

Discussion to papers of M. H. Hamza and H. D. Lang *et al.*

PROFESSOR V. PAESLACK (*Chairman*)

SIR GEORGE BEDBROOK (*Australia*). I should like to ask Dr Dürr a question about his group that he says now has not the ability to work. I don't quite understand that. This ability to work, is that because there are no facilities for them to work or is no work available and I should like to know also whether he is using sheltered workshops?

DR DÜRR (*Germany*). We just have a very low percentage and we ask ourselves what is the reason. I think part of this is the high rates of compensation which have been given during the last few years by the insurance people and by the workmen's compensation. This is my feeling. The other question that you asked, I didn't understand it.

SIR GEORGE BEDBROOK. The sheltered workshops, do you have them?

DR DÜRR. Yes we do have these but in our area there are not possibilities.

DR GASPAR (*Canada*). Dr Dürr in talking about your 20 per cent calculation who return to work do you have any other data that would relate the circumstances of the level of education to the probability of returning to work, as from our studies we have found that if the patients have had the privilege or the opportunity of having acquired a high-level education that the probability of returning to gainful employment was very high. We have for instance very few doctors and lawyers who are not employed.

DR DÜRR. I couldn't give you the numbers right now but I had the same feeling. The higher the educational standards the higher the rate of going to work.

DR MEINECKE (*Germany*). May I make another comment. We must decide between the ability to work and the employment. These are two different things, and there are many people able to go back to work but we don't find the facilities to employ them and looking at the figures Professor Dürr gave us, we must see that one came out from 17 the others from 79 and all of you know very well that the rate of jobs to people is decreasing all over the world in these years, and that will be one point to explain what is going on in this country. The second point Professor Dürr mentioned; this is a sample of people belonging to the workmen's compensation, and the pensions of these people are quite different from the normal pensions the other people are getting, therefore, there is no pressure to go back to work. Even in the time that people are retrained for a new job the market is changing completely, so that at the end of the training phase they did not find a job because all things have changed so much.

PROFESSOR WEISS (*Poland*). I was very happy that our Secretary has taken these two papers because these are really dealing with two parts of the world. One is Egypt and the other another part of the world and we see a very interesting, a really drastic situation. I do believe strongly that the preventive part of any complications for spinal cord men is work and sport. I think that in Asia or Indonesia or other parts of the world there is the only solution to keep them in a special department with sporting facilities without any architectural barriers. First of all, I think there is the Indonesian model of a Village and I say again here that is the only solution in this part of the world where the pattern of life is not economic. If the standard of life is at high level we can change the model of the family and we suggest that the man take care of the children and the family and home and the wife goes out to work. Speaking of skilled people, we in my country get a much better result because the lawyers will get back to work without any problems. Sir Ludwig first arranged workshop places in England and then Nakamura followed him and I think that this would be the solution to ensure a work capacity to prevent complications or to discharge them from a medical point of view.

SIR LUDWIG GUTTMANN (*G.B.*). I would like to remind you of the Japanese model. There, in 1964, after our Olympics in Tokyo, the Japanese Government having seen what people in wheelchairs can do in sport, built within 6 months a factory for paralysed and other severely disabled people. There are now four factories which they call The Sun Industries in various parts of the country under the leadership of my pupil and friend Nakamura, and this is an excellent model which has enabled hundreds and hundreds of paraplegics and other disabled people to be employed in industry under the same conditions as able-bodied.

I was interested to see in your statistics Professor Dürr that over 50 per cent of those people who would need walking aids don't use them. I would like to ask you the reason why they don't. From our own experience, most of our patients are trained in walking with calipers. However, once they are home some of them throw the appliances away. Now that is quite an important point from an economical point of view. Even in Germany I think one should really find out before the patient leaves the hospital whether they will really use the walking-aids after they are discharged from hospital. And one should really distinguish between some people who are going to use them and those who are not. Those who are not going to use them, just give very simple appliances of plaster shell which costs a few pennies but not the very expensive artificial aids. I would like to have your views about that.

PROFESSOR PAESLACK. Thank you Sir Ludwig. I think that the question that you put to Dr Dürr will be very difficult to answer because it is not easy to find out in the first 8 or 10 weeks whether the people will walk later on or not. If they are in the hospital in the care of the active physiotherapist they will walk, if they are at home it will be much more difficult. Another point, I want to point out once more what Dr Meinecke had mentioned already. The population Dr Dürr was reporting on are only the patients under the Workmen's Compensation Fund and this is an absolutely specialised group. Under a normal regular population we did investigate and found that as to the paraplegics, the male paraplegics, I think it is very necessary to divide the paraplegics and tetraplegics, high or low lesions, male or female. Amongst the male paraplegics more than 80 per cent want to work. Amongst the male non-Workmen's Compensation Fund tetraplegics no more than 30 per cent work. I think it necessary to see it in the economic pressure and it is a very important point to bring them back to work. Perhaps you could say something about comparing these groups.

