REHABILITATION IN A CHANGING WORLD*

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To few men is it given to live to see a dream become reality, because few have the imagination, the courage and the energy that must go into this transmutation. To one of those few we are now gathered to pay our tribute of honour and affection. Of itself a birthday means nothing, not even a seventieth, for in these days and with such a man as this, the biblical span no longer applies. Simply to have walked upon the earth for 70 years is no great achievement, however satisfactory to the individual. But to have used that gift of life to restore life—and longer life and better life to countless others—this is a just cause for celebration.

I make no attempt to regard this occasion impersonally. It has been my good fortune to have known Sir Ludwig for 22 years. We have seen each other often—although not as often as I would have wished—and we have corresponded much. Yet these contacts, direct or written, are far from a measure of what he and his work have meant to me. During all these years my own work has rarely gone a fortnight without some reminder of, some reference to, the man or his ideas. And I think I know him too well to believe for a moment that there will be any interruption of that communication even though he has chosen to lay down certain burdens of official responsibility. To my no less dear friend Lady Guttmann I offer the hope that her loyal and loving support of his far-flung activities may now be rewarded by her having him a little more to herself, but I am reminded of a statement of Walt Whitman, 'It is provided in the essence of things that from any fruition of success, no matter what, shall come forth something to make a greater struggle necessary'. Our valiant friend is not one to rest upon his accomplishments, great as they have been.

The pattern of a relationship may be established early. I have a vivid recollection of sitting with Ludwig Guttmann in the living-room of my house within a few hours of our first meeting. Already it was apparent that, although we might on occasion disagree on details, we were united in purpose and in our basic concepts. I cannot recall the exact matter of our discussion when I chanced to say something on which he and I agreed—very likely, as is often still the case—in disagreement with many others. With a characteristic burst of unaffected feeling, he exclaimed. 'Herbert, I like you very much!' For 22 years I have, to say the least, reciprocated.

We have done our work in different if not entirely dissimilar environments, separated by an ocean and under disparate systems of medical practice. Yet no association I have ever experienced has more happily affirmed the truth of Robert Frost's beautiful words:

'Men work together,' I told him from the heart,
'Whether they work together or apart.'

One effect of a birthday is to remind us of the passage of time, and time, as we know, brings change. It has become almost trite in modern expression to remark—usually in some discomfort—upon the rapidity of change in today's world. The effect of this upon minds and manners has been exaggerated by the impact of instantaneous communication so that, under the pressure of unceasing news flashes from all over the world, we add to the stress of what is happening now by specula-

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tion—usually inaccurate—upon what may happen next. Yet, for all the fact of change, the knowledge of it and the expectation of more to come, we are singularly slow to alter the habits of the past, the set patterns of response to situations that no longer exist or, if they do, are so altered as to be scarcely definable in the same terms. We seem, each of us, to think of change as something happening external to us which we can control only by sticking to our guns. As Oliver Wendell Holmes put it, 'One cannot be wrenched from the rocky crevices into which one has grown for many years without feeling that one is attacked in one's life'. Most of us here today, I venture, have felt at one time or another that the swift currents of change were too much for us and that we were being attacked in our lives.

The fallacy, of course, is that change is not only external. Imperceptibly we change within ourselves as well. We demand, and allow ourselves to become dependent upon getting, our share of the comforts and conveniences provided by technological development. Yet we are irresolute in adapting to the complexities of a technologically-based society and timid in facing up to the drastic revisions of our socio-economic structure it will require. Our approaches, our organisational systems, even our educational patterns, are geared to the needs of a world which has largely ceased to exist. We turn away from present demands upon our courage and ingenuity and gaze back nostalgically upon a way of life which, if we were forced into it again, we should probably find intolerable.

The enterprise of rehabilitation is so young, relatively speaking, that it should not yet have developed hardening of the arteries, but a moment's thought will show why this has been possible. It came into being rather suddenly and had to be developed under pressure. Two world wars and extraordinary improvements in medicine and surgery left us with great numbers of disabled people who would not have survived in an earlier era. They were young enough to have, potentially, most of their lives before them. Western society had, through most of the nineteenth and the early part of the twentieth century, been slowly developing what we call a social conscience. It was also concerned with the economic burden to be faced unless a considerable number of these people could be restored to gainful employment. So a new specialty in medicine was born, but its acceptance by the medical profession was, and still is, less a matter of enthusiasm than convenience. None the less, it has flourished, gathering around it a strong company of well-trained therapists, and aided further by social workers, vocational counsellors and the like. And this group, within a short space of time, has been required to develop techniques, administrative organisation, training methods and, finally, to earn academic recognition and the status of an autonomous service in most great hospitals. Naturally, in the circumstances, those who worked in the field were jealous of their newly-won prerogative, anxious to establish a corpus of knowledge and skill and have it set in a firm enough mould to insure the perpetuation of their efforts.

