refutation of the diagnosis must nowadays lie with the laboratory. But this does not absolve the clinician from his primary responsibility. To miss the first case of smallpox in an outbreak may be a costly business—not alone in lives.

Next Refresher Course Article.—"Abdominal Hernia in Childhood," by Mr. Denis Browne.

Refresher Course Book.—The first 55 articles of this series (fully revised) are available as a book, price 25s. including postage, from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

A MODEL REHABILITATION AND TRAINING CENTRE

BY

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On May 24, 1952, the President of the Austrian Republic, in the presence of a large number of Government officials and other leaders, performed the opening ceremony of what is probably the finest rehabilitation and training centre to be found anywhere in Europe. It is situated at Tobelbad, in delightful wooded country about nine miles from Graz, and has been built on the site of a former spa. The original property included a famous hunting lodge and hot springs, both owned by the Government, the former containing a very fine ceiling painting—the work of an Austrian painter of the early nineteenth century—which has to be preserved as a national trust.

Extensive new buildings have been erected over the site of the hot springs, affording ample accommodation for 250 patients as well as the staff of the centre. The river has been deflected from its former course and banked with stone, so as to pass through the grounds and provide a constant water supply.

These buildings have been put up and are owned by the Allgemeinen Unfallversicherungsanstalt (the United Accident Insurance Corporation), and it is an interesting fact that their decision to establish this splendid centre, and to offer first-class opportunity for the rehabilitation of accident cases occurring anywhere in Austria, was largely influenced by the arguments submitted to them by two young orthopaedic surgeons who were members of the first Rehabilitation Course held in this country under the auspices of the British Council. These Austrian surgeons were so impressed by the economic value of modern methods of rehabilitation and vocational training that on their return to their own country

they succeeded in persuading the United Accident Insurance Corporation to buy the Tobelbad property and erect a rehabilitation centre on the British model. Since that time the medical director of the centre, Dr. Georg Neubauer, has also attended a course on rehabilitation in Great Britain during a period of two months, and it is a great compliment to this country that the organizing, staffing, and equipping of this splendid centre have closely followed the British pattern.

Rehabilitation Centre

This is a large modern four-story building, with an attractive curved front and wide balconies, each provided with fitted window-boxes filled with geraniums, petunias, and other flowering plants. The wards are small—usually for three or four patients—and are light and attractive, with good beds, lockers, and other amenities, and each opening out on to the balcony.

In addition to a large dining-room for ambulatory patients, modern kitchens, and excellent administrative and medical offices, the centre contains the following special departments:

- (a) Plaster- and dressing-rooms, for applying or changing plasters and dressings.
- (b) A small operating-theatre. (All cases requiring major operation are transferred to Graz Accident Hospital.)
- (c) A well-equipped x-ray department.
- (d) A clinical laboratory.
- (e) Physical medicine department, with large and excellently equipped rooms for massage, electrotherapy, actinotherapy, electromyography, and light treatment.
- (f) Two remedial gymnasia, the smaller one being furnished with wall bars, rings, and other apparatus for individual treatment and exercise; the larger one being equipped for group exercises. Both have wooden floors, special mats for floor exercises, walking-handrails, mirrors, suspension beam, and wall bars.
- (g) Extensive and excellently equipped hydrotherapy department, including: (i) A large warm swimming-pool, fitted up for exercises and games; (ii) a small warmed bath, on the principle of the Hubbard tank, for individual exercises; (iii) a series of four long ankle-deep "walking-baths," one containing hot water, one cold water, one soft mud, and the other moist sand; (iv) individual baths and showers.
- (h) A small occupational therapy department.
- (i) An indoor play-room, with table tennis and other games.
- (j) Outdoor sports grounds, with facilities and apparatus for archery, football, volley-ball, basket-ball, outdoor gymnastic exercises, and with paths provided with obstacles, both on the flat and through a wooded hill, to train patients in walking over rough and uneven ground after injuries to ankles and feet.
- (k) A small prosthetic workshop, for the manufacture of temporary and permanent prostheses and other mechanical aids.

Vocational Training Centre and Accessory Buildings

This separate building is connected with the rehabilitation centre by wide covered-in passages, well decorated and with parquet floors, and containing a series of light, well-equipped class-rooms and workshops. These rooms, when completed, will be used for short courses of training in carpentry, metal work, wood-carving, leather work, shoe-making, tailoring, dressmaking, etc. It is not intended to use them for long or complete vocational training courses, such as are available in Government training centres, but rather as a means of giving both work therapy and vocational guidance to those undergoing physical and industrial rehabilitation before returning to their former employment or undertaking new courses of training. This vocational training centre may thus be regarded as an attempt to combine the main features of the Luton rehabilitation departments and an industrial rehabilitation unit.

The Rehabilitation Centre

The accessory buildings include a church, nurses' home, staff quarters, administrative block, and concert and entertainment hall.

An Excellent System

A few words must be added, in conclusion, about the system of dealing with accidents which obtains throughout the province of Styria, in which Tobelbad is situated. At the capital, Graz, a splendid modern hospital has been erected by the same United Accident Insurance Corporation, and at this hospital expert teams of surgeons, nurses, and radiologists are on duty day and night. With the co-operation of the police, the local authorities, and the Red Cross, a network of telephone call-stations has been established throughout the province, usually at the houses of Red Cross members, which are continuously manned on a rota system. At the same time a limited number of ambulance stations have also been established, prepared for emergency calls. Wherever an accident occurs in the province, no matter at how remote a spot, the local policeman is summoned and immediately rings up the nearest telephone call-station on duty for that particular day, from which messages are at once sent to the nearest ambulance station and to the Graz Accident Hospital. As a result cases are received at the hospital, on an average, in not more than two hours from the time of the incident. Expert services are there provided, including anti-shock measures, radiology, operative and post-operative treatment, and appropriate methods of medical rehabilitation. As soon as the acute stage has passed and further surgical treatment is no longer required the patient is sent on to Tobelbad to complete his course of rehabilitation away from a hospital atmosphere.

