

# An Outline of the History of the National Council for the Care of Cripples in South Africa.

By PHYLLIS LEACH.

**L**ORD NUFFIELD in 1937 made a gift to South Africa of £100,000 to stimulate the interest of provincial and Union Government departments as well as public and private bodies into the realisation of the urgent needs of the cripples in this country. So after an initial survey by his representatives, it was realized that such a large sum of money had to be judiciously directed into the right channels, and wisely spent, and that a co-ordinating and advisory body was required. At that time there was only a small active Cripple Care Association in the Cape and a voluntary body in the Free State, and the Johannesburg Committees of the Hope Homes in the Transvaal. The Cripple Care Association of the Cape Province agreed to call a conference of interested bodies, persons and departments in Cape Town in 1939 which resulted in the birth of the National Council for the Care of Cripples in South Africa, in Bloemfontein in September of that year.

The following are the aims and the objects of the Council:

1. To ensure a national service for cripples.
2. To co-ordinate and correlate the work of the different Associations, departments and institutions engaged or interested in this work.
3. To encourage associations already undertaking the care of cripples and assist in forming new associations when and where necessary.

4. To formulate policies and to promote and support measures for the early discovery and the prompt and efficient treatment of children and others who might become cripples.
5. To promote schemes for the treatment, education, training and employment and general welfare of cripples.
6. To be the official channel for communication in matters of general policy between constituent bodies, the Government and Provincial authorities.
7. To act as an advisory body on all matters appertaining to the care of cripples.
8. To co-operate with the international organisations whose aims are similar to those of the Council, and, if deemed advisable, to affiliate with such organisations.
9. Generally to concern itself with all matters and questions relating to the care of cripples, and the prevention of cripples throughout the Union, South-West Africa, Basutoland, Bechuanaland Protectorate and Swaziland.

When Council was created there were only 3 orthopaedic surgeons in the Union. There were no nurses trained in orthopaedics and scarcely any qualified orthopaedic technicians.

How different things are to-day! There are now well on 50 qualified orthopaedic surgeons while a number are still



## For the relief of Osteoarthritis

Recent reports suggest that increased use is being made of local ultra-violet irradiation in rheumatic diseases, and in the words of one writer "It is unusual for a patient suffering from osteoarthritis to fail to obtain relief from a course of local ultra-violet irradiations followed by suitable exercises." Powerful doses are necessary and the use of the Kromayer lamp is therefore indicated.

Full details of this equipment can be obtained from:

**THE BRITISH  
GENERAL ELECTRIC CO. LTD.**

Magnet House, Corner of Loveday and Anderson Streets,  
Johannesburg.

Branches at Durban, Cape Town, Natal.

Agents for HANOVIA OF ENGLAND.

in training; some 40 nurses have been provided with orthopaedic training in the Union and some have been sent overseas, and as we all know, technicians are now very much on the job. The Council plays the major role in co-ordinating the orthopaedic services in the Union and South West Africa which includes the matter of personnel and the physical, psychological and economic rehabilitation of the handicapped—and the habilitation of children. The National Council has helped to introduce or subsidize almost every aspect of orthopaedic work. It has provided bursaries for postgraduate studies in many branches, including one for a physiotherapist.

The Council brought sister tutors from overseas to train nurses in orthopaedic work.

There are a fairly full range of orthopaedic services in all our cities and larger towns, and Council with its local Cripple Care Associations has succeeded in organising and subsidizing certain aspects of clinical services which are now extending into the rural districts: the first one was opened at Wolmaranstad in the Southern Transvaal in 1950—others have followed both in the Transvaal and other Provinces.

It is the earnest aim of the National Council to link up these centres in a veritable network that spreads through the length and breadth of the land where needed so that every disabled man, woman or child who can be helped through orthopaedics may receive the benefit of this specialised medical treatment.



The tendency for the foot to drop (the inability to raise the front of the foot at will) is offset by the contraction of the springs, thus assisting stair-climbing—the latter is practised as a form of exercise in the physiotherapy department.

The National Council is eager for every person suffering from a physical handicap to be rehabilitated if that is not beyond human skill so that he—or she—becomes independent and enjoys his or her rightful place in society and is an asset to the state.

The National Council acts as a source of information on all kinds of problems, and it keeps in close touch with overseas movements that are engaged in similar work.

Needless to say, the team of workers, required to restore the cripple, dependent upon his condition, is the orthopaedic surgeon, the orthopaedic and general nurses, the physiotherapist, the occupational therapist, often the psychologist, the educationist, the social worker and the vast team of voluntary workers behind "Cripple Care" both in practical work with cripples, in committees and in fund-raising.

Now this magnificent sum contributed by Lord Nuffield was allocated and ear-marked out to the various provinces and having helped to lay a broad foundation—the "building" had to go on and services implemented and maintained.

The newly formed National Council could not live on the Nuffield gift—it had to devise a means of gaining funds to maintain itself and to further the work of "Cripple Care" in South Africa.

