

SAYING FAREWELL

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Departures are ambivalent experiences: exhilarating enough for those exploring new possibilities but perhaps depressing to those left behind to maintain and develop settled establishments. Least to be recommended are those that have become as protracted as this goodbye that I announced on September 4th, 1966, and the Society has deferred to May, 25th, 1968, thereby graciously extending my tenancy of the distinction of my serving as President of the South African Society of Physiotherapy into an eighth year. But the occasion affords me this delayed opportunity of looking back as well as of indicating some ways our therapy can look forward.

In June, 1924, the University of the Witwatersrand produced its first medical graduates. In 1928, just 40 years ago, it graduated the first dentists trained in a South African University. In the same year it qualified our first medical postgraduates in Public Health and also those in Tropical Medicine and Hygiene. Having established these basic undergraduates and graduate professional disciplines, attention had already been turned to providing higher qualifications in the auxiliary medical fields of nursing and therapy.

In those days, however, the word "paramedical" had not been invented; and training for such auxiliary medical pursuits had not been recognised as academic enough for universities or their medical schools to undertake. An important factor in overcoming that initial decade of resistance to such academic development was the establishment in 1936—chiefly through the initiative of Professor Pierre de Villiers Pienaar and the financial support of the Transvaal Provincial Council—of the Speech Clinic in the University of the Witwatersrand. That Speech Clinic enabled him to begin training Speech Therapists the same year and in 1938 our training of Physiotherapists began and was followed by that of Occupational Therapists in 1943. This sequence of developments, which extended later to Pretoria and Cape Town, was briefly traced in my talk about "The History of Physiotherapy Education in South Africa" at the Diploma-awarding ceremony of the Pretoria School in February, 1961 (see Dart *South African Journal Physiotherapy* 17, 2: 2 - 5 1961).

In that address I stated that over 400 therapists had already been qualified in these two fields in South Africa, so it would not be long before the total had passed the half-thousand mark. Today we are another seven years further on and the total is considerably greater. The University of the Witwatersrand has produced 318 Physiotherapists and 129 Occupational Therapists.

But I did not add to them then the Speech Therapists of whom 192 have now graduated from the University of the Witwatersrand alone nor the Clinical Psychologists of which there are 6. So the Rand alone has produced 646 University trained Therapists.

Nor have I taken cognizance of the Optometrists, Orthoptists Psychometrists, Audiometrists (together with the as yet non-existent Vestibulometrists), Remedial Gymnasts and other measures of human mobility (after they have been through the hands of the gymnast, physical cultural expert, ballet teacher, swimming instructor or whatsoever other exponent of human sport, art or industry has instructed them in how best to use their bodies during sport and work.)

At the end of December, 1967, there were on our South African Medical and Dental Council's Register: 63 Clinical Psychologists, 156 Speech Therapists, 846 Physiotherapists, 219 Occupational Therapists, 177 Masseurs, 7 Psychometrists, 344 Optometrists, 8 Orthoptists and 6 Remedial Gymnasts.

These nine categories of personnel numbering 1,826 are in more or less direct contact with patients or their personalities, which in turn are dependent upon the efficiency of their bodies and of the sense organs or other parts of their bodies.

I need not discuss here the eight other categories of yet further paramedical personnel registered by the Council. Although some 714 of them such as the 601 Medical Technicians, 51 Health Inspectors, 45 Food Inspectors and 17 Dieticians have more impersonal duties, others like the 353 Diagnostic Radiographers and the 119 Therapeutic Radiographers (and their 387 Supplementary category), the 103 Orthopaedic Technicians and Surgical Appliance Makers, 55 Chiropractors, i.e. 1,017 in all, do have personal functions to perform.

So it is instructive to know that our registered paramedical personnel numbers 3,557. Alongside them are the pharmacists and the auxiliary personnel of the vast pharmaceutical industry, whose control is a matter for the Department of Health under the Pharmacy Act or other appropriate legislation; and into whose numbers I have not enquired.

