

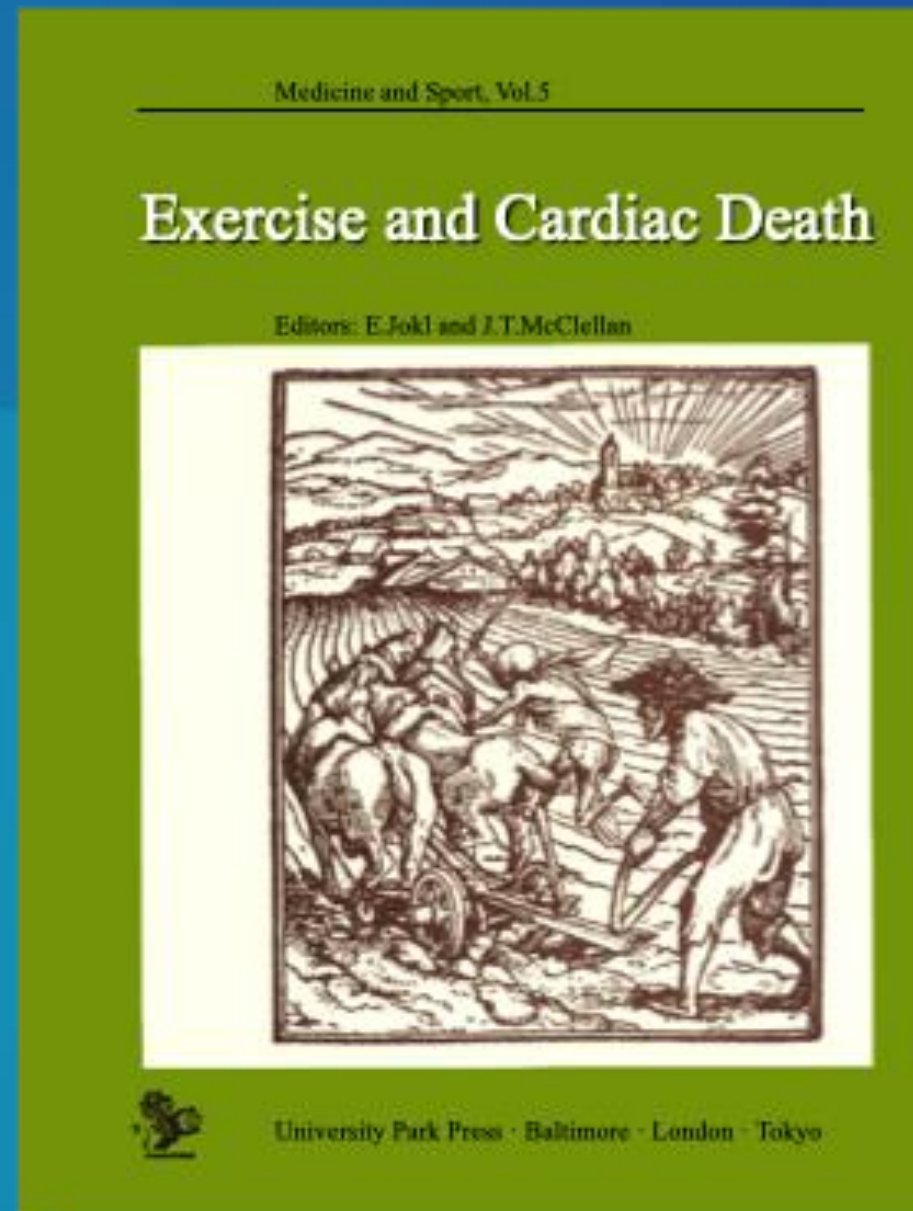
