

## BRANCH NEWS

### SOUTHERN TRANSVAAL

#### Lectures and Meetings

The Southern Transvaal Branch were invited to a symposium "A Street Accident", held by the Council of Allied Medical Professions. It was extremely well attended, and the audience were most stimulated by the discussions, which followed the more formal part of the symposium.

Meetings were held to discuss Council resolutions, and elect delegates and the following delegates were elected:

Mrs. V. L. Bonnell, Mr. W. E. G. Vaughan, Miss R. Fox, Mr. A. Rothberg, Miss E. Botting.

Proxy votes were carried for Miss H. Baines, Mr. C. Sroka, Miss M. Hinz.

The Council deliberations were most successfully conducted, in a very happy and hospitable atmosphere, and the Southern Transvaal delegation wish to extend their hearty thanks and congratulations to all the hard-working members of the Western Province Branch for their excellent organisation and warm-hearted hospitality.

Our thanks go too, to the outgoing Central Executive committee, and our congratulations to the newly-appointed C.E.C. We wish especially to congratulate our Chairman, Mr. W. E. G. Vaughan on his election to the C.E.C. May they have every success during the coming momentous year.

*August:* A lecture on "The Psycho-Prophylactic Preparation for Painless Childbirth" was given to the Branch by Mrs. Pincus. A film on Glosso-pharyngeal breathing was also shown to the Branch.

*October:* Miss M. Humphrey gave a most instructive talk and demonstration on "The Artificial Muscle" and various Arm Prosthetics in use at the present time. This was followed by two excellent films on Rehabilitation.

### NORTHERN TRANSVAAL

#### Recent Lectures and Meetings:

##### Tuesday 22nd August:

A General Meeting was held at the Physiotherapy School to frame resolutions for Council and elect the Council Members.

##### Wednesday 20th September:

A Games Evening, organised by Miss E. M. Jennings, raised R5 for the branch fund for The Propagation of Professional Knowledge.

##### Tuesday 26th September:

A General Meeting was held at the Physiotherapy School to discuss the Council Agenda. Miss M. Emslie raised R20 for the branch fund by means of a White Elephant Stall preceding the meeting.

##### Saturday 7th October:

Miss Simpson organised a Jumble Sale which raised R28.93 for the branch funds.

##### Tuesday 24th October:

A lecture-demonstration was held in the Orthopaedic Department of Physiotherapy by the Branch President, Dr. Joh. du Toit. Three types of orthopaedic cases were demonstrated, including the latest operations for hallux valgus and lumbar disc lesions. To add to the interest of the lecture Dr. du Toit showed some excellent X-rays as well as a film on anterior spinal fusion. The good results of this operation were evident from the patients shown at the demonstration.

#### Personal News

Mrs. Truus Mandersloot has returned from a three months' visit to Holland. Mrs. M. Blom (*nee* Venter) opened a private practice in Klerksdorp in September 1961.

Mrs. P. Swilling (*nee* Emanuel) now has two sons.

Mrs. Dixon (*nee* Linton) is now living in Manzini.

Mrs. G. Steyn (*nee* Felten) is physiotherapist in charge of the department at the Princess Alice Home, Retreat, Cape.

Miss M. Millar is physiotherapist in charge of the CARS mobile unit (Quinte branch) in Canada.

#### Births

Roux. To Judy and Pieter, a daughter, October 12 1961, East London.

Mr. and Mrs. R. Alexander, a son in June, in Johannesburg.

To Helen Wiggle (*nee* Bax), a daughter, in September.

## Letters to the Editor

Salisbury, Rhodesia,

October 1961

Dear Madam,

I was interesting to read the report on Abdominal Decompression in labour in the September issue of your Journal.

What in essence does this approach mean? It seems to me yet another but more refined way of accepting that labour *must* be painful and that something *must be done* to the poor suffering female. Anaesthetics, surgery, heavy sedation are some of the methods applied in normal labours, which reflect this philosophy.

During the last 20 months, it has been my privilege to learn and practice the Psychoprophylactic techniques for child birth. This approach recognises that it is within the ability of the woman herself to control her labour and produce painless childbirth. The inevitability of painful labour contractions is not accepted. These methods respect the value and importance of the woman herself in her own intrinsic psycho-physical experience.

