

After reading Professor Tobias' article on Professor Dart and his part in Physiotherapy I thought readers might be interested in hearing how it all began.

In 1936 third year medical students were just beginning their year. Up until then the only way to train as a Physiotherapist was to go to England. A group of us got together and approached Professor Dart with a view to starting a school in South Africa. He agreed to support us if enough students, who had completed their second year medicine, were interested. Four of us, Ester Paul, Leah Cohn, Marie Malherbe and Aileen Vos, formed the nucleus of the new profession. For a short time a male student joined our ranks but the lure of easy money in a health studio proved irresistible and he left.

Our course had the rather cumbersome title of Diploma in Massage, Medical Gymnastics and Electrotherapy. We were determined from the beginning to make it of as high a standard as possible. The name Physiotherapy only came into being during the war.

It was a four year course with the first two years being Medicine followed by two years practical and academic training at the Johannesburg General Hospital. Staff were recruited, and two physiotherapists in private practice, Miss Troughton and Miss Sutherland came to teach Massage and Medical Gymnastics. Dr Woolf took us for Electrotherapy and Dr Haydn for Medicine. We attended lectures in Medicine and Surgery by staff at the hospital.

Shortly afterwards a full time principal was appointed. Miss McMillan had been trained at Guys Hospital, London and Brompton Chest Hospital. She had a dynamic personality and set out to educate the medical fraternity. Every Saturday morning they were mobilised and we students were the guinea pigs and treated for every disease and injury imaginable. The doctors' reactions varied. The more cautious ones insisted on monitoring all the treatments while others left it to us.

We went through all the departments, going on to the Children's Hospital and the Maternity Home as well. Our equipment was primitive compared to modern day standards. Shortwave was then Medium wave therapy. Wet pads were used to conduct the current and if the heat wasn't watched a burn could result that started inside and

worked out and was difficult to heal. Faradic current travelled in little boxes and did double duty at the weekends for tired students' feet, especially after dances.

Ultra violet light was a tall standard lamp with a hood. To light it had to be tilted to an exact angle to strike an arc. As often happened it went out during treatment and we had to let it cool before we could light it again. Miss McMillan's experience of chests was invaluable. Chest surgery was in its infancy and there were no antibiotics to prevent infection and nearly all the post-operative lungs came back with emphysema. We were able to speed up recovery considerably.

It's said that Physiotherapists should first experience the complaints before treating patients. When I think how blithely I used to exhort my post-operative gall bladders to breathe deeply straight after surgery: how bitter I felt when my time came.

There were no swimming baths in our time so we used a large old-fashioned bath especially for the children with polio. We decided that we should have representation on the SMC. I had to stand up in front of a whole hall of medical students and state my case. I now know why aspiring politicians are sent to tough areas for experience.

We were due to write our finals in December 1939 but three weeks before the date I got mumps. With 25 percent of the class out of action we decided to wait and finally wrote in April 1940.

Although we trained without the present day facilities the thorough grounding we got has stood me in good stead in the following years of practice.

Perhaps it can all be summed up in the words of one of my students at UCT some years ago. When I told her I had qualified in 1940 there was a pregnant silence and then she said with awe... "Mrs Allen, it's like being taught by a National Monument."

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