

### THE CARE OF THE AGED

One of the subjects which will be discussed at a plenary session of the South African Medical Congress, to be held in Cape Town during the week 24-30 September, is the problem of care of the aged. We have no doubt that this is an excellent choice of subject. More people are today living longer than ever before, and it is hardly necessary to quote statistical evidence to prove the fact that the average expectancy of life for the newly born has risen from 40 years in 1890 to  $\pm 75$  years today.

The situation, as we pointed out on a previous occasion,<sup>1</sup> can be summarized in quantitative terms as follows:

According to Thompson,<sup>2</sup> in 1950 there were 5 million people above the age of 65 in Great Britain. It is estimated that in 1975 this figure will be approximately 8 million. In 1952 there were 10 million people in America above the age of 65 and, according to an estimation by Bortz,<sup>3</sup> this figure was 14 million in 1958. On the basis of figures provided by the Director of Census and Statistics there were, in 1957, approximately  $\frac{3}{4}$  million people of all races and sexes in South Africa above the age of 65. It is, therefore, more than likely that there are today over a million people in our country who are 65 years of age or older.

When the problem of care of the aged in all its aspects is being discussed, it should be kept in mind that there are two main facets to the problem. In the first instance there is the purely medical aspect of the matter. Examples of problems in this connection are the specific physical conditions of elderly people and the changing pattern of illness in general, viz. the fact that wasting diseases have now become one of the major threats to life. During recent years an entire geriatric science has developed around this aspect of the problem of old age. The discussions at Congress will almost certainly deal with these particular aspects of the problem.

In the second place there is the equally important social approach to the problem and the share of the community in it. It is this aspect in particular which we should like to discuss here in greater detail. Under this heading the following more specific problems can be listed: (1) the housing of the aged, (2) leisure, and (3) the important question of preparation for old age.

1. *Accommodation.* We are fast becoming a community of city dwellers because the tendency towards urbanization (as is the case in all the countries in the West), is continuing unabated. There is less and less room for elderly folk in the homes and towns from which they come. (According to recent figures supplied by the Bureau for Census and Statistics, 78% of the European population, 77.5% of the Asian people, 64.4% of the Coloured population and 27.1% of the Africans were living in urban areas in 1957.) These figures are certainly much higher today.

We are, however, not only becoming a community of city dwellers, but also a community of flat dwellers and room dwellers. This means that there is, relatively speaking, still less room for elderly people in private homes.

The awakening of the social conscience of the community has, in our day, aroused widespread interest in the care of the aged. In the Cape Province, for instance, the well-known welfare organization, the A.C.V.V., has taken a lead in providing in almost every town excellent old age homes for normal elderly persons. It is difficult to assess and appreciate the full significance of the invaluable service rendered to the community by the establishment of these homes. Similarly, the South African Woman's Federation in the Transvaal has made a distinctive contribution by establishing the first home in the country specially designed for the care and accommodation of persons suffering from early senility. Many other welfare organizations have likewise made valuable contributions to the solution of the problem of caring for the aged.

In the USA and other overseas countries the concept has arisen that the community as a whole should take a greater part in the care of elderly people. This has led to the practice of *foster care* for the aged. In the USA there is, for example, an extensive organization to which people can apply for advice and guidance in connection with problems of foster care. An old woman who has lost her husband and who still has her own home can, for instance, take another old lady as a boarder on the basis of foster care. According to reports this system is most effective. It would seem that some similar undertaking should be introduced in our country.

Furthermore, a comprehensive system of *home nursing* for the aged has developed, making it possible for elderly people to be looked after and nursed in their own homes.

2. *Leisure.* One of the most important problems in the care of the aged is the question of adjustment to a life of leisure. Most elderly people need positive help in this connection. This adjustment is complicated by the fact that many people who are not equipped for a life of leisure are suddenly faced by the terrifying prospect of endless empty hours. To facilitate this adjustment the movement of *day care for the aged* has originated in the USA and Europe. Day clinics have been established which elderly people can attend and where they can occupy themselves in practical and creative activity. The indispensable illusion of still having a daily task to carry out is thus kept alive. This leads to emotional fulfilment in the lives of many elderly people, and is another approach to the problem of the care of the aged which should be actively developed in our country.

3. *Preparation for old age.* It is generally accepted that a serene and happy old age can be attained by a few

fortunate people. Mayer-Gross<sup>4</sup> points out that people engaged in creative and intellectual work show a relatively small degree of deterioration and degeneration; many of them, in fact, attain the peak of their achievement in their old age. The essence of the matter is that preparation for old age should begin early in life. This process can be facilitated by education, the press, and the radio. In practical terms this problem could be approached most effectively in all its aspects by national organizations aiming at the promotion of adult education.

