

Providing that specialised advice is sought early enough, the outbreak of ulceration and its complications, could be lessened and in some cases prevented.

Certain occupations may be partly responsible for ulceration, as gravitational factors are of the utmost importance. The resulting venous stasis, with lowered tissue resistance, and the possible loss of valve function, all lead to tissue breakdown, of which the immediate cause may be trivial.

The symptoms of pending ulceration, give sufficient warning for ulceration to be avoided. These include: obvious nutritional disturbances of the skin; infiltrations of abnormal effusions of fluid into the tissues; pain and varicose veins. If treatment is correctly and adequately applied at this stage, ulceration may be avoided.

In the text, numerous methods of treatment are discussed, but it is obvious that only the modern form of ambulatory treatment should be seriously considered. It has been proved that patients with ulcers, always show considerable improvement once hospital treatment is given, no matter what methods are applied. Extreme care must therefore be exercised in evaluating the effect of a particular form of therapy.

Each ulcer must be treated individually, and a differential diagnosis made, to ensure that the correct treatment is given, and that the underlying cause is rectified. Although, in special cases, a particular treatment is obviously the best, for a general routine method the Bisgaard, with modifications, cannot be surpassed.

Surgery alone may cause an ulcer to heal, but can never effect a permanent cure. Medicine, in the form of ointments and lotions, has no direct value in bringing about a permanent recovery, and should only be used as an adjunct. It is thus only Physical methods which can fulfil all the aims of treatment, and ensure a permanent cure. As a general rule, conservative methods should always be preferred to more drastic procedure.

The Physiotherapist, who is in a position to integrate all the methods available, and select the correct combination for each case, plays a most important part in the rehabilitation of the patient. However, the co-operation on the part of the patient is vital, as home-treatment must be carried on after the actual hospital or clinic period.

The outlook for patients with Varicose Ulcers is a bright one to-day, if the patient is able and willing to co-operate with the Physiotherapist, who applies the most modern and effectual treatments.

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LETTER TO THE EDITOR.

Madam,

Is there no way in which we can stimulate interest and enthusiasm among the readers of this Journal, particularly with a view to exchanging ideas? Surely, someone, somewhere has a little "wrinkle" he or she is proud of and through the medium of the Journal can give the benefit of experience to others.

So much is happening in the Physiotherapy world, but a great deal of useful knowledge is confined to "the few."

I seem to remember so many delegates at the last Conference were enthusiastic about writing letters and articles and promised to encourage others to do so. Were these just empty words to be forgotten as soon as they returned to their home ground?

We are particularly keen here to pick other people's brains and are only too glad to have our own picked. I am sure there is much valuable knowledge just waiting to be put on to paper.

Otherwise, where are those letters and articles? Are they arriving? Have you not printed them, or are we as a Society lacking in ideas and initiative? Please tell us what has happened?

JEAN BLAIR.

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University of the Witwatersrand.

I can only conclude that Miss Blair is correct and members do lack enthusiasm and initiative, since despite many promises, no material has arrived for publication.—EDITOR.

BRANCH NEWS

SOUTHERN TRANSVAAL.

On February 8th, Miss Estelle Alberts, who has recently returned from working at Stope Mandeville Hospital, gave a most interesting lecture on the treatment of paraplegics at that Hospital. The lecture, which is reproduced in this issue, was illustrated by slides, and it was gratifying to see a large audience attend this function.

On February 22nd, Dr. H. Haden talked to the Branch about his recent experiences in America and his impressions of rehabilitation there. Among other things, he gave a talk on the Kabat method of muscle re-education, and Miss E. Botting demonstrated this method on a patient suffering from polio. This was a most stimulating talk and has encouraged many of us to try this new conception of treatment, particularly for our polio patients.

NORTHERN TRANSVAAL.

Miss J. Crewe-Browne and Miss J. von Schrader are welcomed as new members of the Branch.

The following Associate members are also welcomed: Miss Sieburg, Miss Wilson, Miss Slone, Miss van der Spek, Miss Grunow, Miss Morgan, Miss van Woudenberg, Miss Millar, Miss Silverman and Miss Hitchcock.

A successful symposium on polio was held in February, and in March Mr. van der Spuy gave a most interesting talk and showed a film on Thoracic Surgery.