Nascher: Excerpts from His Life, Letters, and Works

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PART I

IT WAS a burgeoning era in which the social and medical particularity of the aging was identified by a physician. Perhaps it is not strange that an element of virtuosity characterized almost everything that this physician, Ignatz Leo Nascher, did.

Starting in 1909, he wrote on a number of aspects of senescence.

He coined a word, geriatrics, and published a text under that title. He lectured on medical care of the aging in several medical schools. He edited a special section on the subject in a medical journal under the name which he had devised. He created a specialty society, stimulated some students, and anticipated many of the problems of motivation and rehabilitation in old age. Despite all this, he failed to win general acceptance for his ideas in his time. These events took place before 1920.

Nascher was a solitary observer who moved along undefined lines. As a rule the efforts of unusual men emerge from an established frame of identification. It would be difficult, for example, to visualize Robert Koch as anything but a medical scientist. The same is true of the Hunters, Osler, and others whose contributions came from a background essentially medical in nature. Despite his clinical talents and medical qualifications, Nascher's interest in aging did not seem to be primarily the result of his knowledge of the physiological mechanisms and diagnostic patterns of older age. It was an expression of the sociological objectivity, of a specified form of humanism with which he viewed everything. In this sense, which is not as absolute as it sounds, geriatrics derived from a social rather than a medical scientist. This is not a denial of his definite ability in medicine as much as an emphasis on his sympathetic nature. It may also explain in part why this field of learning has had more than average difficulty in winning acceptance as a definitive category.

Some source material is available for insight into this energetic and full personality. The outlines of his life are quite clear. Its chronology is essential to the interpretation of the man in his times.

Nascher was born in Vienna, October 11, 1863, and was brought to the United States as an infant. As a boy he recalled living in a cold water tenement with a backhouse, which was not unusual because there was a general lack of centralized sewage facilities. (These backhouses, he commented in a letter, were emptied at three-month intervals and the contents sold to farmers for fertilizer.)

Ultimately he matriculated at the College of the City of New York but did not graduate. His studies were continued at the New York College of Pharmacy, later incorporated into Columbia University, and he was graduated in pharmacy in 1882. After this professional attainment, he entered the medical department of New York University, from which he received his medical degree in 1885. Two years later, when he was 24, he opened an office for medical practice in a house which he noted had been built in 1855.

In 1889 he published his first article, A Young Living Fetus, in the *Medical Record of New York*. It was signed *J.* L. Nascher. This same signature appeared on several of his publications. The second paper, which did not appear until 1908, was on prostitution. The following year his initial paper on aging was printed in the *New York Medical Record*. His next article, dealing with the treatment of diseases in senility, published in the same journal in the same year, was signed *I.* L. Nascher, as were all but one of the remainder of his works.

[1] Much of the source material for this biographical excerpt was derived from the Thewlis memoriam (1945) and letters to the late Dr. Thewlis, to the author, and a few others. A deep sense of gratitude is due to Mrs. Thewlis and Mr. Harold Thewlis, her son, for permission to review the letters. Thanks to Mr. Alexander H. Joseph for a critical review are expressed gladly.

[2] 1530 Locust St., Philadelphia 2, Pa.

