"Nothing begins, and nothing ends,
That is not paid with moan;
For we are born in other's pain
And perish in our own."

F. Thompson.

"In bed we laugh, in bed we cry
And born in bed, in bed we die;
The near approach to a bed may show
Of human bliss to human woe."

Tr. S. Johnson from
Isaac de Benserade.

"We wake in a dream, and we ache in a dream
And we break in a dream, and die!"

R.W. Buchanan.
Baldur the Beautiful.

"The babe is at peace within the womb,
The corpse is at rest within the tomb,
We begin in what we end."

P.B. Shelley.

"First our pleasures die, and then
Our hopes, and then our fears: and, when
These are dead, the debt is due;
Dust claims dust — and we die too.

All things that we love and cherish,
Like ourselves must fade and perish,
Such is our rude mortal lot:
Love itself would, did they not."

fragments. P.B. Shelley. 1820.

"Life is the sum total of functions which resist death."

Bichat.

"Observe in all the ordinary changes and declinations we undergo, how nature hides from us the sight of our loss and decay. What remains to an old man of the vigour of his youth and of past days? I do not believe we should be able to endure such a change if it came upon us all at once; but nature leads us by the hand little by little down a gentle ~~slope~~ and imperceptible slope, step by step, and so lowers us into that wretched state, and accustoms us to it. So that we feel no shock when youth dies in us, though this is in essence and reality a harder death than the final dissolution of a feeble body, which is nothing more than the death of old age."

Montaigne.

"I, Dionysius, lie here, sixty years old. I am of Tarsus;
I never married and I wish my father never had."

Anthol. Graec., xii. 309 (anonymous, Patons tr.)

"The older a man doth grow the more is death irksome to him;
and more and more doth he live as if he were certain never to die."

Francesco Guicciardini. 1483-1540. Maxims. 154.

J.S. Le Fanu likens the unwillingness of the old persons to die and their clinging to a sometimes even painful life to the unwillingness of tired-out children to say Good night and go to bed.

"Death stands behind the young man's back,
Before the old man's face."

Rev. T. Adams.

"One wonders how a man can bear to live another forty years in a world that even when he was young seemed to him void of meaning.

The answer to part of the riddle is: because we each have something peculiarly our own that we mean to develop by letting it take its course. This strange thing cheats us from day to day, and so we grow old without knowing how or why..."

Goethe.

The most remote traces of 'civilized concern' for human health and welfare are found in Sumeria in the civilizations associated with Babylon and Nineveh, and with the king Hammurabi (c. 1950 B.C.) There is evidence of concern with hygiene and sanitation and with medicinal drugs. Some of the earliest clay tablets from Nineveh, dated about 700 B.C., but with text copied from c. 1500 B.C. prescribe treatment for greying hair and failing eyesight.

Until classical times, disease and death were thought of as caused by malignant supernatural agencies. Man's view of the world was based on beliefs in astrology and magic, hence his reliance on omens and divination, and on charms to ward off evil.