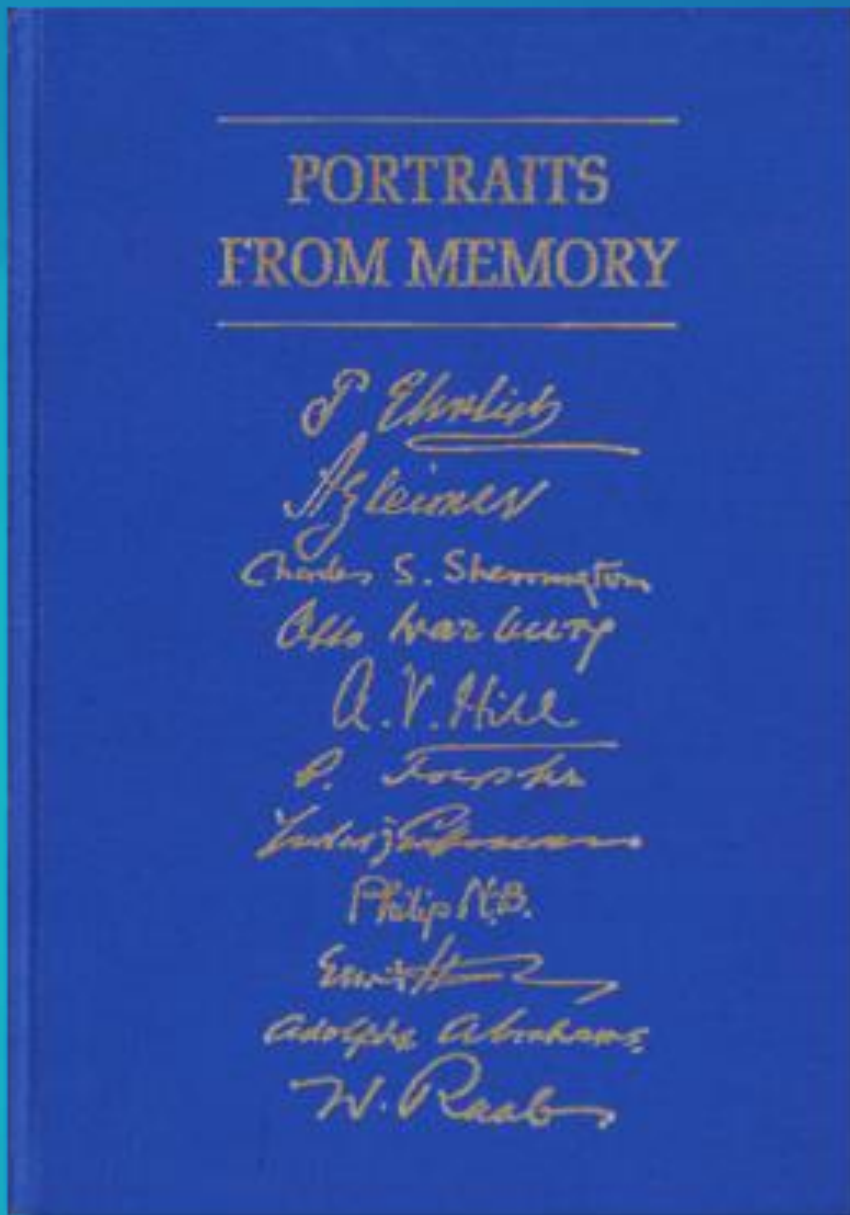
South African Sports Medicine

