

DR. MARJORY WARREN: THE MOTHER OF GERIATRICS

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"Things are always at their best in their beginning." - Pascal

"Medical history teaches us where we came from, where we stand in medicine at the present time, and in what direction we are marching. It is the compass that guides us into the future," Henry E. Sigerist

Summary

Marjory Warren (1897 - 1960) was a person with innovation and dynamism. Her work was missionary and her proposals visionary. She was a surgeon to start with, and yet she created geriatrics out of medicine. She advocated practising geriatrics as a specialist, and yet she emphasized the importance of generalist training. She argued for having separate wards with environment and caring process appropriate for elderly patients, but she insisted that these wards should be an integral part of a general hospital with equal access to diagnostic and therapeutic facilities. She was thankful that she was not distracted by fame during her early endeavours so that she could quietly build up this special branch of medicine. Her concern for human life, not only for the unwanted and unfittest elderly patients but also for her passengers, ended up in her tragic death in a car accident at the age of 62. Her work continues to influence and inspire those who share her conviction that elderly people deserve the best care.

Introduction

Although it has often been quoted that geriatric medicine in Hong Kong follows a British model, the pioneer work of Dr. Marjory Warren in British Geriatrics is not as widely appreciated locally. A review of the work and writings of Marjory Warren will inspire many to take up the challenge of geriatric medicine and throw light on the development of this speciality in Hong Kong.

A non-physician: from a surgeon to a medical superintendent to a geriatrician

Born in London in 1897, Marjory Winsome Warren was the eldest daughter of a barrister. She qualified from the Royal Free Hospital School of Medicine in London in 1923. After house appointments, she became an assistant medical

officer in 1926 at the West Middlesex County Hospital, where her primary interest was in surgery, performing four thousand operations¹. In 1931, she became Deputy Medical Superintendent. Her career took a turning point in 1935 when the nearby Poor Law Infirmary was annexed into the West Middlesex Hospital, and she was given overnight the medical responsibility for 714 new patients, who were chronically ill, primary elderly patients labelled as "incurable". She attributed the high number of elderly bedridden chronic sick in this Infirmary to poor diagnosis, a lack of medical supervision, insufficient treatment, a lack of multidisciplinary teamwork and an absence of rehabilitation. She accepted this new challenge by creating the first geriatric unit in the United Kingdom, based upon comprehensive assessment and early rehabilitation of the patients by a multidisciplinary team². Her innovative work led to the publication of the British Medical Association Report on the Care and Treatment of the Elderly and Infirm³ in 1947, and the initiation of comprehensive geriatric medicine service by the National Health Service Act in UK in 1948. In 1947, she became a founding member of the Medical Society for the Care of the Elderly, the forerunner of the British Geriatrics Society⁴. She was appointed as one of the first consultant geriatricians in the United Kingdom in 1949.

It is of interest to note that Marjory Warren was not a physician to start with, but a surgeon. This allowed her to take a fresh and unbiased look at the problems and needs of those elderly patients thought to be having a "disposal problem" only; and to conceive the idea of creating geriatrics as a speciality. Another example of a non-physician becoming a geriatrician is Lionel Cosin. Lionel Cosin was an orthopaedic surgeon who became a pioneer geriatrician and a founder member of the British Geriatrics Society⁵. He established an early model geriatric unit in Oxford and developed the first

Dr Marjory Warren The Mother Of Geriatrics

Michael Wasserman, James Riopelle



Dr Marjory Warren The Mother Of Geriatrics:

Praxishandbuch Altersmedizin Johannes Pantel, Cornelius Bollheimer, Andreas Kruse, Johannes Schröder, Cornelia Sieber, Valentina A. Tesky, 2021-09-01 For reasons of demographic changes alone expertise in geriatric medicine is becoming increasingly important in all areas of clinical care Appropriate treatment care for the elderly requires complex work at the intersection between geriatrics gerontopsychiatry and interventional gerontology This interdisciplinary standard work provides the reader with a systematic wide ranging and up to date summary of knowledge from all three disciplines that is relevant for diagnosis differential diagnosis practical therapy implementation and care planning Against the background of essential basic concepts that support practical activity Part I the main part Part II presents the practical clinical approach for the most important and most frequent syndromes in geriatric medicine In Part III interdisciplinary topics applicable to several clinical pictures and relevant to clinical work and care are dealt with in a practical manner In the new edition separate chapters are added on numerous additional subdisciplines relevant to geriatric medicine e g ENT ophthalmology general medicine and traumatology and existing chapters e g on neurology have been substantially expanded Each chapter is written by leading representatives of the subdiscipline concerned Once again the emphasis has been placed on evidence based research and orientation towards current medical guidelines Numerous case reports treatment tables evidence boxes cross references and a detailed subject index make the information presented here easily accessible for everyday clinical use

