

“Look Back in Amazement”

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If we need any justification for researching and learning our history, Cicero said:

“Not to know what happened before you were born is to remain always a child.”

The South African Society of Physiotherapy is celebrating sixty years of existence and this provides a suitable opportunity to set down what I have researched and know of our origins. The title “Look Back in Amazement”, is based on the fact that this has been my experience so I hope it will make you feel the same way.

In the early years of the twentieth century but particularly after the South African Act of Union in 1910 a few physiotherapists came here from England. In those days the Chartered Society was called The Incorporated Society of Trained Masseurs (I.S.T.M.) so we go back a long way and have always had this link. A Miss Barclay for instance came to Durban in 1911.¹ Professional physiotherapy to any extent however, really began in South Africa in the post-war period of what was then called the Great War of 1914-18. In the early 1920's, members of the now Chartered Society of Massage and Medical Gymnastics left England where they had trained, to seek work in the Colonies. This is probably how most physiotherapy societies in the countries of the British Empire began and it certainly is how our Society started.

I am calling them physiotherapists but remember there was no electrotherapy in those days and their training, which was only on massage and medical gymnastics was of one year's duration.

Qualified persons find it very frustrating working in competition with unqualified persons. Doctors were accepting the services of anyone and many dubious certificates of competency existed. One physiotherapist in Cape Town, Miss Anne Dreebin, later to become Mrs. Hodges, wrote that she just accepted these conditions as natural hazards and was at the time too young to realize that anything could be done about the situation. In 1921 one single factor motivated the qualified people to act. This was the information that a Medical Bill was to be read in Parliament to ensure the proper status of the Medical, Dental, Pharmacy and Nursing Professions but masseuses were not included.² These

other professions were just getting organised so we were in at the beginning.

In Cape Town Miss Dreebin was contacted by Miss Jennings (later to become Mrs. Watson), who told her about the Medical Bill which excluded our profession and suggested that they do something about it.² At the same time masseurs in Durban were also stirred into action. In both places it was realised that they would have to form themselves into societies in order to have a representative voice. Societies were formed in both places but they differed in membership. In Cape Town they accepted persons with suitable qualifications from places other than Britain, but in Durban they were all British trained members of the Chartered Society of Massage and Medical Gymnastics (CSMMG). The two Societies were barely if at all aware of each other's existence and they worked independently of one another.

Fortunately we have complete records of the Durban activities and I give them a head start because it was a few members of the Chartered Society of Massage and Medical Gymnastics in London who met together in Durban on the 4 October 1921 and formed the Durban branch of the Chartered Society of Massage and Medical Gymnastics.³ A *branch* you will realise of the London society. There was to be a medical Congress in Cape Town, not of the South African Medical and Dental Council — *that* did not exist, but of the *British* Medical Council in Cape Town. Delegates of the Medical profession, who were about to attend the congress, were approached by the newly formed group of physiotherapists in Durban, to support them in their claim for registration under the Medical Bill.

At the same time masseurs in Cape Town were also making great efforts in the same cause. They banded themselves together as the Certified Masseurs Association.³ They must be given the credit for being the first independent society. They were a separate body from the CSMMG and from the Durban Society and they have made their own approach to parliament. The two members already mentioned, Miss Dreebin and Miss Jennings, actually appeared before the Select Committee on the Medical Bill and gave evidence on behalf of the massage profession on the advisability of compulsory registration of properly qualified masseurs and masseuses in this country. Isn't it amazing? Women in those days did not even have the vote. It is even more amazing to realize that it took more than 50 years for compulsory registration to come into effect!

From that time onwards, in order to improve the status of the profession, both these small bands of women corresponded with or interviewed legal and

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medical authorities and did not spare themselves in their efforts. One source states, "Their importunities rivalled those of women suffragists"³

It became obvious that these two separate bodies in Durban and Cape Town would achieve more if united. The heavy task of trying to unite qualified masseuses throughout the Union of South Africa into one society had to be undertaken. The Natal Branch initiated the drive towards this goal by arranging a very important meeting of their branch of the C.S.M.M.G.

It took place on the 28th day of May 1923 and was attended by Miss Nixon — Massage and X-ray sister at Settlers Hospital, Grahamstown, Mrs. Armstrong — representing the certified Masseurs Association, Cape Town and Miss Troughton a certified teacher of the C.S.M.M.G. who had recently arrived to work in Johannesburg. This combined meeting passed a resolution to the effect that immediate steps be taken to implement the formation of a South African trained masseurs association.