But although these people were a part of the medical profession, and judged by the needs of our times a very necessary part, their interests and their concerns—not to mention their skills—never spilled over into the activities of the profession at large. The fundamental concept that rehabilitation in one form or another is a continuing responsibility of every physician to every patient has not yet become general. Thus, rehabilitation has become a special sort of process, reserved for a particular group, and administered by a specialised service. This segregation as a specialty has had a tendency to encourage it to operate within fixed patterns. Its access to and use of various physical and electrical modalities tends to build around

it a sort of mystique which further militates against flexibility. What we must seek, if our ideal of rehabilitation is to be useful today, is a broadening of the base of its applicability and a wider distribution among our colleagues of some knowledge of its theory and practice.

Sir Ludwig Guttmann has been one of the few to realise, and he stands quite alone in having demonstrated that our disabled brethren no more live by bread alone than do the rest of us. The quotation, often repeated, is usually left incomplete. Emerson borrowed it from Deuteronomy but amplified it. What he said was, 'Man does not live by bread alone, but by faith, by admiration, by sympathy'. It is not enough to teach the disabled how to keep alive and earn a living. We must help them to find the joy of living, to regain their faith in themselves, to feel again the glow of being admired, to know the solace of sympathy. And this requires more than organisation and techniques. It calls for that combination of compassion and imagination which have ever been the mark of the great physician. In no other activity does the science of medicine need more to be complemented by the art.

Over the years I have many times repeated that rehabilitation must be a product of its time and place; it must serve here and now and it must, by the precepts of Western civilisation, acknowledge the primacy of the individual. Parenthetically, it is worth remarking that the individual may attain a high level of self-expression and self-satisfaction when he relates his efforts to those of a group. This has been one of the most moving and significant aspects of the development of sports for the disabled. But however it may be sought, this longing for fulfilment that lies in every heart, this urge of every man to be somebody, to be something, but above all to be himself must never be far from our thoughts. Without it, the processes of rehabilitation become no more than a mechanical *tour de force*.

But these are troubled times all over the world, and all over the world men of goodwill are troubled in their hearts and minds. The things for which men were once ready to live and die seem no longer to have the same meaning. Perhaps that meaning was never as widely felt or accepted as we have supposed. I am thinking now, in particular, of the moral incitements of religion and patriotism. Macaulay's rousing line, 'For God! for the Cause! for the Church! for the laws!' might have been appropriate for the battle of Naseby, but one doubts its efficacy, for either side, in contemporary warfare. Who can be sure that all the noble aims, all the stirring cries were not the currency of only the few most articulate, while the mass of men, as Thoreau said, led lives of quiet desperation.

It is difficult now to stir men up except in the attempt to destroy something they no longer find to their liking. It is difficult to unite them in noble endeavour because, usually, they cannot reach agreement on its nobility. One of the most remarkable things about the lunar landing was not so much the accomplishment itself, astonishing as it seemed, as the unanimity with which thousands of people devoted themselves to the endeavour, each finding satisfaction in his own contribution, great or small. There is hope in this, for all of us, yet the fact remains that this particular aspect of the enterprise was neither predicted nor predictable and no one can say what other undertaking might have the same effect.

For the most part, man is today uncertain of his purposes except when his only purpose, necessarily, is the basic one of keeping alive. People are no longer certain where their loyalties belong or whether, in fact, they belong anywhere; or whether there are any values by which they may be guided absolutely. How then, when they become disabled, can we help them to assert their individualities, each for

himself, when they come to us with no previous idea of how their dignity and integrity might be assured. This is the very real dilemma which faces us today.

The basis of helping people is that they shall be willing to accept your help, that they have needs which they and you recognise, values you both accept, standards of individual and civic responsibility which to both of you have the same meaning. Among the disabled who emerged from World War II, this was for the most part a reasonable proposition. It was necessary, of course, to remember that humility is never more becoming than in one who is trying to help another. The temptation to tell people how to lead their lives, instead of showing them that they could and should lead them according to their own choices, had to be sternly resisted. The fine line between sympathy and sentimentality had to be recognised. The task was never easy, but at least we had the feeling that we and our patients talked the same language and understood each other.

Now we are in not only another generation but another world. During the past two decades I have had patients drawn not only from the casualties of civilian life but from two other wars. The latter circumstance, because it has brought sizable cohorts of almost identical age, has perhaps sharpened my awareness of the changes time has wrought, but I do not think that my experience has otherwise been different from that of others in other countries. There have been, in general, no remarkable differences among men of the same age, whether they were injured in combat or in civilian life. Some of the attributes commonly associated with the young have recently been observed in older patients and must be reckoned a mark of the times rather than of any particular age-group.

