MISCELLANEA

Grundlagen der Rehabilitation in der Bundesrepublik Deutschland (Fundamentals of Rehabilitation in Federal Germany).*

A Review

By

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This is the 64th monograph in a series issued by the Federal Ministry of Labour on "Work and Health". The titles of some of the preceding volumes are significant as indicating the scope of the project. It is in a sense an extension of the old *Occupation and Health* series issued by the I.L.O. but gives the impression of greater care and expertise. The series includes the following titles: *Rehabilitation in England; Health Education; Rheumatism; Prescribed Occupational Disease; Prognosis of Spinal Column Disease; Immunological Procedures; Productivity, Fatigue, and Health; Practical Physiology of Work; Pocket Book of Occupational Medicine* (reviewed in *Brit. J. industr. Med.* (1959), 16, 329); *The Problem of Alcoholism*.

The volume under review presents an Introduction, a brief survey of the development and application of measures for rehabilitation in Europe and the United States, a detailed survey of the development of the subject in Federal Germany, brief considerations of congenital abnormalities, of injuries to the spinal column, extremities, and brain of so-called spastics, and of epilepsy in young persons, and of mental defect in the same age-group.

"Young persons", in this context, is, as it is in Britain, inclusive of all persons up to 18 years of age. The volume continues with diseases and defects in adults.

The author deals with war victims, the law relating to accident insurance, insurance to cover personal responsibility and insurance against accident, pension assurances for workers and office workers, workers' pension assurance schemes, public nursing services, the Federal arrangements for employment guidance and unemployment insurance (the word *Arbeitsvermittlung* is taken to signify employment guidance, in the sense of facilitating the placement of an unemployed or physically or mentally defective worker in suitable employment), the extent of rehabilitation measures and the categories to which they apply, and finally, the natural economic gain resulting from rehabilitation schemes.

This volume must be regarded as a guide to the ways

and means available for granting the benefits of rehabilitation and, in Federal Germany, therefore, of special interest to doctors, employers, guardians, and vocational advisers in that country.

Although the basic principle of rehabilitation is probably much the same the world over, it is inevitable that differences in practice must appear according to the different systems of law obtaining, the different states of development of social security and health legislation and the different scopes of private, but compulsory, insurance as compared with governmental welfare schemes in a country.

The conception of rehabilitation, set out in the Introduction to the present work, dates back in its widest sense to the French Revolutionary Constitution (1793), Article 21. It may be a revelation to us in Britain to read in this Article:

"Les secours publics sont une dette sacrée. La société doit la subsistance aux citoyens malheureux, soit en leur procurant du travail, soit en assurant les moyens d'exister à ceux, qui sont hors d'état de travailler".

In 1919 France had 14 rehabilitation and re-training centres and industry had, by law, to employ a quota of about 10% of wounded veterans of the 1914 war. Associations, established by injured and paralysed veterans (1929, 1932) and civilians, furthered the re-incorporation of their members into normal social life and even established re-training centres and protected industries and advisory bureaux for the severely handicapped. However, paper principles and regulations only came to fruition after the 1939 war, when social insurance was reformed to cover long illness and treatment and family allowances for three years, and was extended, in 1946, to include occupational disease and accident. In 1950, tuberculous cases, already constituting almost 33% of pensioners, were incorporated. Private organizations pushed forward the establishment of rehabilitation centres for the tuberculous, including the black-coated and professional classes. This sequence in France shows how long such necessary social services take to become a part of national life; in 1933, there were 7,000 beneficiaries, in 1937, 25,000, and in 1948, 39,000 who received pensions in respect of 66% loss of faculty or earning power.

More modern developments have come about, as they have in Britain, and now there are over 2,000 re-trainees, between 18 and 40 years of age, taken up every year.

French experience has shown that the best results are obtained when re-training is started very early, even during the period of conventional therapy.

It is a source of pride to us in Britain that the measures taken to rehabilitate our wounded, diseased, and injured are regarded as a model all over the world.

*By K. A. Jochheim. (Pp. 203). Stuttgart: Georg Thieme Verlag, 1958.

