

Preface: What Makes a Classic?

Classic Papers in Geriatric Medicine with Current Commentaries

“Who said so?” “Why do we do that?” Just as in life, an awareness of our “ancestry” in the form of landmark papers and observations that guide our practice and thinking gives us a foundation and a base for further inquiry. The field of geriatrics is a relative newcomer as an organized specialty, but its foundations are rooted in the classic papers of early descriptions of aging and age-related diseases, as well as in more recent studies on the physiologic mechanisms and possible clinical interventions in these often-chronic processes. Easy access to those landmark papers can help us in our own reflections on our clinical practices, in achieving a more thorough understanding of the background of research, and in teaching the richness of our intellectual history for our trainees and students. In this book, the editors focus on the clinical discipline of geriatric medicine and some of the classic papers that have changed the way we think about and practice the care of elderly people.

In choosing the “classic” papers, we have used a combination of expert opinion and objective assessment. In most cases, these criteria were in agreement, but in some cases they were not, nor were they always expected to be. For example, it would be difficult to assign an impact factor to the original description of an age-related disease, but certainly there can be no doubt of its historic importance. Similarly, papers that have shown a clinical impact on patient care are surely at least as well read, if not more, by practitioners as researchers who continue to work in the field; and yet there is little objective means to quantitate this effect. The 15 areas chosen for inclusion in this volume represent the beginnings of practice and thoughts about the best ways to care for older patients. Many other contributions fell victim to space limitations.

We have often chosen early or representative examples of papers that have substantially contributed to care of the aged. We have selected papers in disease-specific areas (dementia), health systems (home care), and education. In general, despite the plethora of review articles in geriatric medicine, and also accepting that some of these papers represent clear and compelling thought in the field, we have chosen to exclude review articles, preferring primary source material wherever possible. The exceptions are those papers that have contributed sentinel ideas and hypotheses on which current work is so closely based; for example, Finucane’s summary of evidence of the utility of tube feeding in patients with dementia.

Each paper is introduced by a commentary. These commentaries describe the singular contributions of the chosen paper, give a short list of other important early papers in that area, and, in many cases, reflect on progress in that particular field. The commentaries are personal statements by the authors

about the influence of the papers chosen; the commentaries are not meant to be exhaustive reviews of the clinical area in question.

An accepted measure of the importance of a paper is its ability to retain its impact over time. While many of the classic papers in this collection have stood the test of time, others have gained classic status by virtue of their profound influence in relatively quick measure or because of timeliness in filling a void in knowledge.

Clinical impact, citation frequency, historical value, timeliness or timelessness—these are the attributes that we assign these landmark papers in geriatrics. We hope that their rediscovery or first-time reading will surprise and motivate the reader to continue the clinical and research endeavors undoubtedly induced by these classics in their original readers.

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