- MILLER, L. L., BLY, C. G., WATSON, M. L., and BALE, W. F. (1951), *J. exp. Med.*, **94**, 431.
- MOLLISON, P. L., and CUTBUSH, M. (1949), *Arch. Dis. Childh.*, **24**, 7.
- MOORE, D. H., DU PAU, R. M., and BUXTON, C. L. (1949), *Amer. J. Obst. Gyn.*, **57**, 312.
- MOYER, J. H., and WURL, O. A. (1951), *Amer. J. Med. Sc.*, **221**, 28.
- NEYE, K. (1952), *Dtsch. med. J.*, **3**, 177.
- NICOLA, P., WUHRMANN, F., and WUNDERLY, C. (1950), *Minerva med.*, **41**, 3.
- NUSSEY, A. M. (1949), *Brit. med. J.*, **ii**, 414.
- OWEN, C. A., JUN. (1951), *J. Lab. clin. Med.*, **38**, 583.
- PATEK, A. J., JUN. (1950), *Advan. Int. Med.*, **4**, 329.
- PERLICK, E. (1951), *Z. ges. exp. Med.*, **116**, 540.
- PETERS, G., and HARMANCI, N. A. (1950), *Dtsch. med. Wschr.*, **75**, 252.
- POLLOCK, M. R. (1945), *Lancet*, **ii**, 626.
- POLLOCK, M. R. (1951), in 'Infective Hepatitis,' see above.
- POPPER, H., and SCHAFFNER, F. (1950), *Advan. Int. Med.*, **4**, 357 (395 references).
- POPPER, H., BEAN, W. B., DE LA HUERGA, J., FRANKLIN, M., TSUMAGARI, Y., ROUTH, J. I., and STEIGMANN, F. (1951), *Gastroenterology*, **17**, 138.
- POPPER, H. (1951), in 'Liver Disease,' Ciba Foundation Symposium, J. A. Churchill, London.
- RAFSKY, H. A., WEINGARTEN, M., KRIEGER, C. I., STERN, K. G., and NEWMAN, B. (1950), *Gastroenterology*, **14**, 29.
- RAFSKY, H. A., BRILL, A. A., STERN, K. G., and COREY, H. (1952), *Amer. J. med. Sc.*, **224**, 522.
- RICKETTS, W. E. (1951), *Ibid.*, **221**, 287.
- RICKETTS, W. E., and STERLING, K. (1951), *Ibid.*, **221**, 38.
- RICKETTS, W. E., and STERLING, K. (1949), *J. clin. Invest.*, **28**, 1477.
- RICKETTS, W. E., and KIRSNER, J. B. (1951), *Gastroenterology*, **17**, 184.
- ROBERTS, S., and WHITE, A. (1949), *J. biol. Chem.*, **180**, 505.
- SCHAFFNER, F., POPPER, H., and STEIGMANN, F. (1950), *Amer. J. med. Sc.*, **219**, 307.
- SCHALM, L. (1952), *Lancet*, **ii**, 1153.
- SCHIFF, L. (1951), *Ann. intern. Med.*, **34**, 948.
- SEITZ, W. (1950), *Med. Monatschr.*, **4**, 241.
- SHERLOCK, S. (1950), *Postgr. med. J.*, **26**, 472.
- SHERLOCK, S., and WALSHE, V. (1947), *J. Path. Bact.*, **59**, 61.
- SNAPPER, I., ROBINSON, B. D., and ROSENTHAL, D. (1951), *J. Mt. Sinai Hosp.*, **18**, 203.
- SOPHIAN, L. H., and CONNOLLY, V. J. (1952), *Amer. J. Digest. Dis.*, **19**, 44.
- STERLING, K., and RICKETTS, W. E. (1949), *J. clin. Invest.*, **28**, 1469.
- SUAVELY, J. R., and UNGLAUB, W. G. (1952), *Med. Clin. North Amer.*, **36**, 393.
- VIOLLIER, G. (1951), in 'Liver Disease,' Ciba Foundation Symposium, J. & A. Churchill, London.
- WATSON, C. J. (1946), *Blood*, **1**, 99.
- WATSON, C. J. (1951), in 'Liver Disease,' Ciba Foundation Symposium, J. & A. Churchill, London.
- WILSON, A., CALVERT, R. J., GEOHEGAN, H. (1952), *J. clin. Invest.*, **31**, 815.
- WUHRMANN, F. (1951), in 'Liver Disease,' Ciba Foundation Symposium, J. & A. Churchill, London.
- WUHRMANN, F., WUNDERLY, C., and DE NICOLA, P. (1950), *Klin. Wschr.*, **28**, 667.

