

## WHERE THERE'S A WILL THERE'S A WAY

By GISELA STEYN and CHRISTINE JUNAK

Mrs. T. was born in 1928 in Richmond, Surrey, England, of South African parents.

At the age of 20 Mrs. T. graduated from the London University with a special Honours degree in Chemistry. She then worked for two years as an Industrial Bio-Chemist in London.

Having come of age, Mrs. T. now decided the time had come for her to join her family in South Africa. On their farm she spent the first three months packing grapes, after which she started work as a chemist for Fishing Industry Research Institute in May, 1950, until February, 1952, in Cape Town. From here she was transferred to Walvis Bay where she was in charge of the laboratory having to act as chemist, typist, sampling officer, canning inspector, etc. In September of that year Mrs. T. gave up her job to get married. Her first child, a daughter, was born in 1955, and in the following year a second daughter was born.

In March, 1957, three months into her third pregnancy, she became ill. For one week she was at home with severe backache and high temperature but no definite diagnosis made as paralysis had not yet set in. As they were living in Veldrift, the doctor decided to move her to the City Hospital, Cape Town. It was then, that trying to walk to the car, her legs gave way under her and she collapsed.

No longer could there be any doubt; she had become a victim to the dreaded disease poliomyelitis. Two hours later her legs were totally paralysed. The following day her arms became weak, and the lungs deteriorated to such an extent that she was put into an Iron Lung. She had to be put on intravenous feeding as well, as she regurgitated all her food.

Physiotherapy treatment was started with passive movements and breathing exercises to help prevent complications setting in.

As the weeks passed, her respiratory muscles gradually improved, and she spent increasing periods out of the Iron Lung. After 2½ months, Mrs. T. was transferred to Groote Schuur Hospital with the following report:

1. Total paralysis of legs except for some retention of plantar—and dorsiflexors of feet.

2. Paralysis of abdominal muscles.

3. Poor diaphragmatic action.

4. Weakness of intercostal muscles.

5. Weakness of left shoulder girdle and triceps.

6. Slight weakness in both hands.

7. Severe urinary infection—a catheter was inserted.

By this time the patient was six months pregnant. She spent most of the time out of the Iron Lung but returned to it at night. Her general condition was poor.

20/6/57: Patient developed pneumonia and became so ill that she was put back into the Iron Lung.

29/7/57: Mrs. T.'s baby daughter was born without complications and without the Iron Lung.

From that time onwards her condition improved remarkably. She took a great interest in occupational therapy, and here her degree in Fine Arts stood her in good stead. Her arm showed rapid improvement and soon became quite strong. The triceps muscle, however, still retained some weakness.

August, 1957: the Iron Lung was discarded completely. Physiotherapy treatment continued daily to strengthen her arm, trunk and legs.

October, 1957: Mrs. T. now managed controlled upright sitting in a wheelchair for a short time. Functional exercises such as typing, weaving plus resisted strengthening exercises improved her general condition tremendously. Throughout her illness, she remained cheerful and co-operated at all times. Her willpower to overcome her weakness did much towards helping her rehabilitation.

December, 1957: A brace and calipers were fitted. At this stage Mrs. T. learned to balance on her feet and attempted

a few steps. This was extremely difficult as both hip extensors were paralysed. Her back extensor muscles improved rapidly but the abdominal muscles remained weak. Emphasis was placed on teaching the patient independence in daily activities.

In March, 1958, Mrs. T., after spending a year in hospital, returned home.

Mrs. T. had started using a wheelchair in October, 1957. Later she acquired her own chair, a collapsible model, and soon became quite proficient in its use. From the beginning she took over the cooking, and could get in and out of bed by herself, and use the toilet unaided. She only had to be lifted in and out of the bath.

In July, 1958, Mrs. T. got her car with hand controls where necessary. Her right foot had just enough strength to manage the accelerator. Now she could attend the out-patient department for exercises and do shopping, go to the hairdresser and lead a fully normal social life. To prevent contractures occurring at hips, knees and feet was part of the treatment, and Mrs. T. was instructed in how she could stretch these joints herself at home. In spite of all possible effort, severe flexion contractures of the hips and knees developed.

Once again she had to be admitted to Groote Schuur where a Sutter Slide and Fasciotomy was done to relieve the contractures. Mrs. T. spent two months in hospital.

After returning home she once again took up her visits to the Out-Patients Department, Groote Schuur Hospital, and later to the Cleo Road Clinic of the School of Physiotherapy for daily treatment. Here she joined the Class for Poliomyelitis patients twice a week, and because of her undaunted enthusiasm she soon became a firm favourite of the students.

She now managed to get into the bath and out again by means of a rope from the ceiling and the aid of planks and boxes of varying height. For the rest, no alterations were necessary in her home. On several occasions she spent holidays in the homes of friends without inconvenience to herself or them, as special alterations were unnecessary. Her wonderful sense of perseverance and adaptability stood her in good stead, and because of it in a remarkably short time she was back to leading a normal life.

