RECENT ADVANCES IN MEDICAL REHABILITATION

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During the war the shortage of manpower directed the attention of allied medicine to what has come to be recognized as the third phase of medical care, the phase that takes the patient from the bed or the Out-patients Department to the job. This includes physical and medical rehabilitation, social adjustment, vocational guidance and re-training where indicated. These Service developments are applicable, with appropriate modifications, to civil life and an enlightened public in Europe, and the United States is increasingly demanding them. Any blueprint for today's medical services must give weight to the problem of rehabilitation, the treatment and resettlement of the whole man in terms of his physical, medical, social, psychological and economic needs.

In the past, the term rehabilitation has been somewhat loosely applied to the physical treatment of a local disability but contemporary practice during and since the war has carried the concept very much further, so that Rogerson's definition is now generally accepted:—

'Rehabilitation is treatment with a purpose. The purpose is to ensure not merely the repair of the diseased organ of a patient, but his fullest possible return to normal life in a setting designed to prevent the recurrence of the disorder. To this end all available resources, physical, psychological and social, have to be employed to the best possible advantage.'

Rehabilitation, as understood today, is a form of scientific therapy which should be a part of the skilled medical treatment of all illnesses, whether the patients are dealt with in hospital or in the home. The better the treatment and the earlier the application of rehabilitation, the fewer will be the cases of permanent disability which will require vocational training and the better the results in those so trained.

Thus far rehabilitation has been confined mostly to surgical conditions, but developments on the medical side are rapidly catching up. During the war the Ministry of Health made a survey of all the large hospitals in the country, equipment and help being provided as required; in consequence,

the range of rehabilitation is increasingly covering general medical and psychological disorders.

A good start has been made but a great deal of work remains to be done. In particular, there is a need for detailed knowledge of the special type of physical and mental strain involved in each process of industry, before we can settle men intelligently into suitable jobs. The working out of satisfactory methods of resettlement will depend upon extensive research both in the factory and in hospitals, with a steady interchange of knowledge between those who look at the problem from the theoretical and the practical points of view.

Breakdown among workers in industry often follows common patterns. The quiet sensible man, after twenty years of steady service may become depressed, bewildered, unable to concentrate or to complete his ordinary day's work. The young man or woman beginning to take responsibility may be overwhelmed by domestic or emotional disasters; the energetic methodical middle-aged secretary may develop obsessional fears, and for others life is spoiled by morbid anxiety. These people are often a serious problem for the family doctor. He may feel sure that given time and opportunity most of them will recover, but it may not be easy for the firm to spare them for long without replacing them, their home surroundings may not favour recovery and they may be unable to get treatment which would hasten it.

Four years ago the National Council for the Rehabilitation of Industrial Workers appealed to employers to establish a model rehabilitation centre for the investigation and treatment of such patients, and any others whose standard of health was below normal. Many contributed, and the substantial fund raised was used to purchase Roffey Park, a large Sussex house built in the 'twenties and standing in fine grounds. An executive committee was set up under the chairmanship of Lord Horder and the vice-chairmanship of Mr. Samuel Courtauld. The Centre provides residential facilities for 120 patients of either sex, aged between 18 and 50 years.

Life at Roffey Park is a combination of occupational therapy, psycho-therapy and physical train-

Roffey Park Rehabilitation Centre

Library and Lecture Hall, equipped with sound film projector, used by the Training Department for regular courses in 'Human Relations in Industry.'

The residential club for doctors and social workers attending the training courses at Roffey Park.

ing, based upon a full investigation of the physical and essential problems existing in each case. Where necessary X-rays and blood tests are taken to determine early disease. A planned regime is then provided for each patient, who is supervised throughout by one of the four resident doctors. The average length of stay is six weeks and special attention is paid to placement on discharge. A vocational psychologist visits the Centre each week and appropriate psychological tests are used to determine the best sort of work for the individual patient. Close co-operation is maintained with the Ministry of Labour and retraining is arranged where indicated.

The house itself, a well-built country house with 25 bedrooms, has been excellently converted to its present purpose and the existing outbuildings have been adapted to provide first-class workshops, equipped with modern forms of engineering plant which, with a gymnasium, gardening and handicrafts, provides valuable occupational therapy. Particular attention has been paid to the kitchens, which are in charge of a fully-trained catering supervisor and which are a model that is frequently studied by those responsible for other organizations.

In the workshops, supervised by experts, the machines are well kept and are used for making needed equipment; the carpenter's shop, besides making such things as bookcases and bed-tables, turns out solid toys which are either used in the day-nursery attached to the Centre, or sold to visitors. The day-nursery is maintained for the children of members of the staff, and the women patients spend part of their time with the children.

In the main building patients have handsome common rooms for men and women, as well as a large dance room which is also used for concerts, debates, cinema shows and discussion groups. A patients' committee meets each week to plan social activities and to make suggestions to the medical director and staff. Though they have separate common rooms, the sexes are not kept apart but work together during the day and relax together during the evening gatherings which are an important part of their community life.

Modern psychotherapeutic methods are used as indicated; electric convulsant therapy has cleared up many minor depressions. A follow-up of the first 200 patients showed that six months after discharge 82 per cent. were well and doing full-time work—a high proportion considering the types of cases treated.

Experience gained during Roffey Park's three years' existence has shown the importance of the clinical material available and the opportunities

presented for teaching social medicine to a wide group of people in a practical way. To bring this about, a resident training department has been established by converting extensive outbuildings into an attractive residential club with accommodation for 25 people and equipped with pleasant lounges and a licensed bar. Ample bathroom facilities, excellent food, central heating and friendly service are among the amenities that provide a background for clinical instruction which is given in a lecture hall equipped with a film projector and other forms of visual education.

Under these excellent conditions for teaching, regular week-end courses are given throughout the summer months, covering various aspects of social medicine, all of which are illustrated by the demonstration of clinical cases. Some of the week-end courses are reserved for final-year medical students of either sex, young social workers, nurses and almoners in training. Others are planned for doctors, who are thus enabled to meet on common ground, with much to learn but also much to contribute to the discussion groups that are an integral part of the teaching programme. Thus, such subjects as industrial fatigue, working conditions, the principles of rehabilitation, the psychological problems of the disabled, and appropriate work for various forms of neuroses all come up for review and subsequent joint discussion from all points of view. Films and strip-films are extensively used in the teaching, while the didactic lecture is to a large extent replaced by the discussion group technique.

There is no doubt that teaching of this type, where various facets of medicine have the opportunity of meeting as equals, has much to contribute to the development of real preventive work in the coming years. The days are past when the almoner or ward sister or the health visitor is regarded as an appendage to the doctor; today they are all health workers with specialized functions in a campaign where team work is as important as in combined operations in modern war.

Doctors in all types of work are increasingly demanding an understanding of social medicine, as they realize the necessity of treating the patient in relation to his total environment; physical, domestic, psychological and occupational, rather than just dealing with the individual diseases.

Those wishing to attend a week-end training course during the coming spring or summer should apply for full details to the Secretary, Training Department, Roffey Park Rehabilitation Centre, Horsham, Sussex, England.