SOLITARY AND INFIRM OLD PEOPLE

By MISS C. L. REEVE, B.A., F.S.H.M.

Secretary and Housing Manager, Rowe Housing Trust and Aubrey Trust

The experience on which I base the views expressed in this article comes from my work as a Housing Manager for two housing associations in North Kensington. Much of their property consists of old houses which can be let off in single rooms, and these are often occupied by elderly people (for the most part women) who in other districts might have to live with relations or friends. If one of these old people becomes ill, but is not bad enough for hospital and there are no relations living near, a distressing situation arises which worries doctors as well as neighbours and social workers.

Our first attempt to meet this kind of hardship was to convert two connecting houses into a hostel where 28 old people could be fed and looked after when they could no longer manage for themselves. This type of hostel is called Part III accommodation, and under the National Assistance Act the major part of the maintenance cost is met by the welfare authority if it considers the old person in need of care and attention. We provide a

Matron and an Assistant Matron who, though not qualified nurses, have had nursing experience, and we look after the old people until they die unless they become so ill that they need hospital care. It is as difficult to get old people into hospital from a hostel as it is from their homes, but it is possible to arrange direct exchanges if there are people in the hospital ready for hostel life at the time when there is a serious illness in the house.

At this hostel the old people go out as they like, help in the house if they are able, bring some of their own furniture if they want and generally look on it as their permanent home. They share bedrooms for the most part without difficulty, but if we were taking professional people it would be essential to have single bedrooms.

The fact that the hostel is run by people they know and in a district they know makes the move when it comes less worrying for old people than it would be. I cannot stress too strongly what a pity it is that, under present legislation, different authorities are responsible for old people at

different times according to the state of their health.

Whilst our hostel is a very happy and useful place it has not always answered the need for which it was intended. We have found that the majority of people living on their own dislike and resist the idea of any kind of communal life. The people who welcome and fit into this type of hostel are retired domestic servants and nannies, whilst higher in the social scale are teachers and nurses who have often lived in other people's houses. This group, of course, form only a part of those who should be looked after. Moreover, for the sake of the staff and the other residents it is not possible to put a very difficult old person or one with trying habits into such a hostel. A further point which makes me feel that, useful as these hostels are, they are not the main answer to the problem of helping solitary old people is the fact that once an old person stops having to shop and clean she drops only too easily into an inactive life and often ages considerably as a result.

I have dealt so far with old people who can dress themselves and move about slowly, both in their own rooms and in the hostel, but cases arise where real nursing care is needed but not actual hospital treatment. For the last three years we have run a 'Rest Home' in conjunction with the South-West Metropolitan Regional Hospital Board, which is meant to deal with this type of case and also to release hospital beds. At this home we have 17 patients, of whom seven or eight are either in bed or only up for part of the day. We can take people suffering from bad hearts, arthritis or disabilities following fractures, but not patients who need night attention or complicated diets. An old person wishing to come to the Home is either sent direct from hospital or has to be seen and passed by the Superintendent of the hospital. The cost of maintenance, which at present is £4 14s. od. per week, is then borne by the Hospital Board.

The Home has practically become a home for 'chronics.' We had begun by hoping that some of our patients would get well enough to return home, but the most we have managed to do is to get some of them well enough to move on to the hostel. Almost all those who come to us direct from hospital have already given up their homes and, having been in hospital for some time, have really stopped wanting to make another effort to manage ordinary life. Although I fully realize the importance of getting old people to keep as active as possible, I am particularly aware, as a Housing Manager who sees people weekly in their homes, of all that is involved in managing on one's own—the shopping, cleaning and fire lighting and cooking, etc. When I read of rehabilitated old people returning home from short-stay annexes, I feel I

should like to know how they get on in the months ahead. Of course if they have only been in hospital for a few weeks, have kept on their homes or have relations at home it is a different matter, but these are not the ones who constitute our particular problems.

