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Nascher's *Geriatrics* at 100

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Abstract

Ignatz Nascher's *Geriatrics* – the first American medical textbook on aging – turns 100 this year. This essay is a reappraisal, on its centennial, of Nascher's landmark work.

Keywords

Geriatrics; history of medicine; textbooks

In 1914, the first American medical textbook on aging was published. Its author was Ignatz Nascher, born in Austria, who had immigrated to the United States and become a physician and pharmacist in New York City. For the title, *Geriatrics*, Nascher used the word he himself had proposed nearly 5 years earlier, as an “addition to our vocabulary ... to emphasize the necessity of considering senility and its disease apart from maturity, and to assign it a separate place in medicine.”¹ The book was greeted with limited enthusiasm. An unsigned review in *JAMA* lists its faults. At nearly 500 pages, it is too long, full of “much vague statement of hypotheses,” and parsimonious in practical advice for the clinician. There is, the reviewer concedes, “a good deal of important information which it may be worth while to extract by a patient reading of the whole book.”² This year marks the centennial of Nascher's *Geriatrics*. What is it like, now, patiently to read the whole book?

To begin with, this is not a book that is nice about old age, and it is not generous to the elderly. It begins with a description of their appearance, often “repellent”: flabby, slouching, with excessive hair and blue lips, a “tout ensemble” of decay that arouses “repugnance.”³ The aged, Nascher writes, are generally careless, apathetic, and gloomy. Their lives “for all practical purposes ... are useless” (v). Their helplessness instills “a spirit of irritability if not positive enmity” (13) in the young. Most noxious is their self-interest, a theme to which Nascher returns repeatedly. An old man “demands constant attention and complains of the slightest neglect” (477), he becomes indignant and suspicious, he develops an “overwhelming interest in self ... which gradually subordinates every other interest in life” (14). (The unnamed *JAMA* reviewer remarked that Nascher was “inclined to dwell on the darker lines of the picture and to portray the aged as examples of inconsiderate selfishness,

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forgetting the many examples of men and women working to advanced age in the interest of humanity, or waiting quietly and uncompromisingly for their discharge from their accomplished warfare.”²)

The textbook first reviews the physiology of what Nascher terms “the senile state,” then turns to the diseases of old age. This distinction, between aging and disease, proves problematic. “Shall we say,” Nascher asks at one point, “the weather-beaten skin of the sailor is pathological because it is dryer, coarser, rougher, more wrinkled and more pigmented than the skin of the city dweller, or is it a senile condition because the senile exposed skin gradually assumes the same characteristics, or is it a normal condition of maturity?” (130). He is further frustrated by what he sees as the unscientific and irrational way in which diseases are named and organized. At the beginning of a section titled “Pathological Old Age,” Nascher proposes a “revolutionary revision in our nomenclature” and a new classification of disease for the elderly. His description of these problems is astute, and we are still debating the same issues.⁴ The new system he proposes, unfortunately, based not on organ systems but “upon the relation of the pathological condition to the senile processes” (65), is a complicated, inconsistent mishmash. Over nearly 400 pages, Nascher attempts to separate diseases directly related to aging from those that simply appear with different symptoms and frequency in later life. These divisions all bleed into one another, the underlying logic is lost, and one often wishes for the familiar organ system-based headings.

Geriatrics has a pleasing, rambling tone. It contains, among other things, a full description of Von Noorden’s Standard Test diet for diabetics and tips for taking a demented person to the circus. This tone is punctured, occasionally, by passages that make the modern reader cringe. Considerable attention is devoted to the sexual perversions of the older man, and Nascher warns that he may be subject to “outbursts of sexual fury” (505) during which he may engage in bestiality or “attempt rape upon little girls” (19). Words and ideas abound that have vanished entirely from modern medical discourse. Nascher recommends “the ‘baking’ process” (346) for patients with rheumatism, disputes the influence of ptomaines in aging, and, for senile debility, proposes arsenic, strychnine, and phosphorus. He has a particular interest what he calls “brain fag,” the diminishing cognitive speed and attention of the elderly, and uses the term to explain a range of phenomena, including why old men fall asleep in sermons.

Many concepts are strikingly familiar, however. Nascher has a very clear view of functional capacity. He expresses his bewilderment at the variation in aging among different persons, and bemoans the “many vicious circles of senility” (34–35) as when “the atony of the organs permits retention of urine which further distends the bladder, further stretching and weakening the muscular coat, and this in turn permits greater retention and distention” (117). He succinctly reviews the challenges in clinical care for the elderly, including treating pain and high blood pressure (“no standard for senile cases has been established” [52–53]). He recognizes the “uncertainty of the action of drugs upon the senile organism” (58), issues warnings against using medications to treat the side effects of other medications, and weighs in with particular vigor against the use of sedative hypnotics. What about what we now call multimorbidity, the coexistence of multiple chronic conditions in a single patient?⁵ In the

introduction to *Geriatrics*, Abraham Jacobi -- one of the founders of pediatrics in the United States -- frames this issue. The problem is central to the work of the new kind of doctor Nascher is describing:

The baby offers but few difficulties in arriving at a diagnosis. His diseases are simple. He has only one at a time. Complications are infrequent, but the perplexities grow from decade to decade. For there are only few diseases that leave no remnants. The recovery from every new disease contracted at any period of life is handicapped by the tissue changes left behind from the previous accidents or ailments. There are few persons of advanced years without a permanent blemish -- one or many -- which make the diagnosis of any additional illness or comorbid condition more difficult, treatment more uncertain, and complete recovery more doubtful. (xviii)

It is hugely disappointing, therefore, to find that this set of difficulties is nowhere taken up in the textbook.

Early on in *Geriatrics*, Nascher disputes one common view of aging. “The old idea that the body becomes worn out like an old engine and the tissue wastes just as the material wears away in machinery or goods, is a fanciful simile without a basis of fact” (39). A better comparison is between the aging body and an old ship. It is like a vessel “which has been repeatedly repaired until not a splinter of the original timbers is left,” and only “the individuality and the name remain” (3).

Compare, at its centennial, the discipline formed by Nascher’s *Geriatrics* to the field today. Has it been similarly transformed? A hundred years on, many ideas have been cast away, and there has been extraordinary progress. But a few of the original timbers remain.

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