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THE ROLE OF THE AGED IN MODERN SOCIETY*

BY

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My first duty is to express my sincere appreciation of the honour of the invitation to deliver the first F. E. Williams Lecture, which was founded by the late Mr. F. E. Williams, of Sussex, with the object of promoting the study of old age and the prevention and relief of its sufferings and infirmities. As this is the first lecture, I have thought it best to take as wide a regard of the subject as possible, in an endeavour to bring into one focus all those aspects of old age which at the moment are of interest to so many different kinds of people; and I would add that I have chosen the title "The Role of the Aged" in order to emphasize from the outset the positive contributions which old people both can and do make to society, for which they rarely receive the credit they deserve.

Two Postulates

We can start from two postulates. The first, which is a matter of fact, is that the numbers of the old, both absolute and relative to the rest of the population, are slowly but steadily increasing. Whereas at the present time there are approximately five million people in Great Britain over the age of 65 to thirty-one million people of working age (15 to 65), in 25 years' time there may well be something like eight and a half million old people to some twenty-nine million other adults. The proportion of old people to those of working age may therefore rise from one to six to one to four or even to one to three if the mortality rates for the old show much improvement in that period. The river is therefore rising, though it is not yet in full spate, and before flood levels are reached it is only prudent to examine its banks.

This leads to the second postulate—which is a matter of opinion—that in at any rate one respect the banks are already showing signs of strain; it is probable that from the domestic point of view the community is already bearing about as big a burden of old age as it can manage. The reasons for this opinion are as follows. It must never be forgotten that old age is fundamentally a domestic problem. In 1946 the number of persons of pensionable age who were housed in public assistance institutions amounted to no more than a mere 1.16% of the total, leaving 99% outside. In the Wolverhampton Survey of 1945-7 (Sheldon, 1948) only 2% were in institutions or special homes, 98% living in private houses. Since then, numerous homes for the aged have been opened, both by local authorities and by private bodies, but the total numbers affected are relatively small, and I should be surprised if old people living in private houses number much less

than 97% of the total. Old people cannot live as an integral part of the domestic community without at times causing strain on those who look after them, and in Wolverhampton no less than 7.7% of the old people were found to be imposing strains of the severest character, robbing those who carried them of any chance of a normal life. This figure represents a number that is not only large but is at least twice and perhaps three times as big as those already cared for in institutions and special homes. Since it would be quite impossible to enlarge the existing accommodation to that extent, this state of affairs will have to continue, and even if the percentage remains the same the strain imposed on society is bound to increase with the growth in total numbers of the old.

Another aspect of this domestic problem may be seen from the fact that approximately 10% of old people are confined to their houses by reason of physical or mental decrepitude, and it is a sobering thought that one in ten old people requires the constant domestic care such cases demand. In the light of these facts it is difficult to avoid the conclusion that the community is already saturated with the domestic care of old people, but we can obtain some confirmation from an entirely different point of view. It would be quite unlike the previous emotional history of these islands for us ever to be found getting worked up about some problem which might only be going to fall on us in the future, and the mere extent of the interest now being taken in old age is an indication of the general realization that the problem is fairly and squarely on us now.

What Can be Done?

Essentially we have a few years in which to acquire the information necessary for an adequate study of the problem before decisions involving matters of high policy have to be taken. There is, however, no doubt that the over-riding decision must be that the burden of old age to be anticipated in the future can never be dealt with by the purely caretaker policy of providing sufficient homes and institutions—the burden will remain a domestic one. Not only is there no possibility of providing the services and buildings required, but it must be remembered that old age is no solvent of obstinacy, and having got the beds it would be an entirely different problem to persuade most of the old people to make use of them. Within these limits there are, however, three broad objectives which require attack. (1) We must endeavour to preserve the independence of old people for as long as possible, so as to stave off the day when they become a burden on others. (2) We must do everything possible to assist the family in the care of its aged dependants, without at the same time relieving it of

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the necessity for still taking an interest in the matter. (3) We must ensure that all those old people who are willing to contribute to the total national effort are enabled to do so.