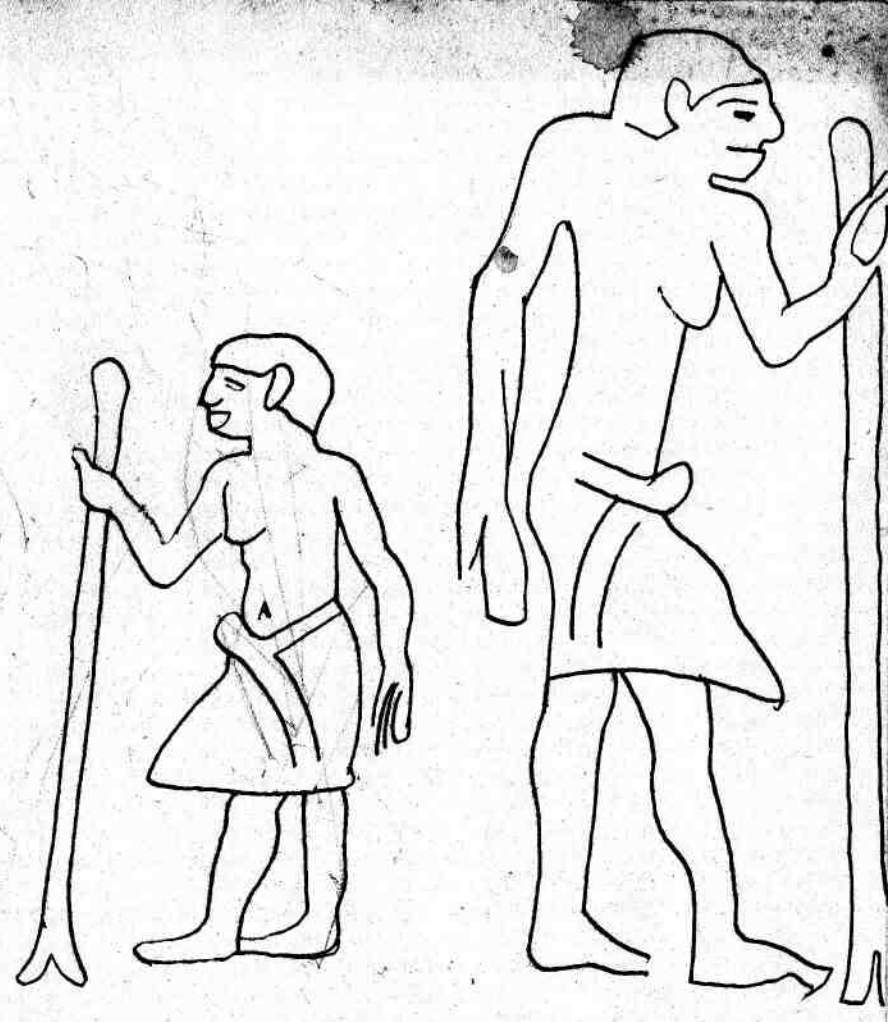
Physical and mental disorders were attributed to possession by demons, and vile treatments were concocted to drive out these evil forces; the roles of physician and priest were closely related. Physical treatment was supplemented by psychological treatment in the form of rituals and incantations.

In the ancient world of Egypt and Greece, diseased and defective people were segregated from the larger community in the interests of hygiene —

Priest-physicians worshipped various gods, and practised the arts of healing on pilgrims and afflicted persons who visited their temples of medical learning.

The most famous name is that of IMHOTEP - vizier, architect, and physician during the 3rd Egyptian dynasty (c. 2980 B.C.) — who was later deified. He is identified with the Greek god of medicine, Asklepios, whose emblem is the serpent. He proposed a variety of medical ideas including some relating to the treatment of the disorders of old age. There is a kind of historical continuity, in fact, between Egyptian medicine and present-day pads and fallacies regarding health and appearance, for example, constipation, wrinkles,

The earliest known medical papyrus on ageing was written c. 1600 B.C. and prescribes a treatment for transforming an old man into a youth. Thus, it is obvious that from the outset men were averse to the prospect of being old, and avidly searched for remedies to retard or reverse the process of ageing. It is interesting to ~~note~~ observe that biological changes were regarded as critical — especially changes in external physical appearance, muscular weakness, and loss of sensory acuity. The Egyptian hieroglyph meaning 'OLD' or 'TO GROW OLD' represents a stooped human figure holding on to a staff for support. It first appears in inscriptions dated c. 2700 B.C. A subsequent papyrus c. 1550 B.C., refers to a number of common physical afflictions in old age and offers a variety of treatments, involving incantations and other magical and religious rites and the administration of various drugs and remedies.



Egyptian hieroglyphs representing an old man. The two drawings are from the Tomb of Ptah-hetep at Saggara (Dynasty V)

(N. de Garis Davies, *The Mastaba of Ptahhetep and Akhethetep I*, pl. IV), Egypt Exploration Society, London.

The pendulous breasts are quite a feature of most of the examples of the sign in this tomb. They sometimes occur elsewhere but are not necessarily a regular feature in either Old Kingdom or later inscriptions. The Old Kingdom hieroglyphs are more carefully drawn. The head of the old man on the right is bald in front, but the rest of his hair is painted red.

The translation is of a polite greeting from a prince to a wise old man, 110 years old, who was a magician: among other things he could restore a head which had been cut off the body.

"He found him lying on a mat at the threshold of his house, a slave holding his head while rubbing it, while another massaged his feet. Then said the prince Hardedef: 'Thy state is like that of one who lives before old age, — for old age is the time of dying, the time of encoffining, the time of burial — the one who sleeps till day, free from sickness without hawking of the cough! This is the salutation befitting a reverenced person.'"

[Papyrus Westcar, 7, 14-20]

In Early ~~Jewish~~ Hebrew literature there is a legend that Abraham married a second time and was "full with the strength of youth" and wished to live forever.