History and Heroes



The earliest origins of SASMA:

Professor Ernst Jokl.
Department of Physical Education, University of Stellenbosch.



Sudden death of Fanie Louw: The “Ironman” of South African Rugby

Republished from: American Heart J, 24, 405 - 409, 1942.

Sudden Death of a Rugby International after a Test Game

E. Jokl and E. H. Cluver

Case Report

After having played a strenuous game at Johannesburg in July, 1940, S. C. L., 32 years of age, captain of the Transvaal Representative Rugby Team, collapsed and died.

Autopsy. The body was that of an adult, European male, and was well built and muscular. Weight was 169 lb; height, 6 ft. There was marked cyanosis of the face, neck, shoulders, and fingernails. No gross abnormalities of the central nervous system were detected. There were congestion of the vessels of the brain and marked engorgement of the veins on the surface.

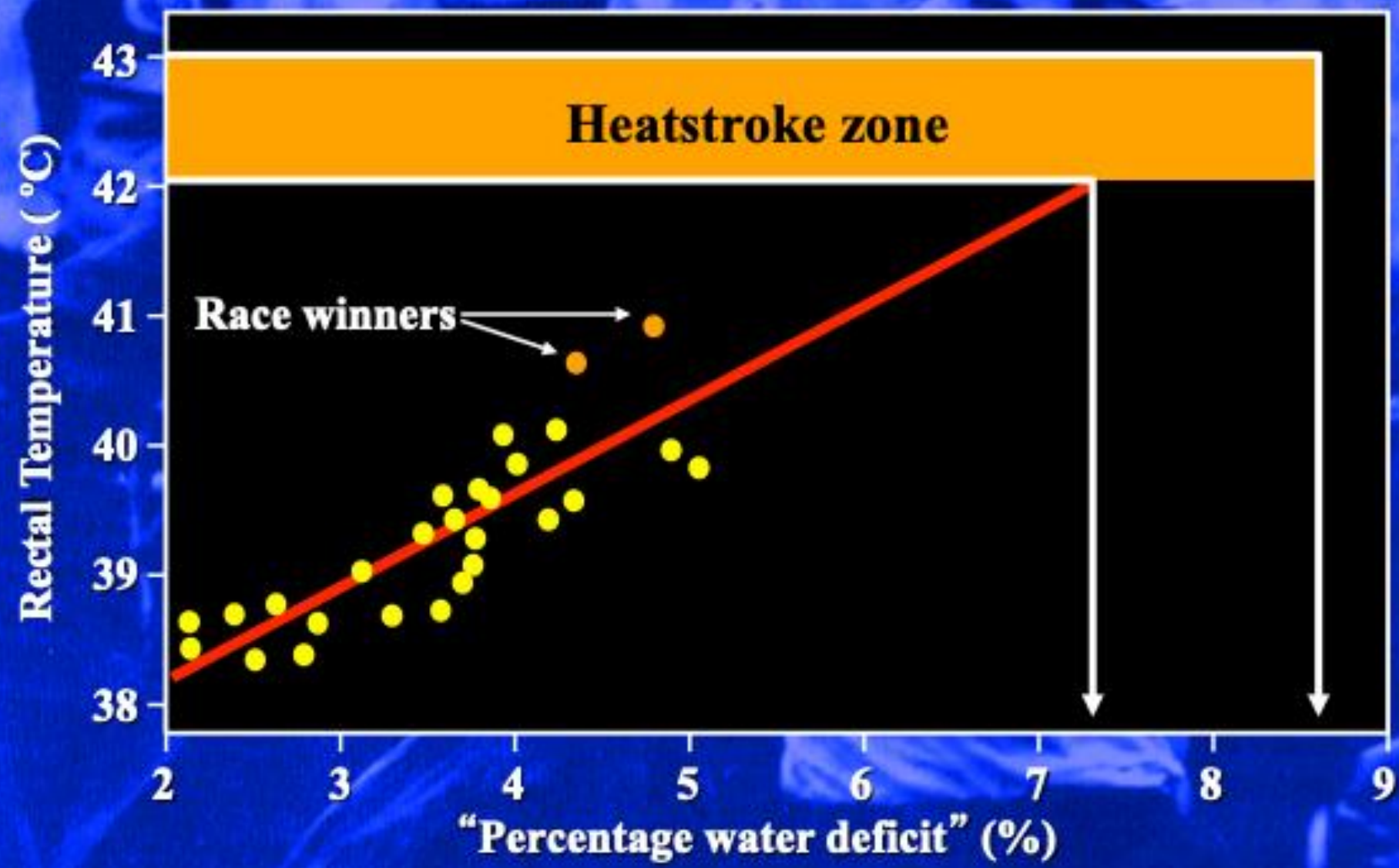
Significant pathologic changes were found in the circulatory system. The heart was generally hypertrophied, and weighed 482 g (17 oz). The hypertrophy was most apparent in the left ventricle, the wall of which measured 2.7 cm in thickness. There was dilatation of all of the cavities of the heart, especially of the right ventricle, which also showed hypertrophy. Its wall was 0.7 cm thick. The papillary muscles were markedly thickened and prominent. Macroscopically, the myocardium appeared firm. However, numerous fibrotic patches were irregularly distributed in the left ventricle. The aortic valve was competent, although the cusps were slightly thickened. The mitral valve, which was also competent, admitted 2 fingers. On the surface of the mitral valve there was a large atheromatous patch.