Miss Sinclair, Secretary of the Durban Branch of the C.S.M.M.G., drew up a circular letter which was sent to leading masseurs in the various centres of the Union. The circular letter contained information of the meeting and the resolution that had been taken.

It urged them to contact others with recognised qualifications in their area and to form branches with a view to establishing a country-wide organization. As a result Branches of *their* society were established in Cape Town, Johannesburg and Bloemfontein.³ The Cape Town Certified Masseurs Association was still a separate body and it too had recruited members in other parts of the country so the next move was the amalgamation of the branches of the Durban Society with the Cape Town Society. The name for this amalgamated Society was decided by a ballot of members of both the societies throughout the Union of South Africa. The name decided upon was — The South African Society of Massage and Medical Gymnastics. This amalgamation was the *conception* of our Society. Its inaugural meeting was held on 11 December 1924, so we really are a few weeks older than we claim to be.⁴ Present at the meeting were a Mrs. Barling who was asked to take the chair, a Miss Barclay and Miss Sinclair who had circulated all the branches with the proposed constitution. She was the Secretary and kept the hand written minutes from which this information is gained.⁴ These three were appointed as the first Central Executive Committee until the first meeting of delegates could be arranged.

At a meeting in July 1925 they decided to call the Durban, Cape Town and Johannesburg branches after the provinces — Natal, Cape and Transvaal. It appears that the Bloemfontein branch was short lived, so no Orange-Free-State Branch was formed and the two members there were listed as extra-territorial.² There were also later extra-territorial members in Rhodesia (now Zimbabwe) and one in Lorenzo Marques (now Maputo).

In August 1925 the first Annual Meeting of the Central Governing Board as it was then called also took place in Durban.³ There were eight delegates and the meeting covered four days — I think that was a stout effort. There was no air travel for a quick flight. We now have eight times the delegates and half the number of days but circumstances are very different. The first meeting did all the things one would have expected. They decided to compile a list of qualifications to be recognised, to circulate the medical profession with a list of their members and to standardise their fees for private practice as follows:

10/6 for treatment in rooms (R1,05).

12/6 for treatment for cases visited (R1,25).

This was presumably for massage treatment because the information continues to the effect that an extra fee may be charged for electrical treatment. I have also realised that professional currency was guineas i.e. £1.1.0 — one pound one shilling, so a treatment was half a guinea. (It was still the tariff during World War Two).⁵

This meeting also decided to *rotate* the responsibilities of the Society and a new Central Executive Committee was appointed in Johannesburg — that is where the responsibility left Natal and after that the rotating stopped because Johannesburg has been the centre ever since.

Two months after this meeting, in November 1925, Port Elizabeth formed a sub-branch of the Cape Branch so Eastern Province also goes back sixty years. Natal Coastal and Natal Midlands, which used to be combined, and Cape Western Province are of course all sixty-four years old.

Another fact that seems amazing is that in 1925 they felt that South Africa had enough physiotherapists — "The profession out here was overcrowded".³ Numbers of masseuses were arriving in the Union of South Africa from England in search of work — millions of men having been killed in the war and the freedom of the twenties allowing women to have their own careers. Many masseuses failed to find suitable posts and drifted into other work or returned to England.

The Society sent a request to the Chartered Society of Massage and Medical Gymnastics in London that an article be placed in their Journal and that Heads of training schools be informed that members should be discouraged from coming to South Africa unless they had a definite offer of employment. There was society called "The Society for the Overseas Settlement of British Women" which was aiding the numbers of women wishing to emigrate from England. This information was also given to them when they wrote to enquire about the prospects for masseuses in this country.

In 1926 the third meeting of the Society took place in Johannesburg and it was decided that because the "spadework" was accomplished and the expenses of an annual meeting for a small association were very heavy, they would only meet biennially. This situation obtains today.

During 1926 members of the new combined Society in Cape Town approached the members of the Western Province Branch of the British Medical Association for more support.³ They asked for and were granted permission for a delegation of masseuses to attend the next meeting of the Medical Association. As a result of this combined meeting, the Western Province Branch of the British Medical Council circulated a notice to all its members to the effect that the South African Society of Massage and Medical Gymnastics was the official body representing those trained in these subjects; that all fully trained were eligible for membership; that they treat patients only on medical referral and were forbidden to advertise. It was explained that because some unqualified people were soliciting work from the medical profession, the members of the medical profession were being urged to support the members of South African Society of Massage and Medical Gymnastics.