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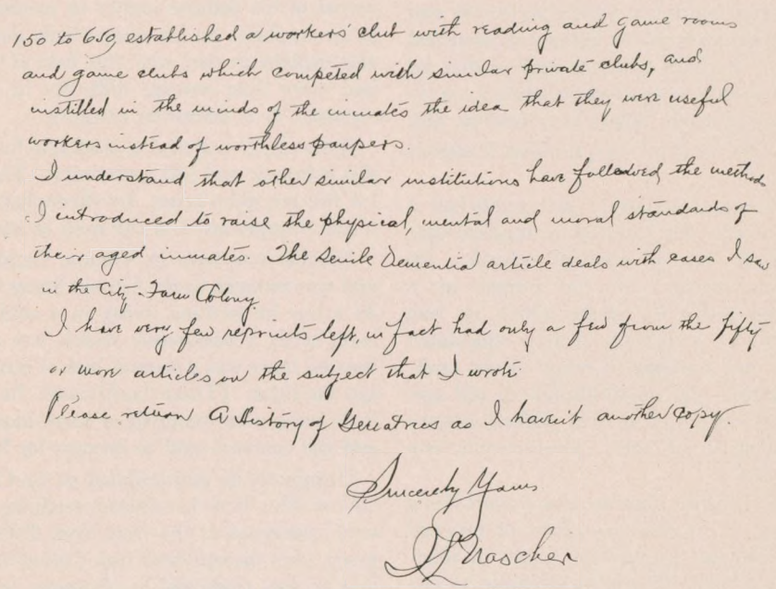
This disparity in signature may be because manuscripts of the period for the most part were handwritten. Despite a writing of unusual clarity, even with a degree of fine-penned elegance, some confusion could result from the configuration of a signature signed with initals rather than a full name. Nascher invariably signed his papers with initials. His letters to close friends were signed Leo, and his more formal signature was I. L. Nascher. His capital I was written in a looping decorative manner that varied a bit from letter to letter, and could readily have been read by an editor or typesetter as a J. It is strange he never corrected the error in proof despite repeated occurrences (Fig. 1).



150 to 650 established a workers' club with reading and game rooms and game clubs which competed with similar private clubs, and instilled in the minds of the inmates the idea that they were useful workers instead of worthless paupers.
I understand that other similar institutions have followed the method I introduced to raise the physical, mental and moral standards of their aged inmates. The Senile Dementia article deals with cases I saw in the City Farm Colony.
I have very few reprints left, in fact had only a few from the fifty or more articles on the subject that I wrote
Please return A History of Geriatrics as I have it another copy.

Sincerely Yours
I L Nascher

Fig. 1. Characteristic letters of Dr. Nascher with his formal-type signature. Informal letters were signed Leo.

It is a little difficult to determine just when Dr. Nascher's interest in the field of aging began. According to one story, he was moved initially by the *laissez faire* treatment which he saw given to old patients while on a trip to the municipal hospital in Vienna. Furthermore, he had observed an arcus senilis, "the bow of age," in his cornea in his early years. It was a matter of amusement to him, if not of challenge, to notice his own lengthening lifespan in view of his personal eye changes, which were supposed to have dire diagnostic implication.

There is an interesting gap in his chronology and bibliography, except for his study of the Bowery, *The Wretches of Povertyville,* published in 1909, in which he revealed his deep sympathy for underprivileged and unfortunate people. Graduating when he did, and the author of several minor papers, it was not until two decades later that he seemed to project himself with fully developed ideas into the field of aging in his work, *Longevity and Rejuvenescence,* in his emerging year of 1909, when he was 46. This anticipated many later ideas and approaches to the subject of aging, although at the time he arrived at the concepts of medical care of the aging practically in a complete form:

> Geriatrics, from *geras,* old age, and *iatrikos,* relating to the physician, is a term I would suggest as an addition to our vocabulary to cover the same field, in old age, that is covered by the term 'paediatrics' in childhood . . . to emphasize the necessity of considering senility and its diseases apart from maturity, and to assign to it a separate place in medicine.

As his ideas expanded, he made three statements decisive for the field as well as revelatory of his insight. His orientation led him to consider senility "a physiological entity, and its diseases not as diseases of maturity with senile complications, but as diseases of senility apart and distinct from maturity." Furthermore, "in senility the flanks, the incidental complications, are more dangerous than the first, the primary disease . . ." He concluded, "So little has been done in the field of geriatrics that until it receives the attention its importance deserves, and we know more about the metabolic changes in the period of decline, we must fall back upon empiricism in the treatment of diseases in senility." No one had said it as well or as clearly except the wide-ranging Charcot over a generation earlier.

Subsequent to publications in 1910 and 1912 pleading for a study of geriatrics, he was invited to deliver a course of lectures on the subject at the College of Physicians and Surgeons of Boston and at the Bennett Medical College in Chicago. He had pointed out that "there is not a lecture given in any medical college on that branch of medicine dealing with senility and its diseases." He spoke with vigor in defense of his view that "the branch of medicine, for which I suggested the term 'geriatrics' is neither a fad, a hobby, nor a recent innovation in medicine."

