

altering arch relationship, and many forms of malocclusion cannot be corrected by them.

With most children few practical difficulties occur during the wearing of appliances in the home, particularly with fixed appliances, which two days after insertion are often forgotten. When appliances are worn extra care must be given to tooth cleaning, and this will need supervision until a satisfactory routine is established.

AN EXPERIMENT IN SOCIAL REHABILITATION

BY

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In the last decade "rehabilitation" and "physical medicine" have rightly taken their place among the means advocated for the restoration of the sick to full health, but there is a danger that their recent prominence is fostering an outlook which lays undue emphasis on the restoration of physical fitness only and too little on the restoration of moral or mental fitness. Many rehabilitation centres attached to hospitals differ only in degree from the physiotherapy department from which the patient has graduated to them. Except for an increase of his physical fitness they add nothing to the effort to restore him to a normal life.

In a long illness one must make many mental adjustments to a new life of dependence and passivity. After such an illness readjustment to former activity in normal society does not readily follow even if physical fitness is completely recovered, and the readjustment becomes all the more difficult if there is a permanent residual disability. Restoration of a normal attitude to self and to society must therefore be a major concern in the full rehabilitation of a patient and must take equal place with the restoration of physical fitness. This readjustment to normal society despite physical handicaps may conveniently though perhaps crudely be termed "re-socialization."

Scunthorpe Remedial Recreational Club

This club, which began in 1949, has as its aim the resocialization of the sick or injured by the activities of a club of which they hold temporary membership. Its development has been slow and limited, but I believe its existence and its activities are worth recording both to stress the principle that proper balance should be maintained in rehabilitation between the physical and mental and to show what can be done with the existing facilities of a town to put this principle into practice in a specially effective manner.

The activities of the club are centred on two weekly meetings. On one night of each week there is a two-hours session at the gymnasium of one of the local schools. Here, under the guidance of a subcommittee, pastimes, games, and handicrafts are organized. These include ordinary children's games and other games such as volley ball, deck quoits, and table tennis; "group work"—for example, Greek dancing, choral speaking, and free art; handicrafts—for example, sewing and rug weaving, embroidery, lamp-shade making, and Barbola work. Sometimes a film is shown. There is no regi-

mentation. It is essential that the atmosphere should be that of a "club" and not that of an "institution." The organization and teaching of the different games, pastimes, and handicrafts are carried out by voluntary workers.

For one hour on another night of the week one of the tanks in the local swimming-baths is put at the club's disposal. There is a rota of voluntary helpers from the local swimming club and other local organizations to teach swimming and to help the disabled in the water. Equipment is provided for swimming lessons and water games. Tea and cakes are served after the swim. These swimming sessions constitute, of course, an excellent form of physical rehabilitation for many of the patients, particularly those affected with anterior poliomyelitis. One has only to see the transformation effected in the disposition of some patients who have had many months of physical treatment at the local hospital to believe that the real value of this swimming session lies in its ability to banish the "patient" complex and restore the self-confidence to carry on, even though disabled, in a normal way in normal society.

For both these sessions of the club the local ambulance service provides transport for those who are unable to travel by public transport.

Club Membership

It is the intention that membership of the club should be temporary; that the club should act only as a training ground or bridge between the hospital environment and normal society. Thus, on reaching a certain stage of proficiency, members are transferred from the Remedial Recreation Club to ordinary membership of the local swimming club and cease to attend our swimming sessions. In this way the club achieves its object of resocialization. It would only defeat that aim if membership were allowed to continue indefinitely.

In addition to the two sessions described the activities of the club have included also the organization of outings to the seaside, and to the theatre, pantomime, and ballet, often with the assistance of other local voluntary organizations.

The club is open to all patients who, having been vetted by the committee, are regarded as likely to benefit from its activities. Though most members have orthopaedic disabilities, it is not the intention of the club to confine membership to such cases, nor is membership restricted to hospital patients, but includes any suitable case sent by a general practitioner. The Table shows the cases at present attending the club.

Disability	Children (Under 14 Years)	Adults	Total
Anterior poliomyelitis ..	14	12	26
Congenital deformities ..	5	2	7
Muscular dystrophies ..	2	1	3
Postural deformities ..	3	2	5
Infantile spastic plegia ..	4	—	4
Fractures and amputations ..	1	2	3
Tuberculous arthritis ..	1	—	1
Osteomyelitis ..	—	1	1
Paralysis agitans ..	—	1	1
Disseminated sclerosis ..	—	1	1
Total ..	30	22	52

The success which the club achieves is not something that can be submitted to statistical analysis and demonstrated scientifically. It can be shown only by the changes effected in the individual cases, and these changes are often of an intangible nature.