1. Preservation of Independence

There are two general aspects of the process of ageing that must be borne in mind in considering the physical independence of old people. First there is a considerable gap between the official and the natural onset of old age. The official age may be taken as that at which contributory pensions first become payable—that is, 60 for women and 65 for men. The natural age may be taken as that at which the physical independence of adult life becomes so compromised that there is a definite limitation of activity. The time of onset varies greatly from individual to individual, but the information available for old people living a natural life at home gives a clear answer, taking them as a whole. (1) The proportion who are fully ambulant sharply declines after 70; (2) the proportion who are confined to the house increases steadily after 70; (3) the number capable of carrying heavy domestic strains, such as the rearing of grandchildren, declines after 70, though the potential incidence of such strains increases with age; (4) 50% of women are engaged in the sole domestic care of their household up to the age of 70. At 75, 40% are so engaged, and thereafter the numbers fall rapidly to 18% at 80, and only 4% at 85. Natural old age therefore makes itself felt in most people at about 70, and by 75 the process has acquired such momentum that only the exceptional individual escapes. There is therefore a period of five to ten years between the official and the natural onset of old age, and in the future it will be of the utmost importance that old people during this period should play an active part in life.

Secondly, it is well known that women outnumber men at advanced ages, and it would be expected that the lower mortality of old women would be accompanied by a lower morbidity rate, but this is not the case. Fig. 1 shows the percentage of old people who were actually receiving medical treatment at the time of the Wolverhampton survey, and the difference between old men and old women becomes increasingly marked after 70. Although old men tend on the whole to maintain a better physique than old women, their hold on life is nevertheless brittle, whereas, in spite of an increasing decrepitude with the

FIG. 1.—Percentage of old-age population receiving medical treatment.

years, old women have a power of sheer survival denied to the men. The practical importance of this is that, in any plans for the physical care of the really aged, women will be concerned much more than men.

Where can we come to grips with this problem of preserving the physical independence of old people? A consideration of their powers of movement gives us a clue. Taking all ages together, 66% of those beyond 65 are fully

ambulant and do not need help; 10% are confined to the house and for the most part are beyond help. There remains a large intermediate group, comprising 22.5% of all old people, who have limited powers of outside movement; for the most part these are looking after themselves at home, and some even manage to continue at work. They are all doing their best to preserve their independence on a diminishing margin of physical strength, so that in many cases both husband and wife have to combine to get through the ordinary domestic task of running the household. These people are already on the downward path from the fully ambulant class to those restricted to the house and under the care of others, so that it is of the utmost importance that everything possible should be done to assist them. The common symptoms responsible for their limitation of movement are arthritis, dyspnoea, senile weakness, painful feet, vertigo, stress incontinence in women, and the effects of previous strokes.

FIG. 2.—Percentage of pain in feet in old age.

The only one of these on which I wish to make any clinical statement is pain in the feet, the incidence of which is shown in Fig. 2 and reveals a marked difference between men and women. The rising incidence with age in men is probably associated with the fact that men at these ages tend to take a larger size in shoes, owing to an intolerance of a close fit, which in turn is probably caused by a spreading of the foot due to senile stretching of the ligaments. There is nothing to be done about this, but the position with women is very different. As is well known, they suffer extensively from the various orthopaedic deformities of the foot, and the incidence remains more or less steady at nearly 50%. Such painful feet are of the greatest practical importance, because the general health is in no way affected and there are many potentially vigorous women in the community whose usefulness is limited by this state of affairs. Not only is there good reason for providing what easement chiropody can give, but the prevention of this shocking state of affairs in the future will be an essential part of an old-age service in order to avoid such needless waste of potential effort.

This is not the place to discuss the therapeutics of the conditions mentioned above, but it is clear from the work of such pioneers as Cosin (1947), Howell (1948), and Dr. Marjorie Warren (1948) that, although not capable of cure, much can be done to help old people suffering from some of them. The treatments concerned come largely under the heads of physiotherapy and rehabilitation, which are essentially hospital activities, and some means will have to be found of making them available when necessary to the million or more individuals who comprise the group under discussion. Since it is neither possible nor desirable to do this by means of a stay in hospital, the present gap between hospital and home care has to be bridged; it is here that the pioneer schemes associated with the names of Dr. Bluestone (1949), in America, and of Dr. Brooke (1948), of Carshalton, in this

country, are of such profound significance for the future. The essential feature is that there is a special old-age service, co-ordinated by a committee on which all the various administrative and other interests concerned are represented.

On the medical side the service centres round the hospital physician and his social workers, and in place of a mere routine admission to a bed the patient is visited at home and an assessment made of the individual's medical and social needs. Where this includes hospital treatment every endeavour is made to provide the individual with it as an out-patient, transport being arranged for all who are unable to avail themselves of public means of conveyance: this is essential, for many old people are extremely shy of participating in modern traffic.