In 1914, after more than 30 articles on the subject in 5 years, during which time he was active in clinical work he published his text, *Geriatrics,* utilizing the ideas and many of the phrases which he had developed. Acceptance by a publisher did not come readily.

In the introduction, Jacobi, who helped to define pediatrics in the United States, said that it was "the first modern comprehensive book on the normal and morbid changes in old age." He indicated that this was the first American work on senile diseases since the Charcot and Loomis work (1881). Reviews stated that "the author evidences his application to the investigation of a view of physiological pathology which he has made quite his own" (1914).

In a letter to the late Dr. Frank R. Packard of Philadelphia, editor of the *Bulletin of Medical History,* Nascher confirmed the dates:

> The name was in a paper published in the N. Y. Medical Journal August 21, 1909. I gave a talk in geriatrics in the N. Y. County Med. Society in 1910 or 1911. Lectured in geriatrics in Bennett Medical College, Chicago (now the Med. Dept. of Loyola University) in 1911 and 1912, and in Fordham Medical College 1913-1914. . . . My book is obsolete, but I may revise it. . . .

This was in 1938 when he was 75 and was written from a hospital where he was under treatment for ischemic complications of the leg secondary to obliterating arteriosclerosis. The second edition of his book had appeared in 1916. There was no later revision, despite the hope and intent expressed even 22 years later.

A review of the titles of some of Nascher's papers indicates just how widely he had thought on the subject of aging.

In 1916 he withdrew from practice and was appointed physician to the New York Department of Public Welfare. Prior to taking this position he had been chief of the Out-Patient Department Clinics of the Mt. Sinai Hospital of that city. At the time he was writing scientific articles for the Sunday magazine of the *New York American.* He mentioned this casually in one of his letters, and such work probably explains not only a clarity of expression, but the fact that he wrote with few errors in grammar, spelling, the need for correction, or any check in the flow of ideas in his letters requiring self editing.

In 1917 he served on a draft board as an examining physician. In the same year the *Medical Review of Reviews* added a section in geriatrics to which he either contributed an article regularly or supervised a contribution. The issue of the journal in which the program was started was dedicated to him (Figs. 2 and 3).

In 1925, 9 years after taking his city position, he was made chief physician in his Department and later chief physician of the Department of Hospitals. He kept this position until he was required to retire in 1929 because of his age (66 years).

Two years after his retirement in 1931 he asked to be put in charge of the 1200 inmates of the New York City Farm Colony, which was a branch of the Home for Dependents. He aimed:

> to change the antiquated methods of dealing with aged public dependents (that is, Almshouse inmates) and rehabilitate them as far as possible physically and mentally. In 18 months the number of volunteer workers rose from 150 to 650. . . . I tried to promote incentive to work, stimulated pride in appearance, tried to improve attitudes on life, created reading and game rooms, made workers' clubs, stimulated competition with private clubs, etc. . . .

Subsequently he said that he hoped to see geriatrics become one of the major branches of medicine. Young workers at this institution helped him to collect data for publication. Already visualized were concepts of research, rehabilitation, ideas of motivation, persistence in purposeful activity, and attempts at maintaining ties between older individuals and the life formerly available to them.

He was aware of his accomplishments, despite occasional self-disparagement, since he made a point to return his personal papers to interested institutions during his lifetime. In 1941, a letter stated:

> Returned my medical diploma to the New York University, and it hangs in the visitor's room of this medical school; my College of Pharmacy diploma (Columbia) is hung in the dean's office. Today I returned my N. Y. County Med. Soc. certificate, dated 1891, to the office of the Society in the Academy of Medicine Building. . . . I was told that there is considerable interest in geri-

To

I. L. Nascher,

The Father of Geriatrics in America,
who established in this magazine
the first department
DEVOTED TO THE DISEASES OF THE AGED,
this twenty-third volume of
THE MEDICAL REVIEW OF REVIEWS
is dedicated by
The Editor.

