

and material resources by the avoidance of the unchecked duplication and expansion of services which occur at the moment.

*Para. 12.* We welcome the indication given in this paragraph that in future greater importance will be attached to operational research and due attention paid to the results achieved. However, we are disturbed that the Central Department is to determine standards without, apparently, any reference to consultation with the appropriate professional organizations on matters having a clinical or academic content. In particular, we believe that it is the responsibility of the Royal College of General Practitioners rather than that of the Government to determine educational standards for general practice.

*Para. 13.* We feel that the Central Health Services Council could play an even greater part in accelerating the adoption of new methods of both investigation and treatment, particularly in the field of general practice.

*Para. 16.* We agree that, in the first instance, the chairman of the regional authority should be appointed by the Secretary of State but the appointment should be made for a period not exceeding three years and, subsequently, the office should be filled by election from among the members of the authority.

*Para. 17.* Again, we agree that appointment by the Secretary of State should take place in the first instance but, after the first three years, the post should be filled by election as suggested in relation to the regional councils.

*Para. 23.* It is essential that those bodies which are closely involved in vocational training and continuing education, *ie*, the Royal Colleges, should also be closely involved in the special arrangements for teaching districts and that, as at present, they should play an appropriate part in the activities of postgraduate advisory committees. In addition, the Royal College of General Practitioners has a particular interest in academic departments of general practice. We are particularly anxious that full consideration should be given to the financial needs of postgraduate education.

*Para. 24.* If the new structure implies a re-allocation of local endowments the inclusion of general practice within their scope is essential.

## INTERNATIONAL SEMINAR ON REHABILITATION OF THE DISABLED

Edinburgh—27 June to 3 July 1971

During the last few days of June, and the first three days of July 1971, there took place in Edinburgh the largest International Seminar on Rehabilitation of the Disabled ever to be held in Scotland. Delegates attended from 35 different countries, with over 1,000 people in attendance. During the week a wide range of different aspects of rehabilitation were covered, and in an international conference of this size, it is impossible to summarize adequately the different topics. Some of the main themes discussed were rehabilitation of the stroke patient, planning for the disabled in an urban environment and restoring independence to the elderly patient. An important contribution at the beginning of the conference was a paper on a population study of disability in younger persons, emphasizing the problems of provision of proper care for the young chronic sick, who are sometimes, unfortunately, cared for alongside the geriatric patient. Rehabilitation of the mentally ill and the problems therefrom were also discussed in a plenary session on the second day of the conference. Other sectional meetings discussed the problems of the crippled children, the cardiac cripple and the arthritic cripple.

One of the most interesting and important proposals that emerged was a proposal from Professor James of the orthopaedic department of the University of Edinburgh to establish a special unit to evaluate the needs of the disabled. Such a unit would research into bio-engineering, so as to help the disabled.

A plenary session was devoted to treatment, training and education of handicapped children, and dealt with the early identification, diagnosis and assessment of handicapped children, arrangements for nursery school classes, and the special education and further education for the older handicapped, especially at the stage when they were preparing to leave school.

Later on this same day, there was a contribution on rehabilitation of the geriatric patient from Professor Ferguson Anderson, of the department of geriatric medicine, Glasgow University.

On the final day part of the time was devoted to discussions on amputations and prostheses and papers supplemented several earlier ones relative to the same subject and the problem of amputees at different age groups.

The period of the conference was supported by many interesting visits to the various units in and around Edinburgh, concerned with rehabilitation, such as the Cripple Aid Society in Edinburgh, with its well developed physiotherapy and occupational therapy departments. Perhaps the unit which aroused most interest and admiration was the Thistle Foundation on the outskirts of Edinburgh, which administers a special village of 103 houses and a hostel, set in pleasant surroundings for disabled persons and their families. This interesting village consists of purpose built housing with attendant medical care and staff, and each house in the scheme is linked by a covered-way to a central clinic, physiotherapy and occupational therapy departments. There is also a central Church in the village and a gymnasium, swimming pool and recreational facilities. All accommodation is on one level, so that a person in a wheelchair has access. The family unit usually consists of a disabled man with his wife and children, but when extra nursing care is required, there are nursing staff available. Included in the recreational facilities were open spaces at the centre of the village for archery and for field events, together with a bowling green and a grass court. Alongside the separate houses for the disabled person's family, there was also a new development of a hostel which provided accommodation for 16 men and women, and is linked in the same way as the houses to the other facilities of this special type village.

Another activity going on alongside this large Conference, was a large exhibition with more than 80 different stands. These stands were sponsored by industrial firms, exhibiting special appliances that can be of value to the disabled, but also several voluntary services had their own display. One display that attracted attention from the public was a special area demonstrating gardening for the disabled, with the various gadgets that enabled this to be a practical possibility. This demonstration complemented the subject of one of the sectional meetings during the main conference.

Like all large international conferences, the actual meetings themselves tended to have limited value, because the time for the individual papers were short. The main advantage to participants and delegates arose really from the discussions that ensued informally outwith the conference programme, and there was no doubt that this seminar was a successful one, aided fortunately, by the kindness of the weather, which made Edinburgh look more attractive even than its usual.

IAN H. STOKOE

### THE HUNGARIAN SCIENTIFIC SOCIETY OF GENERAL PRACTICE

The first national meeting of this society was held on the shores of Lake Balaton from 14-16 May 1971.

It was attended by 600 doctors, being almost half the total membership and about 17 per cent of all general practitioners in the country. These numbers are indicative of the spirit and enthusiasm of this organization which started only three years ago.

As in this country, Hungary's population is comprehensively covered by state health insurance. The general practitioner of a given district provides care for its inhabitants and all patients are obliged to go to a doctor in their particular area. Average lists are about 2,500 patients per doctor.

In cities and towns general practitioners do no paediatrics, this being the work of specialist paediatricians. Obstetrics is also a specialty and all confinements in Hungary are in hospital by law. In country districts however, general practitioners carry out both paediatric and obstetric practices.

#### *Aims of the Society*

The broad aims of the society are similar to those of our own college: to improve the status