The entire coronary artery was underdeveloped. The left coronary artery showed numerous atheromatous areas which had caused marked narrowing of the lumen at 3 places. One of these atheromatous areas was located at the orifice of the left coronary artery, and another at a point about midway along the anterior descending branch. Atheromatous patches were also present in the right coronary artery. The diameter of the ascending aorta and the aortic arch was normal, but the wall was extraordinarily soft and thin. The descending aorta measured a little over half an inch in diameter, which is less than half the normal size. There were many atheromatous patches in various parts of the intima.

There was congestion of the thoracic and abdominal organs. The trachea and bronchi contained thick mucus. The lungs were slightly emphysematous and showed some edema and a slight excess of pigmentation. The hilar nodes were considerably enlarged.



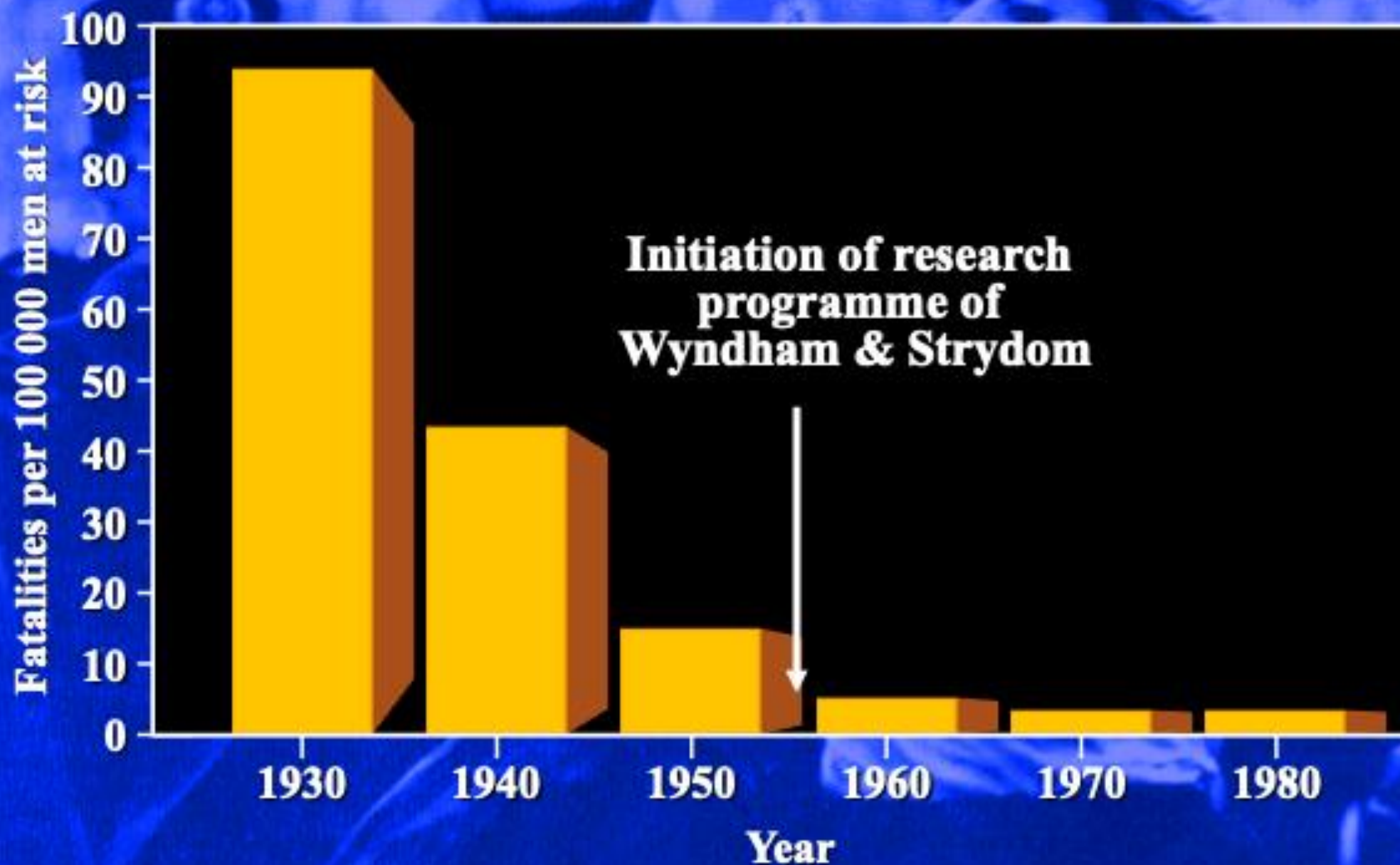
1950 - 1970: The contribution of Professor Cyril Wyndham. Chamber of Mines