Fig. 2. Reproduction of the editor's dedication to Dr. Nascher of volume 23, *The Medical Review of Reviews*, Jan.-Dec., 1917.

GERIATRICS UNDER THE DIRECTION OF I.L.NASCHER

For the Study of Senile Conditions; The Causes of Ageing, Diseases of Advanced Life, Care of the Aged

I. L. NASCHER, the Father of Geriatrics in America, inaugurates herewith a department devoted to the important specialty which he has done so much to develop. Following his Salutatory he writes on the History of Geriatrics—history which he has helped to make. The diseases of the aged are worthy of the most careful study: an old man may be of more value to the community than a hundred infants. Let us not dismiss his ailments with the facile diagnosis: You are old. Pediatrics must be supplemented by Geriatrics. In this work Dr Nascher is the leader, and the MEDICAL REVIEW OF REVIEWS *appreciates the honor of being the first magazine in the world to contain a Department of Geriatrics.*

Fig. 3. Heading of Geriatric Section, *The Medical Review of Reviews*, vol. 23, 1917, page 29.

atrics, that many physicians look up articles on senile conditions. Glad to see that my hobby has developed beyond the hobby stage, and hope to see it introduced as a regular subject in the curriculum of medical schools. The dean at my school, Dr. McEwen (now Lt. Col., U. S. A.) said the war put an end, for the present, to the intention to introduce geriatrics as a regular teaching subject, but it may be taken up after the war.

In 1938 he asked for the loan of a copy of Sir John Floyer's book *Medicina Gerocomica.* He wanted to show this first modern book on the subject, printed in 1724, with a copy of his own first article at an exhibition of works by graduates of the New York University in the library of its medical school.

Every aspect of the field attracted and pleased him. When a new edition of a book on geriatrics was dedicated to him, he repeated that this was:

> A subject which is becoming daily more important, and may become one of the most important branches of medicine . . . A series of lectures on geriatrics was delivered at the N. Y. Medical School last winter (1940) and will be repeated the coming session (August 12, 1941).

In a letter of advice to a friend, he said: "When I was writing medical articles, I stuck to one subject, geriatrics, until my name was associated with it." It was gratifying when Professor Raymond Pearl of Johns Hopkins University called him "one of the most distinguished of students of senescence and senility now living. . . ." However, in a nostalgic mood, he noted that "I am drifting further and further away from the world of medicine." Nevertheless at this same time (1941) he had received two requests for papers, and his associates were continuing his work at the City Farm Colony and the Goldwater Hospital.

Wherever he went he made inquiries about the field. On a trip to the Congressional Library, he saw "a large number of references to geriatrics and old age. Was agreeably surprised to meet a physician from Cleveland who said he was a geriatrician." In answer to a questionnaire as to his field of medicine, he replied that his specialty was geriatrics. He was rebuffed with the statement that this was not recognized as a specialty, even though

there was a New York Geriatric Society, founded by himself, which met in a school on Columbus Avenue, and there was a growing literature on the subject. Apparently, this was part of an effort on his part to promote a specialty in the field, which subsequent students have attempted to avoid.

Dr. Nascher was successful in linking his career to geriatrics, working without interruption for a period of 35 years (Freeman, 1960). One of his most important observations, and a reflection on his objectivity, consisted of notes that he made on a subject most painful to him, the progressive regression of his wife's mental capacity in her older age. Aside from his unhappy concern, endless devotion, and efforts to keep her interested, he drew pertinent conclusions which he summarized in a paper entitled *The Aging Mind,* his last paper, published a month before his death. Reflecting on the situation as he observed it in his own home, he tabulated characteristics of chronic brain syndrome and suggested that it was a primary change of senescence, since an identical situation was seen to occur in mother and daughter at approximately the same age, despite a generation's difference in environment, nutrition, and antecedent medical conditions. This anticipated some of the arguments between primary age changes as a feature of heredity and others which are retarded or accelerated by environmental influences.

