

Dr. Ignatz Nascher and the birth of geriatrics

A. Mark Clarfield, MD, CCFP, FRCPC

The study of aging has been going on for centuries, yet it is one of the youngest medical specialties. The earliest written advice on the treatment of the elderly was found in ancient Egypt in *The Book for Transforming an Old Man into a Youth of Twenty*. After first explaining how to compound the rejuvenating medication, it offered the following prescribing instructions, à la Retin-A: "Anoint a man therewith. It is a remover of wrinkles from the head. When the flesh is smeared therewith, it becomes a beautifier of the skin, a remover of blemishes, of all disfigurements, of all signs of age, of all weaknesses which are in the flesh."

The Bible takes a different tack, favouring morals over medication. "Grey hairs are a crown of honour", it states, "gained by a good life" (Proverbs 16: 31).

The Greeks viewed things somewhat differently, which is not surprising given the age-old philosophical antagonism between Athens and Jerusalem. For example, in the last book of the *Odyssey* Ulysses offers these thoughts on the care of the aged: "Warm

Pediatrics had its growing pains and there is no doubt geriatrics will, too. Just as the child is not merely a small adult, neither are the very old the same as the middle-aged. To his credit, Nascher was clear on this concept at the beginning of this century.

baths, good food, soft sleep and generous wine, These are the rights of age, and should be thine."

Galen agreed. Of this passage he wrote: "The poet's [Homer's] rule was excellent . . . for old age being naturally cold and dry, those things which moisten and warm, as bathing, eating and sleeping, are the most proper for it."

The Romans, always models of efficiency, established a system of homes for the elderly, with the first *gerocomeia* being established in Constantinople. Even that long ago the potential political power of seniors was recognized — the Roman emperor made it a habit to visit all such homes in Constan-

tinople on either Holy Thursday or Good Friday.

So important were old men to the government in Rome that Cicero argued they were essential for its very function. "If there were no old men", he wrote, "there would be no civilized states at all."

In spite of these ancient roots, however, contemporary medicine has paid little attention to geriatrics. It is widely believed that the specialty was born in Great Britain during the interwar years, with the redoubtable Dr. Marjorie Warren as midwife. Warren, who laboured in the not-so-fancy descendants of Victorian workhouses, found a huge burden of undiagnosed and untreated illness

Mark Clarfield is director, division of geriatrics, at the Sir Mortimer B. Davis Jewish General Hospital and an associate director of the McGill Centre for Studies in Aging, Montreal.

among the elderly marooned in these institutions. She and her colleagues demonstrated that when appropriate medical management was applied to the aged ill, many were able to become less dependent; some were actually able to leave institutional life behind.

Over the years, and particularly since the advent of the National Health Service, these British institutions have been transformed into geriatric departments and their physicians into geriatricians.

It is widely held that the medical profession on this side of the Atlantic has only belatedly discovered the medicine of old age. In Canada, for example, systematic study into aging began in 1944 with the establishment of the Gerontologic Research Unit at McGill University. Although some sociologic activity began in the 1950s thanks to the Canadian Welfare Council, the Canadian Geriatric Research Society was not founded until 1975.

Most Canadian geriatricians would agree that our British colleagues are, or were until recently, far ahead of us in the practice and organization of geriatric medicine, and on the whole this is a fair description. Yet, a chance exposure to an old textbook proved to me that it was actually an American who published the first modern, comprehensive work on geriatric medicine.

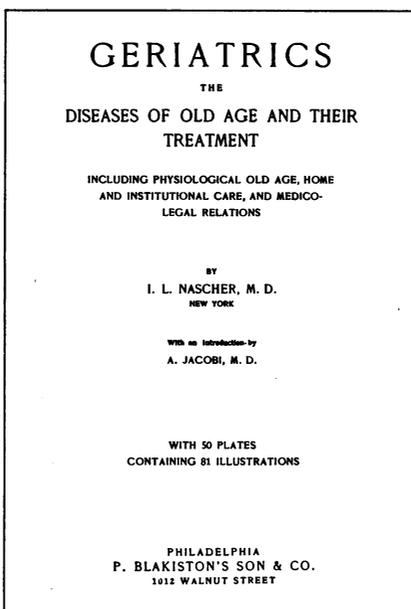
Dr. Ignatz Nascher, a New York physician, was the first modern American geriatrician. In fact, he coined the word "geriatrics". In the preface to his 1914 text, *Geriatrics: The Diseases of Old Age and Their Treatment*, Nascher explained how the word — a mere stripling in 1914 — developed. "This term . . . is derived from the Greek, *geron*, old man and *ia-trikos*, medical treatment."

He went on, somewhat apologetically, to explain that "the etymological construction is faulty

but euphony and mnemonic expediency were considered of more importance than correct grammatical construction".

Nascher, a true pioneer, became interested in geriatrics because of a hospital experience that is still not uncommon in some of today's teaching hospitals. (David Fischer makes this observation in *Growing Old in America*, Oxford University Press, 1977.)

As a medical student late last century, Nascher was making rounds when he came upon an



acutely ill elderly woman. After a quick look, Nascher's professor diagnosed her condition with terrible finality: "Old age."

"What can be done about it?" Nascher inquired.

"Nothing", the professor replied.

Nascher's text makes fascinating reading and fortunately it is now easily available, having been reprinted by the Arno Press. It begins with an introduction by a pioneering pediatrician, Dr. A. Jacobi, who in 1914 noted that: "The physiology, pathology and therapy of early age have been extensively studied and discussed in our country these 50 years. How is it that the growing interests in many of the branches of

medical science and practice have not equally been extended to the diseases of old age?"