After this response in Cape Town the Central Executive Committee of the Society in Johannesburg sent a letter to the President of the Federal Council of Medical Associations in South Africa (note, the South African Medical and Dental Council had not yet come into being) requesting that the action of the Western Province branch of the British Medical Association be recommended to all South African Medical Associations. The result of this was that at their next meeting the Federal Council in Pretoria resolved to send to all their Medical Associations a copy of the letter issued by the British Medical Council in Cape Town. This was a real achievement.

Two years later in 1928 Masseurs were included in the Medical Bill Act No. 13.

In September 1929 the South African Society of Massage and Medical Gymnastics placed an advertisement in the *S.A. Medical Journal* stating its rules, aims and objectives. A Dr. Fuller wrote an article which was published in the same Journal urging a greater measure of support for members of the Society.³

In 1929 an important event took place with the publication in June of the first journal of the South African Society of Massage and Medical Gymnastics. Miss Dreebin of Cape Town who became the first editor, had proposed in 1928 that the Society have a Journal cover. The first issue was completely financed by a member from Benoni — a Mrs. Henderson. By this generous action she made the existence of the journal possible.⁶ Miss Dreebin produced the journal quarterly for four years, up to December 1932 and then other editors took over.

In August 1931 registration of masseurs/masseuses with the South African Medical and Dental Council was gazetted⁷ which made it law to be able to register, provided one had recognised qualifications, but not compulsory to do so.

In 1932 the Society changed its name. There had been talk of the word Physiotherapeutician to cover all aspects of treatment, but this was not adopted. Despite opposition to the change because the Chartered Society still used the terms Massage and Medical Gymnastics the name was changed to the South African Society of Physiotherapists. (England changed two years later). So in June 1932 the Journal changed its name as well, to the Journal of the South African Society of Physiotherapists with (Late South African Society of Massage and Medical Gymnastics) in brackets below. About a year later they omitted the part in brackets. Except for these name changes the original format of the Journal remained the same for over a decade. By then the Second World War was in progress.

During the thirties and up to the Second World War, the Society continued with three provincial branches. The first South African training, that at the University of the Witwatersrand, started in 1938 the year before the war began. Its advent is recorded in the May Journal of that year.⁸ Miss Troughton, who attended the inaugural meeting in Durban soon after arriving in Johannesburg in 1923, played an enormous part in the

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Contents.

	Page
Editorial	5
A Word of Encouragement	6
Neurology and Psychiatry	6
Side Lines of Medicine	11
Weak and Disabled Feet	13
The Cape Province Clinic	17
The Central Governing Board	20
The Medical, Dental and Pharmacy Act	21
Letters to the Editor	22
Notes from the Branches	23
Personal	25
Bibliography	25

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THE FORMATION AND DEVELOPMENT OF THE SOUTH AFRICAN SOCIETY OF PHYSIOTHERAPY

development of the Physiotherapy profession. She was for many years the honorary secretary of the so-called Transvaal branch. Being the only physiotherapist with a teaching qualification, she became the first head of the training at the University of the Witwatersrand.

During the Second World War — 1939-45 — most physiotherapists entered the Medical Corps of the Armed Forces and many were sent to North Africa to treat the war injured. An article on the treatment of war wounded appears in the October 1940 Journal.⁹

After the war the South African Society of Physiotherapists changed its name to the South African Society of Physiotherapy because persons who were masseurs could not call themselves physiotherapists and there were still persons with only massage qualifications. The Journal too changed its name again to the South African Journal of Physiotherapy.

It was only in 1954 a number of years after the Second World War that the South African Society of Physiotherapy expanded to its present ten branches. (See diagrammatic representation — Fig. 2). How this change in the number of branches occurred and the Society developed since then, as well as the growth of seven more training centres must still be researched and recorded.

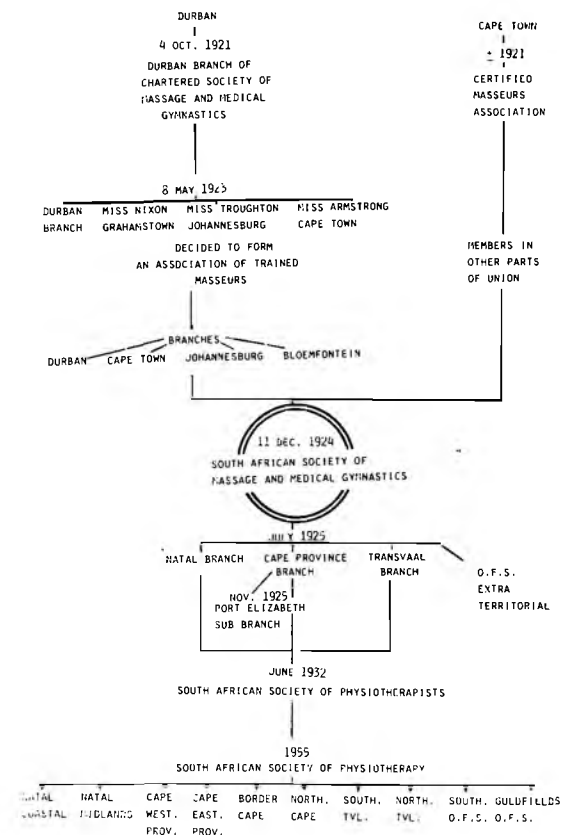
It has mainly been my intention to describe our early years, so now I would like to remind you of the changes that have taken place in physiotherapy during our comparatively short life-span. Apart from manual muscle testing, selective tension tests, improved knowledge in kinesiology, the developmental approach and mobilisation techniques it is probably in electrotherapy apparatus we see the greatest visible changes. Fortunately for South Africans much of this apparatus is preserved in the Adler History of Medicine Museum in Johannesburg.

