

## BUTTERWORTH HOSPITAL TRANSKEI

S. M. SIGABA, *Physiotherapist*

The Butterworth Hospital is a general hospital which was transferred from the Cape Provincial Administration to the Department of Health since the 1st April, 1970.

The hospital is in a small but fast developing town with all the major industries of the Transkei and is 62 miles from East London and 74 miles from Umtata.

There are 150 beds for Bantu and 30 for Europeans with five European doctors including the superintendent, about ten European nurses, 40 Bantu nurses and two physiotherapists, a part-time European lady and a full-time male Bantu.

### Types of Patients Treated

As this is a general hospital, we usually get a cross-section of patients in this type of hospital although the numbers are limited.

For instance the most common are head injuries due to faction fights, especially with ages of 20 to 30 years.

These cases present themselves in the forms of contusions of brain, hemiplegias, hemiparesis and a very limited number of paraparesis.

One funny thing to remark about was the response we get from wax treatments in arms of these patients. This I was taught by a member of the physiotherapy staff. But most of them gain some beneficial results.

The second most common is the tuberculosis group such as hips, knees, spine and meningitis. I believe this is the most troublesome disease in the Transkei which, I believe, needs some more radical health education. This is more common with children.

Then comes the osteitis group. This condition is common in children. These patients stay for a long time in hospital.

We rarely get "chest" patients except for lung abscesses and broncho-pneumonias.

Funnily enough, even fractures are not so commonly treated by physiotherapy as most doctors here treat them with "K" nails or P.O.P. and they are sent home.

Most of the out-patients are European and the main conditions treated are sinusitis, torticollis, fibrositis and lumbago.

### Equipment

For a small department we are well equipped with most of the apparatus found in physiotherapy departments.

### Supply of Appliances

We get our appliances from an orthopaedic workshop in East London.

The service from that hospital is slow, therefore one of the staff has taught a patient how to make some of the splints, e.g. toe springs from rubber and leather.

### Some Improvisations

Whilst we are waiting we make some splints from plaster of paris, leather and rubber. A member of the staff has initiated disability grants for permanently disabled patients and wheelchairs are obtained by the physiotherapists through the local magistrate.

An orthopaedic home for such people has been built five miles from Umtata. So one of the hospital staff negotiated for these patients to be transferred. At the moment we have three, one child, two males, a paraplegic (due to tuberculosis spine at D5 + 6), the other one is an above-knee bilateral amputations due to thrombo-phlebitis. The child is a traumatic paraplegia and she was knocked down by a car.

### Things I Have Learned

1. In this hospital we keep yellow cards in the wards and surgeries of local doctors. These requisitions are sent down to the department and we write out a treatment card which we file in our office. We also keep a register which is marked daily and at the end of the month we total the number of patients and treatments and these are sent to the administration office. For instance, in 1970, we had about 843 patients and gave 1 043 treatments to these people.
2. Also I learned a lot from Professor Rood's lectures on brushing and vibrations in neuro-physiotherapy and ice in speech of head injured patients. This we followed with success.
3. In addition, I have charge of the department and its administration when the physiotherapist in charge, a European lady, is away. We are assisted by a clerk and a porter.

## REPORT ON THE 1972 PARA-OLYMPICS IN HEIDELBERG

BOB WENHAM

*Chairman, S. Tvl. Paraplegic Games Association*

Munich, where the Olympics proper have been staged, declined to have the Olympics for Paraplegics and the small and beautiful town of Heidelberg accepted the responsibility. This was not very astonishing as Heidelberg is well known for the work it has done in the past and is going to do in the future, namely to train handicapped people to become, again, useful members of society.

Large buses, borrowed from the American Army, fetched us from the airport. They had doors at the back and on long ramps the wheelchairs entered the buses without any difficulty, pushed by German soldiers who had been detailed to do all the heavy work for their foreign guests. The same buses took the competitors and escorts from our billets to the sports grounds and back.

