pressed rural culture are particularly conducive to survival.

2. The Potosi effect: A remarkably low survival rate, combined with early disability.

3. The Beni effect: Characterizing a geographically remote and isolated area where older indigenous people have little or no access to health and social services. There are no migration possibilities for the older person.

4. The Bogota effect: Found in metropolitan settings in which a certain measure of social service infrastructure has already been created. The necessary complementary voluntary agency services already exist, but have not yet been organized in terms responsive to the massive needs.

5. The Lima effect: The observation of extraordinary migratory movements and the frequent abandonment of the elderly, both in the rural hinterland and in new shanty towns.

6. The Belize effect: A classic example of international out-migration by members of the younger generation, abandoning members of the elderly generation.

For several years Dr. J. Froimovich conducted some research studies concerning the effect of a balance of elemental substances of the internal environment on aging. On the basis of these studies, he developed a therapeutic formula, FGF 60. In addition, the first brain implants focusing on the treatment of motor disorders in adults were successfully accomplished by Drs. Drucker and Madrazo some years ago in Mexico. However, this important effort will never reach its fulfillment as long as economic resources for research investigations are not provided by the government.

HEALTH SERVICES IN LATIN AMERICA

The first nursing homes were founded in Latin America in the second half of the last century. For 100 years, such facilities were produced by adapting large houses so that they could lodge as many elderly persons as possible, often more than a hundred persons at once. Almost all these homes were run by charity organizations, or by nuns. More recently, there has been a common movement throughout Latin America to diversify the types of living environments in which the elderly congregate, such as housing catering to retired persons, residences for elderly people, daily clubs and even geriatric hospitals.

Before 1980, almost all of the institutions in Mexico were like the original type of nursing home. By 1990, 40% of the establishments were more modern in type.

More important than this housing transition, however, is the fact that geriatric techniques have rapidly entered these institutions. It is said that many of the older nursing homes had neither physicians, nor nurses, nor therapeutic programs, nor occupational or entertainment activities. Even so, the gerontological health service is considered insufficient for Latin America. Uruguay has the best coverage, with 327 gerontological institutions serving 17 per 1000; Mexico has 362 institutions serving 3 per 1000, and Argentina has 1100 serving 10 per 1000.

The evolution in gerontological education, research and service in the Latin American region may be viewed as relatively early in its development, but it is nonetheless moving very rapidly. Furthermore, it will respond to a dramatic demographic imperative early in the next century, a challenge that the developed nations did not have to face so early in their industrial development.

The XVth Congress of the International Association of Gerontology: "Science for Healthy Aging"

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The XVth Congress of the International Association of Gerontology will be held in Budapest, Hungary on July 4-9, 1993. On behalf of...
the Organizing Committee, I invite all of you to the World Congress.

The theme of the Congress, "Science for Healthy Aging," expresses that the most important goal of the aging population is to stay in good health, and science must serve this purpose.

It points out that, in addition to gerontologists and geriatricians, scientists and physicians from other disciplines are also invited to help the well-being of the aged with new scientific results. Advances in biological and medical sciences and in technology have increased the average life expectancy. We experienced an exceedingly rapid increase in longevity through improvements in public health and living conditions, and elimination of infectious diseases by vaccinations, new drugs, better nutrition and suitable preventive measures. As we approach the turn of the century, the importance of the increased number of aged people in the population is more fully appreciated in more and more countries, including developed and developing ones. The number of persons aged 60 years and over was 495 million in 1991, and this figure is expected to exceed 1 billion by the year 2020. Of all the persons aged 60 years and over, 57% live in developing countries, and this figure is projected to reach 69% by the year 2020 (1).

This enormous increase in the aged population is unique in the history of mankind. Indeed, increased longevity, which has become the striking feature of the 20th century, should be regarded as one of man's great achievements, but like other achievements resulting from science and technology developments, it has its price (2). The pattern of disease and health status has changed dramatically during the past years, and the principal cause of death in the population has shifted from infectious to chronic diseases.

Recent longitudinal studies showed that basic physiological functions can be maintained into late life, and that diseases frequent in old age can be postponed by preventive measures, but not avoided (3, 4). As increased life expectancy has not ensured health, it therefore seems more than probable that this will lead to increased numbers of frail and disabled old people. Diseases and disability in old age cannot be eliminated; thus we should concentrate our efforts on increasing the number of healthy years, since it makes a great difference whether we become old healthy, independent or disabled, dependent individuals. We must also consider that a new group of aged people is coming upon the scene, who are better educated and more competent, with higher expectations for their living conditions than past generations (5).

It is important to increase the number of people interested in the problems of aged people and to make them active in this field; to achieve this, researchers and physicians from other disciplines, in addition to gerontologists and geriatricians, should also deal with these problems. This effort will produce broader and new perspectives for preserving the health of the elderly, as well as guarantee better health care. It is our future task to encourage research for healthy aging, and give higher value to those workers who are committed to the well-being of the aged. The Opening Plenary Session of the XVth Congress of the International Association of Gerontology will broadly survey what science and research have done and are doing to achieve healthy aging and old age. It will delineate how the results of basic research and technical-scientific advances may be utilized in practice for more healthy living conditions for the aged. The Closing Plenary Session will address future trends in the field of gerontology. At the congress about 50 Symposia and 50 Roundtables will be organized, as well as free oral and poster sessions. More than 1 400 Abstracts covering the entire field of gerontology have been submitted. More than 3 000 participants are expected.

In line with our previous IAG Congresses, a program for developing countries was also elaborated in which the situation of the elderly, and research and training are addressed.

The National Organizing Committee has the pleasure of inviting all of you to the XVth Congress of the International Association of Gerontology.

REFERENCES