In the twenties low frequency currents predominated in electrotherapy with galvanism, faradism and sinusoidal treatments but there were also high frequency machines which produced sparking on the skin. This was until the spark-gap long-wave diathermy machine made it possible to get deeper heating. Low frequency currents were either produced by motor-dynamo machines or taken straight from the mains with terrible risks of earth shock. Metal rectifiers were used to convert alternating to direct current before the invention of valves and long before transistors.

In the thirties and continuing into the next two decades, radiant heat treatments were very popular until the advent of ice treatments. The apparatus consisted of globe-lined hot-boxes for local application or cabinets for general treatments. The globes which had carbon filaments were the sources of infra red rays.

The earliest sources of ultra-violet rays were carbon arcs and later mercury arcs were used which were cleaner and safer but nevertheless the liquid mercury had to be tilted to strike the arc.

Also in the early days x-rays were taken by some masseuses who had this qualification in their training. After the invention of valves, longwave diathermy was



replaced by shortwave diathermy with its safer deep heating techniques. Of interest to physiotherapists would be the "iron lung" or negative pressure respirator of the forties, forerunner of the positive pressure respirators in use today.

There was no ultrasound, microwave or interferential and no highly modified low frequency diagnostic currents either. Ultrasound came in after the Second World War as did accurately modified direct current when transistors were produced. Microwave came still later with the advent of the magnetron.

A very different physiotherapy scene.

Everything went at a slower pace. In describing the meeting that took place in Durban in 1924 it sounds very simple because we forget that conditions then were not as we know them today. There was no air travel. All those delegates travelled by steam trains which made a trip from Cape Town to Durban a long and tedious journey. Even Johannesburg to Durban took longer than the present electric-train travelling time.

All letters and minutes of meetings were hand-written. We have the original Natal minute book and also letters written by Miss Troughton to Miss Dreebin on

original Society of Massage and Medical Gymnastics letterheads.¹⁰

I am sure that this is enough for us to appreciate, all that has happened and I hope that the courage, enthusiasm, vigour and ingenuity of our fore-runners will spur us on to an even greater future.

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A Preliminary Study of Chairs with Forward-sloping Seats, and Sitting Postures

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SUMMARY

A radiological study of sitting posture is reported. Lateral views of the spines of subjects were obtained whilst the subjects adopted each of three postures. The postures adopted were: standing erect at a table, sitting on a conventional typist's chair at a table and sitting on a prototype chair at a table. The prototype chair had a forward tilting seat and a stabilising knee platform.

Previous researchers have suggested that more erect sitting postures may be obtained by using chairs designed to permit users to sit with an angle of hip flexion greater than 90°. The study described lends support to this view and the results are discussed with reference to current research on seating.

OPSOMMING

'n Radiologiese studie van die sittende postuur word beskryf. Laterale aansigte van die werwelkolomme van persone is geneem terwyl hulle drie houdings opgeneem het. Die houdings was: regop staan langs 'n tafel, sittend op 'n gewone tikster se stoel en sittend op 'n prototipe stoel langs 'n tafel. Die prototipe stoel het 'n sitplek wat skuins staan en 'n stabiliserende knie platform.

Voorafgaande navorsers het voorgestel dat 'n meer regop sittende posisie kan verkry word met stoele wat die gebruiker toelaat om te sit met heup fleksie van meer as 90°. Hierdie studie ondersteun die mening. Die bevindinge word bespreek met verwysing na huidige navorsing op sitplekke.

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INTRODUCTION

A pelvic tilt chair (Figure 1) consists of a forward sloping seat with an integral knee platform placed below and in front of it. The mass of a sitting person is