On medical grounds it can be safely stated that mental deterioration is not necessarily the most important con-

sequence of the aging process, and the testimony of many people who have lived long and happily bears out the fact that many elderly people can look forward to a full and satisfying life. To contribute a share towards the attainment of this ideal, by fostering the mental and physical health of the patients under his care, should be the constant aim of every responsible doctor.

1. Van die Redaksie (1958): *S. Afr. Med. J.*, **32**, 632.

2. Thompson, A. P. (1951): *Proc. Roy. Soc. Med.*, **43**, 929.

3. Bortz, E. L. (1957): *S. Afr. Med. J.*, **31**, 1294.

4. Mayer-Gross, W., *et al.* (1954): *Clinical Psychiatry*, pp. 451, 452, 454. London: Cassell.

## 'N NAGRAADSE MEDIESE SKOOL OP BLOEMFONTEIN

Toe ons by 'n vorige geleentheid oor hierdie onderwerp geskryf het,<sup>1</sup> het ons onder meer gesê dat die behoefte aan vermeerderde geleentheid vir nagraadse studie sterk gevoel word in ons land. Ons het ook aangetoon dat die behoefte aan nagraadse opvoeding vir geneeshere veel meer behels as net die reël en organiseer van opknappingskursusse, en dat die gevoel in mediese kringe bestaan dat 'n navorsingsinrigting gestig behoort te word wat hom uitsluitlik op nagraadse studie sal toelê en wat hom daarop sal instel om die akademiese ideaal van die opvoeding van geneeshere na te streef, lievers as die blote oordra van feitekennis. Ons het toe ook die aandag daarop gevestig dat, as gevolg van 'n besluit van die Sentrale Afdeling van die O.V.S. en Basoetoland-tak van die Mediese Vereniging, 'n Nagraadse Skool Beplanningskomitee benoem is om verder in die saak te handel.

Dit is nou vir ons aangenaam om die mededeling te kan maak dat hierdie Beplanningskomitee nog steeds aktief is en alreeds veel vermag het. Elders in hierdie uitgawe van die *Tydskrif* plaas ons die verslag oor die werksaamhede van die Komitee wat dr. J. W. van der Riet, die Ere-sekretaris, onlangs aan die Sentrale afdeling van die Mediese Vereniging voorgelê het. In hierdie verslag toon dr. Van der Riet onder andere aan dat die Uitvoerende Komitee van die Provinsiale Raad van die O.V.S. amptelike erkenning aan die Beplanningskomitee verleen het, dat 'n histopatoloog in die personeel van die Bloemfonteinse tak van S.A.I.M.N. aangestel is, dat die Provinsiale Administrasie alreeds die planne goedgekeur en die nodige fondse beskikbaar gestel het vir die bou van 'n patologiese laboratorium en 'n lykskouingsaal, dat planne beraam is vir die bou van 'n anatomiese

disseksiesaal, dat die planne aanvaar is vir die bou van 'n moderne lesingsaal, en dat die skepping van spesiale registrateursbetrekkings deur die Direkteur van Hospitaal-dienste goedgekeur is.

Op grond van hierdie indrukwekkende lys van voordeuringe wat gemaak is as gevolg van die optrede van die Beplanningskomitee, wil dit voorkom of Bloemfontein eersdaags in staat sal wees om sistematies nagraadse onder- rig in die basiese vakke aan te bied vir voornemende nagraadse mediese studente. In ons land sal dit 'n besonder belangrike prestasie wees.

In die eerste plek sal dit 'n bevredigende prestasie wees vir die groepie yweraars op Bloemfontein wat geen steen onaangeroerd gelaat het om hul doel te bereik nie. Verder sal dit 'n belangrike gebeurtenis wees vir almal op Bloemfontein wat in die kuns en die wetenskaplike agtergrond van die moderne mediese praktyk belang stel. Ook vir nagraadse mediese studente dwarsoor die land, of hulle nou ook al akademiese studie aan 'n universiteit, of kliniese studie onder leiding van die Kollege van Interniste, Chirurge en Ginekoloë van Suid-Afrika in gedagte het, sal die oprigting van 'n spesifieke nagraadse skool van besondere groot belang wees. En inderlik sal so 'n nagraadse inrigting ontsaglik veel daartoe bydra om die naam en status van die mediese beroep in ons land te verhoog.

As amptelike orgaan van die Mediese Vereniging wil ons graag langs hierdie weg ons heelhartige ondersteuning toesê aan die dinamiese poging van ons Bloemfonteinse kollegas om ook in ons land 'n volwaardige nagraadse mediese skool te stig en in stand te hou.

1. Van die Redaksie (1959): *S. Afr. T. Geneesk.*, **33**, 3.