297 A "Human Relations" Approach to Sickness Absenteeism and Other Employee Problems. L. Wade. Arch. Ind. Health 12, 592-608 (Dec. 1955).

The author first makes the point that adoption of a medical program often increases the absentee rate rather than lowers it, because sickness absenteeism is more adequately reported than before, and because a backlog of previously unrecognized medical problems is uncovered. However, by recognition and treatment of such cases, long-term absences in later life are avoided and the net result is a reduction of absenteeism. Three varied cases are presented which show that many cases are "abnormal" and should be considered individually. Data collected over a two-year period for a group of 28,000 employees are reviewed, analyzed, and tabulated. One point demonstrated is that fewer absences occur among older workers but their duration is longer. Regarding the effect of weather, the only correlation is between temperature and absenteeism. The higher the average temperature, the lower is the frequency. Figures from one refinery do not support the contention that shift work is the cause of increased absenteeism. The point made at the beginning regarding medical services and absenteeism is again discussed. The frequent statements that the available medical services reduces absenteeism are not corroborated. On the other hand, the fewer visits to the medical department the higher is the cost of sickness absenteeism. Absenteeism rates frequently vary among departments, and there is evidence that the personality of the supervisor is an important factor. Intrinsic and extrinsic factors influencing sickness absenteeism are classified. The factors of a constructive program are outlined. A company physician and an employer relations representative should meet at regular intervals with each department head or his deputy to consider the program and especially the problem employees.

Factual information should be available on: (1) attendance records; (2) objective evaluation of the employee's job performance at regular intervals; and (3) definition of the difficulties presented often not given in the medical records. A number of questions that should be answered by the physician (without violating the confidential nature of the doctor-patient relationship) and by the supervisor are suggested. In this approach to the correction of abuses of the sickness absenteeism privilege lie the seeds of a "human relations" program which can also deal with many other employee programs. Firm but friendly and intelligent action can lead only to improved relations.

298 What is Aging? A. I. Lansing. Bull. N. Y. Acad. Med. 32, 5-13 (Jan. 1956).

Satisfactory definitions for most diseases can be given, but not for the aging process. The problems of the aged are distinct from the problems of aging, that is, of its nature, cause, and the changes that occur. The problems of the aged are of great concern and have received much attention, but little work has been done on the problems of aging. Among the causes for the paucity of basic scientists on research on aging are lack of funds and lack of clues that might direct research into specific avenues. Several theories have been advanced, but no reliable evidence has been produced to substantiate them. The author points to several biological researches that may serve as starting points for future experimentation. He presents a definition of aging that summarizes the present state of knowledge: aging is a process of unfavorable progressive change, usually correlated with the passage of time, becoming apparent after maturity, and terminating invariably in the death of the individual. Quotations from a monograph by Raymond Pearl, entitled "The Biology of Death" published in 1922, show that his concepts of aging are substantially the same as those held at present, and that the study of the mechanism of aging is lagging seriously. Yet, in the long run, much that can be done in at least the clinical care of the elderly will depend upon developments at the biological level. The biological research on aging of today is the geriatrics of tomorrow.

299 The Psychological Aspects of Aging. R. A. McFarland. Bull. N. Y. Acad. Med. 32, 14-32 (Jan. 1956).

The process of aging follows no clearly defined course of events by which it is possible to determine accurately the "age" of any individual. In appraising the capabilities of older people, the important variable to consider is not chronological, but rather functional age, or the ability to perform required duties efficiently and safely. Eventually a battery of tests may be developed in which visual accommodation, auditory acuity, light sensitivity, and other measures will be used to estimate functional age. The natural process of aging is of more significance for some occupational groups than others by virtue of the demands made upon individual abilities. Very few studies have been made in which the psychology of aging has been followed over a period of years.