Amidst the various explosions characteristic of modern human existence: the explosions of population, of scientific knowledge and of literature which have produced this fractionization of each branch of science and its technical applications, human salvation rests on its mechanisms of communication between personnel. That is what makes your Journal *The South African Journal of Physiotherapy* so important and also why the World Confederation for Physical Therapy and its Congresses are vital.

So I am seizing today the opportunity of congratulating the Society on this year's marking the first visit to South Africa of the Executive Committee of the World Confederation for Physical Therapists in October next. In that connection I do not know whether it is appropriate to look so far into the future; but just as Speech Therapy and Physiotherapy were the ancestral paramedical professions other than Nursing in this country it seems to me that one day the Therapists themselves already comprising close on 3,000 people, may, like Nursing and Pharmacy, have their own Council. Such a development would gyrate around these two maternal bodies which together number just over 1,000 personnel, so nothing but good can emerge from my forward thinking about their being welded as closely together as is feasible both nationally and internationally.

Thoughts such as these are the inevitable result of my experiences during the past couple of years. Some of you may recall that on 30th May, 1966, I received in *absentia* a citation announcing the Statuette and Award of *The International Forum of Neurological Organisation*. The Statuette was presented by Drs. Glenn Doman and Carl Delacato in the Witwatersrand Medical Library in August of that year. So I took advantage of the occasion to invite as many as possible of those therapists and educationalists available locally to be present at this function.

The second part of this award was a journey to Philadelphia and back after spending a week at *The Institute for the Achievement of Human Potential*, 8801 Stanton Avenue, to study the work being carried out by the staffs of *The Institutes* and to allow these two Directors and the staff "to pick my brains" in symposial discussions. This I agreed to carry out the following year. Then on returning from a few weeks' holiday in Portuguese East Africa, my wife and I found an urgent cable from Dr. Glenn Doman pointing out that, although it had nothing to do with my visit to America the following year, unexpected developments immediately after their return necessitated my spending at least two full days at *The Institutes* as soon as possible. So I went immediately.

After spending the two days seeing *The Institutes* and their work I was informed that an investigating sub-committee appointed by the Executive Committee of the United Steelworkers of America had recommended assisting *The Institutes* by establishing a professorship of Anthropology in an *Institute of Man* within *The Institutes*; that this recommendation had been approved by the Executive and unanimously adopted by a standing ovation of the 3-4000 delegates of the United Steelworkers of America at their previous month's congress in Atlantic City; and that this appointment was now being offered to me.

Overwhelmed by this generous and flattering and utterly unexpected proposal eight years after my having retired from academic responsibilities but appreciating the demands it would make even if only for a few years—in remodelling our domestic affairs to shuttle back and forth to America, I was not prepared to make so crucial a decision without my wife's assistance. So she was telephoned and brought over to examine the situation with me. Then after our return and careful consideration my acceptance of the post was finally cabled on November 5th, 1966, with the promise to return to *The Institutes* for three months of 1967, during which I was publicly inducted therein.

After this primary participation in the world of *The Institutes* I again returned to Johannesburg. In August we sold our home and transferred residence to an apartment in Johannesburg.

Then my wife and I went to Philadelphia where we took up residence at *The Institutes* from September to December returning to South Africa via Tokyo, Hong Kong and Bangkok on 31st December, 1967. Thus, for the present at any rate it appears that our time will be more or less equally divided between these two countries and in travelling from the one to the other.