All over the world, among all sorts and conditions of people, there is an increasing restlessness about the patterns into which life has fallen, an impatience with accepting things as they are just because that is the way they have been. There is an increasing unwillingness to accept authority, especially authority based upon no more than a claim to experience, because, the protestors claim, experience that has led the world to its present state is an unacceptable criterion for judgment. This is not simply a revolt of the have-nots against the haves, although it may frequently take that form. In the unrest now sweeping through American university life, a large proportion, if not a majority, of the most active dissidents come from affluent families and have never experienced a lack of material things. They are concerned because they see that the ideals they were brought up to cherish are far from accomplishment, perhaps even far from the actual aims of modern society. They want change, they want a part in the process and they want it without delay. Dissent, sufficiently aroused, soon becomes defiance.

The student movement is only one example of the ferment at work all over the world. It is, perhaps, a good thing that men and women everywhere should be articulate and active in their search for a better world. Inevitably, their methods must at times become violent, destructive and self-defeating. Those of us who agree that a new world is overdue, but believe that something useful may yet be salvaged from the old, must do more than counsel patience and recommend evolution instead of revolution. We of the older generation must recognise that we started many of these things ourselves, that we and our fathers before us fashioned the society into which the young are born. Looking about them they may well say with Housman,

‘I, a stranger and afraid
In a world I never made.’

Out of fear will come, at best, a deep discontent, at worst a despairing conviction that anything might be better and nothing could be worse.

From this troubled generation, impatient, mistrustful, uncommitted, most of our patients now come. I must confess that it will sometimes toss us a queer one. Those of us who deal with veterans had become accustomed to patients who showed some slight evidence of the regimenting effect of military service. Far from having abandoned their individual prerogatives, they had at least learned the lesson of working in groups and of recognising that some sort of authority, however judiciously administered, was necessary to hold any enterprise together. The change began to be evident during the early days of the war in Vietnam; it was then that I encountered my first paraplegic beatnik. Lest you think I have fallen behind the times, I assure you of my awareness that beatniks are no longer the thing, as well as my confidence that the hippies who are now the vogue will in turn be replaced by a breed as yet unnamed. But to return to my patient; he was a young man of a little better than average intelligence and his military record was unimpeachable. He was long of hair and had a guitar which he played often until the other patients, in their own way, made known to him their musical preferences. He had a girl friend who was with difficulty convinced that his hospital bed was designed for single occupancy. Above all, he had his own idea of priorities. On admission he had a pressure ulcer which, after weeks of treatment, was almost healed. At this point he went absent without leave, returning unrepentant after a week or more to explain that he had driven to New York, some two hundred miles distant, to make a recording. The condition of the ulcer may be imagined, but he explained, quite reasonably, that making the record at that particular time was important enough to him to be worth a few more weeks of treatment in bed. He didn't deny the soundness of my advice; he simply chose not to take it. He didn't argue about my authority to order him to remain in the hospital, he just disregarded it. Some weeks later the incident was repeated. He was quite pleasant about it and when he was finally discharged we parted friends.

It is not always funny. This man did, in fact have something he wanted, for the moment at least, to do with his life and it was his prerogative to do it regardless of what we thought of his guitar playing. But what of others who lack even this modest ambition? Trying to encourage a man to take advantage of the opportunities available to him, I said, 'In spite of your disability you'll be able to make something of yourself'. And his answer was, 'Why should I? What difference will it make?'

For years we have been talking about the aims of rehabilitation, defining them according to our local and national concepts, refining them to individual needs. In so doing, however, we have depended upon finding a common ground upon which we could stand with our patients, some shared acceptance of an idea of what life is about and what makes it worth living. This becomes daily more difficult. The intellectual and emotional currents now circling the globe have all but swept away the standards and values by which we used to judge these things. It is perhaps true that we accepted them too unquestioningly, that the ancient shibboleths had become shabby and shopworn, and perverted to the service of special interests. But they did help to give shape to our efforts and to provide terms of reference by which we would measure our accomplishments. Now they are gone and there is nothing to replace them. I have a feeling that in time they will return, modified perhaps so as to be more relevant to all mankind rather than in special cases, refined by the fire of dissent and dispute.

Meanwhile, where are we and how do we proceed? How can we urge a man to the realisation of his individuality when he says it doesn't matter, that all he wants is to have a good time; how appeal to patriotism or a sense of civic responsibility when he considers these to be traps of the Establishment; how speak of the will of God when he says that God is dead? It may be objected that I exaggerate the problem, but a glance at a daily newspaper will show that I do not. It may be objected that I refine too much upon my own limited experience, but I find it significant because it seems to me to reflect a wider and more important experience than my own. If rehabilitation is to be anything at all it must be a living part of our culture. It cannot creep into its little retreat of specialisation and ignore the world around it. There are, of course, many whom it can still serve adequately in this limited fashion, many who do not question, who never protest. But if we serve only these we shall be turning away from those who need us most, who will be shaping the world of tomorrow without the help I am still convinced that we can give them and what they need. We cannot break our endeavours up into comfortable little enclaves for our own convenience. We cannot turn our eyes from Watts and Londonderry and Biafra. They have a meaning for us and we shall be remiss in our duty if we fail to seek it.