He does not answer the question, but points out that Nascher's text should help solve the problem.

The 517-page book, which includes an index, is divided into three major sections: physiologic old age, pathologic old age, and hygiene and medicolegal relations. It opens with a charming essay comparing childhood to old age.

The first part, dealing with the causes of normal aging, has a fascinating discussion and critique of existing views on the issue. The "wear and tear" theory is addressed, as is the one that aging is caused by "atheroma and arteriosclerosis".

Metchnikoff's theory of tissue phagocytosis and "auto-intoxication" through the absorption of the products of intestinal decomposition — the theory was current in Nascher's day — is outlined and discarded. Another interesting theory was that aging was due to a "degeneration" of the thyroid gland.

After a discussion of cellular aging, Nascher concluded — as we still do today — that "senescence is not due to any one cause". Rather, some combination of "determining factors and contributory factors . . . hasten the senile process".

In discussing "physiological death" — death in old age of no apparent cause — he claims, just as today's gerontologists do, that: "Disease is not a causative or even an essential factor."

Rather, death in old age can occur "without a perversion of function or structure which is the essential element in disease. Sanitation, hygiene and dietetics serve to prevent disease but they have no influence in prolonging life aside from the prevention of disease".

The middle section of his text, on "pathological" old age, is

probably of most interest to today's clinicians, and his description of some conditions will not seem strange to the modern eye. For example, in the section on "senile constipation" Nascher instructs that ". . . substances containing little food matter and much cellulose are indicated". He advises the ingestion of "spinach, cabbage, cauliflower, turnips, beets and carrots . . . whole wheat, graham and brown bread and toast" — advice that's hardly out of place today.

Although Alzheimer's disease is not mentioned by name — Alois Alzheimer had published his first paper in German only a few years before Nascher's text appeared — senile dementia is well described.

Nascher's powers of observation and description are trenchant. "In determining the extent of senile impairment, the normal mentality [the premorbid mental status] of the individual should be known." This is good advice to follow today.

"The impairment, though manifested in many directions, may progress for years before it becomes obvious to friends and family . . .", he wrote. "An early symptom . . . is a hesitancy in recalling names, dates and events, fabricating others if the patient thinks the fabrication will not be discovered. . . . The patient will forget where he puts things, will repeat questions that had just been answered. . . . Attention is defective and prolonged effort to maintain attention leads to brain fag. . . . He becomes careless about details and loses the sense of neatness, leaving his desk disordered, his room untidy, his clothes disarranged."

The emotional concomitants of dementia are also listed. A tendency to paranoia is mentioned, as is ". . . depression due either to the recognition of waning powers or the nearness of the closing period of life".

Some of his advice about managing dementia is sensible. "The keynote of treatment is mental stimulation . . . to give a homely illustration [as opposed to watching a three-ring performance] he may watch a one-ring circus until . . . he will fall asleep."

Although these instructions make sense, contemporary practice could not accept his pharmacologic approach to the dementias, as both phosphorus and morphine are recommended. To Nascher's credit, he does insist that for the dementias, "Alcohol is worse than useless".

Osler's "old man's friend", pneumonia, takes up only five pages, but today's medical students could benefit from Nascher's observations about this disease process. He provides a good description of pneumonia's frequently atypical presentation in the elderly: "The usual sudden onset . . . with a chill followed by high fever is infrequent in the aged. . . . Many senile patients will swallow the expectoration unless watched. Pain is usually slight."

Nascher also points out that "cerebral symptoms are pronounced" and "delirium sets in early".

The final section of the book, dealing with hygiene and medico-legal relations is also impressive. Home and institutional care, pre-occupations of today's geriatricians, are addressed and well handled. He makes a sensible dissection of the mental competency issue, especially with respect to the patient's capability in drawing up a will. Nascher discusses his difficulty in determining competence; 75 years later, there are many cases in which this issue is still far from clear.

Given today's sensibilities, the last section is somewhat disturbing in tone. It discusses "malingerers", informing readers that such behaviour is common among the aged. My own clinical experience is that it is not.

Nevertheless, Nascher held a firm opinion on this and cited some interesting case histories. His strategies? Although "it is barbarous to apply a painful test to an aged person suspected of malingering . . . there are occasions when the threat of painful testing is justifiable". Nevertheless, "it is safe to say that when the patient will take disagreeable medicine and will submit to painful tests there is some basis for his complaints".

It sounds a little like Puritan justice, but fortunately times have changed.

Nascher was a pioneer and a prophet, a man clearly ahead of his time. It was not until the 1938 publication of Cowdry's *Problems of Aging* that there was anything new in North American geriatrics. Because of the postwar boom in "scientific medicine", at least on this side of the Atlantic, geriatrics was until recently medicine's forgotten discipline. For anyone wanting to delve into the modern roots of geriatric medicine, Nascher's book is the place to start.

Pediatrics had its growing pains and there is no doubt geriatrics will, too. Just as the child is not merely a small adult, neither are the very old the same as the middle-aged. Unfortunately, not all physicians realize this, even today. To his credit, Nascher was clear on this concept at the beginning of this century.

As we enter the '90s, it is worth reading the words of someone who so long ago was interested in patients approaching their ninth decade of life. "So little has been done in the field of geriatrics that until it receives the attention its importance deserves, and we know more about the . . . changes in the period of decline, we must fall back upon empiricism in the treatment of diseases in old age."

Nascher's words still ring true today. ■