Our home for the duration of the Games (10 days) was a brand new Rehabilitation Centre which had all the facilities needed by people in wheel chairs. It has special lifts made for two chairs, one behind the other and enough room for two to three escorts. Meals were taken in a large dining room where 1 000 hungry sportsmen and women could be served within an hour. Escorts helped themselves, competitors were served. There was a large variety of dishes to choose from and special requests were always satisfied.

The sport took place on the university grounds, where the facilities for all the sports were excellent, a few miles from the Rehabilitation Centre.

We had brought a team of 22, 11 men and 11 women, the biggest team ever to compete overseas. The classifications of all competitors were checked by a panel of experts. Our team suffered six reclassifications, all upgraded, which gave the six unfortunates no chance to get among the medals. However, with the rest of the team, we achieved to gain 16 Gold, 11 Silver and 14 Bronze medals and another seven in relays.

This can be considered an outstanding performance. Twenty-two teams were larger than ours and the three teams who gained more medals, the Americans, Germans and British, had a minimum of 65 members. In all, 43 nations had sent competitors to these Games. (In 1968 only 26 nations were represented, which shows the tremendous increase in sport from the wheel chair, all over the world.)

Our representatives were chosen from old-timers who had covered themselves with glory in the past and did so again. I refer to Margaret Harriman, Ester Hattingh, Serina le Roux, Hannie van der Merwe, Jan van Rensburg, Danie Erasmus, Willy Bosch. Among the newcomers, Riana van der Schyff, Coreen Swanepoel and Marty Schaefer, Mark van der

Riet, Willy Kokott and Richard Holmes were outstanding and can look forward to compete for their country again if they continue in the same spirit.

We won all our medals in archery, field events, swimming and bowling. In the races and slalom we just did not exist. Our basket ball team had not been accepted (the organisers allowed us only 22 athletes), our table tennis players were outclassed and we did not take part in fencing and snooker and had only one man in the weight lifting competition. Some of the large teams mentioned above had experts in each field and in each class.

The Rehabilitation Centre had a cafe and a couple of smaller bars where the Nations sat together in the evenings and talked and sang and got to know each other. I heard of no disagreement or any trouble amongst the teams and politics, fortunately, were never mentioned. We got on just as well with the Czechs and the Yugoslavs as we did with the British or Canadians.

The stamina of the paraplegics has always astonished me and did so again in Heidelberg. After a day's hard competition they would be up until midnight or even later, but were up again at 6.30 a.m. and fresh and ready to face the new day.

I must admit, however, that they showed signs of stress later on, when we were on the road from Heidelberg to Lucerne, Milan, Florence, Rome, Pisa, Rapallo, Nice, Lyon and Paris. This, however, was a matter of circumstances which could not be avoided. The blame must be put squarely on the shoulders of the travel agency which provided us with the wrong bus to start with and booked us into hotels totally unsuitable for people in wheel chairs. Too many steps, lifts that were not large enough, lavatories which could not be entered. We have learned a lesson.

The highlight of the journey was certainly the visit to Mount Pilatus near Lucerne. It was a job to get 11 of the team in wheel chairs up and down. But to see their faces and to witness their joy made everyone forget the effort that had to be made.

And here I must mention the escorts, especially four of them who should have been given the biggest gold medals available for the hard work they had to do all along the road. Mr. Johann Maree, Chairman of the Free State P.F.A., Mr. Eddy Cummins, Chairman of the Natal P.G.A., Mr. Jan Botha from the Cape and Mr. Kobus de Jager from the Transvaal.

South African Airways had put two nurses at the disposal of the team who flew with us from Johannesburg to Frankfurt and from Paris home again. Their attention to the needs of our team was much appreciated. An official of S.A.A. also came along to study ways and means to make air travel and bus excursions for handicapped people as agreeable as possible. It is sincerely hoped that the lessons learned on this long journey are not forgotten.