Admission to a hospital bed is confined to a few sharply limited categories, the aim being to provide the patient with all hospital facilities short of admission or to admit on a short-stay basis, giving priority to urgency of need. Social services are also provided when possible; this is fundamental, for in old people it is impossible to separate health from disease, and in so many cases if they are to keep going some easement of their domestic load is as necessary as medical treatment. I am in complete agreement with Dr. Brooke that for many old people a laundry service is essential. The weekly wash imposes the severest physical strain of all domestic activity, and when this is exaggerated by the washing of heavy bed-linen, as happens so often when an old woman is nursing a failing husband, the burden may become impossible. In some cases a meals service would be helpful, and in others the various forms of home help may be necessary. It seems to be clear that these services cost the community less than the full care of the old person in a hospital bed, and the scheme merits the utmost experimentation. There is, however, one proviso—it must never be so lavish that it relieves the family of any need for a sense of responsibility for the care of their aged relations. This leads at once to the second objective, the assistance of the family and the preservation of the family spirit.

2. The Family

Certain facts in the social biology of normal old age are important. In the first place, old people in general treasure their independence, and surrender it only when obliged to do so. They are therefore worth helping. Taking all ages together, 62% of their normal domestic care is done by themselves and 90% is done within the family. Only 10% is attributable to paid help—such as housekeepers and institutional care. Secondly, in spite of their independent spirit, the majority of old people form part of a human group which is loose in times of ease and tightly knit in times of stress. When old people are ill in bed at home, some 75% of the nursing is done by the family and 25% by neighbours. A somewhat similar state of affairs was found by Thomson and Curran (1948) in Glasgow, where some 75% of the aftercare at home of patients discharged from hospital was provided by a mixture of relations and friends. Since the neighbour does not usually live in the same house as the old person, nor in many cases do the younger relations, it may well be of importance that they should be living as close as possible. The findings in the Wolverhampton survey demonstrate this quite clearly, for 4% of old people had children actually living next door, 10% had children living in the same street, and 20% had children living within half a mile. It is probable that this contiguity may be of deep importance, as an indication of a mutual way of life that both generations consider ideal.

It is said that there is nowadays a steady decline in the strength of family ties and the general sense of family responsibility; whether that be true or not, it is at any rate clear that there is plenty left. This statement receives abundant confirmation from the findings of Thomson and Curran (1948) in Glasgow and of Professor A. P. Thomson (1949) in Birmingham, where it is not till after four years that the number of inmates in a public institution receiving weekly visits from their relatives falls much below 50%. It is equally clear that there is no hope of carrying the burdens of old age that the future has in store for us without assistance from the family and neighbours at least equal to that given at the present time. It is therefore of the utmost importance that we should have a far deeper understanding than we now possess, not only of the nature and origin of the sense of family responsibility, but also of those external factors which either facilitate or hinder its operation. Yet we really know little, and I ask three questions which seem to me to reveal our ignorance of these matters.

The Good Neighbour

1. Neighbours contribute 25% of the nursing of old people at home in a midland industrial town, and this contribution is of such practical importance that we could not afford to be deprived of it. Yet when we ask what is the anatomy of good neighbouring we are reduced to speculation. It certainly depends in part on contiguity of housing and length of acquaintance, which is probably why, as all practitioners in this town agree, it is not so good in the new housing estates as in the old-fashioned streets of continuous houses. Yet it is certainly not an inevitable product of suitable physical conditions, and is in fact a difficult social art which has to combine a readiness to help without an undue curiosity about what is going on next door. We need information which only the general practitioner and the district nurse can provide, and which we are without at the present time.

The Family Spirit

2. It is well known that the domestic care of some old people throws at times a tremendous strain on others. In Wolverhampton 57% of this strain is carried by the daughter, which may be taken as a compliment to the strength of family spirit until we ask, "In how many cases is this burden spread equally over all the daughters; and in how many cases do some of the daughters compound for their sense of responsibility by casting the whole burden on the shoulders of one sister—usually the youngest—while of course retaining their full rights of criticism, especially at the end?" That both types of family exist is a commonplace of experience, but until we know the various antecedents which produce one or the other we are lacking an essential item in our knowledge of the family.

Factors in Family Responsibility

3. Are there geographical variations within these islands in the sense of family responsibility? Fig. 3 shows a remarkable state of affairs. It sets forth the proportion of old people living alone in Mid-Rhondda, Wolverhampton, York, Oldham, and the two London boroughs of St. Pancras and Wands-

FIG. 3.—Percentage of old-age population living alone.

worth, as revealed by the Rowntree Survey (*Old People*, 1947). It is astonishing that there should be nearly six times as many living alone in London as in South Wales, and since local variations in family spirit, even if they exist at all, cannot be as great as that, it is probable that the figures are expressing other factors as well, and in particular some which condition the natural operation of the sense of family unity. As between London and the Rhondda, the report on the housing conditions by the Rowntree Survey suggests that in the Rhondda few old people are living alone, because of the high proportion of households in which two and in many cases three generations are living together owing to housing difficulties. In London, on the other hand, a far greater proportion of old people than elsewhere are living, not in private houses, but in flats, tenements, and single rooms. Two entirely different types of family strain may therefore be in operation, arising in the one case from undue propinquity and in the other from undue separation.

