

Greetings of the Season and Best Wishes for a Happy and Prosperous New Year to all Readers.

Editorial

The Editor does not hold himself responsible for the views expressed by contributors.

The S.A. Society of Physiotherapists is now in its 24th year and has a membership of approximately 180. Until very recently it consisted of only three branches, one each in Transvaal, the Cape and Natal. In recent months, however, an amazing revival of interest has been shown in the affairs of the Society and, due chiefly to the hard work of our General Secretary, coupled with the enthusiasm of members, three new branches have been formed. These will be known as the Northern Transvaal, Eastern Province and Border Branches and will have their headquarters in Pretoria, Port Elizabeth and East London respectively.

We welcome these developments and extend to the members who have so banded themselves together our very best wishes for their future. Happenings such as these can only mean that members, both young and old, are manifesting an active interest—which has been for too long dormant—in the running of the Society. They are symptoms of the fact that it is being increasingly realised that, whilst it is a good thing to have the routine work centralised, it is equally important to have decentralised bodies to maintain and strive for the interests of members. Without some such system in past years, members could hardly be blamed if they developed the

feeling that because they were out of touch with things they were consequently out of mind.

Such a state of affairs, plus the fact that we have lacked the unifying influence of a Journal could not but result in a general lack of interest among members and this is precisely what happened. Now that these things have been remedied, at least to some extent, we will venture the hope that physiotherapy will attain the position to which it is entitled in the Medical world.

FREE HOSPITALISATION.

The following extract is quoted from a letter received from the Transvaal Provincial Secretary in answer to an enquiry as to how the interests of physiotherapists were likely to be affected by the above Ordinance.

"the interests of physiotherapists are not affected, whether in private practise, or as members of the staff of Public Hospitals, by the Ordinance."

"Certain amendments to the Ordinance to meet the views of the Medical Association will shortly be introduced in the Provincial Council."

Physiotherapists in the Transvaal are asked to forward their views on this statement to the Editor.

INJURIES TO THE KNEE JOINT

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Before describing the various injuries that may occur to the knee joint it is essential to mention the important role played by the Quadriceps extensor apparatus.

This apparatus is the most important single factor in the maintenance of the erect posture in man, and in maintaining an efficient knee joint.

A weak or wasted Quadriceps predisposes to injury of the knee joint, and an injured knee joint gives rise to rapid wasting of the Quadriceps. This wasting creates a greater predisposition to further injury to the joint, and a vicious circle is thus established, viz. :

Injury → Effusion → Rest → Quadriceps wasting

The principle therefore to be rigorously observed in the treatment of nearly all injuries to the knee

joint, is to do everything possible to maintain the tone in the Quadriceps extensor apparatus throughout the process of healing and repair of the injury.

Injuries to the knee joint can be classified as follows :—

- (i) Injuries of the synovial membrane.
- (ii) Injuries of the ligaments.
- (iii) Injuries of Menisci.
- (iv) Injuries of the Extensor apparatus.
- (v) Injuries of the bones.
- (vi) OTHER conditions in the knee, related to trauma.