able. Hardly a controversy arises before the Transportation Committee in which the conflict between its rules and the governmental law is not involved.

The waste, both financial and moral, in the handling of transients was probably the moving cause for the formation of our National Conference, and the adoption of rules and the creation of the Transportation Committee was one of its first functions. The work of the original Transportation Committee, consisting of men such as Judge Julian W. Mack, Judge Nathan Bijur, Max Senior, and Max Herzberg, was brilliant and not only helped solve the problems of transiency and the relationships of the communities but, by reason of its general acceptance, did much to establish the prestige of the National Conference.

The stoppage of immigration, the growth of public relief, the absorption of Jews in widespread industries, as well as the heavy burdens on the relief agencies, have changed the picture considerably. The difference in the capacities of the various communities to bear the burden of relief, the great variation in quality of social service and social conscience, the growing responsibility of the national government for transients, all tend to raise the question of justification for a separate set of rules for the Jewish population, and the necessity for a separate tribunal.

Modern Institutional Care of the Aged

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"In the day when the keepers of the house shall tremble, and the strong men shall bow themselves, and the grinders cease because they are few, and those that look out of the windows be darkened.

"And the doors shall be shut in the streets, when the sound of the grinding is low, and he shall rise up at the voice of the bird, and all the daughters of music shall be brought low;

"Also when they shall be afraid of that which is high, and fears shall be in the way, and the almond tree shall flourish, and the grasshopper shall be a burden, and desire shall fail. . . . "

Ecclesiastes xii. 3.

THERE has appeared of late, from various quarters, an increased amount of interest in the problems of health and general care for the period of life designated as "senility." Some information and knowledge has been accumulated in connection with these problems but we are still at the very beginning of this field of medical research and experience.

I shall endeavor to be mindful of the fact that whatever I am presenting here is intended for the non-medical superintendent and the general social worker and shall refrain from becoming involved in technical or theoretical discussions. My plea is for a change of attitude towards the aged, and this plea I direct to my fellow practitioners as well.

There seems to exist an attitude of despair and hopelessness toward the aged and aging. The helplessness, the disabilities, the short-comings of senility are taken for granted as conditions that are inevitable and are to be endured and tolerated passively and hopelessly. This attitude is mostly noted in the Home for the Aged.

And in addition those of the active decades of life from late adult life to early or even advanced middle age treat senility as if it were a separate world outside of their own and the senile as beings of another sphere. Human life and growth, however, is not schematically divided in sharply defined periods as authors of text-books would lead us to believe. Human life is one chronologic, dynamic procession with the stages changing very gradually and almost unnoticeably.

There is likewise an undue measure of condescending attitudes, tolerance, and passive sympathy on the part of those responsible for the care of the aged. This unnatural attitude is especially marked in the institution where the directors and members of the various boards consider it their duty to display their patronage and sympathy. There is no

doubt that this attitude causes the aged to become more self-conscious and to aggravate the already existing mental state of helplessness and dependence under which they labor.

My plea, therefore, is—deal with the aged as with your equal, as you would deal with the man in the street. No pamperings, no condescensions, no over-indulgence, and no undue sympathy. Let it be a normal give and take relationship. For the physiologic old man or old woman is as normal an individual as anyone, of any period of life with the same feelings, desires, ambitions, short-comings, or virtues.

Based on the above premises, a good deal of our accepted methods and routine in the care of the aged has to be revised. The institution assumes full responsibility for its inmates, and, therefore, must provide for their welfare in the fullest measure possible.

Medical Care

It is of the utmost importance and cannot be too vigorously stressed that the medical care of the aged should be on the same plane as the care of the individual in any other period of life. The aged should be made to feel and understand that they are being taken care of properly, that the physician, the nurse, the superintendent, are all fully and thoroughly interested in their well being. Physical examination of the aged should be thorough—all pains and aches and complaints should be investigated. The age of the person should be entirely disregarded. When the age of the patient is asked by the examiner, it should be put forth in such a way as not to make the inmate believe that his age has any bearing on the measure of interest to be taken in him. It may at some time be necessary to fully explain that the purpose of this question is entirely for medical purposes, in order to dispel any suspicion on the part of the person examined. I may recite a number of cases from our institution where if not for the thoroughness of the examination serious conditions would have been overlooked with disastrous results.

A man about 70 years of age complained of indigestion and discomfort in his abdomen, which, according to his statement, had lasted for a few days. He was on his feet and apparently otherwise not feeling sick. On examination an appendiceal abscess was discovered for which he was operated upon successfully. Another case, of a man who complained of feeling weak and loss of appetite, was found on examination to have an unresolved pneumonia from which he later recovered. I could cite other similar cases.

It is likewise important to remember that the normal old person is amenable to treatment, surgical or medical, and that physical disabilities which require correction should be taken care of no matter what the age of the victim. Orthopedic adjustments, dental hygiene and corrections should be carried out, age notwithstanding.

