

## The Increasing Interest In Geriatrics

Walter C. Alvarez, M.D.

Ed. Note: The Journal wishes to express its appreciation to Dr. Alvarez, editor of GERIATRICS, for having taken time from duties to make the following contribution.

In recent years, physicians have shown a great increase in interest in the problems of geriatrics, and one can easily see why. In the United States, there are now some 14½ million persons past the age of 65, and this number is rapidly increasing. Some 10 per cent of the persons over 65 are seriously ill, and some 20 per cent of those over 75 are seriously ill. One in five of the people entering our mental hospitals have a more or less senescent type of psychosis, and since only one in fifteen of those who are discharged are in the over 65 year class, it is obvious that our mental hospitals are likely soon to be filled largely with old and mentally confused people. Many of these old people could be cared for in a county home, if only the home had a better medical service. Too many of a city hospital's beds are now filling up with old arthritics who, if they were to be rehabilitated a bit, could take more care of themselves in a county home, and could go to a central dining room. This would lessen, by more than half, the cost to the community of caring for them.

Anyone who has been keeping in touch with what President Kennedy of the United States has been doing will know that he is anxious to help those older persons who, when they are abundant, can live on a small pension or social security check, but when bed-ridden, are in a serious situation. A recent survey showed that, in the United States, many of the aged have an income of only about \$1,000 a year. Other surveys indicate that a man or woman cannot live on that. Certainly, such a pensioner is in serious trouble the day he falls and breaks his hip, or gets a bad heart attack, or gets crippled with arthritis, or has a big stroke or a series of little strokes which make him childish, or at times confused. Someone then must pay the bills for hospitalization and for doctors' visits.

Fortunately, quite a few of these older persons have some outside income, or in an emergency, will be helped by their children or other relatives. Recently, I heard of a new complication. A business executive who used to have a big income tells me

that, last month, when he reached the age of 65, he was retired by his company on a pension which is not large enough to support him and his wife. For years, he has supported his aged and bedridden mother in an expensive home. Now, he cannot make these payments and he wonders what he is going to do.

Often, the problem which illness in an aged parent presents to a grown child is a serious one. Even when there is plenty of money in the family, the problem may be very difficult. I know of many cases in which the old mother, after her husband has died and her children have gone their separate ways, insist on staying on alone in the old mansion, usually in a suburb. Naturally, her children are afraid to leave her there, fearing that she may suddenly fall so ill that she cannot get to the telephone to call for help. They hire a cook or a companion or a nurse, but the mother immediately dismisses her.

In many cases, the children try to put the parent in a nursing home, but there are at least three varieties of nursing homes; some which give inadequate care, others that give enough care, and others which give excellent care with a resident doctor and nursing staff. But care in such a good home costs money, and sometimes much more money than the family can afford.

Especially when the old person becomes childish and confused and hard to handle, the problem gets much worse. Sometimes, then, the only place where the person can be cared for is in a state mental hospital. Naturally, the children hate to send their parent there, partly because of what their neighbors will think, and partly because, at times, when the parent is clear-headed it seems a terrible thing to send the loved one into a drab mental hospital, where the food and the care and the surroundings are awful. But the cost in a private mental hospital is usually prohibitive except for a wealthy family.

The alternative is for one of the daughters to try to keep the old parent in her home, but with this, the result is often disastrous. The daughter may soon be reduced to a nervous state, bordering on a nervous breakdown, and the daughter's children may be so annoyed and humiliated by the presence of mentally disturbed grandparent that they will take to the streets.

Today, in many parts of the country, people are designing and building special villages or groups of small apartments that are to be rented to old people. There may be an infirmary, a central kitchen, a social hall and chapel in the village. A number of cities such as St. Petersburg, Florida are coming to be largely retirement places for old people.

Questionnaires and studies have shown that most old people much prefer to be by themselves in a little apartment. Only a few can be happy in the home of a child, and only a few can adjust to living with a child and grandchildren. As we all know, some old persons, especially after they have had a few little strokes, or who have become somewhat psychotic, will keep constantly talking of their physical discomforts or their annoyances with someone, or their tragedies of the past. Many of these people also are very bossy. An overly religious mother coming into the home of her son-in-law may deeply resent his having two cocktails before dinner, or she may resent his smoking, or she may be infuriated when she sees his friends coming in Sunday evening for a game of bridge. The old grandmother soon may become embroiled also with the children because they do many things which, as she says, no decent person did when she was a girl.

These are a few of the social problems of taking care of the aged. As we all know, there are many medical problems that are now studied—problems of what makes arthritis, what makes arteriosclerosis, what makes high blood-pressure, etc. For that matter, what makes old age? Oftentimes, we do not know. Many a time, I feel puzzled when an old person comes in to say that, for a couple of months, he has lost his appetite, his old feeling of strength and well-being, and his zest for living. Perhaps he is losing some weight; I examine him carefully from head to foot and can find no sign of disease. What, then, is wrong? Is he just growing too old, or is he suffering from arteriosclerosis, or has he had a little stroke in that area of the brain which keeps us feeling well and strong, or is the brain degenerating in some way, or has some important phase of his body chemistry started to go wrong?

Through the years, as I have watched hundreds of old people get slowly older, less active and able mentally, more forgetful, more irritable and irascible, less well-groomed, perhaps considerably thinner, and perhaps a bit tottery on their feet, I have become more and more impres-

sed with the frequency with which little strokes work the damage to the brain. As a sweet little old lady said, every time a brief dizzy spell, perhaps with some vomiting and the coming of a temporary numbness or clumsiness of a hand, "Death keeps taking little bites of me."

It is unfortunate that, even now, twenty-five years after I started describing the very common syndrome of the strokes, probably most of them go unrecognized and a considerable percentage of those that shake up the patient and alarm the family are called "heart attacks." The fact that, after the spell, the symptoms are not at all those of heart weakness, but rather those of something that damaged some function of the brain, shows that the diagnosis was wrong.

There are a number of principal divisions in the study of geriatrics. There is need for study of all the factors that make the body fail and grow old; there is need for a study of the changes that take place with age in the body chemistry, the blood pressure, the glands of internal secretion, the strength of the bones, the structure of the joints, the state of the arteries, etc. There is need for more study of the several degenerative diseases that tend to attack the aged, or tend to get more troublesome with age, and there is much need for more study of the many social, financial, administrative, familial and retirement problems that are now coming to the fore, as millions of people are being retired and pensioned off.

Probably before long, there will be a number of physicians trying to limit their practice to geriatrics. How will they get their special training? Probably by working in large city hospitals, county homes, large and well-run old peoples' homes and rest homes, and, soon, in special apartment hotels, apartment houses, and villages peopled by the old.

\* \* \*