

of motivation (e.g. games or working an electric train while rocking a small balance bench — if the child stops rocking, the train also stops, etc.). She teaches the child all activities of daily living (e.g. dressing and undressing, putting on and fastening shoes, getting in and out of bath, etc.) as well as personal care (e.g. make-up, care of the hair, etc.). Work orientation is most important as the capability of the child is tested, and he can be taught useful activities, preparing him for life after leaving school. Among these activities are typing, welding, batik, matmaking, making plastic articles, office work, e.g. working a telephone switchboard, etc.

The speech therapist:

She deals with any communication problem the child may have. Hearing tests are done and they arrange the fitting of hearing apparatus when necessary and do hearing training. Any speech problem, e.g. stuttering, is also treated, as well as the mandibular thrust (reflex opening of mouth with any intention of movement) or tongue thrust (the tongue thrusts forward and out at any attempt to speak or to eat). They teach the child to move the tongue, close the lips, to swallow and to suck. They treat children suffering from expressive or receptive aphasia or dysarthria due to brain lesions. They help children with reading or spelling problems which often develop due to hearing loss or incapability to vocalise certain sounds.

The teaching staff:

Very intensive, specialized teaching to children in small classes (8-10 preferably) allows individual attention. These teachers must have a knowledge of the physiology and anatomy as well as the basic pathology of the brain and nervous system. They must have some knowledge of epileptic fits and be able to help a child who has an epileptic fit.

Specialized teaching methods are used, e.g. the Glendon method for reading, Montessori's method, etc. Each child progresses as fast as he can and in one class one may find a child doing Grade II reading and Standard I arithmetic. The teachers must have great patience and can be admired for it.

The psychologist:

The psychologist is invaluable in helping to determine the approximate intelligence of the child (by various verbal and non-verbal tests). They help children suffering from learning, behaviour or other problems.

The social worker:

Valuable information about the home, social and family background may be obtained by the social worker. Further information about the financial problems of the parents and the parent-child relations may be collected by the social worker.

The medical staff:

The neurologist, orthopaedic surgeon, paediatrician, urologist, internist, ear-nose-and-throat specialist and the dentist give invaluable services to these children for which we are all very grateful.

Teamwork:

It is essential that the parents, teaching staff, all therapists, the psychologist and all medical staff should co-operate and endeavour to understand each other in all aspects of treatment for the child. Every member of the team also benefits from co-operation with the other members of the team. Teamwork is the only way that positive and lasting results can be achieved for the cerebral palsied child.

OBITUARY

MISS MARJORIE DOUGLAS, M.C.S.P.,

Member of the South African Society of Physiotherapy

Miss Marjorie Douglas died in Johannesburg, on 8th August, 1971, after an illness lasting several months.

Marjorie Douglas trained at Guy's Hospital, London, and was in private practice in Johannesburg for many years. During this time she was closely associated with the Hope Convalescent Home in a part-time capacity.

During these comparatively early days of the South African Society of Physiotherapy Miss Douglas served on various committees, both in the Central administration and in the Southern Transvaal Branch. It was at this time, too, that she assisted with the examination and teaching of the first Physiotherapy training in South Africa.

When war broke out in 1939 Marjorie, in company with a woman friend, drove by car to Kenya to join the British Women's Transport Services, with whom she served in Kenya and Somaliland, before transferring to the South African Medical and Nursing Services as a Physiotherapist again. She eventually returned Up North and took charge of physiotherapy in the South African Hospital in Florence.

After the war she returned to Johannesburg and private practice and later took over the newly-formed Physiotherapy Department at the Hope Convalescent Home in

a full-time capacity, building it up into an efficient rehabilitation unit including an Occupational Therapy Department and indoor Therapy Pool.

In 1964 Marjorie left Johannesburg to live in Durban until early 1971 when illhealth sent her back to her family in Johannesburg. During this latter period of semi-retirement Marjorie retained her life-long interest in Physiotherapy by helping the Cheshire Homes in Natal in all manner of ways, and doing occasional locums at local hospitals in Durban, and became a member of the Natal Coastal Branch of the S.A.S.P.

In 1964 she was made an Honorary Member of the S.A.S.P. in recognition of her services to Physiotherapy in South Africa.

Early in her adult life, nearly 40 years ago, Marjorie made a name for herself by being one of the first two women in South Africa to gain pilot's wings.

She will be sadly missed and ever remembered by her large family and friends and all the countless people of various races and creeds whom she helped during her long and fully active life.

E.M.B.