I shall again cite a few cases from our records which are sufficient proof of the responsiveness of a good many of the aged inmates to proper treatment.

Mr. J. B., at the age of 76, developed an acute flare-up of an old tubercular infection of his lungs. He was admitted to the Jewish Home for Consumptives, where he remained for about two years, and today, at the age of 80, he is back to the institution with his tubercular infection of his lung well arrested and his general health fairly good for his age.

Mrs. I. B. was admitted to the institution in February 1933 with marked obesity, general edema, decompensation of the heart, and what seemed to be marked advanced senile changes. On careful examination and study, she was found to be suffering from hypo-thyroidism and was put on thyroid tablets, carefully supervised, and at the present time, the condition of her health is very much improved. She has lost her edema; her heart has become compensated, and she is active and alert.

The following is a case, which in a very striking manner, proves that one should never give up hope for the recovery of a desperately ill patient, even at a very advanced age.

Mr. M. B., who at the age of 96, developed a broncho-pneumonia. He became comatose and his recovery had been despaired of. Still we persisted in actively treating the old fellow with oxygen, with intravenous injections, rectal feedings, and to everyone's great surprise, he gradually but steadily recovered from his broncho-pneumonia and after a prolonged convalescence which lasted over six months, he emerged in better health than he was prior to his illness. And, today, at the age of 99, he is up and about, his mind very clear and all that is disturbing him is an enlarged prostate which causes some urinary difficulties.

Mr. S. K., who is now 68 years old and was admitted in 1931 with a diagnosis of chronic myocarditis, arteriosclerosis and hypertension, went through successfully three serious operations for the removal of a stone from his bladder, for a correction of a deformity in his bladder, and for the removal of his prostate. He is now enjoying a fair measure of good health.

Mr. M. M., who has been admitted in 1928 with a diagnosis of chronic bronchitis, emphysema, myocardial insufficiency, had his prostate removed in 1932 and is enjoying a good deal of comfort today.

Mr. A. S., who is 68 years old, is a diabetic of old standing with arterio-sclerosis, developed an extensive broncho pneumonia, was admitted to Sinai Hospital and actively treated for the acute infection from which he fully recovered and was returned to the institution in good condition.

These cases are just a few taken from the files of the Baltimore Home for the Aged at Levindale, to demonstrate the possibilities for treatment with recovery in many of the aged, in spite of advanced years and apparent degenerated physical condition.

It is the general lack of interest in geriatrics which is responsible for the neglect of even the minor ailments of the aged. Some of these ailments have a pernicious psychic reaction, leading to delusions, which, with the increasing mental weakness, form senile paranoia. Presbyopia is generally neglected, virtually no attention is given to broken-down arches, or corns, bunions, and other pedal defects. The old man complains of pains and aches and they are set down as "rheumatic." It is taken for granted that the old man will be constipated, and must urinate frequently; that the aged woman will have varicose veins and perhaps chronic ulcers on the legs.

Most of these ailments can and should be adjusted. We have in our institution a large number of inmates of very advanced age who have successfully gone through serious major operations. We are especially fortunate with our urologic cases. Many years of comfort have been added to the sufferer of prostatic obstructions and kidney stones. We take care of our diabetics, and through our physiotherapeutic department we are able to give comfort to the sufferer of various joint and muscle difficulties.

We have thus gone over from the traditional passive attitude to the aggressive. We attack the health and medical problems of the inmates as vigorously as present medical knowledge affords.

We also added in the general management of the aged our experience as regards their food, clothing, and their exercise.

The Feeding of the Aged

The senile metabolize less food. Measured in calories, the average old person requires only from 1200 to 1500 calories per day. They do not digest fat well, especially animal fat. An excess of carbohydrates will tend to cause flatulence. They need a good supply of vitamins and, therefore, they should receive a generous assortment of fruits and vegetables, some of them to be eaten raw. They like a generous amount of seasoning in their food, and as a rule, stand it well with the exception of table salt which should be curtailed. They should always have a brief rest period before and after meals. They need a moderate amount of bulk in their food to overcome constipation. However, one should not force too strict a regimen of diet on the persons who have well established and rather set habits.

The following is a proposed daily menu for the aged:

Breakfast: Fruit—orange, grapefruit or some stewed fruits in season; a well cooked cereal; bread and butter; a beverage, milk if desired or freshly percolated weak coffee or freshly steeped tea.
There may be added some form of cheese, Swiss or cream.

Lunch or Dinner: Soup—preferably vegetable soup, freshly cooked or creamed vegetables or with some cereal.
Meat—in any form to the taste of the inmates.
Vegetables—at least two on the side.
Dessert—some stewed fruit or some form of pudding.

Supper: Eggs or cheese with cream.
Fruit or vegetable salad.
A beverage as desired.
Some fruit jam for the bread instead of butter.

