

on the one hand and, on the other, local evaluative studies designed both to measure the pros and cons of different styles of service, and to compare the new services with earlier patterns that still operate in much of the country. Innumerable questions of resources and outcome also remain to be answered, though reports available so far suggest that where such new developments take place existing resources can be put to more effective use and job satisfaction of staff is enhanced.<sup>12 15</sup>

The very evident enthusiasm of the pioneers in psychogeriatrics was further shown by the painstaking way in which most people completed our demanding questionnaires. We are very grateful to them, to the Section for the Psychiatry of Old age for making available to us its list of "psychogeriatricians," and to the administrative medical officers who kindly provided information.

## References

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# Dealing with the Disadvantaged

## Disability and the elderly

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This is the International Year of the Disabled, and the disabled among the elderly and the very elderly must be included in those whose problems the year seeks to highlight. Society too often sees old age as a period of disablement for which little can be done. Statistics, however, show that only 13% of the elderly are physically handicapped in the sense that their

living activities are severely restricted, and that 90% live in their own homes.<sup>1</sup> A survey conducted by the Office of Population Censuses and Surveys showed that 4% of those living at home were permanently bedfast or housebound, and that this figure rises to about 20% in those of 85 years and over.<sup>1</sup> Disablement is not, therefore, synonymous with old age, and diagnosis of a condition is needed in old age as in the younger age groups. "What can you expect at your age?" tends to strengthen the stereotyped view of age that society imposes, and into which the elderly can easily slip, making little effort to overcome the problems.

## Points to remember

(1) The elderly are often slow to ask for help. They accept things and tend not to complain about ill-health. It takes time for them to make new relationships and to feel safe enough to express their real feelings.

(2) Fear of increasing physical or mental incapacity or perhaps of not being able to manage independently makes elderly people say what they think the doctor or social worker wants them to say rather than what they themselves really want. This can then set up a line of action that may fail because in the last resort the plans are based on a professional's view of the needs of the elderly and not on the aspirations of the patient.

(3) The elderly of today were brought up in the late Victorian era; they remember the first world war and the struggles of the post-war depression and are the survivors of their own generation. They sometimes carry over the attitudes of earlier generations no longer applicable to their present social environment. They may fear institutional care because they remember the workhouses of their youth, and they may be reluctant to apply for social security benefits. Knowledge of the conditions of life to which they were accustomed helps to understand and respect their attitudes.

(4) The needs, personalities, and abilities of the elderly vary greatly as do those of younger age groups, and each individual will respond in different ways to discussions about diagnosis and treatment. Age itself should not deny the right to be treated in a dignified and understanding way, even if time is needed to achieve this end.

(5) In the present economic climate of cuts and curtailment

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of resources, a need for multidisciplinary co-operation would appear to be even more vital if the social resources are to be used most effectively. Understanding of the limitations of the services may help to prevent frustrations in the patient, who may be led to expect more than he can, in fact, be offered. Knowledge of the services both statutory and voluntary, is essential if the disabled elderly patient is to be helped to achieve his optimum well-being.

(6) The commonly held assumption that families no longer care for their elderly relations is not true in most cases. Many families accept their responsibilities and will carry on to the point of breakdown. When this happens it is often the elderly who are rejected. This can sometimes be avoided if the distress signals from the family can be picked up before the final crisis and measures are sought to help the family to share the problems. A holiday, intermittent admission to hospital, or even a sitter-in

would enable the family to get away for a time from the pressures. Some children, however, find it difficult to accept such measures and need help to understand the psychodynamics of the family. The aims for the International Year of the Disabled are: to increase the awareness of the needs, abilities, and aspirations of the disabled; to press for their participation, equality, and integration; the prevention of disability; and to encourage more positive attitudes towards the disabled. Such a charter would improve the quality of life of not only the disabled elderly, but also of the elderly population itself.

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## MATERIA NON MEDICA

### "Exchange and Mart"

I have always had a soft spot for the *Exchange and Mart*, ever since as a teenager I successfully sold a pair of clamp-on skates—the sort that instantly convert a perfectly sound pair of shoes into a wreckage of torn leather and protruding nails—to a bearded gent from Colchester, who seemed delighted with the bargain at 17/6. In those days the magazine cost 4d and was called the *Bazaar, Exchange and Mart*, with just a hint of Eastern promise behind its densely crowded façade.