God listened and said: ~~Very~~ Very well — But the laws of nature shall not be changed for you, and it is the law that all men are mortal, and that all mortals must age."

One day an old man with trembling knees came to his door begging for food.

"How old are you?" Abraham asked.

"Just a few years older than you." he replied.

After the old man left, Abraham prayed:

"O Lord! Let me die with the strength of my senses undiminished and before I become a burden to myself and my kin."

ISLAM AND THE MIDDLE AGES.

With the decline of the Roman Empire in the West, there ensued a long period of intellectual stagnation vaguely referred to as the Dark Ages: c. 200 to 1200 A.D.
Christianity attempted to destroy 'pagan' medicine and its temples, but in the process it assimilated some of its beliefs and practices [Notes on Biblical/Talmudic pathologies]. *

Evolving scientific medicine was in decline before Christianity was established: — early Christianity had little room for science or systematic medicine.
The institutions established to care for people unable to look after themselves — including the elderly infirm — were governed by monastic attitudes in which charity, prayer, and relief of suffering by simple home remedies were possible; but 'professional' medical treatment was usually not available or even expressly forbidden. Earthly life was regarded as brief and of little significance in comparison with the eternal life that would follow (whatever form that took).
Official preachings re: sin and punishment, still contrasted with the paradox of the business of living: Memento Mori formulas versus 'make hay while the sun shines' etc.

By the 13th century, there were almshouses and infirmeries, established in association with ecclesiastical institutions, which catered for orphans, the sick and the blind, and the aged.
There were insanitary — dirty and over crowded;
In medieval England, there were about 1,000 such hospitals, about 200 of which were for lepers.
Then when religious and political dissension led to the dissolution of the monasteries, their endowments were confiscated, and the hospitals could no longer be serviced and supported.

In the Middle Ages the common man's ideas about disease and disability were as primitive as in the ancient world, and beliefs about demons, spirits etc widespread.
The psychological 'sophistication' of 'such energy systems' did little to compensate for quackery, exorcism and vile treatments.
The unspoken assumption underlying the belief that sexual stimulation by young females would revivify the waning sexual capacities of old men, is that a temporary or apparent improvement is one of the more obvious physical signs of age signifies a general and permanent improvement - rejuvenation.
Drinking blood — milk from a young womans breasts' - bathing in blood etc.

See notes * re: Rejuvenation theories.
/Roman Charity' etc.
/(writers Bathori'.
"Suzanna and the Elders"

Writings from ancient India and China refer constantly to the problems of ageing.
Sexual beliefs and practices were prominent features of Taoism, and it was supposed that the essential spirits of the body, such as semen, could be preserved through unusual sexual practices.
The notion that concrete metaphorical thinking leads to the formation of strong associations between ideas that have some kind of 'resemblance': e.g. the imperishability of Gold and the imperishability of Life.
A substance that could transmute metals might also cure diseases and provide an antidote to ageing — the pill/potion of immortality.

See notes re: Taoism.
Alchemy.
Sympathetic Magic.
Witchcraft.
Elixirs. etc.

The most notable of the Islamic physicians was Avicenna (980 - 1037) who defined the life-cycle, including old age, in terms of the classical qualities used by Galen. Avicenna remarked on the relationships between ageing and such things as climatic conditions, diet, fluid intake and urine excretion, exercise and bowel function.

Maimonides (1136–1204) contributed views on old age stressing the value of wine and medical care, and warning of the dangers of sexual over-indulgence. His criticisms of Galen gained little support, and Galen's works became authoritative, and a hindrance to ~~the~~ factual inquiry and innovation.

A key figure during the late medieval period was Arnold of Villanova, 1238–1311. who, among his other activities, published a treatise on the preservation of youth and the retardation of old age.
His approach was derived from the classical theory of elements, humours and temperaments. To counteract the adverse effects of the cold and dry humours in late life, the warm and moist humours must be encouraged by good food, wine, baths and so on.
His recommendations provided a sensible regimen for the conservation of health and well-being in old age. He was an early editor of the Regimen Sanitatis of the medical schools at Salerno, and engaged in the search for an elixir which gave rise to aqua vitae (alcohol).