The dangers of the Decompression suit are not mentioned in the report. One wonders about precipitate births, discomfort as a signal for abnormality, the need for examination of the woman with the inevitable discomfort and pain when taken out of the Suit for this examination. This contrast *must* convince the woman that the Suit is the "only way" she could bear the "pains" and her *dependency* on this artificial aid *must* be overwhelming.

Comments by patients given by Lamaze, Vellay, Bonstein and others practising Psychoprophylaxis are as appreciative as those stated regarding abdominal Decompression. A scientific comparison of results would be interesting. However, whatever methods are established as the superior ones they will never eliminate the need to keep women educated about childbirth and it will be impossible to ignore the psychosomatic nature of this function.

Sophie Levitt.

Dear Editor,

This will be just a short account of my personal experiences in two vastly different Physical Therapy Departments in the United States of America. Also shortly, how one has to go about getting a post of even a Visum, allowing a South African Physical Therapist to work in the States.

Being a registered Physical Therapist and affiliated with the Chartered Society of Physical Therapy in Britain, I wrote to Miss Blair, Executive Director of the American Physical Therapy Association (A.P.T.A.), 1790 Broadway, New York 19, N.Y., stating my intentions to visit the States

and expressing a desire to learn more about their own methods and Departments and mentioning the length of my proposed visit. All the documents in connection with Physical Therapy were required for perusal, before I was given permission to apply for an Exchange Visitor Visa on receipt of the promise of a post in California, in a department approved by the A.P.T.A. Miss Blair was very helpful in sending me the names and addresses of suitable departments to which I could apply for a post. Consequently I obtained a post in a small general hospital in California.

Here the work was mainly orthopaedic in nature, with a large percentage of whiplash neck injuries, very typical of the fast-driving, hard-hitting Californian motorist. Many of the patients were busy with law suits for injuries received—again a popular way of paying for hospital expenses while getting the full benefit of hospital care. This rather astounded me, as there are relatively few such cases in my home department.

After this, we moved to Idaho, where I worked in a Rehabilitation Centre where the work was vastly different and satisfying. Again the Centre was small but very widely known in the North-West. Approximately 30 in-patients and a varying number of out-patients received treatment, with every class (as each treatment) was called, lasting 30 minutes, and each Physical Therapist and patient getting to the class promptly. There was close co-operation between P.T., O.T., Speech Therapy, and Doctor, with a short conference on every patient every week with all concerned present and reporting on the progress made. This way an all-round check was kept on every aspect of the patient's treatment.

The majority of cases were paraplegics, hemiplegics, quads., amputees, polios and different polineuritis, with a few orthopaedic and miscellaneous conditions. Every patient needing a wheelchair was fitted with one to suit his own special needs with regard to height of back, depth of seat, width of chair, swiving footrests, removable armrests, brakes and so on, and each patient learnt all wheelchair activities and precautions as a matter of routine. Patients were put on the maximum schedule their condition would allow, going from mat class, to wheelchair activities, exercises to Hubbard Tank, Occupational Therapy to Hydrotherapy, with just enough rest period to relax but not make them lazy. The most wonderful part about all these full days was that each patient felt that something was being done for him and that he was personally doing his best to help himself—all making for a contented and happy atmosphere.

Towards the end of my stay in Idaho, the icepack technique for both acute and chronically painful areas was being used with more success in many cases than infra-red or steampacks had produced. Also the very new technique of brushing and icing over the belly of a weak muscle or over the origin of the peripheral nerve supply of the muscle, was just causing much comment. For example, one 26-year-old hemiplegic of two years standing who had had no movements in his right arm, and had received conventional treatment during that whole period, suddenly started getting return of shoulder and elbow, flexors and extensors after this technique was used on him. After four months, he had a usable arm with slight finger movements and every confidence of getting more return. Of course he might well have had just a very slow recovery, but all who knew him were impressed with his progress and this method.

All-in-all the experience of working in these departments was well worth while and lucrative, as the American salaries are much higher than those in South Africa. Of course, the Exchange Visitor is not entitled to receive a full salary, merely a stipend as it is called, entitling him to learn and gain experience while working as well. However, it is enough to live reasonably well on. I might add that just the experience of getting to know these generous and easy-going people, makes such a trip a venture well worth trying.

Joey Besselaar, Diploma of Phys. (Pretoria School of Phys., 1956).

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