

Continuing WHEN YOU'RE OLD—WHAT THEN?

Adding Life to the Added

By DR. LOUIS I. DUBLIN and HERBERT YAHRAES

America is no longer a young nation. Medical advances constantly increase life expectancy, and by 1975 the U.S. will have 20,000,000 inhabitants over 65. The problems presented by this shift in age levels are further studied in this article, the second of three, by Dr. Louis I. Dublin and Herbert Yahraes. Dr. Dublin, an eminent authority on population, longevity and mortality, is vice-president of the Metropolitan Life Insurance Company. Mr. Yahraes is a well-known newspaper and magazine writer

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THE time was 1921, the place, a flower-bedecked banquet hall in a New York hotel, the occasion, the fiftieth annual meeting of the American Public Health Association. Waiters were clearing away the coffee cups, and the guests were settling back. Suddenly the chairman's gavel sounded, and into the room, on the arm of John D. Rockefeller, Jr., came a tiny old man, white-haired, bearded, reed-thin, but unfaltering of step.

A gasp of disbelief swept the assemblage. All those present knew of Dr. Stephen Smith, who half a century before had founded the association, and who had been New York City's first health commissioner. But few had realized he was still alive.

Dr. Smith, then 98 years old, acknowledged the impact of his surprise appearance with a twinkle in his sharp eyes. When he spoke, his voice was loud and clear, his message brief and to the point. "You

all want to know the secret of my longevity," he told the audience. "It is very simple. Do as I did 50 years ago. Get yourself a heart impairment—not too serious—and take care of it."

Just as he had pioneered in public health decades before, Dr. Smith was again proving himself well ahead of the times. For it is only recently—nearly 30 years after his death—that his recipe for a chipper old age has begun to take wide hold, and to bring new hope for conquering the great bugaboo of our later years—poor health.

Doctors now recognize that the chronic illnesses which are the major bane of old age don't suddenly strike at 65 or 70; they begin creeping up years before. Caught in the creeping stage, many cases can be controlled or even cured.

A gloomy picture could be built up about health in old age. For example, a disabling illness lays an old person up not for a few weeks but for an average of months; heart disease kills at about 10 times the rate between the ages of 65 and 70 as between 40 and 45; the older person is especially susceptible also to cancer, diabetes and kidney disease.

On the other hand, there is plenty to be cheerful about. At least seven out of eight oldsters are *not* so disabled that they cannot go about their daily tasks; since 1940, the mortality rate of people over 65 has dropped 8 per cent; an American's life expectancy is now better than ever before. The average 65-year-old can look forward to nearly 14

more years, the average 75-year-old to over eight more.

There would be little point to having this added lifetime if it were going to be simply endured, not enjoyed. The happy fact is that there is increasing chance that this extra lease on life—already procured for us by medical and public-health advances—can be lived with reasonable zest and vigor. For this we can thank a new technique for nipping chronic illness in the bud, and also thank some fresh new ideas about medical care for older folks being sparked by a relatively new branch of the medical profession, "geriatrics," which specializes in the health problems of old age, just as pediatrics does those of children.

The new technique goes by the jawbreaking name of "multiphasic screening," a method by which an individual can be examined, within the brief space of an hour, for signs of any one of a number of ills.

This large-scale trouble-spotting approach was born out of recent campaigns to test wide segments of the public for T.B. and syphilis. Why not, health authorities reasoned, give both tests at the same clinic? And why not read the chest X-ray film for evidence not just of T.B. but also of cancer of the lungs and of heart trouble? Furthermore, why not use the one blood sample to test not just for VD but also for diabetes and anemia? Also, while we're at it, why not measure height, weight, and blood pressure, and take a urine sample?



GEOFFREY LANDESMAN

In a living room at Cleveland's Benjamin Rose Institute, Mrs. Florence Owens, 79, receives a visit from Margaret W. Wagner, Secretary. Most residents are chronically ill



ZINN ARTHUR

Not an old-folks home, though a home for those past 60, Tompkins Square House, New York City, gives residents privacy and freedom. Arthur Rogers, 80, and wife Mary, 78, in dining room

Collier's for January 13, 1951

Years

Dr. Albert L. Chapman, chief of the U.S. Public Health Service's division of chronic disease, raised these questions at regional health conferences in the fall of 1949. Independently, some state and local health officers had voiced the same idea.

As a result, in Boston, from January through June last year, an odd sort of experimental clinic was operated at the New England Center Hospital. It was called the Health Protection Clinic, but gave no treatment; all it offered was a battery of tests and quick physical exams, and all it asked was 60 minutes of the visitor's time—at no cost to him.

An analysis of its first thousand cases showed surprising results. Almost half of them had to be referred to doctors for treatment of unsuspected conditions.

The tests uncovered 71 cases of untreated heart disease, 81 of high blood pressure, 48 cases with suspicions of cancer, and 21 of diabetes. They also pointed to untreated hearing defects in 63, vision defects in 124, anemia in 16, T.B. in eight, obesity—an insidious shortener of life—in 182, and a variety of other conditions.

The great majority of the clinic visitors were under 60, and but for the checkup, their defects might have lain unnoticed for years and then been blamed on old age.

In Coffee County, Alabama, another clinic found that of 15,000 visitors, one in every 12 had heart trouble, diabetes, syphilis, or definite or suspected T.B.; and a Richmond, (Continued on page 72)



TOM O'HALLORAN

Dr. John T. Westfall, old-age specialist, examines Mrs. Kathryn Tallman in Washington

"Bronco" Charlie Miller, 102, who rode the Pony Express, now carves horses and birds

ZINN ARTHUR



TOM O'HALLORAN

The sympathetic interest of physicians is vital. James McGann gets such a check from Dr. D. J. O'Doherty in Washington Collier's for January 13, 1951

They're BALMY OVER



The Bradley varsity huddles around Coach Forddy Anderson (l. to r.): Gene (Squeaky) Melchiorre, Bill Mann, Elmer Behnke, Aaron Preece,

Fred Schlichtman and Charles Grover. Anderson's basic strategy is simple—run fast, break fast, shoot fast and try to outscore the opposition

All Peoria follows the Braves. Bank president Fred Blossom (center) and businessman Ben Koch, chief Bradley Booster, join kids in stands

"Indian Chief" Jack Wright, a student at Bradley, and eight-year-old mascot David Suffield make powerful pregame medicine for the Braves