Hints for the Cook

The meats used should be lean, the bread well-baked and preferably stale, the vegetables steamed or cooked with very little water, and if milk or broth are to be added, it should be done after the vegetables have been cooked. If there remains any water in the cooked vegetables, it should not be poured off.

Very little vinegar and no sour salts should be employed. If any "scouring" is to be done, it should be done with lemon juice. The cook should be discouraged from the use of goose, chicken, or beef fats in the preparation of foods. Vegetable fats or oils are preferable. Food should be made tasty and should be freshly prepared. No re-cooked or re-warmed foods should be served.

Clothing

The aged experience difficulty in the regulation of body heat, therefore, needing more clothing than the younger person. Clothing should, however, not be too heavy, should fit well and have good appearance. Institutions should not have uniformed apparel.

Exercise and Rest

The aged can stand and need more physical exercise than is commonly known. There are no greater enemies of the old than the soft arm-chair, house-slippers and robe, when excessively used. Moderate walks, mild games in the open, some work about the rooms are beneficial. Occupational therapy should be developed more in the institutions. They should be encouraged to occupy mind and body. The rest should be systematic—not too prolonged and in proper surroundings. The aged quickly fall into a state of general relaxation which is harmful.

How Should the Medical Care of the Aged in the Home Be Organized?

There has been a good deal of discussion as to how one should consider the Institution for the Aged. Should it be considered as a home or as a hospital? The ideal arrangement, however, is to organize the institution as a home with ample hospital facilities. As in every other human endeavor, one should aim at the highest standard and reach the best possible under given conditions and circumstances. There should be no difficulty encountered with the large institution with ample funds. It should carry full hospital equipment and full time staff to be able to provide all care and treatment with all facilities for detailed study and diagnosis.

But even the small institution with restricted funds should provide for its inmates proper and efficient medical care. Even the small institution should have a modest laboratory fitted out for ordinary routine laboratory examinations of urine, blood and sputum. It does not take very much to carry out such routine examinations. A microscope, a few test tubes, a few chemical reagents, a box of glass slides, and the equipment is complete. It does not require extraordinary skill to do routine urine and blood examinations. A trained nurse or any intelligent practical nurse can easily learn the technique required for simple examinations of urine for sugar or albumen or make a blood coloring test, or even a blood smear.

If an institution cannot even do that, it should enlist the cooperation of the county or city health department, or some nearby hospital, where specimens should be sent for examination.

Even the small institution can and should have volunteer visiting physicians to examine the inmates periodically and to respond to calls when an acute condition appears. It is imperative for the small institution to establish definite relationship with a nearby hospital wherein the acutely ill may be admitted for treatment or at least for observation and diagnosis. As a rule, the interne staffs of hospitals do not cherish admissions of old people even with an acute ailment. The interne staffs are always after some rare diseases, spectacular conditions, or acute ailments that are limited to short periods so that the turnover may be rapid and large.

Even the management of the average hospital is avoiding the admission of the aged for fear that they may remain at the hospital for long periods of time. The resistance of the interne staff may be overcome by the establishment of arrangements directly with the boards of the hospitals whereby the aged inmate should receive the right of way for admission into the wards. Some of the apprehension of the boards and staffs may be overcome by the promptness with which inmates are removed from the hospital as soon as the acute stage of the condition is over or as soon as requested by the staff to do so. Here again, the proper attitude toward the care of the inmate is of great importance. As already mentioned above, the senile are not only entitled to the proper medical care, but they are actually amenable to treatment, and one obtains good results in a large variety of cases if properly taken care of. We have in our institution a considerable number of very old inmates who have successfully battled through acute ailments such as pneumonia, typhus, influenza, and have recuperated from breaks in the functioning of heart, kidney, high blood pressure crises, cerebral hemhorrages and secondary anemias. We have a considerable number of old men who have successfully gone through urologic operations for stones in the kidney or bladder or removal of the prostatic gland and have added many years of comfort to their span of life.

The more intensive interest in the ills and disabilities of the aged is not only a matter of humanitarian duty to the victims, but is of great medical and general social value. The branch of geriatrics or gerontology is of very recent development and has as yet accumulated very little experience and knowledge. The home for the aged affords a wealth of material for study and investigation. There is a vast difference between physiologic and pathologic old age, and it is this difference that we have to learn to know and understand. Physiologic old age is slow, prolonged, and does not handicap the individual until the very advanced periods of life. What we mostly come in contact with is pathologic old age. Most of our inmates are carried off by some ailment which may be checked or even cured. There is a good deal to learn about the course and development of the various diseases in the more advanced periods of life and, therefore, as in many other fields of human endeavor, one is rewarded not only by the satisfaction of fulfilling one's duty to those dependent upon him, but by the knowledge that through this work large problems of health and comfort of life are being solved, and the very apt description of senility given in Ecclesiastes quoted at the beginning of this article may be much deferred.