"Every Thursday Since 1868" its busy pages have reflected the bizarre and the mundane in the changing English social scene. Here, carefully detailed, are the minutiae of everyday life, with all its quirks of optimism, ambition, acquisitiveness, pathos, and disillusionment. Each tiny paragraph of type tells its tale. "Marriage forces reluctant sale of my cherished MGB." Can one but doubt that the way ahead is stormy? Without preamble, the bargains start on the very first page. "Privet hawk moth pupae" are a mere 35p each. "Small nymphs" are only 55p a dozen. Momentarily I fantasise over the cheapness of small nymphs. Maybe financial cutbacks prevent you from attending the next international conference? For only £1 a Warwickshire company will send you an instruction booklet entitled *How to Make a Cheap Wind Machine*, and you can listen to the conference proceedings in your own home. Does the future of an NHS career look more than usually bleak? "Want to Start a New and Better Life? Paraguay welcomes settlers and immigrants. 288 acres of savannah land interspersed with palm and rosewood trees for £40 deposit." If you decide to go, you will probably be wanting the 5½-yard rolls of toupee tape at 45p each, to say nothing of a crossbow, advertised as "the finest in the Kingdom." An address in EC2 will, on receipt of £1.50, send you details of "How to become a successful consultant in your own field." Come to think of it, EC2 is not far from Barts, is it? The advertisement for a "blood-pressure monitor, ideal for the businessman," at £25.25 carries the reassuring rider in small print: "Not meant to replace your family doctor." Or would a complete change of profession be the answer? "Have You Ever Wanted to Manage a Pop Star?". Perhaps not (especially if one cannot even manage one's own children) but the next advertisement holds the clue. . . . "How to Make Money from Waste Paper."

Old church pews are offered at "reasonable prices," or, at the other end of the spectrum, a Victorian gas lamp post sells for £65, carriage paid. At one time the Great Train Robbers' getaway car passed through the pages of *E & M*, complete with the (presumably empty) false compartment in which £120 000 in cash was found. Perhaps the buyer would also be interested, a few pages on, in the "Large quantity of keys available, many from castles, prisons, railways, etc." Over £1000 is expected for a pair of genuine rhinoceros horns: a cheaper route to nirvana, however, would be through an investment of a mere £2.75 in a bottle of "sacred anointing oil," from a supplier in Leeds, who also sells frankincense and myrrh at £2.25 a lot, and 3000-year-old Egyptian tomb dolls at £42.50. Surely ideal for water music would be the "Upright piano converted into 30-gallon tropical fish-tank with polished copper lid, keys intact, and room for stereo equipment and tele-

vision beneath." On the next page the repellent trade in Nazi memorabilia thrives, SS peaked caps at £25 each finding a ready market beside Japanese samurai swords and, already, "Rhodesian war mementoes." *E & M* is never far behind the news.—JOHN LOURIE (orthopaedic senior registrar, Oxford).

### Conan Doyle or Lloyd George?

There it was—straight out of a Sherlock Holmes short story. I would not like to vouch for the exact wording, but it was along these lines:

#### Bound's Charity

Persons wishing to claim benefit under this charity should attend between the hours of . . . . . and . . . . . at (an address was given here) in the parish of Berry Pomeroy, or between the hours of . . . . . and . . . . . at this office, on Tuesday January 20th, 1981

The curiously old-fashioned printed notice bore the signature of the solicitor in whose office window in Totnes it was displayed.

Of what intriguing arrangement was it the manifestation? What dark deeds lay behind it? The invitation to "All red-headed men who were sound in body and mind, and above the age of twenty one, to apply in person on Monday, at 11 o'clock, to Duncan Ross at the offices of the League, 7 Pope's Court, Fleet Street" sprang immediately to mind. But do such conspiracies happen in twentieth-century Devon as they did in nineteenth-century London? The people entering and leaving the office all looked surprisingly normal, but then, as the innocent victims, I supposed they well might.

As medical, and with it social, history is an interest of mine, I felt I could ask the lawyer concerned for the details. Alas for Romanticism: this prosaic approach to the notice turned out to be the appropriate one. Susanna Bound, in her will dated 10 July 1700 made some provision for the poor of Bridge Town in the parish of Berry Pomeroy, in particular those who could prove by "good evidence" that they were relations of her husband William Bound or his father Peter Bound. And so my notice was just one in a series which must have gone up, year in year out, ever since. A gentleman of the same surname as the one to whom I wrote was involved in the administration of the charity in 1821: another was in 1911, at which time yet a third was actually a trustee. These last two were among the people giving information about the benefit to the Charity Commissioners for their report published in 1913 (HMSO, price 1d). It must have been some of the information considered in the reassessment of the Poor Law: Lloyd George's National Health Insurance Act had been passed in 1911, and the Ministry of Health was set up in 1919. But still in 1981 "the income, except that . . . on deposit which is kept as an emergency fund, is applied in a distribution in January of small money gifts to the poor."

Nothing sinister after all. But then, if it had been, they would not have just told me about it, would they?—VIRGINIA ALUN JONES (house surgeon, Bury St Edmunds).