To this end in 1944 its first Easter Stamp Campaign was launched, on a small scale, as a trial, and raised the modest sum of £7,000.

It was a start—and since those early days the organisation has grown steadily and sturdily. It is operated by a nucleus of paid staff to ensure continuity and stability, but this staff gains the support of thousands of voluntary workers every year to carry out the wide scope of its work.

It will make interesting reading to note that as early as March 1946—the South African Society of Physiotherapists unanimously agreed at a conference in Cape Town to offer its help with the Easter Stamp Fund—and conveyed this decision with an expression of good wishes for success. Since that time Physiotherapists all over the Union have "done their bit" for the Easter Stamp Fund, and in Johannesburg in particular their contribution of service to the Easter Stamp Fund has been outstanding.

The National Council on behalf of all cripples in our land takes this opportunity of thanking all Physiotherapists for this support, in **HELPING CRIPPLES TO HELP THEMSELVES.**"

It will not be amiss here to outline an interesting case—let us call her Margery—who may not have been able to have received modern methods of treatment had it not been for the early and continuing efforts of the National Council for the Care of Cripples.

Margery was stricken by illness when she was in a northern territory with her husband. This happened two years ago on November 1st. She was treated by a local doctor for fibrositis, and later for a nervous breakdown until in due course the doctor diagnosed her trouble as Poliomyelitis and she was forthwith carried in a stretcher to a plane and flown to a large hospital in South Africa where she was placed in the fever ward.

When the fever died down she was confined to her bed, completely flat on her back.

Physiotherapy was employed at this stage to which she responded very well indeed, and her co-operation and results gained for her the title of that hospital's "star patient." The orthopaedic surgeon under whose care she was, predicted that despite the seriousness of the attack, she would make a very good recovery.

Margery is a person of courage and determination and she must be given credit for her perseverance: she put every ounce of herself into this important matter of trying to get well so that she gave the fullest co-operation to the



When the leg is extended, and the toe pushed downward, on to the floor, it brings the spring into play, so that this movement necessitates using the muscles against resistance, with resultant strengthening.

orthopaedic surgeon, the nurses and the physiotherapists: the will to be well is half the battle won . . .

Margery was treated by physiotherapy at the hospital until June, 1954, when she took a post as a Doctor's receptionist. Her right leg is almost as good as ever it was, but her left foot has not the movement it should have: it is still dropped and although she wears no caliper, she still carries a stick to help her to keep her balance and to give her a comfortable feeling of security. She will continue with physiotherapy treatments twice a day.

Margery has been told that movement will return to the dropped foot in the course of time, and because she has obtained such rewarding results so far she is determined to see the thing through to the end when her foot is as mobile as science can make it.

Margery is most grateful for the help that she received from the orthopaedic specialists who attended to her, the surgeon, the nurses, the physiotherapist and the technicians. As is often the case appliances are made good use of, and the accompanying photos illustrate the use of a very useful spring.

We in South Africa owe a great deal to the National Council for the Care of Cripples and its local Cripple Care Associations for it is this vast organisation that has done so much to help bring orthopaedic services to its present stage as you have already noted.

### A LETTER TO THE EDITOR.

Apropos of the preceding article—I, as your Society's President, would like to urge every physiotherapist in South Africa to carry out our Physiotherapy Conference resolution of 1946 to lend every assistance to the Easter Stamp Fund, how and wherever possible during its annual campaign, which lasts for several weeks, from March 1st each year.

For the benefit of those members not resident in Johannesburg the following was the procedure we adopted here:

We convened a table at a prominent shop corner and at Tattersals, for the 2 weeks.

Physiotherapists in private practice sold Easter Stamps in their treatment rooms, and those employed in hospitals, in Johannesburg and the Reef, also did their fair share.

I have always been very proud of the amount thus collected for this worthy cause and I thank the Southern Transvaal branch members and the Universtiy Physiotherapy students for supporting me so loyally, and helping me with the Easter Stamp Campaign, as they always have done. I want, also to thank all those physiotherapists, throughout the Union, who have honoured our Conference resolution.

I commend the Easter Stamp Fund to you—because I have been your representative on the National Council for the Care of Cripples for 14 years, and therefore have first hand knowledge of the vital work being carried out by Council and its Cripple Care Associations, in HELPING CRIPPLES TO HELP THEMSELVES.

Yours truly,

SUSIE OOSTHUISEN,  
President: S.A.S.P.

c/o Mr. A. Nick,  
P.O. Box 6880,  
Johannesburg.  
6th January, 1955.

## When Ionization is indicated . . .

### Imadyl Unction 'Roche'

is the substance of choice.

Containing 1% histamine-dihydrochloride it will produce local effects only and will not cause general vasodilation.

Imadyl 'Roche' is freely available  
again from



*Medical Distributors* 

Specialists for Physical Medicine Appliances

P.O. Box 3378 JOHANNESBURG Telephone 23-8106  
236, JEPPE STREET