Roger Bacon (c. 1214–94) was a scientist out of his time. He felt that failure to attend to physical health throughout life shortened the life of the individual and his offspring. Following an idea originating from Grosseteste of Lincoln, he pointed out that the use of a lens could compensate for the impairment of vision in later life. His writings on the medicine of old age were based on classical and Islamic sources, and, as the title of one of his books, The Cure of Old Age and the Preservation of Youth, indicates, the preoccupation of medieval writers like those of former times was how to maintain youthful vigour against the ravages of age.
It seems to have been assumed that ageing (if not death itself) was not inevitable, and that some natural or supernatural remedy could in principle halt or even reverse the effects.

If we kept throughout life the same resistance to stress, injury, and disease that we had at the age of ten, about one-half of us here today might expect to survive in 700 years' time. The reason we cannot is that in man, and in many, but probably not all, other animals, the power of self-adjustment and self-maintenance declines with the passage of time, and the probability of disease and death increases.

The increase in man becomes eventually so steep that while exceptional individuals may outlast a century, there is an effective limit, depending upon our present age, upon the number of years for which any of us can reasonably expect to go on living.

The uniformities of this process is one of the earliest unpleasant discoveries that every individual has to make, and although we have many psychological expedients to blunt its impact, the fact of this effective fixity of life-span, and of the decline in activity and health that often determine it, is always in the background of the human mind.

This process of change is senescence, and senescence enters human experience through the fact that man exhibits it himself. This close involvement with human fears and aspirations may account for the very extensive metaphysical literature on ageing.

It certainly accounts for the profound concern with which humanity has tended to regard the subject.

To a great extent human history and psychology must always have been determined and moulded by the awareness that the life-span of any individual is determinate, and that the expectation of life tends to decrease with increasing ~~life~~ age. The Oriental could say "O king, live for ever!" in the knowledge that every personal tyranny has its term. Every child since the emergence of language has probably asked "Why did that man die?" and has been told "He died because he was old."

To ask whether a longer life is desireable, is to ask whether LIFE is desireable. ~~Be 'live longer'~~ The wish to see the next day at 15 is the desire to live longer - the same wish operates at 30 and at 60.

At 15 there is the all ~~encroaching~~ absorbing stress of the class bully or the faithless girl friend. at 30 it may be the stress of alcoholism or creative impulses or the rates-bill. At 60 the all embracing stress is OLD AGE.

At 15 there is no hesitation in the desire to ~~replace the~~ thrash the bully or replace the girl friend - at 30 no hesitation ~~to~~ in leading the bailiff a merry dance. We do not question the natural impulse to ~~seek pain for pleasure~~ change what is undesirable into something desirable.

Old age is undesirable - we live in a youth-infatuated world. We learn palliative techniques which can soften the edges of age - and in ~~the name of wisdom~~ a final charge at the ranks of pleasure try and compromise and adjust in the shade of the eccentric tree of Wisdom. It doesn't work. Old age has for centuries been the last but one insult in our lives - we have believed in him for a long time. He has been accepted him with an angry but resigned heart. ~~There are developments in the last~~ worshipped reverentfully, we have The times are coming when we will lose faith in him, we will no longer believe in his authority - it is not unreasonable to visualise a time when he will be just another dead god.

(1) We have a life-span of 28,000 days - after that - not one more day: ~~Gone~~. ~~We~~ Everyone in this room will ~~surely~~ die - We know that. But there is a second date before our death - roughly 20 years earlier when we shall be alive, but not fully. Age is a condition from which we will all suffer. Ageing is impairment: it is the progressive dissolution of what we have built up through our lives. We deal with that by thinking about something else or by talking about the compensations of age. As Dr Alex Comfort once said: "One doesn't ask for compensation, unless one has been run over."

An open-eyed visit to an old folks home - or hospital wards soon makes one lose patience with those who philosophize about the beauty of a green old age. Aging is loss; it is not ripening. St Beuve wrote: "we never ripen."

It ~~old age~~ this deterioration is really inevitable, then we'd better accept it with dignity - or we shall increase our misery.

But the evidence suggests that ~~it is~~ in due course it will be probably not inevitable, and we live in a generation where we may see the sign of this intolerable and diminishing change, pushed back. And people should know this - they should be told that science will ~~also~~ suppress causes of premature death and postpone the ageing process.

There is active research on ageing the effect of which will postpone changes in step, across the board, everything from tumors to pedestrian road accidents, (which are highly age correlated), would occur at later ages. There is a good chance of postponing all of the ageing causes.

What is important to realize is that the period of senility would not be prolonged; in other words, you would become old later, you would not be old for longer. To prolong quality of life so that it takes 80 years to get to be 60.

