

Report on Occupational Therapy

IN A NON-EUROPEAN HOSPITAL

By Miss D. Solkhon, M.C.S.P.

At the suggestion of His Excellency the Governor of Northern Rhodesia, Occupational Therapy was commenced at the African Hospital, Luanshya, in July, 1948. The Luanshya Management Board promised to assist with a grant of £50 a year and the aims were:

- (1) To provide diversional occupation for the patients.
- (2) To teach new crafts and foster the old ones, in a region where craftsmanship and a respect for manual labour are fast dying out.
- (3) To exercise mind and limbs and thus assist in the rehabilitation of the patients.

Although started on a small scale, the work has grown, and there is ample scope for further development. As far as possible, use has been made of local materials and labour. For example, grass for baskets and mats is brought in from the bundu in the mine wood lorries; old tyres are stripped to provide cord for fishing nets and hammocks, and the rubber used for shoe repairs; discarded fuse wire from the mine is utilised in the making of trays, table mats, etc., and bamboo for furniture is collected by patients receiving hook-worm treatment.

In addition, wool is sold to women patients at a reduced price, providing they knit useful garments, such as vests for their children. Recently, leather work has been started, chiefly because movements such as punching holes and thonging provide excellent exercise for the hand muscles. This is important in view of the large number of hand injuries treated in the wards. On their own initiative, the Natives have made primitive looms on which they weave belts of original design from dyed string. It is hoped that soon they will progress to using looms which provide exercises for the legs as well as the hands.

The patients are showing an increasing interest in the work, and many more would take part in it if the necessary supervision were available. With only one boy to teach and supervise, it is impossible to engage more than 25 patients daily in it, that is excluding the women. The European supervision amounts to 1½ hours weekly as, in the short time available, physiotherapeutic needs take priority. This means that the Africans teach themselves, and the results are often original and interesting. Another point of interest is that, given a finished article and the correct materials, the African can usually make an excellent copy of it.

It has been found that the best method of selling the articles made is for two boys to go from house to house every week-end, with a signed price-list. An average of £3 is collected weekly, and all accounts are kept by the Superintendent of the Hospital, who pays out bills for the materials, etc. Although, at first, use was made of the Management Board, grant for the purchase of tools and materials to the extent of about £35, it is satis-

factory to note that the department is now self-supporting and should have no need for further financial aid except occasionally perhaps, for the purchase of wool for the women.

As a reward for their labours the patients are given either a packet of cigarettes every two days (price 3d.) or ten boiled sweets. In addition, for a finished article they receive 3d. or 6d. according to its size. Occasionally new Bantu records are bought out of the funds. While the patients work, these are played on a gramophone provided by the Management Board.

The great need now is for voluntary European helpers who will visit once or twice a week and teach new crafts, such as carving and weaving. The ideal of having every patient admitted to hospital engaged on useful work is still far from being attained.

Farming Out

This letter was included in the South African Medical Journal dated 15th January, 1949.

The South African Medical and Dental Council is concerned about "farming out" of registered practitioners by lay persons and organisations. In order to give full consideration to the matter the Council convened a meeting of public authorities, charitable, religious and non-profit earning public organisations, together with representatives of the South African Medical and Dental Associations. The matter was fully discussed and the Council considered a definition of "farming out" which was submitted by the Medical Association of South Africa.

The Council has agreed to the definition of "farming out" which was submitted by the Medical Association, subject to certain amendments. The definition was approved by the Council in the following form:—

"A practitioner shall not act as a medical or dental officer in any capacity to a society, company, association, hospital or other institution, incorporated or unincorporated, public or private, in which fees for his services are charged against or in respect of patients, unless such fees are paid over to him."

The Council resolved not to frame an ethical rule but decided that it would continue, as in the past, to deal with each case on its merits.

The Council, however, wishes to draw your attention to the following rule of the Council which is one of the acts on the part of medical practitioners and dentists of which cognisance may be taken:—

"Permitting himself to be exploited in a manner detrimental to the public or professional interest."

The letter is signed by Wm. Impey, Registrar of the South African Medical and Dental Council and is dated 31st December, 1948.

[It is noted that although the Council is opposed to exploitation, it has resolved not to frame an ethical rule with regard to "farming out." The S.A.S.P. might be well advised to consider the adoption of a similar type of rule for the protection of physiotherapists.—Editor, "Physiotherapy."]