C.H. Wyndham and N.B. Strydom. *South African Medical Journal* 43; 893 - 896, 1969.



Heatstroke fatalities in the South African gold mining industry (1930 - 1980)



1974: Dr Steven Roy. University of Stellenbosch

Reprinted from the "S.A. Medical Journal", Vol. 49, 363, March 1975, Pages 363 - 367

The Diagnosis and Initial Management of the Acutely Injured Knee

WITH PARTICULAR REFERENCE TO SPORT INJURIES

S. ROY

SUMMARY

A series of 115 consecutive cases of acutely injured knee, occurring mainly as a result of rugby-football, is analysed. It is suggested that the successful management of an acute knee injury often depends on the doctor of first contact. A scheme of diagnosis and early management is outlined. Acute subluxation of the patella is shown to be a definite entity in the differential diagnosis of an acute knee injury, and a classification for the purposes of the doctor of first contact is proposed.

S. Afr. Med. J., 49, 363 (1975).

Our outdoor way of life and our interest in sport, especially contact sport, means that many South Africans are involved in sport accidents. Yet there is no special training for the doctor in the early management of sport injuries, and the general practitioner usually has to feel his way. All too often a bandage is wrapped around a swollen knee and the player is told to rest it until the swelling subsides. The many 'rugby knees' bear testimony to this approach. This type of chronic instability should be a thing of the past if the doctor of first contact has been suitably orientated in the basics of modern sports medicine.

Incidence

In a survey of rugby-football injuries conducted during the 1973 season, it was found that knee injuries comprised 14.5% of the 300 injuries analysed. This was the second most common site affected (face and head injuries accounted for 20.5%), and was therefore the joint most likely to be injured.

This survey is based on a series of 115 consecutive cases of acute knee injury seen between March 1973 and May 1974. Most of the cases resulted from rugby injuries, although a few were incurred by athletes, netball players and cricketers. The incidence of the various structures injured is found in Table I. Of these 115 injuries, 18 had operations within the first few days for 3rd degree ligament injury, while one was operated for spontaneous reduction of a dislocated patella with an avulsion fracture.

Stellenbosch, CP

S. ROY, M.B. Ch.B., General Practitioner (Present address: Oregon State University, Corvallis, Oregon 97331, USA)

Manuscript received: 25 September 1974.

TABLE I. DIAGNOSIS OF 115 CASES OF ACUTE KNEE INJURY

Ligament injuries	Total
Medial collateral ligament { 24 medial collateral alone 6 in combination with other ligaments	30
Lateral collateral ligament { 5 lateral collateral alone 2 3° lateral collateral + lateral meniscus	7
Anterior cruciate ligament { 7 anterior cruciate alone 8 in combination with other injuries	15
Posterior cruciate ligament { 2 alone (3°) 1 posterior cruciate 3° + medial ligament + medial meniscus	3
Meniscal injuries	
Medial meniscus { 14 medial meniscus alone 4 medial meniscus anterior cruciate 3° with or without medial ligament 1 medial meniscus medial ligament 3° posterior cruciate 3°	19
Lateral meniscus { 14 lateral meniscus alone 2 lateral meniscus lateral ligament 3° 1 lateral meniscus anterior cruciate 3°	17
Patella	
17 Subluxations of various degrees, or dislocations 9 Chondral fractures of various degrees 2 Patella fractures	
Other injuries	
6 Soft-tissue haematomas 4 Posterior capsule tears 3° (clinically) 1 Prepatella bursitis 1 Osteochondritis	

1st-degree = minor ligament injury; no loss of strength.
2nd-degree = moderate ligament injury; loss of strength; no abnormal motion.
3rd-degree = complete rupture of ligament.
* 131 injuries are listed due to cross-reference.