(2) Maurice Chevalier was asked . . .

Ageing research is going to get funded whether we like it or not.
Those who are responsible for financing projects are usually elderly - they are likely to sympathize.
We always find things that seem like magic.
A project that establishes power and authority over something or someone, invariably gets funded. X Intervention and psychopaths (like some politicians ad ~~nauseam~~) spiritual leaders usually get their way. The only projects that run a close second for success are miracle-type ones.
The idea of ageing will be very popular, it will bring about profound social changes and some of them might even be constructive.
After all if we live 'longer better' we will have a greater stake in respecting our own skins.
Old people have to contend with natural senescence, inflation, poor social attention and endless forms of obsolescence.
We should ~~not~~ remember, in our society 'achievement' is always in the future, The old know only too well - past achievement doesn't score. Everything is forgettable.

In view of the serious likelihood of these developments we should prepare ourselves where we can.
It is my view that the Gerontological explosion we may anticipate will have its first pathway into the undergrowth of social guilt cut through by two types of Gerontology students.
These types I shall call Frankenstein A. ? and Golem B. ?
Some brief observations on Dr Frankenstien A.
The British Society for Research on Ageing some years ago produced a film for medical students introducing them to aspects of Gerontology, the biology and psychology of ageing.
The film showed a few elderly people falling over and trying to smile through their deterioration. One wizened creature shouted: "You doctors give us occupational therapy - that's not good enough for those of us alive ... in the head!"
At the closure of the film each member of the gerontological group made a brief statement about their motives for studying ageing.
Not one actually stated they were interested in ageing. Some worked on cancer with ageing aspects, some on hormones with a life-span aspect and so on.
Each with a specialist area that drew them into the ageing issue.
The ageing factor was ~~the~~ a consequence ~~effect~~ not the cause of their researches and involvements.
Such Gerontologists may understandably become career conscious and terrified of eccentric undertones in their trade. The embarassing era of the 20's and 30's for the history of science in this field when over-enthusiasm made us run before we could walk is still keenly in their memory.
They may establish considerable reputations in the field of ageing though they have real knowledge of ~~practice~~ only one small specialized - and perhaps medically romantic - aspect of it.
They will not be inclined towards philosophic-social considerations of their skill, fearing that it would open up avenues towards the very "eccentricities" they seek to avoid in the name of 'professionalism'.
His attitude will force him into a conservative position.

If he is asked why he is a gerontologist he will probably answer:
"Biological processes have been studied in depth in the areas of development and growth in terms of normal and pathological physiology of adult life; it is only reasonable to complete the picture by studying the ageing process."
He will refer to repercussions* in cancer research. To the problems ~~of~~ in treatment of the "new old".
"Spin-offs".
They will sympathise with American Gerontological Society maxim:
~~"To add years to life and not years to~~ "To add life to years and not years to life."

They worry about prolonging life in case it prolongs the agony? age, they refer to the population problem, to the limited turnover of people and the consequent "crystalization of ideas", Economic problems of a decreasing population of workers supporting an increasing population of 'oldsters'.
They will feel that in science "all is fair in love and research", but firm controls will have to be established.
Through these acceptable fears he gets into the habit of hitting a periphery of the ageing circle with his circumstancial specialization.
He is likely to view ageing as something removed from him, taking interest in his specialized area alone. This interest is likely to be linked to his scientific tastes rather than an identification with the ageing issue.
Dispite the fact that they are intellectually sensitive to the horrors of age, their motivation could have [illegible] pushed them into Botany or rocket propulsion; it just happens that it is an aspect of ageing.

Non-Gerontological specialists in ageing, are often seen as 'repair-men.' Although this is undoubtedly a valuable and necessary aspect of medicine — Doing their best to maintain a ruin and there is a strong probability that the gerontologist I have described will shift into this aspect of medicine fail into it missing his unique vocational opportunity.

Some brief observation on Dr Rabbi Leow-Golem. B.