It is interesting that when we were first filling the Rest Home we had difficulty in doing so, and even now when we wish to send one of our old people back to hospital and ask for an exchange, the two hospitals with which we are connected cannot always find a patient ready for us. I think doctors and almoners were as surprised as we were to find how difficult it was to find the right people. This illustrates how easy it is to argue a general need from a few pressing cases. A Rest Home such as ours should, I think, draw from a fairly large area with at least one hospital in it with a geriatric unit, and it should be realized from the start that a certain number of transfers to and from the hospital must take place before finding out which old people will best fit into a Home. Some patients behave very differently under hospital discipline and in the easier atmosphere of a Home. I have sometimes known almoners indignant when we have pressed for an exchange on grounds that someone who was exemplary as a hospital patient is upsetting our household. There is a further source of misunderstanding in the amazing way that an old person can be very ill one day and much better the next. This characteristic of old age is the one which surprises me most. I have known old people I thought should be in hospital one day, enjoying an outing to Southend the next week. One old lady in the hostel complained about her heart as she had to mount one flight of stairs, but when given another room she re-arranged the heavy furniture in it overnight. In North Kensington an independent doctor visits old people on the waiting list for hospital to decide on the order of priority. This is certainly fairer than taking those whose doctors press hardest, but it may be unfortunate if he calls on a day when the old person is in particularly good form.

There is a large group of old people suited to neither hostel life nor to hospital. For example, there are the disagreeable and sharp-tongued who will make others unhappy, those with unpleasant habits and the recluses. For these people their own home is probably the only place, and what is needed are services brought to them. It is here that we have made an experiment on a small scale.

Kensington has a considerable number of domiciliary services for the aged. In addition to the usual Home Help service, district nurses and meals on wheels, there is a home chiropody scheme, laundry for the bed-ridden and 'friendly' visiting. It is worth noting that necessary and

useful as these services are, they are used only by a small proportion of old people at any one time. This again suggests that needs which seem so overwhelming when one meets individual cases are capable of being dealt with on a small scale. Despite these services we often find cases where something more is needed, and we now employ a part-time retired district nurse on the staff of the Housing Association. During the summer she relieves the staff at the two homes in holiday periods and is available for emergencies. Her work in the winter, like most useful jobs, is made up of small services which seem little on paper but actually mean a good deal to their recipients.

When I hear that someone has been taken ill I send her round to see how bad the old person is and what ought to be done. If the case is bad she does what she can till other arrangements can be made. I should make it clear that she does not do work which district nurses do but helps until they can be obtained or, if they are already calling, she helps in other ways such as shopping or seeing about coal supplies. (It is amazing how often it is the difficulty of getting the fish for the cat which is the greatest worry of all.) She quickly got to know our 'chronics' and lonely old people, and she has a rota for visiting all those who seem to need her services. Her jobs include hair-washing, nail-cutting, bathing, back-rubbing and buying clothes. You have to put yourself in the place of an old woman who finds it difficult to stoop, has no bath or cannot get into one, cannot get out to the shops and has few friends, to realize how much our nurse helps them physically. Even more im-

portant, perhaps, is the fact that once they know she is a nurse and interested in them, they can ask about special health worries. She has time to stay and talk and, with what they tell her and with what she observes, we can plan how best to help. Sometimes she persuades them to go to a doctor and often she goes with them to hospital. If you have never been far from your own area and seldom to hospital, getting to a medical examination is a very frightening experience which is postponed again and again. I sometimes feel that in escorting old people to hospital she is being particularly useful. She has an average of 20 old people to help weekly, and in normal conditions one part-time nurse can cope with the 200 old people among my tenants. Her salary is paid by contributions from two housing associations and the hostels. The old people pay nothing. This they seldom query as they look on her as a friend. In the summer the need for helping the tenants largely disappears, and it has been possible for her, besides being at the hostels, to go with batches of old people to a holiday home where they would not be taken unaccompanied.

In view of the increasing number of old people it is necessary to consider how we can best look after them without making an undue demand on the services of younger people. Although I realize how dangerous it is to generalize on this of all subjects, I should like to suggest that an extension of the domiciliary services may both be economical in money and man-power and also allow many old people to continue to live in the way they like best.

CORRESPONDENCE

The Editor,

POSTGRADUATE MEDICAL JOURNAL

Dear Sir,

In July the Medical Committee of the Scientific Film Association plans to publish a supplement to its catalogue of medical films which was published last May.

As there must be many films of interest to medical audiences available in this country, details of which are not included in the 1952 catalogue, the owners or distributors of such films are asked to let me have details of them if they are prepared to lend them for showing to medical audiences.

The details we like to have include title of film, running time, summary of contents, date of production, 16 mm. or 35 mm. gauge, sound or silent, colour or black-and-white, free loan or hire, the name of the medical adviser and the address from which the film may be obtained.

M. ESSEX-LOPRESTI.

Dr. Michael Essex-Lopresti,
Cataloguing Officer,
Medical Committee,
The Scientific Film Association,
164 Shaftesbury Avenue,
London, W.C.2

March 13, 1953.