

Book Reviews / Comptes rendus

Joseph Harold Sheldon. *The Social Medicine of Old Age: Report of an Inquiry in Wolverhampton*. London, ENG: The Nuffield Foundation, Oxford University Press, 1948

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We live in an age where everything is novel and innovative. Or perhaps not. Turning to a classic epidemiological survey is one way to sense how far we have come, what we have left behind, and what we might consider taking up again. One such survey was the Wolverhampton Inquiry (Sheldon, 1948). This was an extension of a social survey funded by the Nuffield Foundation (Rowntree, 1948) which investigated the social and economic circumstances of older adults. Wolverhampton was chosen because of its intermediate size, and for its lack of geographic stratification of income groups. The sample for the initial social survey was 538 older adults whose names were drawn from ration cards: In addition to these, there were 31 individuals who were not included – 16 had been wartime evacuees who returned to their home community, 11 had died, and 4 refused to co-operate. The sample for the medical survey was 477 – 34 had died (but data for some were available from collateral) between the surveys, 22 had left (most of whom had also been wartime evacuees), 13 refused (mostly by children), and two were not capable of completing the survey due to dementia (referred to as “senile dementia”). Interviewers went door to door, and questionnaires (which had been piloted on 50 individuals beforehand) were completed during a maximum of five interviews. Where available, spouses were interviewed as well. The survey was conducted between 1945 and 1947. The data were analyzed by hand and tabulated. Most analyses were stratified by age and gender.

The inquiry provides a description of the physical health, mental health, and functional status of older adults at the time. Many of the issues identified at that time remain the focus of study today. Nutrition and general health were noted to be good. Mobility was also good – 2.5 per cent were bedfast, 8.5 per cent had mobility limitations to the house, and 22.5 per cent had mobility limitations but were able to mobilize outside. Queuing for food, fear of traffic, and difficulty with stairs were common limitations of mobility. Disease states and physical symptoms were also identified. The list of issues was one we are familiar with today – poor dentition, poor hearing with inadequate access to hearing aids, physical weakness,

urinary incontinence, poor vision, and falls. The mental state of the participants was assessed and categorized into groups we would not consider today: “Fully normal; faculties slightly impaired, forgetful, childish – difficult to live with; demented – very difficult to live with; and eccentric in habits, but otherwise intelligent.” The strong association between mental state and physical state was noted. Loneliness was also common, and noted to be a serious issue, particularly in the oldest old. Social networks and caregiving networks were also assessed. One interesting observation was the number of participants who were primary caregivers to their children. In addition to quantitative data, caregiving narratives were provided. These are often very detailed and offer a glimpse into the lives of older adults at the time.

It is worth comparing and contrasting this survey to current epidemiological studies. First, the sampling frame was notable – ration cards from the war. Since this covered the entire civilian population, it was a complete sampling frame. Second, the response rate to both the social and medical surveys was strikingly high – contrast this to the 73 per cent response rate of the Canadian Study of Health and Aging (CSHA) (CSHA Working Group, 1994; McDowell, Aylesworth, Stewart, Hill, & Lindsay, 2001) and roughly 10 per cent of the Canadian Longitudinal Study of Aging (CLSA) (CLSA, 2017). The publishing format was quite different – a physical book with a few supporting papers, compared to numerous papers and supporting websites. On the other hand, the sample was limited to one town (which in Canada we would call a city). Third, there is little reference to past work in the book. This was intentional and noted to be unusual for the time. Sheldon stated that he did not want to prejudice the study to “confine its vision to those things it has previously conditioned to look for” (Sheldon, p. *vii.*). Fourth, the cross-sectional nature differs from modern cohort studies which are long term in nature. The analyses are also much less complicated: Regression modelling was very difficult prior to computers, and the most complicated analyses were stratified. Consistent with modern practice, nearly all analyses were stratified on sex. A final important

difference was the inclusion of participant stories. There were numerous brief accounts to accompany the quantitative data which add richness and context to the data. A striking similarity to contemporary studies are the issues facing older adults – mobility impairment, lack of elder-friendly communities, person-environment mismatch, concerns about income security, loneliness, the link between general health and cognition, and the resilience of older adults facing physical disability.

The Wolverhampton Inquiry had a long legacy. It was used to advocate for income security for older adults, for planning health care and social services, and as a foundation for further study. Subsequent research has progressively added to these findings. This is not to make a reactionary argument that there have been no important new findings since then. Local context and epidemiological changes are important, and both the knowledge of epidemiological trends and techniques had advanced considerably. Furthermore, we ourselves should also not be so conditioned by prior study that we overlook important new findings.

Pat Armstrong and Suzanne Day. *Wash, Wear, and Care: Clothing and Laundry in Long-Term Residential Care*. Montreal, QC: McGill-Queen's University Press, 2017

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To the many manifestations of the complexity of care in a nursing home environment, it appears that we can add laundry services as a marker of a nursing home's overall care quality. Viewing care through the lens of laundry turns out to be remarkably successful at least in the hands of Pat Armstrong and Suzanne Day, of York University. This book represents work by researchers from North America and Europe who reflect on the insights gleaned during a seven-year research project, "Re-imagining Long-Term Residential Care: An International Study of Promising Practices".

Everyone can relate to how important laundry is in daily life and how personal clothing choices contribute to our own personal identity. With these two basic principles in mind, the authors have presented thoughtful discussions taken from their research in nursing homes in many countries. Armstrong and Day state that while their original intent was not to focus on "laundry" per se, it became apparent that laundry became a unifying theme that had significant meaning to residents, families, and staff. The authors

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chose to write the book "guided by feminist political economy, informed by theories of care".

Nursing homes, residents, and families all want person-centred care in a home-like environment that is safe and effective. Trying to find a balance so that these objectives can be met underlies the many challenges our nursing homes face every day. This book explores these challenges by illustrating how the effective processing of laundry by staff in their respective facilities – and which results in residents' having clean clothes on a timely basis – can contribute to a nursing home's finding the appropriate balance between social and health concerns to ultimately meet the need for person-centred care. For example, there is thoughtful discussion about "for profit" and "not for profit" nursing homes and how these homes tend to handle laundry differently with more outsourcing of laundry services in for-profit homes compared to the not-for-profit homes. *Wash, Wear, and Care* presents accounts from staff interviews that provide insight into the varied ways in which nursing homes manage and process