There are men of talent and industry, wisdom, and independence of thought, who fail because these qualities are not combined with certain graces. Their merits take longer to get acceptance, if ever, due to a deficit in personal relationships. Nascher apparently suffered because of these beliefs in his own limitations. There are many references in his letters to this concept of himself. However, the introspections may have been more apparent than true. Thewlis (1945), his devoted friend, associate, and student, was impressed with his kindness, his generosity, his gentility, and his affectionate nature.

His letters did not lack humor. Usually a little salty, it consisted of quoted stories containing some rather frank terms. On occasion he made remarks about feminine traits and attractions common to the usual attitude of the public toward the capacities, and regrets, of older men. Moved by situations which he met in his professional and personal life, he was known to have given money to poor patients rather than receive a fee.

Of his personal qualities he had much to say, possibly with the feeling that his letters were being saved. He had observed a lessening of his inhibitions and a weakening of restraints on emotional outlets as he grew older. He was more easily moved to tears by sad things, less tolerant of boring situations, and more susceptible to fatigue, particularly after mental effort. He was aware of his classical picture of angina pectoris, was quite philosophic about it, and predicted his demise from this disease, which occurred almost 20 years after its onset. However, he believed that he could "still adapt myself in thought and action to innovations, keep up with the spirit of the times, discard old notions and manners." When he was admonished to cease bothering about conditions over which he had no control, since they upset him, he replied: "I am mentally and temperamentally unable to let the world roll by without doing something about it." He was 77 at the time that he wrote this and was particularly indignant because, despite his many physical limitations, he had applied for service as an air raid warden and been rejected. This refusal conflicted with his extreme patriotism, his engrossment in politics and the progress of the war, as well as his strong antipathy for chauvinistic and nationalistic immoralities.

His habit was to retire between midnight and 1 a.m. and to nap several times through the day. He walked about a mile daily, gearing his tours to his physical limitations. In diet, although neither a gourmand nor a gourmet, with his weight stable at about 170 pounds, he continued to enjoy coffee, whiskey, and tobacco. At age 81, he regarded himself as an old fogey:

> When a young fellow reaches the four-score mark, he is apt to become senile or childish, an optimist or a crank, looking forward to Nirvana or backward, recalling pleasant things of life or the miserable, sad and unforgivable failures. I am trying to figure out in which of these classifications I belong.

It is doubtful if he realized that he seemed to be asking for an opinion, and his wonder might seem wistful except for the fact that he never failed in his realistic self-judgments.

Despite tendencies to deprecate himself and possibly discouraged at his efforts to get the field of geriatrics fully identified, he was true to his concepts. There was a mixture of pride, persistence, objectivity, and a need for basic understanding which he did not obtain in fullness, not because there were not those who could give it, but because he lacked that special endowment which yields this result. When he referred to a photograph of himself taken with a close friend, he asked: "Who's the old codger alongside of you?" (fig. 4) and then proceeded to paint a most unflattering description of himself. He was suffciently scientific to ask the professional photographer why a photograph could

be good or bad and learned the results in terms of camera angle and light.

From 1938 through the last 6 years of his life he was under quite a bit of stress. His finances were just adequate, he was in poor health, particularly during a bitter 6 months in 1938 with a very painful vascular condition in one foot, as well as the progressive illness of his wife. However, he kept a side of himself free from these limitations. Even when he gave up his home and moved into a boarding house, a change which for a man of 80 must have been extremely difficult, he faced up to it with his usual optimism and high degree of acceptance so typical of his moves, physical or intellectual. He had lived in many parts of his native city. As unhappy as the situation must have been, he said: "I can accommodate myself to almost any environment and condition of life, but miss companionship, especially of persons whom I can talk to on current subjects."

Part II

It is ironic that a man who used travel in every form as a normal part of his life should suffer physical afflictions which are the antithesis of the ability to get around freely. Concerning his cardiac condition, to which he paid a minimum of attention, he observed that when at sea he never had any precordial discomfort. Ten years after its onset he developed intermittent claudication. The circulation of his extremities was so poor that he was able to walk very little without distress. He continued as best he could, even taking long journeys.

