BOOK REVIEWS


Here and there, sparsely distributed in the industrial areas of Great Britain, you will find an industrial rehabilitation unit. Anything with a name like this is certain to be paid for by a government department. In this instance it is the Ministry of Labour.

There are 15 of these units designed to reinforce, by a period of training, the prospects of employment for the physically and mentally handicapped. To gain admission you need not necessarily live within daily travelling distance, for 284 of the 1,600 places available carry a residential scholarship, as it were. Moreover in a number of places lodgings are available for trainees, but seen as a statistic you are less likely to stay the course if you are a lodger.

Various aspects of the work of these units have been reviewed before. In this report the Ministry answers such questions as, Where do they come from? What is wrong with them? How do they last out the course and how do they make out afterwards? They are analysing 9,608 people (8,262 males and 1,346 females) who knocked and were admitted during 1956.

From the rather sticky mess of figures and tables from which you can gain the complete answers if you can afford the time to fiddle, certain salient facts emerge.

(1) Seventy per cent of the entrants come from medical sources, half of them from hospitals. (2) The rest come from employment exchanges and half of these are permanently disabled. (While the Report suggests that the referral from doctors could well be stepped up it insists that some of the intake should still be reserved for the employment exchange.) (3) Those who have suffered from tuberculosis form by far the largest group. (4) The psychoneurotics are the next largest and after them come the heart cases. Injuries of upper and lower limbs together account for equal the heart cases. Entries suffering from psychiatric disabilities have shown an upward tendency in the last five years and together accounted in 1956 for 17% of all entries. The increase is most marked in the psychotic group, possibly because lately the industrial rehabilitation units have admitted patients direct from mental hospitals before their discharge, an arrangement that the Pierry Report recommended be extended.

(5) Nineteen per cent of all entrants fail to complete the course, over half for medical reasons. The least likely people to give up are the tuberculous and the most likely, the psychoneurotics. (6) Of those completing it, 82% were placed in work or started training within six months. Those suffering from injuries of the upper and lower limbs and the tuberculous were easy to place; the arthritics, the heart cases, and the mentally deficient were relatively difficult.

(7) Six months after leaving, the welfare authorities write and ask, “How are you getting on?” Of those who replied among those under review, 62.4% said in effect “I’m in work and I like it.” If you now ask, “Ah, but how many replied”, I believe the answer is there somewhere but it is not obvious.

My impression is that these units are certainly achieving their objective. At least some of the handicapped are being offered a lift and we should all rejoice. The factors influencing success are obviously complex. The tubercle cases do the best, but are probably more carefully selected by the chest physicians than most entrants. They are also younger. Those who have been out of work a long time before starting the course are harder to rehabilitate than those who have only been out for a short time. That is not surprising. When it comes to finding a job again the illiterate and those with little schooling are harder to place. Nor is that surprising in a scientific age.

It is interesting and perhaps surprising that 500 patients who had a claim for compensation pending did rather better than the others. Possibly the person under the shadow of a fortune from misfortune never consents even to knock at the door of an industrial rehabilitation unit.

There is one further item worth recording. Youth employment officers are allowed to send a number of badly handicapped young people to an industrial rehabilitation unit for a short vocational assessment by the industrial psychologist which may take from one to five days. Two hundred and twenty-eight young persons were assessed in the 14 months, October, 1956, to October, 1957, and three months after assessment 65% of them had been placed in open employment. Good.

Tom Garland


This is a lightly edited report of a two-day conference held in New York in May, 1956. The first two editors were co-chairmen at the conference and the last two were conference coordinators. There were 31 other participants representing cardiology, physiology, public health, industrial health, physical medicine, rehabilitation, and psychiatry.

The objectives were to state “the major problems facing the practising physician”, the “major areas of current and future research”, and the educational requirements of public, physicians, and other personnel.