In May, 1961, Mrs. T. began attending the Physiotherapy Department of the Princess Alice Orthopaedic Hospital just to keep fit and prevent further contractures. At these visits she walked in calipers and with crutches. By this time she had given up walking at home, as it required too much time and the apparatus proved cumbersome. She also made use of the Hydrotherapy pool, and soon was swimming quite well. Being by nature a good social mixer she soon made many friends in the hospital and in this way started helping one of them—an elderly patient with severely crippled hands through Rheumatoid Arthritis, to while the time away by making baskets.

The art of cane work was only one of the many skills Mrs. T. had learnt at the Occupational Therapy Department in the Groote Schuur Hospital, and every day after treatment she would wheel herself to the ward where her visits were looked forward to by all the patients. As the hospital had great difficulty in finding an Occupational Therapist to open the new department, Mrs. T. was approached with the suggestion that she should temporarily take up duty until such time as a fully trained person could be found.

Mrs. T. enthusiastically accepted and in November, 1961, started work as a part-time Arts and Crafts Instructress. Soon she became a familiar visitor in all the wards, and in no time at all the wards became a beehive of activity, whereas before many patients had dismally counted the hours till their discharge, having nothing to do, and no inspiration. Now, seeing someone more severely handicapped than



*Mrs. T. practising for the International Stoke Mandeville Games for Wheelchair Sportsmen.*

themselves coming to give them assistance, their whole outlook changed, and they soon, with increasing enthusiasm, started work. So great became the demand for work that soon a second person had to be employed to cope.

At this time we were fortunate to have a former World Archery Champion join the hospital staff as an aid in the Physiotherapy Department. She started the present Princess Alice Archery Club, and quickly its popularity spread through the hospital, and patients flocked to the shooting range. One of its most enthusiastic members was Mrs. T., and it soon became apparent that she had the qualities of a first-class archer. Mrs. T. now began training in earnest, as we had received an invitation from the Director of Stoke Mandeville Hospital Spinal Injuries section in Aylesbury, England, to send a team of wheelchair sportsmen to the yearly international games held at Stoke. South Africa had never as yet competed as a team at the games, and it was decided "now or never". Every lunch time and every week-end Mrs. T. practised, unmindful of wind and weather, as only 2½ months remained before the games. During all this preparation she ran her home as usual, worked in the mornings at the hospital, helped the children in the afternoons at home and did the cooking as before.

During the end of June the touring American wheelchair athletes visited our hospital and Mrs. T. became a firm favourite with them. They are always quoted as examples of

well rehabilitated people, but one and all were impressed by Mrs. T.'s remarkable performance not only in her sportsmanship but mostly in the capable way she runs her social life and home.

The eventual Gold Medal that Mrs. T. won in the Archery at the International Games is much more than just a Gold Medal, it is the reward of endless perseverance and courage in the face of extreme adversity. Not only can she compare favourably with any rehabilitated person confined to a wheelchair, but even with normal healthy persons she can hold her own, as in the recent Western Province Archery championships she was a member of the winning Ladies' team of three, and the only wheelchair archer on the shooting line.

What a perfect example this is of what can be achieved by a disabled person with a little courage and perseverance

## LETTERS TO THE EDITOR

28th December, 1962

Editor, *Physiotherapy*,

I am much impressed by the letter in the December *Physiotherapy* by G. S. Schermbucker on Chiropractic and the Commission of Enquiry.

Registered Members should prepare to meet this challenge; but, who will bell the cat?

U Thant in his address to the General Assembly of the United Nations said he believed every nation had its honest difference of opinion. I feel we must not try to belittle our opposition, but try to find a way for the Chiropractors to form their own Register. It will be a matter for the Government to decide whether their clients are to qualify for any benefits under such schemes as Insurance and Workmen's Compensation.

It should be pointed out that this issue has only very recently arisen, and bears no justifiable weight to prove that non-qualified persons should be placed on the Medical and Dental Register of South Africa.

It should also be pointed out that the Chiropractors indulge in self advertisement, they do their own diagnosing, and have not knowledge or access to medical techniques, to warn them when giving manipulations in cases which are definitely contra-indicated for massage, such as Tuberculosis of the Spine, or cancerous kidney.

It is our duty to say to every patient, "I am allowed to give treatment only under medical supervision," and it is our earnest desire to keep this principle ever foremost.

The bureaucratic mind requires concrete examples. I hope that patients and doctors, and physiotherapists, will come forward, to prove that to protect the public, we must not have unqualified persons on the roll. We will, in future, have more cults and treatments creeping in, we have a long row to hoe, but any of these must not be allowed to take a hold. On this issue we must stand firm. I would like to suggest that each branch be asked to appoint a team to meet the Commission and choose a spokesman, and to put forward specific cases of wrong treatment following on no diagnosis of organic diseases present, or incorrect diagnosis.

I trust the inquiry will not be allowed to develop into something of a fencing skill at arms context, ending in thrust for thrust, manipulation for counter-manipulation, and that there will be definite good and lasting results.

It is time such people as members of a Government Commission of Enquiry in South Africa learned the facts. We will be happy to supply them, and look forward to a result which will be generally healthy and beneficial.

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