## A REHABILITATION CENTRE WITH ACCOMMODATION FOR FAMILIES

AGNES WENHAM, M.C.S.P.

When I accompanied my husband to the Para-Olympics in Germany this year I met Mr. Hans Reinemuth, one of the organisers of the brand new Rehabilitation Centre in Heidelberg. It was interesting what he had to say about the project of a still newer Centre for the Rehabilitation of Children and Young Adults to be built in Neckargemund, near Heidelberg (Germany), in the near future. It will serve as a model for the housing, upbringing, complete schooling and vocational training of severely handicapped children. One thousand of them on an area of eight hectares (19 acres). The Centre will enable the parents of some children to live in small flats or houses as complete families. The father is helped to find a job in the nearby industrial towns whilst the mother is given a chance to work in the Centre if she wishes

to do more than look after her home. In this way it will be possible to preserve for some children the warmth and the emotional and intellectual stimulation of a life with father, mother, brother and sister. This is expected to enhance the effect of the thorough rehabilitating measures and varied vocational opportunities offered by the Centre.

Facilities for all sports for the disabled are planned together with many other recreational opportunities. I got a glimpse of what is meant by recreational opportunities at the existing Rehabilitation and Training Centre which served so admirably as "Olympic Village" for the 1,000 wheel-chair competitors from all over the world in August, 1972. There they meant, to mention only one out-door facility, imaginative play corners for children and peaceful green places for walking, resting or quiet meditation for young adults. To discover these places at the Rehabilitation Centre you had to venture well into the back of the flower garden that stretched along our canteen and invited you to have your cup of tea on comfortable chairs in the open. Only by following, one day, a narrow path through the flowering bushes did I discover that there was a complete little world of open-air pursuits beyond the bushes along the garden. One green opening followed the next, each ingeniously layed out for the enjoyment of various forms of play. Under the trees of a shaded circle stood a log house. The good-sized door was half closed by planks which lay about outside and inside the house and served for the improvisation of furniture. Across the little lawn in front of the house began a mountainous world of poles and tree trunks. There the children could climb to various platforms. From one of the higher elevations led a wooden bridge into another green opening where everything invited the child to play with sand. Light sand lay thick in the bottom of a shallow ship or it was contained in higher receptacles for the sand activities of individual children. A gap between wooden poles led to a winding path between small trees, bushes and groups of wild flowers just wide enough for two people to amble along. To my delight, the path lead you to several openings on the left and the right varying in size and character. Here people could rest in small or larger groups or all alone. Walking on I began to wonder where the path would eventually lead to. I soon found the end in the form of a somewhat hidden wooden barrier you could easily go over or under. Beyond the obstacle I found myself near the entrance to the whole centre. Nobody could have guessed what idyllic grounds lay behind just a pole.

## ABSTRACTS

FOR THIRD QUARTER, 1972

*Exp. Brain Res.*, 15, 2, July, 1972:

ISHIKAWA, K., KAWAGUCHI, S., and ROWE, M. J.: Actions of afferent impulses from muscle receptors on cerebellar Purkyne cells, I: Responses to muscle vibration.

*Summary:* The authors used vibratory muscle stimuli in order to stimulate selectively muscle receptors in three different muscle groups: the anterior tibial group, the triceps surae and the extensor group of the forearm. Since very little response was obtained at vibration amplitudes of less than 60  $\mu$  it was concluded that Group II afferent fibres, rather than Group Ia, were primarily responsible for modifying the Purkyne cell discharge. The modifying effect in response to vibration was observed to be mediated by both mossy fibre and climbing fibre pathways, and in both cases displayed temporal summation although no tonic effects were observed in response to sustained vibration. Where the response of the Purkyne cells was mediated by mossy fibres that response was chiefly inhibitory, although sometimes preceded by a brief burst of excitation. The response mediated by the climbing fibres was excitatory in nature. The area of the cerebellum which responded depended upon whether a forelimb or hindlimb group was being stimulated.

S.I.C.