The difference between Wolverhampton and Oldham is also of interest, for they are both manufacturing towns of the same order of size, and yet there are 16% living alone in Oldham as against 10% in Wolverhampton, while no one would suggest that family spirit in Lancashire was any less than elsewhere. According to the Rowntree report, housing in Oldham was worse than in Wolverhampton, where between the two wars extensive slum clearances were effected, with the erection of new housing estates on the outskirts of the town. The Wolverhampton survey (Sheldon, 1948) indicated that, while 10% of old people were ostensibly living alone, only 5% were in fact doing so, the others having relatives living so close that they formed one family unit. It may well be that the larger proportion of old people living alone in Oldham is counterbalanced by a similarly larger proportion of old people with younger relations close at hand, and that the family takes an even larger share in the care of its aged dependants than in Wolverhampton.

It is at any rate clear that the four localities mentioned display different modalities of family life in relation to old age, and a thorough investigation of the relevant facts would surely yield a fruitful return. The matter is of particular importance in so far as it involves architectural features, for as the proportion of old people increases relatively to those of working age so will their accommodation in the type of housing that both generations mutually consider most suitable become more and more urgent. There is little doubt, on the basis of our present knowledge, that both the older and the younger generations prefer the arrangement whereby each live independently in separate houses sited close to each other.

In the meantime the family requires relief in two ways at the moment. Some of the younger generation are carrying disproportionately heavy burdens in the care of their old people, one of the worst features of which is that there is often no prospect of even temporary relief until the death of the old person. Arrangements for the care of the aged relative to allow the younger generation to get a yearly holiday are urgently needed. The other category of strain that demands relief is the case of the married woman who in addition to her own family has the continuous care of two—and occasionally more—aged relations. Such not only need a yearly break, but domestic assistance as well. Not only is there no danger that either of these measures would impair the sense of family responsibility, but they are probably essential if the family is to carry a heavier burden in the future, and, on the simple ground of equity, these unfortunates who

carry such a disproportionate load deserve help from the community.

3. Encouragement of Activity in the Old

The third objective is to ensure that every old person willing to do so is enabled to contribute to the total national effort. Since the solution of this problem lies in the hands of the economists, industrialists, and administrators, only a brief review can be given here, but it is certainly no whit less important than the aspects of old age which have already been dealt with. In brief, as the proportion of old people to those of working age rises from 1 in 6 to 1 in 4 or less, if all the old sit back on their first pensionable birthday and draw a pension with which they compete for consumer goods made by a decreasing section of the population, the standard of life of both generations will inevitably be endangered (Royal Commission on Population, 1949). The problem mainly concerns the man, for we have seen that women continue at their domestic work as long as they are physically capable of doing so, whereas by contrast many men are forced into sudden retirement at an age when they may have ten or more years of active life still in prospect. One may ask if it is right for men to continue working in old age? Apart altogether from its future economic importance, we can, I think, definitely answer that, other things being equal, a busy rather than an aimless life is an ideal prescription for old age, and the proof lies in the well-known sight of the man who retires from a busy occupation to die in a year or two of boredom. The "other things" which justify asking an old man to continue at work are that (1) the physical nature of the occupation must be consistent with the physical powers of a man of years, and (2) he must derive emotional satisfaction from the job.

If, however, one were to assume that—like women—all old men were anxious to disregard their retiring age and keep on at work till physically unable, a host of difficulties would arise, a mere recitation of which is sufficient to indicate their scale and complexity. They all derive from the fact that our civilization is industrial rather than agricultural, for modern industry bears hard in many ways on the employment of old men. In the first place, there is the steady but tragic decline in the need for individual craftsmanship, which is replaced by that of the machine. Craftsmanship is ageless and its execution continues to give satisfaction as long as life lasts, and where it is still necessary there is rarely any difficulty in the employment of men into advanced old age; but the need is a declining one.