DR DÜRR. I cannot compare because we had only the financial aid to visit these people from the Workmen's Compensation. Patients who are not under the financial aid of the Workmen's Compensation we did not have the chance to visit them in their homes, and most are taken care of by the private doctors. I am sorry, we do not have that close communication with the practitioners about the actual situation of these people, so I am quite aware of the fact that this is a special group but I cannot give you the different numbers about working. The second point Sir Ludwig made, we are quite aware from the very beginning about the problems that many of the patients might not use the walking-aids and, therefore, before we try to give them the walking-aids not one but several of our team are thinking about and talking about the psychological situation. We could give them walking-aids if the psychological situation is satisfactory.

PROFESSOR JOCHHEIM (*Germany*). May I make a short comment on the same problem? If we are not sure who would take the walking-aid afterwards, we discharge them for 8 weeks and give them a plaster of Paris and see if he walks with the plaster of Paris, then we get him back and then make the full assessment with the walking-aids. The question of employment and certainly there are three parts involved, one is ability, one is motivation and the third one is employment. If you look at all three of them they are certainly parts which you could measure quite accurately. So I would highly urge that spinal units have an assessment at the end as far as ability to work is concerned.

DR H. BETTS (*U.S.A.*). I wonder is it still true that at Stoke Mandeville you get 80 per cent employed? Dr Frankel I noticed you said there was 80 per cent.

PROFESSOR PAESLACK. I said it. I told you 80 per cent of male paraplegics are returning to work.

DR H. BETTS (*U.S.A.*). Still, that figure was for 1964 and that still is true? Dr Frankel?

PROFESSOR PAESLACK. This statistic was given by Sir Ludwig in 1963 from Great Britain. Let's ask Sir Ludwig to answer.

SIR LUDWIG GUTTMANN (*G.B.*). This statistic was about our first 3000 patients treated since 1944. The mortality rate which in the First World War, as you know, was over 80 per cent within 6 months, was down to 9 per cent for civilians and 6 per cent for young soldiers. At the time of the statistic there were 2012 available for employment and of these 84.5 per cent were actually employed in many occupations, professions, industry and so on. I can't tell you whether this applies now to a statistic on 6600 patients which, I understand, is being prepared. I would say the employment statistics may be lower because of various reasons. We have great unemployment in Great Britain, also I would say that the number of tetraplegics has greatly increased somehow, not only in Great Britain but in other countries too. I feel this must affect the chances and facilities of employability, but Hans Frankel might be able to give you the present statistics. Another reason is the greatly increased compensation following spinal cord injuries as well as the relatively high social allowances in Great Britain, which certainly are no incentives at all for the paralysed to seek employment. There seems to me also, less enthusiastic guidance in this respect on the part of the medical staff and their co-workers and DRO of the Regions in recent years.

DR H. FRANKEL (*G.B.*). I can't give you an absolutely up-to-date figure because we don't keep it under continuous review, but the figure has fallen partly, I think, because we now have 50 per cent tetraplegic patients which we didn't have at that time, and the employment rate in those is under 50 per cent, and we also don't look at it now as those being available for employment. We look at it as those who are either employed or not employed and that brings it down considerably and in the last year or two both the availability of jobs and the motivation of patients to work has declined. We still have the impression that those in the south of England have a higher motivation than those in the other parts of the country.

DR H. BETTS (*U.S.A.*). In Chicago we get nothing like 80 per cent and as you may know in the Mid-West we pride ourselves on the work ethic which may or may not be a lie as well, but we have about 335 spinal cord patients a year in the unit and we get 57 per cent of the tetraplegics and 62 per cent of the paraplegics employed and really the point that I'd like to make was that that is higher now than it was previously, and at the expense of perhaps appearing to be unkind, to any vocational councillor who is here, I'd like to point out that the reason it has increased is because we use fewer vocational councillors and more people that we hire out of business, because we found that the vocational councillors really had very little concept of the realities of business and profit which are flourishing in the United States, so we have hired people out of business that deal with these issues rather than the councillors. The councillors were mainly interested in getting the patients into college whether that was really appropriate or not. So although the rate is far below 80 per cent it has increased since we've done that.

DR H. SELL (*U.S.A.*). I like what you say, and I think one of the reasons we talk about the mainstream all over America is the motive of a few weeks after a person has his accident somebody is calling already to the employer and tries to get that person back to that job he was in before rather than sending a person to a highly specialised vocational school for one, two or three years where he may become overtrained in a craft with equipment he may not be able to use later on.

MR B. ENGLER (*G.B.*). I'd like to recount the comments made to me recently by the Eastern paralysed veterans Association whose view of the employability of paraplegic victims is nothing like as rosy as has been painted because the level of employment which the paraplegics are able to attain as regards income is not that much better than American social security level, and they are terrified of taking the job because if they hold the job

for nine months they lose their social security. This is the American scene, and they have to be reclassified should they fall out of work through a pressure sore or urinal tract infection before they regain social security, and that is a very pressing economic reason for not going back to work.

PROFESSOR PAESLACK. I think we have had a very interesting and exciting discussion about this point of social and psychological problems and we now have a short break.