SECOND SESSION

The shrunk shank

WELCOME

Dr S. Cole, M.R.C.S., L.R.C.P., D.Obst.R.C.O.G., M.R.C.G.P. (*Provost, South-east England Faculty*)

Our Chairman for this session will need little introduction. Not only is Dr Ronald Gibson a general practitioner of great repute, but as many of you will know he was the first chairman of this faculty and is now chairman of the council of the British Medical Association.

OPENING REMARKS

Dr Ronald Gibson, *O.B.E.*, M.A., LL.D., F.R.C.S., F.R.C.G.P. (*general practitioner, Winchester, Chairman of BMA Council*)

I am grateful indeed for the privilege of being asked to chair this session. It is very much like coming home when I come back to the faculty. Yesterday we decided that the majority of people with cardiovascular complaints should, wherever possible, be treated at home, and they should be looked after by the general practitioner. We also discovered that lack of night care for these people is a major problem throughout the country.

Today we are to consider the rehabilitation of these patients, and as Dr Lindsay has said, this is restoration not just of body and mind but, particularly in this age group, of spirit or soul as well.

Medical aspects of geriatric rehabilitation

Dr R. E. Irvine, M.A., B.A., M.D., M.B., B.Chir., F.R.C.P. (*consultant physician*)

Most hospital specialists deal only with episodes in a patient's life, but geriatric physicians, like general practitioners, learn to see the problems on a more extended time-scale. We often need to think in terms of a programme of continuing care, which in one form or another is likely to go on for the rest of the patient's life. Also, like