A second difficulty is that the nature of the occupation may become unsuited to a man of advancing years. Most employers are agreed that the old man in the factory has certain valuable qualities: he is usually a good timekeeper, his work is reliable, and he has a sense of responsibility towards tools which the younger employees often lack; but speed—a quality often so necessary in modern industry—is usually denied him. Either for this reason or because of the physical nature of the task, the time comes when he can no longer keep up, and the question of alternative employment arises. Light jobs are scarce, are often uneconomic, and for these the old man has to face competition from younger workers suffering from industrial injuries. The provision of alternative jobs that are economically sound is difficult, because we still have insufficient knowledge of the types of work that are really suitable for old age, and also because we do not yet know the extent to which old people are capable of learning them well enough to make it worth while setting up the necessary establishments. Further, many of the industrial firms

are comparatively small, and it might well prove necessary to combine the old workers from several firms in a separate workshop. This in turn would mean the severance of human contacts to which the old person is accustomed, as well as leading to probable difficulties in transport—and faced by all these factors, which in essence add up to learning a new job and starting life all over again, most old men would prefer to pack up and retire on their contributory pension.

A third difficulty arises from the number of men in modern life who exercise power in some degree over their fellows, from foremen up to high administrators. The retirement of these men at a fixed age robs the community of the services of its best men, who may be at the height of their powers, when they have still a long potential contribution in front of them. To retain them indefinitely, however, blocks the ladder of promotion to youth and has its own undesirable results; on the other hand, power being an exercise of the spirit that is usually surrendered with reluctance, it is almost impossible to ask such men to continue at work in a subordinate capacity.

Such are some of the difficulties which would face us if all old men wished to continue at work indefinitely. By no means all, however, have this desire. Some are neutral, and will go on working past their pensionable birthday only if there is sufficient financial inducement, as can be seen from the fact that investigations into the employment of old people show a positive correlation between the number of old men at work and the number with no additional source of income. The metaphor of the carrot and the donkey therefore becomes relevant, but it is a difficult carrot to design, since it must not be so big that it is economically unsound and yet be big enough to provide an incentive. The present scheme whereby when an old man continues at work past 65 he adds one shilling a week to his ultimate pension for every six months of work (up to a certain maximum) is an effort to meet this point; but time alone will show whether it is successful.

Some men, on the other hand, desire to give up work at the earliest possible moment, and they must surely be allowed to do so. Either they dislike their occupation, in which case they are not worth employing, or they are men with a consuming hobby to which they look forward to devoting their remaining years. These are the minor creative spirits of the time, and it would be wrong to confine them to their task past retiring age. Not only do they make definite contributions to the sum total of our civilization, but they possess the best recipe for old age—and in fact they usually live lives which are not only long but also healthy and happy. This very short review shows that the employment of old men presents us with a problem whose solution is as difficult as it is urgent.

Conclusion

To sum up: As the numbers of old people increase, so will it become more and more urgent that they should play as active a part in society as possible. To this end the difficulties that surround the continued employment of old men will need to be surmounted, and it will be necessary to provide a special medical service for old people whose main aim will be to preserve their independence for as long as possible. Such a service will require to bridge the gap between hospital and home and integrate medical care with social aid. As old people gradually become really aged and unable to maintain their own care, so will they have to continue to pass, as they mainly do at present, into the care of the family. If the family, however, is to sustain the burdens facing it in the future, assistance from the

community will undoubtedly be necessary. For this to achieve its object without destroying the sense of family responsibility much more knowledge of the many social factors involved is required than we at present possess. Unless we can make some sort of a solution of these problems, then the future has indeed a millstone it is ready to place round our necks.

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THE CARE OF THE CHRONIC SICK—III*

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Of the many complex administrative issues which arise in apparent consequence of recent health legislation, none is more challenging than the care of the chronic sick. In fact, the problem is neither new nor more urgent than it has been for many years under the administration of the Poor Law or local authorities, but it is more conspicuous because the new authorities which have taken over the hospitals have terms of reference very different from the old. Act of Parliament sharply limits their responsibility to hospital care. Faced with the unpleasant facts of long waiting-lists and insufficient beds, they cannot view with composure the possibility that their hospitals now contain many patients whose medical needs are occasional or transient but whose social circumstances determine their admission or prohibit their discharge.

The apparent intention of the National Health Service Act (Sections 25, 28, and 29) and of the National Assistance Act (Sections 21, 25, and 29) is to leave to local authorities the domiciliary and institutional care of persons who need not be admitted to hospitals. Much hangs on the interpretation of medical requirements which normally necessitate hospital admission, but in this matter the past history of the chronic sick is not instructive. The general practitioner who stated to the relieving officer that in his opinion a patient should be admitted to hospital was inevitably influenced by the inadequacy of facilities at home as well as by the urgency of the need for institutional treatment. It may therefore be objected that data derived from investigation of the present hospital population, though indicative of the shortcomings of past services, are unacceptable as a guide to future policy. None the less, a good deal can be learned from consideration of the patients now in hospital, and we suggest three questions which focus attention on the main issues.

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