These personal affairs are outlined merely to explain to you the background nature of my position in *The Institutes for the Achievement of Human Potential*. Those interested can receive detailed information about *The Institutes* either by direct correspondence with their directors or by subscription to *The Institutes'* own Journal *Human Potential*. Briefly stated these institutes differ from others concerned with children and their handicaps in being devoted primarily to educational work whose theme is Neural Organisation. Their treatment of children and adolescents is thus incidental to educating the following four categories of people:

1. *Parents* to treat their own brain-injured or otherwise handicapped children remedially (1 week and revisits).
2. *Graduates* in Education or in Therapy of any approved type or in Psychology, Sociology or Nursing to assess brain injury and to treat it remedially in approved Institutes of this I.A.H.P. type (1 semester).
3. *People holding approved post-graduate qualifications* to assume the direction of such Institutes (2 semesters).
4. *Medical practitioners and others with comparable post-graduate qualifications* by Intensive Orientation Courses in the concepts, principles and methods adopted by the I.A.H.P. (1 week or longer as desired).

The Institutes have a world-wide waiting list of applications for admission of children currently numbering over 8,000. This number is far beyond the capacity of any such organisation to admit within a reasonable period, so *The Institutes* concern themselves primarily with local remedial services and training personnel to facilitate the establishment of similar Institutes.

Those admitted for treatment are limited in number to the exigencies of the staff and accommodation available for the teaching and maintenance of *The Institutes* as a tax-free, non-profit remedial educational and research institution.

In Johannesburg there has grown up at the Forest Town School a mechanism whereby brain-injured children have been receiving comparable combined specialistic therapeutic medical and paramedical care and treatment daily which became a Special School under the Department of Education, in 1953. The availability of locally trained specialistic staff already discussed had made this possible during the post-war period and particularly during the past decade.

In 1967 another important educational step forward occurred when Mrs. J. S. Izikowitz, a Speech Therapist and Mrs. J. Harrisberg, an Occupational Therapist, who had been members of the Forest Town School Staff, started the Crossroads School (now at 19 Wellington Road, Parktown, Johannesburg) at the entreaty of the parents of 5 day-school children facing learning difficulties; it rapidly became a non-profit Remedial School assisted by Lions International.

Within that year it had not only become recognised as a school but its size swelled to 85 full-time students and about 300 children with learning disabilities had also been assessed. Of these latter about 150, after part-time assistance of various types, had been maintained in or returned to their places at their schools. The specialistic staff this second year has grown to 36, three of whom are part-time. They share in dealing with the extra teaching involved in dealing with the added load of 30 children every week-day during the afternoon sessions arranged for such children as need only part-time attendances. At the time of writing the continuation of this afternoon work was under review.

My reason for attaching particular significance to Crossroads School is not solely for its adventurous beginning last year but also because of the arrival of Mrs. J. S. Izikowitz and of Miss L. Copelowitz, one of her assistants and also a Speech Therapist, to the I.A.H.P. to attend the *Intensive Orientation Course* of December 3-9, 1967, while we were still present at *The Institutes*. They were so impressed by what they learned and witnessed there during that week that they stayed over a further period of weeks to gain enough practical experience to incorporate the Doman-Delacato Profile and their principles of Neurological Organisation in Crossroads School from its opening in February, 1968, for all the children attending there. Their first course of parental instruction took place in the week February 5th-9th, 1968.

The importance of this practical application of those principles lies primarily in the economical saving it represents for all those South African parents (and those of children in neighbouring countries), who have been and would otherwise continue to be forced to travel to Philadelphia if they desired to have instruction in this type of assistance for their children encountering learning difficulties.

Secondly and of much greater importance to every local therapist interested in the principles of Neural Organisation is the opportunity this school presents for their seeing any day those principles being applied to many average children who are confronted by one or other or by several of the various disabilities, whether physical or psychological, that interfere with their educational progress. Most of these psychical difficulties are accompanied by, if not actually due to physical conditions that can be ameliorated to such an extent as to turn a considerable percentage of pupil failure into scholastic successes.

Thirdly, to those therapists, whose sympathy extends beyond the embarrassments of school children to those who are physically handicapped or are in the process of rehabilitation however, the widespread lack of muscular co-ordination revealed by the first session of the day (when these children merely with learning difficulties are faced with the necessity of learning anew how to *crawl* and *creep* properly i.e. in a co-ordinated way). Their lack of co-ordination in these two basic forms of body movement demonstrates how fundamental a role the correct execution of these early stages of body movement in ontogenetic development play in producing intelligent, as well as upright human beings.