In the United States, the scale on which rehabilitation is operated is enormous. In 1954-55 some 60,000 handicapped persons were prepared for entry into jobs, their mean age being 34 years; 60% of these disabled arose from disease, 28% from accident, and 12% from abnormalities since birth. Although the Federal Government contributes something like £8m. to £10m. a year to the rehabilitation schemes and the States about £13m. a year, emphasis is placed on the fact that the beneficiaries are "not receiving Charity but Opportunity" and this is substantiated by the claim that the national outlay is amortized within three years.

It is an important point to remember that in the United States, there is no legal obligation on employers to employ re-trained handicapped workers. The process, therefore, starts with a choice of occupation by the handicapped person; then follows re-training in conformity with the condition of the trainee; thereafter, there follows a trial period in the chosen workplace. Once taken into a fully-paid job, the employee hardly receives, or expects, special consideration. Individual cases of more severe disabilities may be taken into private undertakings designed to utilize the residual faculty of such persons.

The state of mind which informs rehabilitation schemes in the U.S.A. must be seen against a background of very little State provision for illness. The law is concerned with ill-provided, handicapped children, blind persons, and old people; insurance provides for old age pensions, orphaned, and unemployed persons, and for occupational accidents and disease. Compulsory insurance to cover employers' liability is a feature of all industry, and there are agencies connected with the 1950 Social Security Act which, in case of need, can supplement the benefits of unemployment insurance in, notably, chronic disease and accidents. There are 100 centres for rehabilitation in the U.S.A. and, in addition, hospitals are taking it up in increasing measure.

In Federal Germany, Jochheim's own summary of the stages of the rehabilitation process is as follows: (a) Primary medical or surgical treatment; (b) Physiotherapy on classical lines; (c) Provision of prostheses; (d) Occupational therapy and training; (e) Return to former occupation. If unsatisfactory, re-training in a fresh trade; (f) Provision of work in a normal or "protected" factory or workshop according to legal definition of "protected"; (g) After-care and observation to assess success or failure.

There are eight establishments taking 165 males and 61 females, where young persons, resident or ambulatory, can receive schooling of one kind or another, according to the nature of the defects, with specialist medical co-operation. The curricula include work in metal, paper, paste-board, wood, and textiles, commercial training, higher academic studies, stenography, and telephony.

The author gives the names of firms employing about 800 severely injured persons.

In spite of the fact that the volume is designed principally for German professional people, it will

reward colleagues in other countries, living in other systems of social and political structure. It is written in a matter-of-fact way and requires no deep knowledge of the language.

United States Public Health Service

The strengthening of the United States Public Health Service's programme to protect the health of workers through the creation of a new Division of Occupational Health was announced recently by the Surgeon General.

The new Division replaces the Occupational Health Programme and is designed to place greater emphasis on all types of environmental health hazards. Dr. Harold J. Magnuson has been named Chief of the new Division.

The Division will carry out an expanded research programme directed at developing better techniques, materials, and equipment for use in the prevention, diagnosis, and treatment of occupational disease. Research efforts will be intensified in toxicology and in related fields of clinical medicine, engineering, chemistry, and physics.

Emphasis will be placed on the training of personnel in occupational medicine and nursing and in industrial hygiene. The Division will work with academic institutions and other groups to help develop the necessary professional resources.

The Division will also be responsible for stimulating effective community and industrial efforts to supply occupational health services.

Harwell Radiation Protection Course

The fourth Advanced Course in "The Principles of Radiation Protection" will be held in the Harwell Reactor School from April 19 to July 18, 1961.

The course, which comprises lectures, practical work, demonstrations, and visits, is intended for graduates or persons of graduate standard either entering or already working in the field of radiological health and safety. The course will cover a wide field of fundamental background knowledge and will deal with principles rather than with particular techniques. A high academic standard is set, but since few academic courses cover all the necessary subjects, the course of lectures will begin with first principles, and will not require previous specialized knowledge.

Some of the lectures will be given by the staff of the school, but the majority will be delivered by experts from Harwell and other U.K.A.E.A. establishments. It is also hoped, as on previous courses, to have lectures from experts from the Medical Research Council, the Agricultural Research Council, the Central Electricity Generating Board, the Institute of Cancer Research, the Radiological Protection Service, and the Ministry of Housing and Local Government.

Application forms and further details can be obtained from The Manager, The Reactor School, Atomic Energy Research Establishment, Harwell, Berkshire.