

C3. Between Marginalization and Medicalization

C3:1 Ben Maldonado, *Labor, Sex, and the Construction of “Normal Aging” at the Baltimore Longitudinal Study of Aging, 1950-1980*

This paper examines the social and political motivations of National Institute of Health (NIH) research regarding physiological aging. Through an analysis of the NIH’s Baltimore Longitudinal Study of Aging (BLSA), I demonstrate how concerns about the productivity of an aging population and sex/gender differences in longevity shaped the BLSA’s methodological focuses. Using archival research, I focus my study on the question of inclusion through an analysis of two key moments: the construction of the original research population and the inclusion of women in 1978.

Established in 1958, the BLSA routinely examined and measured aging bodies to create indices of “normal aging” — aging demarcated from pathology. However, “normal aging” was gauged using a population consisting solely of men, and primarily white professional men. Building on works of other scholars of gerontology, I show that this sample reveals concerns about the labor potential of a specific class of professionals. Furthermore, instead of viewing the 1978 inclusion of women solely as a rejection of medical androcentrism, I argue that social concerns around the increase of professional women and sex/gender differences in longevity were central motivating factors behind inclusion. I demonstrate that the BLSA studied female aging partly to find interventions to increase male longevity, framing the longevity gap as a social and medical problem. Echoing the work of Steven Epstein, I suggest that inclusion was not simply a rejection of old norms but rather necessitated complex discussions about biological difference and sociopolitical goals. By tracing which populations were included/excluded under “normal aging,” this paper shows how “normal aging” was racialized, gendered, and classed, and offers new insights into the role biomedicine played in shaping our conceptions of aging bodies.

Learning Outcomes

- Recognize the dynamic interrelationship between medicine and society through history
- Develop an understanding of how social concerns have shaped research on aging and health
- Acquire a historical perspective on inclusion and exclusion in biomedical research
- Be able to think critically about ideas of normality in medicine

C3:2 Maud Jansen, *“The Age Factor” in Hip Fracture Care: How Precarity Shaped Therapeutic Change*

Hip fracture offers a rich case study of the medicalization of older adults in the mid-20th century. Interweaving medical literature with medical records from Massachusetts General Hospital, this paper examines the drivers of therapeutic change in hip fracture care from 1930 to 1960. It considers the ways in which the switch from conservative care to acute surgical intervention depended on and was shaped by an appeal to the precarity of aging bodies—sometimes described as “the age factor.” When first adopting and standardizing a surgical procedure for hip fracture, orthopedists could maintain the success of their procedure in spite of high post-operative mortality rates by focusing on the outcomes for the fracture alone. To make this decoupling of the patient from the fracture possible, orthopedic surgeons invoked an imprecise, yet culturally resonant notion of natural precarity in older persons. However, over the next decade, the previously tolerated post-operative complications in the elderly became problematic; first, because hospitals sought to reduce prolonged convalescence, and second, because physicians inadvertently realized that surgeries that allowed for early mobilization reduced complications. Further, precarity took on new meanings as social welfare investments for the aging population modified the trajectory of healthcare for older patients. Discharged to long-term care spaces, older persons with hip fractures were scrutinized in terms of their higher dependence on nursing care. Ultimately, hip fracture offers an exemplar of an understudied phenomenon in the medicalization of an aging population: the ways in which understandings of the precarity of aging body informed the care given and responsibility assumed towards morbidity and disability in old age.

Learning Outcomes

- Identify success and failures in the role that medicine played in shaping the lived experience of aging
- Understand the dynamic history of care for older adults and the implications that notions of difference had for care provision
- Respond to changes in medical practice guided by a historically informed concept of professional responsibility and patient advocacy.