20 per cent at ages 75 to 84. For white males the declines were smaller, but by no means negligible. All the factors responsible for the improvement have not been identified, but an analysis of the trends by cause of death is rather informative. Probably most significant has been the large reduction in the death rates from pneumonia and influenza. In both age groups (65 to 74 and 75 to 84) current rates are well under half those prevailing two decades ago. There have been sizable reductions in many other causes including tuberculosis, the late effects of syphilis, and several conditions frequently involving surgery. The death rates from cardiovascular-renal diseases have declined among white women in both age groups previously mentioned and among men at ages 75 to 84 years. Even diabetes has shown a downward trend in mortality at the older ages in recent years and the level of the 1948 death rates at these ages is back to the 1930 figure. There has been a substantial reduction also in the death rate due to accidents. Only cancer, among the major causes of death, has shown no decline.

Certainly the most direct and specific influence on the improved outlook for longevity in old age has been the development and wide use of the sulfa drugs and antibiotics. This has enabled old people, even those afflicted by chronic disease, to come through medical emergencies that they meet. These drugs have not only helped to control respiratory and other infections among

them but have been instrumental in making surgery safer for them and have made surgeons less hesitant about undertaking even radical operations in older people. Numerous other medical advances have helped to prolong the lives of old people and to keep them healthy. Recent years have seen increasing attention paid to their medical and nutritional problems. They have been helped also by the extension and improvement of medical facilities and medical care.

Older diabetics have benefited by all of this and also by specific advances in the control and management of their disease. Thus, the marked reduction in the death rate from gangrene reflects both its declining incidence through control of diabetes and the greater skill and knowledge in caring for patients who develop gangrene. The reduction in mortality among older diabetics is substantial. Analysis of the experience of the Joslin Clinic indicates that at ages past 65 the death rates declined 20 per cent between the period 1926-28 and 1939-47. There is evidence, moreover, that older patients first coming under treatment in recent years have fared better than the patients of earlier years.

There is good reason to expect further gains in longevity at the older ages. It is altogether probable that people reaching this period of life in the years to come will be in better health than those who attained old age in the past. There is much still to be gained not only from diffusion of present knowledge and higher quality of medical care, but from medical research, so much of which is devoted today to the problems of aging.

HERBERT H. MARKS

* Robert J. Myers: *Vitality of the Aged*. Science. Vol. 116, July 18, 1952, p. 67. *Improvement in Mortality Among the Aged*, Stat. Bull., Met. Life Ins. Co., July 1952, p. 3.