Dr will believe that he is interested in positively prolonging life because this is a good and humane thing to do.
He will say that extention of life need not mean extention of old age. That the more agreable middle period of our lives could push old age to be closer to the death.
He will feel with confidence that everyone would agree with this in the end, dispite all arguments ad criticisms.
He feels that the social-cultural-educational invironment is geared to produce old people too quickly. All our laws in society are designed to improve our lives - yet the major gap for improvement is diminished in that 15 or 20 year period of our lives is expected to be filled will vastly expensive, uncomfortable and demoralising repair work, that is unavoidable as though it was unavoidable.
The majority of the elderly are weak, economically deprived and infirm, they have no pull in society, they have to take what they are given. The doctors social status renders the elderly in particular a 'captive audience'. They are the inevitable victims of a heroic geriatric service; a service which is constantly sensitive to the whole question of waste and the nessecity for prevention. Geriatric medicine will always be a vital and inevitable skill regardless of gerontological developments. But the geriatrician urgently needs to be helped through education and he is not. He is drained mercilessly and often need help.
The patient is utterly dependent creating intolerable stresses for himself and others.

If he is asked why he is a gerontologist he will say that life is all that we have, that it is a prerequisite for our activities and indulgences, that medicine is dedicated to improve its quality and shortening the terrible experience of deteriaration is 'humane'.
He feels deeply within his own heart that medicine is a skill intimately rewted to the problems of being human and alive.
He will say that he wants to wage war with age —

He is aware of St Augustine's observation: "The whole of our lifetime is a race towards death, in which no one is allowed the slightest pause... All are driven at the same speed, and hurried along the same road to the same goal. The man whose life was short passed his days as swiftly as the longer-lived; moments of equal length rushed by for both of them at equal speed."

He asks, Why is a longer-lasting worth-while life a better thing than an equally worth-while but briefer life?

He knows at least two good reasons why a longer life can be thought better than a short one. One is that the quality of life is not altogether independent of its length; many plans and projects would not be worth undertaking without a good chance of time for their fulfilment. The other reason is that, other things being equal, more of a good thing is always better than less of it.

This does not ~~entail such absurd consequences~~ mean that an enjoyable ~~thing~~ lecture gets better as it gets longer ~~without limit~~. The point of the phrase 'other things being equal' is to allow for waning of interest and for the claims of other activities. So, unless life begins to pall, it is not in any way unreasonable to want more of it and to place a value on the prolonging of other people's worth-while lives.

We can ~~say wi~~ feel for Michelangelo etc etc. etc.

End with Priestley quote.

This gerontology ~~is trying~~ knows that folk-myths about "tampering with nature", "if man was supposed to fly he'd be born with wings" ~~attitudes~~ is a cloudy fear-ridden smog of guilt and stupidity essentially obeying the ever vigilant instinct for self-destruction. This G's knows that the sun rising is a gift — he knows that extra days will always be acceptable.

~~This is~~ ~~gerontologist with the~~ ~~help of education~~ ~~is~~ ~~is interested~~ in practical ~~improvement on the quality of~~

The importance of encouraging Gerontologist (B).
The education of the public in schools - living skills.
The dangers of ignorance - The 'preventers' must take the field.
Priestley. The 'repair-men' have shown how much can be achieved in improving the pro
The specialist will form a programme of prevention - he must go further than repair work and this is the task of education.
There is a case for G (B). He needs resources for forming prevention programmes - these programmes must then go to education, teaching programmes.

3 sections // Repair men – Specialists (A) Philosophical (B)

Prolongevity – is it a 'natural desire'? Of course it's Prolongevity is living from minute to minute at *any* stage of one's life.

Group A – Gerontologists do not wish to be viewed as committed to longevity views.
They have a fear of 'Charlatans' – who exist precisely because of the 'innate' desire to prolong life – of the 'sincerely' misguided.
The embarrassing era of the 20's/30s for the history of science when over-enthusiasm made some of them running before walking.

The British Society for Research on Ageing some years ago produced a film for medical students introducing them to aspects of Gerontology. biology of ageing / psychology etc.
It showed a few old ladies falling over, with one wizened ~~crone~~ creature shouting: 'You doctors give us occupational therapy – that's not good enough for those of us alive... in the head!"
At the closure of the film each member of the gerontological group made a brief statement about their motives for studying ageing.
Not one actually stated they were interested in ageing.
Some worked on Cancer with ageing aspects, some on Hormones with a life-span aspect and so on.
Each with a specialist area that drew them into the ageing issue.
The ageing factor was the effect not the cause of their researches & involvements.
They may understandably become very career conscious and terrified of 'eccentric undertones' in their trade.
They may establish considerable reputations in the field of ageing which allows them confidence in only a small corner of it.
They will not be inclined towards philosophic-social considerations of their skills – as that would only open up avenues towards the 'eccentricities' they seek to avoid in the name of 'professionalism'.