Advanced Age Geriatric Care Nages Nagaratnam, Kujan Nagaratnam, Gary Cheuk, 2018-11-26 As the Baby Boomers age concerns over healthcare systems abilities to accommodate geriatric patients grow increasingly challenging This is especially true with the population deemed to be the oldest of the old specifically those over the age of 85 Unlike any other time in history this demographic is the fastest growing segment of most developed countries In the United States the oldest old is projected to double from 4.3 million to 9.6 million by 2030 The increased life expectancy of the population since the early 1900s has been built on the improvement of living conditions diet public health and advancement in medical care With this we have seen a steady decline in the age specific prevalence of vascular and heart diseases stroke and even dementia Older persons are healthier today than their counterparts decades ago More importantly than in any other age group the care of the oldest old must be individualized management decisions should be made taking into consideration the older persons expressed wishes quality of life function and mental capacity The inevitable consequence is that there will be an increase in the prevalence of older persons with chronic diseases multiple co existing pathologies and neuro degenerative diseases The oldest of the aging population are often excluded from drug trials and their treatments are largely based on findings extrapolated from that of the younger old Furthermore among the oldest old physiologically they are more diverse than other segments of the population Their demographic characteristics are unparalleled and different compared to that of the younger old Several studies have drawn attention to the differing attitudes among health professionals towards elderly people and

many show prejudice because they are old As a result the use of age as a criteria in determining the appropriateness of treatment is of very limited validity yet there are limited resources that guide physicians through these challenges This book creates a greater awareness of these challenges and offers practical guidelines for working within the infrastructures vital to this demographic This book is designed for geriatricians primary care physicians junior medical officers specialty geriatrics nurses and gerontologists It is divided into 3 sections General Considerations Chronic diseases and Geriatric Syndromes Each chapter provides a summary of important and essential information under the heading of Key Points Case studies are included in some of the chapters to highlight the principles of management **Oxford Textbook of Geriatric Medicine**

Jean-Pierre Michel,B. Lynn Beattie,Finbarr C. Martin,Jeremy D. Walston,2018 The third edition of the definitive international reference book on all aspects of the medical care of older persons will provide every physician involved in the care of older patients with a comprehensive resource on all the clinical problems they are likely to encounter as well as on related psychological philosophical and social issues **Elderhood** Louise Aronson,2019-06-11 Finalist for the Pulitzer Prize in General Nonfiction A New York Times Bestseller Longlisted for the Andrew Carnegie Medal for Excellence in Nonfiction Winner of the WSU AOS Bonner Book Award Winner of the 2022 At Home With Growing Older Impact Award As revelatory as Atul Gawande s Being Mortal physician and award winning author Louise Aronson s Elderhood is an essential empathetic look at a vital but often disparaged stage of life For more than 5 000 years old has been defined as beginning between the ages of 60 and 70 That means most people alive today will spend more years in elderhood than in childhood and many will be elders for 40 years or more Yet at the very moment that humans are living longer than ever before we ve made old age into a disease a condition to be dreaded denigrated neglected and denied Reminiscent of Oliver Sacks noted Harvard trained geriatrician Louise Aronson uses stories from her quarter century of caring for patients and draws from history science literature popular culture and her own life to weave a vision of old age that s neither nightmare nor utopian fantasy a vision full of joy wonder frustration outrage and hope about aging medicine and humanity itself Elderhood is for anyone who is in the author s own words an aging i e still breathing human being **Dementia is Different** Ludomyr Mykyta,2019-09-06

The conventional way that dementia is evaluated and managed is one dimensional and outdated We are fixated on identifying a cause when we should be identifying the consequences We use tests when we should be seeing and talking to people Drawing from his long career in geriatric medicine Dr Ludomyr Mykyta critiques the state of dementia treatment and care in Australia highlighting the discrimination faced by our ageing residents People suffering from dementia need continued high quality health care from diagnosis until the end of life Stable relationships and wellness are the prerequisites for quality of life In countries like ours this is the era of chronic illness of which dementia is the epitome The seeming epidemic of dementia comes with the ageing of the population which was predictable for generations and for which successive governments failed to prepare What now passes for aged care in Australia is a travesty where the glowing reform rhetoric

obfuscates the grim reality □□□□□□ □□□ □□□(Louise Aronson),2020-02-19 2020 2019 UN 65 7% 14% 20% 2019 14 9% 1999 6 9% 2018 14 3% □□□□□—□□□□□ □□□,□□□,2018 **Primary Care for Older Adults** Michael Wasserman,James Riopelle,2017-10-03 This book provides a comprehensive and systematic state of the science review of major primary care delivery models how they address specific needs of older adults and available evidence for their efficacy Written by experts in the field this book explores the patient centered medical home model PCMH in depth and dives into the complexities of the medical neighborhood It describes and analyzes primary care specifically directed toward special complex populations such as the Health Home for safety net patients with mental health needs and intensive primary care for older adults It reviews an array of primary care models related to dual eligible patients including the GRACE primary care consultation model and PACE models It describes primary care with Advanced Practice Nurses and Physician Assistants and explores in depth the massive effort within the VA to develop the Patient Activated Care Team PACT a VA form of the PCMH that also has several offshoots that address complex older veterans and veterans with severe mental illness Finally it illuminates rarely discussed primary care that occurs within the home and within long term care Throughout the entire book experts navigate the workforce care quality and financing challenges of primary care for older adults Primary Care for Older Adults is a valuable resource for clinicians researchers patients caregivers and their advocates and policy makers who have an interest in designing promoting and implementing high quality primary care for older adults *Journal of Medical Biography* ,2006

Средства профилактики преждевременного старения и сохранения активного долголетия Марьян Пристром,Марина Штонда,Иван Семененков,2023-03-22 **The Medical Journal of Australia** ,1959 **Oral History, Health and Welfare** Joanna Bornat,Robert Perks,Paul Thompson,Jan Walmsley,2005-06-23 This book discusses the significance of oral history to the development of health and welfare provisions By focusing on individual experiences the human dimensions of the history of medicine are explored **The Lancet** ,1950 **Mental Health** ,1953

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