We must, I think, bring a new and broader dimension to the concept of rehabilitation. It must be a holistic approach according to the Oxford English Dictionary's definition of holism: 'Tendency in nature to form wholes that are more than the sum of the parts by creative evolution'. We must stop thinking of vocational rehabilitation or musculo-skeletal rehabilitation—or even of rehabilitation of the urinary tract—and focus upon the total rehabilitation of man or woman in terms of the society in which he or she must live. The parts are all essential but the whole will be greater than their sum if we devote our energies to the processes of creative evolution rather than to the defence of a fixed and no longer relevant pattern.

We can no longer refer to absolutes of behaviour; we can claim no authority to direct the way a man shall live. Our armamentarium of persuasion has been depleted almost to the vanishing point. One great capability remains, however, if we are willing to make the effort to use it. This is the establishment of a strong, personal and confidential physician-patient relationship. For many years now there have been complaints that this is gone from modern medicine and cannot be recaptured. I acknowledge only the first half of the indictment. Perhaps I am hopelessly old-fashioned in believing that we can restore to any degree the respect, the admiration and the affection that were once the physician's recompense, but I think that it can be done and, in the field of rehabilitation, it must be done.

Almost any enterprise today is in danger of being submerged by its own techniques. That pitfall we must sedulously avoid. It is in ourselves that we must find our chief resources. Does the patient fail to comprehend the dignity of his individuality? Let him see it in ours. Does he hesitate to make a commitment? Let him see in us what joy and satisfaction a sense of commitment may bring. This is not arrogance or conceit; it is, on the contrary, a humble willingness to use oneself fully rather than to stand, aloof and impersonal, touching the patient only remotely through an intermediate modality. It is, in fact, in the highest tradition of medicine. Few realise how important people are to each other and fewer still are prepared to admit it, for to do so is to recognise obligations and responsibilities which most of us might find burdensome. Yet none of us can fail to realise how much our success or failure as physicians reflects simply what we are as men. We

cannot adequately assess, even when we recognise it, the full measure of this subtle influence. Quoting again from Emerson:

‘Nor knowest thou what argument
Thy life to thy neighbor’s creed has lent.’

We too are confused and uncertain; we too would like to taste the joy of life without feeling its pain. We too would like to live in a society where there is neither want nor hunger, neither hate nor prejudice, and where war has been outmoded. We too are searching for values to live by, for meanings in living. Like our patients, we are but human. Therein lies our greatest capacity to serve them.

TRIBUTES TO SIR LUDWIG GUTTMANN

THE friendship between Dr. L. Guttmann, now Sir Ludwig, and myself goes back to the year 1927 when I, as a young student in neurology, was privileged to acquire the then most modern methods and ways of judging neurophysiological and neurological problems under his supervision. I shall never forget how Dr. Guttmann, chief physician of a very busy neurological and neurosurgical department in Breslau, found time, in spite of his extremely tight working schedule, to devote two full days in order to introduce me to the secrets of the interpretation and the diagnostic values of the new pneumo-encephalograms.

In 1938 I was in the fortunate position of being instrumental in helping him to leave Nazi Germany almost after the eleventh hour. From 1948 until today we have had many opportunities of meeting in Stoke Mandeville, abroad, and particularly in Israel, and of strengthening the ties of mutual friendship and understanding. I always admired his extraordinary approach to our war victims, among them the paraplegics whom he helped by appropriate advice and by taking adequate measures when necessary. His last visit to our country, on the occasion of the Stoke Mandeville Olympic Games, was an unforgettable highlight and experience due to his impact on the scientific gathering of the International Medical Society of Paraplegia in Jerusalem and also in Tel-Aviv.

Dr. Guttmann is a very great physician, having initiated, originally changed and scientifically executed treatment and rehabilitation of the spine-injured; and this consistently and efficiently. His influence in this field is overwhelming all over the world. Moreover, he is filled with a constructive optimism which carries with him so many of his colleagues and admirers. He is a great humanitarian and, last but not least, a real heart-to-heart human friend.

All the many Israelis who have known him, and all his circle of friends here, to which I have the privilege of belonging, wish to convey to him, on the occasion of his seventieth birthday, our best wishes for continuing his work and for many more years in his present good health.

E. ADLER