He is forced into a conservative position.

(Margin notes, written sideways: "Wouldn't" / "2 out of 3 categories are not interested in ageing / and the 3rd has not been identified yet")

☆ Ask ~~him~~ A: why he is a gerontologist.

Answer. a. Biological processes have been studied in some depth as regards development and growth. In terms of 'normal and pathological' physiology of adult life – it seems reasonable to complete the picture by studying the ageing process.
b. There are repercussions in cancer research –
c. In the treatment of the 'now old' (Johnny will send more information)

As the American Gerontological Society says: "~~To~~ add life to years ~~and~~ not years to life."
When one questions establishment Gerontologists (A) about motivation they usually take the above view.
However, they ~~often~~ assume that prolonging life would mean prolonging ~~age~~ old age
they would refer to population – the problem of "crystalization of ideas" through a limited turnover of people – Economic problems of decreasing population of workers supporting an increasing population of oldsters. Very fearful of prolonging human life – They suggest that you can't stop the work (all fair in love and 'research') but one may have to control the likelihood of 'exploitation.'
~~They frequently say that old age need it be so bad which is partly [illegible]~~.
He hits a periphery of aging through circumstancial specializations.
He will look at ageing as something removed from him, taking interest in his specialized area. He ~~[illegible]~~ not feel involved as a human being in his ~~[illegible]~~ He may be interested in the field for reasons that are linked with his tastes but not because he identifies with the experience of old age * work, it could be rocket propulsion or botany. it happened to be an aspect of ageing. ~~They~~ Intellectually they may realize the full horror of age but ~~that~~ that

(Margin note, written sideways: "* The mathematician may be very interested in his subject without being afraid of distorted relations and equations.")

No preperation for "prevention". Repair versus Prevention -

Group B

There Gerontologists may be viewed as people who are interested in positively prolonging life because they believe this is a good and humane thing to do.

They hold that extention of life need not necessarily mean extending old age.
They believe that the more agreable middle period of our lives could be extended without ~~proportionally~~ extending old age too much.
He may feel that it is not for him to compell individuals to accept his views - but notwithstanding - firmly believe that basically everyone would like to 'live longer better.'

He feels that the elderly are rendered victims of geriatric techniques. That education has trained them to look to the 'doctor' as healer. The doctors' social status renders the elderly in particular a 'captive audience'. The old are economically deprived & infirm. They have no pull anymore - they have to take what there given.
Most geriatric activities orientate around those ~~poor~~ without funds.
The rich woman rarely spends her days in part 3 accomadation, and though she deteriorates perhaps as rapidly or disagreably she does so more on her own terms.
Education creates a situation where the person needing the services of a geriatrician has become ~~rendered~~ utterly dependent.
However apart from its conditioning effect - geriatrics does have a useful & necessary part to play in aleviating stresses once the problem is irresolvable. *
⊕ The great importance of geriatrics as its techniques improve is attentive and accurate diagnosis.
There is an element of naivity on the part of this gerontologist in his assumption that ~~no one~~ one might not get bored with pleasure as one does with pain.
Borges / Struldbrugs / Tithonus / !
An effect of longevity in society may be grasped by witnessing the behaviour of children who sense little or no 'end' in sight, and spontaneously act as though they will live forever.

Let us consider these two representatives more closely.

⊕ e.g. Housedoctor incorrectly diagnosing dementia when the pramblem was an enlarged prosttate causing confusion through changes in blood chemistry.

x Geriatric medicine is bound to be necessary & inevitable regardless of gerontological developments. As even anticipated skills in gerontology can only 'delay' ageing unless one hopes for the Huxley prayer that everything is rosey until 80 or so, and then you gently enter nothingness without the experience of deterioration. But why would one die if one was not deteriorating.

Prof. Exton-Smith. University College Hospital. Geriatrician.

Note* Man labeled Dementia / prostate.
Dr Trevor Howel - Geriatrician. important figure 50s.
Prof. Millard - professor of geriatric medicine. St Georges.
Sir Ferguson Anderson professor " " Glasgow.
One of the main campaigners for geriatric medicine and is now involved in ~~aging~~ pushing the study of ageing. Conference in 1980 at Leeds Castle. inviting leading ~~top~~ 60 - 70 gerontologist from all over the world.

Professor Brocklehurst: Manchester University of Gerontology & Geriatric Medicine.