In order to avoid tension in his foreign travels, he would pretend that he did not understand the language, or state that European political affairs were too difficult for an American to understand. This was a fabrication that averted trouble by one who wished to keep traveling and who was perceptive enough to note three years before the outbreak of the Second World War that "it's a dismal outlook for Europe . . ."

In an effort to relieve the discomfort in his foot, he tried injections of a tissue extract. Becoming sensitized he suffered an almost fatal anaphylactic reaction. He had a lengthy hospitalization during which time, despite intense suffering, he rejected advice for amputation. He eventually recovered sufficiently to resume many activities.

Apparently he ignored physical restraints. When circumstances became pressing, he took a trip to relax. Every year from 1910 he and his wife took the boat up the Hudson River to Poughkeepsie.

Fig. 4. Photograph of Dr. Nascher taken on his 80th birthday.

He continued these outings even in his wife's older age, when she was unable to remember details, because they gave her momentary pleasure, and probably because he just had to keep going.

Subsequent to World War I, he visited Europe more than a dozen times. It was during these trips that he would follow the play of nationalistic trends and the interplay of political alignments involved with economic adjustments. As a result, he noted quite early the grossness of the Hitlerian regime and the actions of the Soviet under Stalin starting with the latter's behavior in Poland, the pact with Germany, and the delaying diplomatic tactics by which France, England, and Italy were thrown out of gear in arriving at satisfactory diplomatic decisions.

On a 78-day trip through the Mediterranean countries, he exhibited his talent of high sophistication in travel despite offhand avowals that he was not interested in ancient history. He showed a great deal of interest in his traveling associates, although in his status usually as the oldest person on the tour, he was sensitive to the fact that he might not be wanted. He had a splendid grasp of geography, cultural traditions, the flux of politics, and through his insight into nationalities, he was conscious of political trends of the lands through which he traveled. Apparently he traveled without ostentation or thought of money. "Once he became stranded in Holland, and had not the captain of a certain ship belonged to the same Masonic lodge in New York, Nascher would have had some difficulty. As it stood, he was given passage on the ship." (Thewlis, 1945).

He never lost his interest in getting about—whether it was a nocturnal walk in Times Square, a river excursion boat trip, or a trip around the world. He wrote of his tours with enthusiasm and with the intimacy of a well-informed person having an extra talent derived from his knowledge of sociology and the activity of an inquisitively alert mind.

At the age of 73 he wrote of himself:

> I thought I was past getting thrills, but riding in a gondola in Venice on the night of a great festival, standing under the leaning tower of Pisa, going through the great Pitti Palace in Florence,[3] visiting the Greek temple in Taormina, the Trulli in southern Italy, the Arab and segregated sections of Casablanca in Morocco gave me real thrills . . .

Despite these pleasures, he believed that he had difficulty making friends, since, in his own opinion, he was too outspoken.

He took pride in attendance at the inauguration of Democratic presidents. This habit was initiated in 1885 as a member of the Democratic party to which he was devoutly attached. He attended every success of his party until 1936. Physical and financial limitations as well as his wife's condition finally prevented him from continuing this tradition.

In 1937 he sailed on the *Exminster* to Greece and countries bordering the Mediterranean. From previous experiences he knew that most of his shipmates would be elderly females, primarily schoolteachers, whom he avoided because he thought that he would be unpopular with them. His efforts to seek younger and what he thought might be more interesting company simply increased his difficulties.

In March, 1940, he outlined a trip on the *Astrea,* a Royal Netherlands Line freighter bound for the Caribbean. Apparently he did not take this trip, since 6 months later he made it on the Dutch freighter, *Hector,* in October, taking his wife with him despite her poor health. He was not well himself. His heart was troubling him; he had shortness of breath and low blood pressure, but was still on his feet. He reflected that with such conditions he might not "reach a hundred, but I won't run much short of that." The following year he took a bus trip to California, which required 4 and a half days. Even the stress of this lengthy trip, the long hours of sitting in one position, did not change his love of getting about, although for a time it seemed to dampen his enthusiasm for this particular mode of travel.

