

angels of the press—the reporters—and flashed over the world, gave to this question a somewhat hysterical prominence.

The on-come of age could be profitably discussed from many viewpoints. In the industrial world its advent brings ominous forebodings to the artisan. In the eyes of the employer, silver locks stand for failing activity, and loss of mental alertness. Watch the hosts coming out of one of our great industrial plants, and you can almost count the aged members on the fingers of one hand. Go into the offices, and you find only young men behind the desks. If we turn to the financial world, we find young men in the positions of greatest responsibility and activity. In all phases of literary work young men and women occupy a prominent place. In the ecclesiastical, and teaching circles, it has been said, humorously, that "A man who can part his hair in the centre, is in far greater demand than is he, whose hair has departed from the centre of his head." To our own profession, the on-come of age brings up serious problems. It falls to the lot of but few medical men to go very far past the half century line without realizing that their popularity is on the wane. Without a competency, or a lucrative position, the outlook for the aged physician is gloomy enough. However, it is not the purport of this paper to discuss the question from any of these standpoints, but to deal with its physiologic, pathologic, and psychologic, factors.

PHYSIOLOGIC FACTORS.

Each period of life has its own physiologic metabolism, using this term to cover material and energy exchanges. If it be permissible to use the algebraic symbols (+, =, -) to represent the conditions of physiologic metabolism in the three periods of life—it could be stated that during the first, or developmental period, metabolism is a + quantity. It not only makes provision for "wear and tear" of life's activities, but also furnishes extra material and energy for physical development. In the second, or adult period, normal physiologic metabolism preserves an equality between the income of material, and energy exchanges, and their output, in the various functional activities of the different organs. In the third, or period of senile involution, physiologic metabolism is a negative quantity. The material and energy exchanges are no longer sufficient to prevent tissue degeneration and the impairment of functions.

When senile involution is a physiologic, and not a pathologic, process brought on prematurely by disease, the trend is toward a more primitive, or less highly developed type of tissue. The more complex cells revert to those of the connective tissue type. The skin loses its vascularity, and elasticity, becoming pale, and wrinkled. The muscle