The latest news from the centre is that the accommodation is nearly all taken up; that a special department for cases of traumatic spinal paraplegia has been established on Stoke Mandeville lines; and that, in addition to cases of actual trauma, some cases of poliomyelitis and other crippling disorders are being received for rehabilitation.

MEDICAL WOMEN'S FEDERATION CONGRESS

[BY A SPECIAL CORRESPONDENT]

The Medical Women's Federation of Great Britain and Northern Ireland held its thirty-fifth Anniversary Congress on October 31 and November 1 and 2, under the chairmanship of the president, Dr. Doris M. Odlum.

The Congress began with a cocktail party on the evening of October 31 at the Royal Free Hospital School of Medicine, at which some 250 people were present. Scientific sessions were held in the morning and afternoon of Saturday, November 1, in the Great Hall of B.M.A. House.

Domiciliary Midwifery

The session was opened by the Duchess of Northumberland, who gave a short address. Then followed the Christine Murrell Memorial Lecture by Dame Hilda Lloyd. In a brilliant and provocative address the lecturer covered many aspects of her subject—"Domiciliary Midwifery." She believed that in 10 years' time there would be far less domiciliary midwifery than now, at least in the urban areas. Already a great many women preferred to have their confinements in hospitals, and she thought that this tendency was likely to increase. She discussed the advantages and disadvantages to the expectant mother and to the family group of a confinement at home or in hospital. She envisaged special hospital units which would be staffed by midwives working in conjunction with general practitioners, with specialists available in case of need. She thought that those doctors who undertook obstetric work should have some extra training and experience if they were to give their patients the best possible service.

After the lecture Dame Hilda Lloyd kindly consented to answer questions, which she did for over an hour, as her

audience showed a most lively interest in her proposals. A vote of thanks, proposed from the chair, was carried by acclamation.

Child Care in the N.H.S.

At the afternoon session the care of the child in the National Health Service was discussed from various viewpoints. The opening speaker was Dr. Ursula Shelley, physician, Children's Department, Royal Free Hospital, followed by Dr. Charlotte Naish, general practitioner, York; Dr. Elspeth Warwick, senior assistant medical officer for maternity and child welfare, City of Nottingham; Dr. Sylvia K. Guthrie, consultant paediatrician, Duchess of York Hospital for Babies, Manchester; Dr. Margaret Reed, general practitioner, Cambridge; Dr. Catherine Crane, medical officer of health, City of York; and Dr. Margaret Methven, psychiatrist, Royal Edinburgh Hospital for Sick Children. Dr. Georgie Brodie (until recently deputy senior medical officer, Maternity and Child Welfare, Ministry of Health) summed up the opening papers, and the meeting was then thrown open to public discussion.

The general conclusions reached were:

(1) There was a great need for the integration of many aspects of medicine and smooth collaboration of individuals and institutions in order to provide a comprehensive health service for the child. The National Health Service Act had provided an increased opportunity for improvement and co-ordination.

(2) The improvement in the medical care of the child in Britain in the last fifty years was undoubtedly a great achievement. This country was second to none in this respect, but we should not be satisfied to rest on our laurels, as much still remained to be done.

(3) It was essential that the four services dealing with the child should act as a team, with their functions clearly defined. These were the general practitioner, the local health authority, including the school medical service, the hospital and specialist service, and the Ministries concerned.

(4) The general practitioner, who should, in fact, be the family doctor, was the backbone of the service. He could best know the environment of the child and follow its development. He would also know the family relationships and their effect on the child, and be able to assess the interplay of psychological and organic factors in illness. General practitioners needed much better training, both pre-graduate and postgraduate, in the preventive as well as the curative aspects of medicine. General practitioners were at present handicapped by lack of facilities for diagnosis such as health centres could provide with their x-ray, pathological, and other departments.

(5) The local health authority services had done good work in the preventive field. A valuable educational system for the mothers had been built up, and also of supervision of the young child.

(6) Health visitors could be called upon much more than they are by the general practitioner. They could give much valuable help to the family doctor, and act as a liaison with local authority clinics and the hospital.

(7) Interchange of information should be much increased by means of duplicate letters to the practitioner from the medical officers of child welfare and school clinics and by using health visitors.

(8) Most valuable pioneer work had been done in some areas by women general practitioners, who had started infant welfare clinics as part of their general practices, notably by Dr. Naish in York, Dr. Reed in Cambridge, and Dr. Hellier in Paddington (London).

(9) If the general practitioner had better opportunities for investigating the child, only cases that really needed to be seen by a consultant would be referred to hospital, whose true functions were to diagnose, to advise treatment, to promote research, and to give specialized training to paediatricians. Interchange of information was vital in this field.

(10) The Ministries played a valuable part in initiating services on a national scale, and in assuming public responsibility for them. They were essential as a co-ordinating body, but there was a tendency to over-centralization.

(11) The chief value of the National Health Service was that it had provided the child with four important facilities—the free services of a family doctor and of a consultant paediatrician in the home, free ambulance, and free hospital treatment in addition to those services previously available. There were still gaps, such as insufficient long-stay accommodation and convalescent homes. The worst fault was the inadequate co-ordination between the different services, inadequate record-keeping, insufficient exchange