He visited the World's Fair in New York on 4 occasions at the age of 77. He wrote that on one outing he tramped through the grounds for 11 hours. He was quite happy with a vibrating device for relieving foot fatigue which was popular at the Fair. An insurance company had an exhibit by which to estimate life expectancy. He "was told that my life expectancy was about four years. I don't believe it. If I don't reach one hundred, I'll be disappointed. . . ." The actuarial calculation, however, turned out to be remarkably accurate.

On one of his restless little trips, he went to Washington, where he visited Ford's Theater Lincoln Museum and the Congressional Library. During the same day he spent hours in the Smithsonian Institute. By this time it was the middle of the afternoon and he returned to the station for an all-night bus ride back to New York City. This was at age 80.

Altogether, it is estimated that he took 28 major trips, including Europe, Asia, and South America. The number of local expeditions of variable length—by bus, train, foot, and boat—was innumerable. Even short ones were extremely stimulating, if not completely essential to his store of energy. Thewlis pointed out, for example, that he was truly a Doctor Knickerbocker, an expert on odd and forgotten corners of the City of New York. So well versed was he in the metropolis' geography that he served once as an editor of King's *Guide Book of New York.*[4] In addition he wrote a paper, Esthesiomania, his title describing the habits of the odd people in New York's Bohemian quarters.

One of his hobbies was the collection of stamps. He specialized in governmental errors. Apparently this had been an overlooked item in his time, and he was delighted to find that he had acquired some unusual types. His budget, expenditures for his wife's illness, and some minor indulgences reduced his ability to obtain stamps which he wanted for his collection. In 1940 he exhibited two frames at the British pavilion of the International Stamp Exhibit at the World's Fair in New York. At this time he was proud to join the Collectors Club, a select philatelic organization. His display stimu-

[3] It is strange that a traveler as well informed and a student as aware of all aspects of aging as Nascher did not mention the famed portrait of Luigi Cornaro in the Pitti Palace in Florence. It seemed to be a case where the father of geriatrics forgot the apostle of senescence. From one of his papers on the history of geriatrics, he knew of Cornaro, but failed to state that the ancient Venetian's portrait, presumably by Tintoretto (or Titian) was in this famed Florentine museum.

[4] Cited by Thewlis (1945), but otherwise unconfirmed.

lated him to add to his stamp collection, even at the need for scrimping on such beloved little pleasures as tobacco or a favorite drink. His collection consisted of 600 frames. Despite the store he put by it, he recognized that this was an intensely personal thing unlikely to mean much to his heirs. For a while he gave some thought to selling his stamps and either increasing the luxuries of his life or taking a long trip with the proceeds.

As a result of insight and precise observations on his travels, he developed a high degree of skill in analyzing political trends. For example, in 1936, three years before Germany moved into Poland, he stated that "Europe is in a mess . . . Germany wants Austria . . . Italy now favors Germany . . . Germany must cut through the Polish Corridor . . ." He was so discouraged by these anticipations, which came true to an unusual degree, that he tried to turn away from the magnetic forces of world activities to limit himself to the health of his wife, his stamp collection, and his trips. Time and time again in his letters he made avowals to quit following politics, yet on the very same page, one or many paragraphs inevitably were devoted to an estimation of the situation.

As his life became circumscribed, after the death of his wife, and with restriction on his activities, both financial and physical, he devoted hours to listening intently to radio commentators, with whom he agreed on occasion and with whom more often he disagreed, often in disgust, usually on the basis of superior knowledge derived from his travels.

Even in the hospital while suffering extreme discomfort with his ischemic foot, he wrote bitterly about the English activities at Munich. Although a great admirer of the English, he began to turn against them because of their political and diplomatic moves at this time. He said that he had heard a tart joke by which the French referred to Chamberlain as J'aime Berlin.

After one of his trips through the Mediterranean he pointed out the strategic position of the fortified Italian island of Pantellaria and indicated that the diplomatic interplay between England and Italy probably was altered by this strategic situation. Obviously, his astute observation of the world's state was based on a traditional European procedure, namely, a close knowledge of ethnic groups contained within political boundaries. In 1938, commenting on the fact that Germany undoubtedly would take Austria and that Russia would violate treaties with Poland, he said: "Treaties are all right when there are reciprocal interests, and then they are unnecessary." The Austrian diplomat, Metternich, more than a hundred years earlier, could not have said it better.

