as well to try preliminary plasters to see whether the child will be able to cope with the increased flexion.

Instability is a particular problem following operations around the hip joint. Pelvic instability is a problem common to almost all cerebral-palsied children, very few of them can tilt or rotate their pelvis or actively extend their hips. How much greater the problem then, following transfer or release of muscles acting upon the hip joint and pelvis.

The solution would seem to be to prevent the need for extensive surgery, and the only indication for surgery would seem to be established deformities in the older, untreated child. Certainly surgery should be avoided in a young child where there is so much potential for influencing the postural tone and movement patterns by means of neurodevelopmental therapy — and there are certainly far better ways of inhibiting a Moro reaction than by lengthening the hamstrings!

SUMMARY:
This article attempts a reappraisal of the concept of neurodevelopmental therapy in cerebral palsy in the hope that this approach to treatment will be more consistently applied.

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Report of Symposium of the Obstetric Group of S.A. Society of Physiotherapy

PHYSIOTHERAPY and the PELVIS*

PHILLIP V. TOBIAS
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Honorary Vice-President, South African Society of Physiotherapy

This Symposium and First Annual General Meeting of the South African Society of Physiotherapy Obstetric Group represent an important step forward in the life and work of your Society.


In the absence of your President, Professor B. Bromilow-Dowling, let me express my praise and congratulations to the Society on the establishment of this, the first of its Specialised Groups.

The inception of the Obstetric Group a year ago was another landmark — and this meeting is another milestone — in the advance of Physiotherapy in Southern Africa. In fact, significant developments in Physiotherapy are occurring at such a tempo these days that one scarcely has time to catch one’s breath. Only last year, the Professorial Board for Physiotherapy came into being and one found oneself congratulating Professor Jean Blair on her election as its first Chairman. Only a year or two have passed since the Witwatersrand University inaugurated a new degree, the Master of Science in Physiotherapy, and already our first candidates are completing their dissertations. I wonder how long it will be before we find ourselves considering the establishment of a South African College of Physiotherapy!
I should be failing in my duty if I were not to convey my warm felicitations to Mrs. Audrey McFarlane and her Committee on conceiving and giving birth to the Obstetric Association — appropriately a happy birthday. I should especially like to express appreciation to Miss Rosemary Harte on convening what has undoubtedly been a most successful Symposium. I know I speak for all of you when I extend thanks and gratitude to the speakers — some of whom have come all the way from Pretoria and Cape Town, as well as some of our local luminaries, for their contributions last evening; and to Professor Jack Allan for conducting the Lecture/Demonstration this morning.

Obstetrics — what a crucial area with which to begin your specialised groups; for everything begins with it. And, after all, as a great medical man once said, is not this pelvis the triumphal arch through which passes every youthful candidate for immortality?

This pelvic triumphal arch is one of the supreme products of evolutionary genius: for it has attained its human form and function while overcoming two or three major and sometimes conflicting challenges. One was the trend in ancient times towards an increase in the brain size of the newborn baby; with this went the need for a concomitant enlargement of the birth-canal; and the third was the attainment by our ancestors of uprightness.

It is a story in which these apparently irreconcilable biological goals were achieved without the pelvic mechanism falling into a heap of ruins, or our species giving up the seemingly unequal struggle and becoming extinct, is one of the great sagas of human development.

Yet survive we did; and only by the development of a superb mechanism whose nuances have been occupying your attention last evening and this morning.

Yet even the most perfect of Nature's mechanisms needs the guiding hand of the therapeutic team from time to time. So it is fitting that your Society has organised this Symposium on the role of the physiotherapist in helping to ease those musculo-ligamentous problems which are most spectacular and all-too-recent evolutionary revolution has left in its wake.

REPORT OF FIRST A.G.M. OF OBSTETRIC GROUP OF S.A.S.P.

by Miss R. Haute, Chairman

This delightful and suitable "comment" by Professor Tobias at the luncheon which brought to an end the proceedings of the Symposium, gave everyone food for thought, prior to the First National Annual General Meeting of the Obstetric Group of the S.A.S.P., which followed on the Saturday afternoon.

By all accounts the Symposium on "The Major Muscle Groups Involved in Pregnancy, Parturition and Post-natal Recovery" was a great success, and a wide interest was shown which was most encouraging.

On the Friday evening, Professor Jean Blair, first chairman of the Physiotherapy Board, opened the proceedings with a short but pertinent speech.

The three presentations by the Panel dealing with the theme of the Symposium were brief in order to meet programme requirements. Dr. van Rooyen, Professor van Dongen and Dr. du Toit presented "multum in parvo"; ably condensing their specialised subjects. Many interesting points were raised which precipitated lively discussion, regrettably cut short by the old enemy — Time. The proceedings were skillfully handled by the Chairman, Dr. E. A. Strasheim with a delightfully light touch and an ability to draw and hold ideas together.

Cape Town's Dr. Peter Baillie followed with a talk outlining methods of controlling "multi-fetal" pregnancies and some of the difficulties encountered en route. Clearly work in this field has opened new horizons in obstetrics which will need the careful attention of obstetric physiotherapists.

Perhaps the most remarkable event of the Symposium was the "happening" at the Saturday morning Workshop, in which Professor Allan of the Anatomy department of Wits University had undertaken to prepare specially dissected specimens relevant to the theme of the Symposium. No less than 91 members of the S.A.S.P. enrolled! This slowed down the demonstration, and it was decided to scrap the Exercise Workshop in favour of carrying the Anatomy discussion to a conclusion (which of course it didn't!) The most promising aspect perhaps was Prof. Allan's willingness to continue the work in the future in the form of properly controlled projects, and the new committee will be investigating the possibility of this offer in the near future. A conclusion of this type of reasoning and discussion would ensure a more positive result from the proposed Exercise Workshop, and therefore, although it remains a principal objective of the Association, this work might, of necessity, be set aside for the time being.

At the A.G.M. Mrs. Audrey McFarlane announced that she would be unable to continue as Chairman of the Obstetric Group as she is guiding the new school of physiotherapy at Ga-Rankuwa through its initial stages. In this we wish her every success.

The name "Group" was changed to "Association", and the newly elected committee is as follows:

Chairman: Miss Rosemary Harte, Johannesburg
Vice-chair: Mrs. Louise Hack, Pretoria
Secretary: Mrs. Brenda Kastell, Johannesburg
Treasurer: Mrs. Pietrou van Rooyen, Pretoria
Committee: Mrs. Beryl Chantler, Pretoria
Mrs. Frances Glauber, Johannesburg
Mrs. Audrey McFarlane, Pretoria
Mrs. Gillian Oosthuizen, Pretoria

By all accounts the proceedings were, skilfully handled by the Chairman, Dr. E. A. Strasheim with a delightfully light touch and an ability to draw and hold ideas together.

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