

## HEALTH OF THE AGED

Europe's ageing population and the pressing health problems it raises were the subject of debate in two international forums recently: the first an advisory group convened by the European Office of W.H.O., which met in Oslo from July 27 to August 2; and the second the European League for Mental Health, which met in Vienna on August 23.

## Forced Retirement

The European League for Mental Health discussed the mental health problems of the older worker and those of retirement. Dr. DORIS ODLUM defined "an older worker" as one who, on account of age, met any special difficulties in obtaining or retaining employment or who on this account was less able to do satisfactory work. While more people of both sexes now lived longer and retained much of their vigour and working capacity until the late sixties or even older, many, she said, even in their fifties or early sixties could not obtain suitable employment, and a number were arbitrarily retired long before their capacity to do efficient work had diminished. This often produced mental distress. Investigation showed that few people gave up work voluntarily merely because they wanted more leisure. In fact, many dreaded the prospect of idleness; they felt discarded and tended to lose their incentive to keep active. This could lead to premature deterioration and early senescence. Older women, because they had their homes and husbands to care for and often other interests as well, tended to suffer less than men. Besides supplying him with money and material advantages, his work was the main means of fulfilling a man's ego. The retired man not only had to diminish his style of living because he had less income but he was not wanted in the home or indeed anywhere, and the greatest enemy to mental health was the feeling of being redundant. In the case of the widowed or unmarried loneliness was often a great problem. Dr. Odlum's proposals for mitigating these situations included the provision of more suitable and more part-time work and the avoidance of compulsory retirement so far as possible. The preparation of a man for his retirement was also vitally important, since his personality and the attitude with which he faced the new situation would largely decide how far he could adapt to it.

Professor PAUL REITER, of Copenhagen, said they had a very similar problem in Denmark, which was rapidly changing from an agricultural to an industrial economy. He described some of the mental and emotional disturbances affecting the older and retired worker seen in his clinic, and said it was now realized that many cases thought previously to be senile psychoses were really psychogenic and could be greatly helped by medical and social care.

Dr. ANDRÉ REPOND, Switzerland, said that the problems of the agricultural communities were considerable and not to be ignored. Their pattern of life was also changing. Dr. VEIL, France, said that preparation for ageing really began in childhood and at school: the lower the standard of education and cultural background, the earlier the decline of mental powers.

## W.H.O. Regional Group

The W.H.O. group consisted of experts in various aspects of gerontology and geriatrics from Finland, France, Germany, Italy, Netherlands, Norway, Sweden, U.S.S.R., the United Kingdom, and Yugoslavia under the chairmanship of Dr. JEAN HUET, of Paris. Professor W. HOBSON, of Sheffield University, was the United Kingdom representative. They had the task of surveying the present health needs of the aged in Europe and of framing recommendations for the W.H.O. European Regional Office and for governments. Having cleared the ground by reviewing the demographic trends in different countries and the existing provision for the aged, the group discussed in detail the planning and organization of health and medical services for the elderly.

Education of the public about the problems of the elderly was thought a useful preventive measure for some of their disabilities, but more information was needed on such questions as the value of routine health examinations and multiphasic screening procedures. The group's recommendations will be the subject of a special report.

## APPROVED NAMES

"Approved names" are devised or selected by the British Pharmacopoeia Commission, and the intention is that if any of the drugs to which these approved names are applied should eventually be described in the *British Pharmacopoeia* the "approved name" should be its official title.

The previous supplement to the consolidated list of "approved names" was published in the *Journal* of May 17 (p. 1175). A new supplement, dated August, 1958, is printed below. Communications relating to "approved names" should be addressed to the Secretary, British Pharmacopoeia Commission, General Medical Council, 44, Hallam Street, London, W.1.

Approved Name	Chemical and Other Names	Notes
Ambazone	1: 4-Benzoquinone amidinohydrazine thiosemicarbazone hydrate "Iversal"	Antiseptic for local treatment of buccopharyngeal infections
Beclamide	N-Benzyl-β-chloropropionamide "Nydrane"	Anticonvulsant
Benztropine	3-Diphenylmethoxytropine "Cogentin" is the methanesulphonate	Symptomatic relief of Parkinson's syndrome
Bisacodyl	Di-(p-acetoxyphenyl)-2-pyridylmethane "Dulcolax"	Laxative
Chlorphenesin	3-p-Chlorophenoxypropane-1: 2-diol	Fungicide
Clemizole	1-p-Chlorobenzyl-2-pyrrolidino-methyl-benzimidazole "Allercu" is the hydrochloride	Antihistamine
Clemizole Penicillin	Benzylpenicillin combined with 1-p-chlorobenzyl-2-pyrrolidino-methyl-benzimidazole "Megacillin"; "neopenyl"	Antihistamine penicillin with prolonged depot action
Deanol	2-Dimethylaminoethanol "Atrol" is the bitartrate	Treatment of schizophrenia and other mental disorders
Dimethisterone	6α: 21-Dimethylethisterone "Secrosteron"	Progestational agent
Ethoheptazine	Ethyl(-)-1-methyl-4-phenylazacycloheptane-4-carboxylate "Zactane"	Analgesic
Framycetin	An antibiotic derived from <i>Streptomyces decaris</i> "Soframycin" is the sulphate	Treatment of cutaneous infections
Furazolidone	3-(5-Nitrofururylideneamino)-oxazolidin-2-one "Furoxone"	Treatment of bacterial diarrhoeas and enteritis
Inproquone	2: 5-Bisethyleneimino-3: 6-dipropoxy-1: 4-benzoquinone	Cytostatic agent
Pempidine	1: 2: 2: 6: 6-Pentamethylpiperidine "Perolysen" is the hydrogen tartrate; "tenormal" is the hydrogen tartrate	Treatment of hypertension
Phytomenadione	2-Methyl-3-phytyl-1: 4-naphthoquinone "Vitamin K <sub>1</sub> "; "konaktion"; "mephyton"	Treatment of hypoprothrombinaemia
Piprinhydrinate	Diphenylpyraline salt of 8-chlorotheophylline 4-Diphenylmethoxy-1-methylpiperidine salt of 8-chlorotheophylline "Koltan"; "mepedyl"	Antihistamine
Sulphaethidole	5-p-Aminobenzenesulphonamido-2-ethyl-1: 3: 4-thiadiazole "Sethadil"	Treatment of infections of the respiratory tract
Sulphathiourea	p-Aminobenzenesulphonylthiourea "Badional"	Bacteriostatic
Trimethidinium Methosulphate	(+)-3-(3-Dimethylaminopropyl)-1: 8: 8-trimethyl-3-azabicyclo[3: 2: 1]octane di(methyl methosulphate) "Camphidonium"	Treatment of hypertension

The International Academy of Gynecological Cytology has published the first number of *Acta Cytologica*, which will appear three times a year. Besides reports of the Academy's symposia the *Acta* will print only articles written by invitation. Subscription is \$4.50, and the editorial address is 5841, South Maryland Ave., Chicago 37, U.S.A.