In 1937 he predicted that the United States would enter the war and would help to defeat the dictator nations. A little remorsefully, but in the best American tradition, he said: "I wonder what Grant, Cleveland, or Teddy Roosevelt would have done if Germany tore up a treaty to which the U. S. was a party, without a word of explanation. . . ." In 1941, as his health became worse and he believed that his lifespan was shortening, he regretted that he would not know how Hitler would die. He predicted most accurately, that it would be by suicide.

In the last years of his life, he said that he was "just getting over a bad attack of ergophobia, which I once described as the lazy man's disease." (Apparently he liked to coin words, geriatrics, ergophobia, and esthesiomania.) However, he was energetic enough to travel once more, to Florida, by bus, at the age of 80.

He spoke at a meeting of the American Geriatrics Society in 1944, where he was introduced as "The Father of Geriatrics" who was known to have "broken every rule for a long life." This meeting was dedicated to him and he read his work on mental decline. The occasion and his role as honorary president were very stimulating. He outlined a paper on death, of which his opinion was that "dying is a damned nuisance." Just two months prior to his death, despite a recurrence of constant anginal seizures and recognition of his own physical condition, he planned to act as moderator of a panel and gave thought to a paper, "The Approximation of the Sexes in Old Age," to "show how both sexes in old age approach a neuter type." He always had an interest in pretty women, the relationship between the sexes, and the general nature of feminine attraction, despite self-described senescent limitations.

Learning of the death of a relative at age 75, he commented: "Several of my elderly acquaintances dropped out lately, and I get the foolish idea that I'll drop out some day too. When I think that some day I'll have to die, it takes all the fun out of life." A little later he said, "I guess I'll drop out of circulation soon." In the same letter characteristically he was moved to a vigorous defense of the various minorities in the world and was aroused by social inequities of all kinds. At the same time, he concluded the final draft of his paper, The Senile Mind.

His imagination and vigor remained keen and challenging. He never ceased planning, inquiring, questioning, projecting. It was typical, for example,

that he was "curious to know by what process sensory impressions are converted into thoughts."

It is difficult to make a summary about this complex and yet simple man. Attracted to all types of problems dealing with social relationships, he was unable to resolve fully the single issue of himself in relationship to others. Dedicated to certain principles of which the problems of older age attracted him most, he never sought aid in his own older age and continued a line of independent vigor which never asked for succor. Recognizing limitations, he accepted them and resolved them in travel and in many unselfish interests. Marked by courage, guided by integrity, attracted by that which was stimulating and interesting, he thought that he failed to achieve the full acceptance which some men obtain with less effort. As such, his destiny was not too far different than that of many visionaries.

Not only in those externals by which he is identified, but also in letters, Nascher revealed vitality which never seemed to abate. Although he probably did not judge his career generally to have been successful in the common evaluation by his peers, he had a fluidity of nature by which he was able to avoid misanthropy. In economic matters his success was less. Even a minor recognition of his little stamp collection gave him great pleasure. In dealing with matters of travel, he had no mentor. As regards the word and field, geriatrics, he reserved a definite area for his personal stamp. Possibly as a reflection of the total of his successes and failures, there is the ironic affliction of intermittent claudication which, to one who loved to travel as he did, must have been the epitome of rejection. Look as one will in his writings or his personal comments, there is singular absence of terms of resentment or expressions of frustration. His maturity was apparent in practically everything he did, even though he traveled a fairly lonesome road.

In the final identifications of his work and self with the field of aging he seemed to reflect more and more on death. Even here he maintained the little sense of irony which he turned against himself. His devotion to world news, politics, as well as many of the items to which his writings give insight are characteristic of the letter (Nov., 1944) written a month before his death, despite the extreme discomfort of herpes zoster, "I am in my second childhood, and I'm enjoying it. 3:15 a.m., Hurray, just heard Dewey acknowledged defeat." Nascher apparently never did make such an acknowledgement.

He died December 25, 1944.

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