A young lady aged 27, with infantile paralysis of nine years' duration affecting both upper and both lower limbs, lived in a rather remote village. She got about in a wheel-chair, but remained almost entirely confined to the house. She had very little interest either in her own personal appearance or in anything else. One month after joining the club she had her hair "permed" and began to use make-up. She has been to dances in a wheel-chair; she can now swim after a fashion, and has been to swimming galas and polo matches; she has travelled with her sister by train to the Infantile Paralysis Fellowship Lantern Hotel at Worthing and has spent a holiday there; she has now started a small business of her own.

Aims and Policy

The general policy of the club is controlled by a committee which includes members of the hospital medical staff, general practitioners, the lady almoner at the local hospital, the secretary of the local swimming club, the secretary of the local disablement advisory board, the assistant county youth organizer, members of the physiotherapy department of the local hospital, the medical officer of health, a representative of the local ambulance service, representatives of the patients themselves, and representatives of other local voluntary organizations. The patients who are members of the club are particularly encouraged to take part in the organization and administration of the club's activities as a means to developing self-confidence and initiative. The club is a public body with an annual general public meeting. It is supported solely by voluntary contributions.

The present scope and future development of the club are greatly hampered by the absence of a single establishment in which all its activities could be conducted. The achievement of a club house with full facilities is the main practical problem with which the committee is at present concerned.

I am sure that an organization of this nature has its place in modern medicine. It is essential that it should be maintained as a voluntary concern free of all regimentation. Only thus can it convert the passivity of the patient in hospital life into the activity of fellowship in normal social life.

Summary

Rehabilitation as generally practised is too restricted. The restoration of a patient to normal or as near to normal as is physically possible must take account not only of his physical condition but equally of his mental attitude.

The Scunthorpe Remedial Recreation Club is an example of an experiment in the practical application of this concept of social rehabilitation. In its present form it serves also as an example of what use can be made of facilities already existing outside a hospital.

Anyone interested may obtain information about the detailed organization of the club from the honorary secretary, Miss E. Jackson, lady almoner, the Scunthorpe and District War Memorial Hospital.

Antivivisectionists received a defeat in the United States in last November's elections, according to the *Journal of the American Medical Association* of January 13. The people of Los Angeles voted 357,393 to 261,699 to permit unclaimed cats and dogs in the city to be used for experimental purposes, while in Baltimore a proposal to prohibit the scientific use of stray dogs was defeated by 160,000 to 38,000.

MINISTER OF HEALTH AT ROYAL COLLEGE OF SURGEONS

A large number of distinguished guests were entertained by the Royal College of Surgeons at its Hunterian festival dinner on February 14. Mr. HILARY MARQUAND, M.P., the Minister of Health, in proposing the toast of "The College," said that in that assembly, which was more than 150 years old, he was in some degree representing the new among the old. He had newly undertaken a very important and responsible duty, and he was approaching it with the greatest caution. He felt, as anyone in his shoes was bound to feel, that he had in front of him a great opportunity. When Mr. Lloyd George established the Ministry of Health and made his friend Lord Addison the first occupant of the chair, he had had, as he often declared, a new and inspiring idea, the idea of the Minister of Health. Unfortunately, such was the arrangement at that time and since, the new function was connected intimately with the old function of the president of the Local Government Board. He was sure Lord Addison would agree that he had not always had the opportunity he would have liked—to have been a real Minister of Health. So he personally looked forward with anticipation and hope to the new opportunity of making his department a real "Ministry of Health"; and of being able to concentrate for the first time, in a way that no other Minister of Health had been able to do, on the work of maintaining, sustaining, and improving the health of the people, with the help of those who were skilled professionally.

The point of view of the Ministry and the Government was simply summed up in the phrase: "You and I are 'the State,' we constitute it, we maintain it, we use it to defend ourselves, why should we not use it to help ourselves?"

After referring to some points in the history of the College Mr. Marquand went on to say that what had interested him most was to read of the big developments that they had made, especially recently, in the prosecution of research and education. He had spent a great part of his life in education in the university world, and he did understand what research meant and what principles and austerity must govern the prosecution of research. For his part, if at any time he was called on in any way to ensure that medical research should be carried on, he gave them his assurance that they would have his fullest possible co-operation.

He was impressed with the close connexion in post-graduate work between the College and the countries of the Commonwealth. They had reached out not merely to encourage other members of the Commonwealth to follow their standards, or attain their levels in examination, but they had reached out to help and encourage them to build up hospitals for teaching and treatment.

He did thank the College for what it did. He reminded them that they had great privileges; they had a high position of repute and esteem in society; and he was sure that they felt, as he did, that position begot obligations. They had, however, in addition, history and the inspiration of great tradition and high standards, and they tried to combine them with the achievements of modern science and education for the benefit of mankind. He admired what they had done: he appreciated its value and highly esteemed the spirit in which they undertook those tasks. He did not think he went too far if he said, when thinking of obligations, that they and he could co-operate, recognizing the necessity of privilege and at the same time recognizing that that produced duty and obligation. If he was right in interpreting that that was the way they felt, then he thought they should never have anything but the most temporary and trivial disagreements between them.