Children pass so rapidly and at so early an age from *crawling* i.e. "thrusting one part of the body forward upon the floor and drawing the remaining part after, as a worm" through "*creeping* on hands and knees" to "*standing, walking, running and leaping*" that parents have little remembrance of how their child performed these actions unless they were done in some grossly abnormal way. The parents certainly had no criteria for judging whether *crawling* and *creeping* were well or ill done by their own infants, nor any for knowing whether they themselves *crawled* and *crept* properly when they had been infants.

The merit of the collaborative work of Doman and Delacato as therapists under the neurosurgical inspiration of the late Dr. Temple Fay of Philadelphia was their recognition of the fact that these two primary phases of movement at least must be distinguished and separated, although our English language and dictionaries have failed so to do. They came to realise that *crawling* and *creeping*—each of them—like the still earlier *rolling of the body* to the left and to the right had to be passed through properly and sequentially in order to lead to well integrated, properly co-ordinated higher achievements, both physical and intellectual. Still more important was those two therapists' acceptance of the challenge that helpless children, however gravely injured cerebrally should never be regarded as hopeless cases. They persisted with their parents and discovered that a fair percentage of the infants discarded by others as incapable of movement beyond those vegetative ones of blood circulation, respiration and swallowing, when put through repetitive patterned performance of the movements that their heads, trunks and limbs should all be carrying out spontaneously gradually learned to carry out these movements themselves. They organised their patients' brains by moving and stimulating their bodies appropriately.

The details involved in the progressive assessment and treatment of these cases and in the instruction of parents and others in the progressive treatment of them form the subject matter of the one or two semester post-graduate courses referred to previously here and conducted at *The Institutes* by their *Avery Post-graduate Teaching Institute*. As Miss Collin, presently on leave from her post in charge of Occupational Therapy at Baragwanath Hospital, has been attending the one semester *Cybernetic Developmentalist* course beginning early this year, she will be able to inform her therapeutic colleagues in South Africa concerning its content and value from personal experience. Before certification as a Director of an Institute of the I.A.H.P. type is awarded, a further semester's Director's course must be satisfactorily completed.

As therapists trained or domiciled in South Africa, there is no need for me to remind you that these successive phases of ontogeny in the earliest years of human childhood are a reduplication (in fantastically rapid motion) of the phylogenetic development through which animal life in general and its human product in particular has survived during thousands of millions of years in order to attain during the last couple of million years our present erectness of posture and latterly an electronic culture. Consequently you will appreciate more readily than many other people the insight of the Directors of *The Institutes* in recognising the possibility

that their present therapeutic methods might be improved and a still greater percentage of successes could perhaps be the reward of any increments in our understanding of human phylogeny. Rightly or wrongly they feel that only through deepening their knowledge about man's past and elaborating further techniques based upon such phylogenetic knowledge will we be able to assist the parents of children that fail to respond to their most concerted therapeutic efforts.

What increment their knowledge may receive through myself will fortunately be amplified by those who have already engaged themselves actively and spontaneously in applying these principles of neural organisation based upon ontogeny and phylogeny in South Africa. Local results after critical study can thus be readily compared with achievements overseas. Any bettering of procedures and results on either side of the Atlantic is bound to produce corresponding improvements on the other side. Meanwhile the numerous personal contacts already established will inevitably increase.

The aspect of these events that fascinates me most as an anatomist is the vista they present of future generations of human beings possessed of sufficient knowledge about their own bodies and brains and all the movements those bodies are capable of achieving under the direction of those brains.

What will those human beings and their achievements be when the vast majority of them experience the creative pleasure that conscious mastery of the vast range of bodily movements to which their phylogeny has entitled them.

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