

called 'ugly disabilities') of the fact that life is not a gift and that they are fragile human beings. It may be that psychological factors often make it difficult to reabsorb colleagues into their old factories. Of course, there is legislation which lays down that a statutory three per cent of employees in large firms should be disabled, but should we not also bring in the patient's family, his spouse perhaps, to discuss the personality of the patient in regard to his injury? Certain parts of the body have an emotional symbolic significance for the patient, and often he may feel that his body-image has been uglified or injured by the injury.

Mr Guttman: This is true, and this is where we have to educate the employers. The employer sees a man in a wheelchair and sees only what he has lost; he does not realize that that man can be a much better worker than ten of his best able-bodied workers. But I think we are quite wrong in saying that there is hostility or a psychological attitude of denial of able-bodied workers towards the disabled. From our past experience with many people working full-time for many years I can categorically say that this is not true. On the contrary, the worker very soon develops comradeship towards the disabled person and will help him; moreover, it has been proved again and again that the absenteeism of severely disabled people such as paraplegics is no greater than that of the able-bodied—on the contrary, they don't ask for certificates for headaches and sore throats because they feel a greater responsibility towards their work than many able-bodied people.

CHAIRMAN'S CLOSING REMARKS

Dr Fraser Rose: I would like, as president of the College of General Practitioners and as a general practitioner, to put the general practitioner's point of view in this matter. We are in some sense a little divorced from these cases, because so often their injuries or acute diseases have hospitalized them and they do not come back to us until a much later phase, but nevertheless we have a part to play. Our part is one of encouragement and of guidance.

I think that we should congratulate ourselves this afternoon on the very high level of papers that have been delivered. We have not been blinded by science; the material has been kept at a level that is within our easy comprehension. There have been no elaborate processes put in front of us, and I think that that is only right and proper. This symposium is illustrative also of the unity of purpose of physicians, surgeons, physiotherapists, occupational therapists and so on in devising ways of overcoming disability and of making the best use of remaining abilities; that of course is the essence of the

whole problem. Some of these people, after their accident or sudden illness, are shocked—they find themselves facing the world with a disability which absolutely horrifies them. They are prepared to ask Milton's question: "Does God exact day-labour, light denied?" and they get an answer too. It is in their own interest that they should face the world and play their part in the world again. Many of these people have done well and continue to do well. Also we must remember those who are disabled but have not been mentioned today—the spastics, who are mostly children and the love of whose parents very often is the central factor in their lives. You see parents who have three or four children already and then a little child who is born a spastic shape their lives around this particular child and become members of the local spastics society; they move their place of residence; they plan that when little Tommy is such-and-such an age he will be able to do so and so. The love and encouragement of the parents is the central factor there, and of course they depend also on the help they get from outside. Not quite in the same sense but within this field is the education of the deaf and dumb, and the blind and we as general practitioners have all got to try and help when we can.

I wonder if we all have the right sort of information to give to these people? I wonder if there is readily available information about institutions of this sort? Medicine now is so departmentalized, and it is often very difficult to find out what is happening on the other side of the regional board fence. This is where the Ministry of Health could come in and give us a little more general knowledge of just this sort of thing.

I have some thanks to make, to the Geigy Pharmaceutical Company in the first place, for making this symposium possible. They have been extremely helpful to us, not only here but in other places. To the Board of the Queen Elizabeth College I should like to give your thanks for the use of their premises for this meeting. No more suitable place could have been found. To the people who have taken part in this symposium, to Lord Robens, who chaired the morning session, and to the long list of distinguished people who have come here and spoken so sympathetically, so fully and so freely on their own particular facet of this fascinating subject: Mr Stanley Evans, Wing Commander Wynn-Parry, Mr Tucker, Dr Sommerville, Dr Cooksey, Mr Guttman, and my very old friend, Sir Harry Platt. I would like you all to give them a hearty cheer for their great help. Finally, I should like to thank the faculty, the provost, Tom Carr, and Dr Morgan, for organizing this symposium; they have done it splendidly, it has run very smoothly, and I would like to thank them personally for giving me the honour and pleasure of being present and chairing the afternoon session.