TREATMENT NOTES

By M. G. DOBEYN, M.C.S.P.

PERINEOMETRY IN P.P. STRESS INCONTINENCE AMONG AFRICAN PATIENTS

VESICO — vaginal fissure, stress incontinence and obstetrical drop-foot are more frequently encountered in Hospitals among African patients than among European women. Many African women, particularly those living in inaccessible districts, still consider childbirth just one of the routine occurrences in their lives, for which nobody should need help. For that reason they do not understand the necessity for visiting a doctor or a Hospital for ante-natal examinations or even for the birth itself. The majority —naturally not all—of the V.V.F. or stress incontinence cases would probably be prevented by ante-natal attendances, when difficulties likely to occur during labour can be assessed and prepared for as much as possible.

Because European women, on the whole, understand the need for proper ante-natal care, they are, as a result, less troubled with complications of this type.

However, when a condition such as Perineal weakness with stress incontinence arises following a difficult labour this is something sufficiently distressing and out of the ordinary for an African woman to seek medical aid. (V.V.F. or obstetrical palsy may occur for the same reason). At some stage in their general treatment these cases will often be referred to the Physiotherapy Department.

A typical case of perineal weakness and stress incontinence could arise in the following manner:—

> A woman gives birth to a child out in the "bundu," under very difficult conditions, and without any medical or nursing aid. Some weeks later the constant weakness and leakage of urine which follows causes her to seek medical help, and eventually she arrives for treatment at the Physiotherapy Department.

For such cases a routine treatment of exercises and faradic stimulation to the perineum is used with marked success. After the exercises, and if the condition of the vagina permits its use, a Perineometer is of great value in giving the patient visual proof of progressive improvement, which is encouraging, and aids morale. It acts as a stimulus to provoke a more intense muscular reaction than one where the patient is merely told to tighten the perineum. In addition the correct muscles are fully exercised and extraneous movements can be checked. The progress chart, simply kept in the form of a graph, provides a record for the doctor, the physiotherapist and the patient.

The Perineometer consists of a very soft rubber tube filled with air, which is inserted into the vagina. This is connected to a clock-like pressure gauge by a narrower tube, and any contraction of the muscles forming the perineum is immediately recorded and measured on the dial of the pressure gauge.

If the patient is told to tighten the pelvic floor by feeling as if she is checking a flow of urine and also, at the same time, as if checking a bowel movement, the dial will show the strength of these contractions. She should be encouraged to tighten the muscles more strongly every day, but not to overstrain. The movements will naturally be difficult at first, but the daily improvement recorded on the chart is encouraging.

Surging faradism and the usual exercises for strengthening the perineum form a major part of the complete treatment, but there is no doubt that the perineometer can be a most helpful adjunct.

LETTER TO EDITOR

JOHANNESBURG.
September, 1957.

Dear Madam,

Brian Blankenberg, a young, blind, coloured man, is very keen to proceed overseas to train as a Physiotherapist at the Royal National Institute for the Blind, in London. The efforts of certain individuals in approaching such bodies as the B.E.S.L. and the S.A. Council for the Blind, on Mr. Blankenberg's behalf, have succeeded in raising about £900 towards the estimated cost of training, subsistence and travel, viz., £1,600.

These praiseworthy efforts have come to the notice of the Natal and Zululand Branch. Moreover, some of our members have had the pleasure of meeting Brian Blankenberg and have been very favourably impressed by his intelligence and general bearing. His force of character is demonstrated by the fact that he carried on at school to matriculate in spite of decreasing visual acuity.

As a result, the Branch, at its May meeting, decided to raise a token donation among the Physiotherapists of Natal, setting a target of £20.

Although it is felt that there may be difficulties in the way of having such a fund-raising drive on behalf of an individual adopted as an official activity of the S.A.S.P., the Members of this Branch believe that many of their fellow Physiotherapists throughout the country will wish to be associated with them in helping this very deserving cause.

There is every reason to believe that, once the financial difficulties are overcome, Brian Blankenberg will eventually qualify and become the first Coloured Physiotherapist in South Africa.

Any contributions to this fund will be gratefully received by:

Miss Hobson,
Y.W.C.A.,
Esplanade,
DURBAN.

Yours faithfully,
Branch President.