Sports medicine is a discipline drawing for its expertise on a wide range of specialists both within and outside of medicine... For the development of sports medicine in South Africa, the collaboration of specialists in those fields with a traditional interest in exercise and sport should be sought and their expert knowledge applied to this specific field”.

WHAT IS SPORTS MEDICINE?

BY
DR. TIM NOAKES

South Africa trails the world by two or three decades in sports medicine. The time has certainly come to remedy this situation, and efforts are being made in South Africa to do so. However, our situation. Sports medicine's multi-disciplinary character makes its practice by "sports medicine specialists" impractical and undesirable, and the most effective way of promoting it in this country seems to be to seek the collaboration of all specialists with a traditional interest in exercise and sport toward applying their expert knowledge to this specific field.

(Small, illegible text from the original document, likely bleed-through from the reverse side of the page.)



“In South Africa these are leading scientists in many of the fields covered by sports medicine. Their potential as educators and researchers in aspects of sports medicine is untapped, and will remain so unless some form of fledgling sports medicine organisation is initiated. Whilst individuals can do much at a local level, their work will not be sufficient without ‘political will’ to develop a service on a national level”.

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The article reviews the evolution of the discipline known as sports medicine in an attempt to justify the proposition.

The historical development of sport medicine clearly fits in the Olympic Games. It is only since, therefore, the start of the century for the discipline, independent practice of sports medicine has arisen from the Olympic movement.

The first Olympic Games in 1896, indeed, for competition in health, strength, training, diet, and other aspects of sports medicine. It is recalled that for the two weeks prior to each Games, prospective competitors in these areas arrived in Athens to undergo testing under a "physician" — a medical person whose knowledge in all aspects of sport — and a "trainer", essentially a person who was probably a former competitor.

The physician undoubtedly had no time to spare for their athletes who were kept in the open air and often spent on the ground and talked to the end of the day.

Little is known concerning the training programmes of these athletes, but it appears that training and testing were very individualized and aimed for little success. The athlete did, however, receive medical assistance at times. The medical Olympic athletes in 1896, those who lived and died with an illness who later have competitors had an on-call and little help.

In the early 1900s, however, a more formal structure evolved when a formal committee for international events and athletes to set rules. It is known that this is Oakes, who was the working in some competitive disciplines, continued as much as 10 years of time, 10 periods of year and 10 years of life in a day. The belief was that the athlete who was not to provide the most recently has changed with the things that athletes and



The plight of the injured sportsman is meeting with and

There is certainly something with

“In the field of Sports Medicine, South Africa trails the world by two or three decades. Surely the time has arrived for this gap to be narrowed”.

WHAT IS SPORTS MEDICINE?

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DR. TIM HOAKES

South Africa trails the world by two or three decades in sports medicine. The time has certainly come to remedy this situation, and efforts are being made in South Africa to do so deserve our attention. Sports medicine's multi-disciplinary character makes its practice by "sports medicine specialists" impractical and undesirable, and the most effective way of promoting it in this country seems to be to seek the collaboration of all specialists with a traditional interest in exercise and sport toward applying their expert knowledge to this specific field.

There is a need for a better method of handling sports medicine in this country. It would be to utilize all those specialists who have in England and other their knowledge by providing "sports medicine specialists".

The article raises the question of the definition of sports medicine in its attempt to justify the proposition.

The historical development of sports medicine clearly dates from the Olympic Games. It is only recent, therefore, that most of the attention for the scientific and practical aspects of sports medicine has come from the Olympic movement. The first Olympic Games in 1896 were held for "competition in sports, wrestling, boxing, cycling, fencing, canoe and tennis shooting. It is recalled that for the first time prior to such Games professional competitors in these events arrived accompanied by doctors, usually called "physicians" — a medical phrase denoting competence in all aspects of sport — and a "trainer", essentially a specialist who was probably a forerunner of the modern physiotherapist.

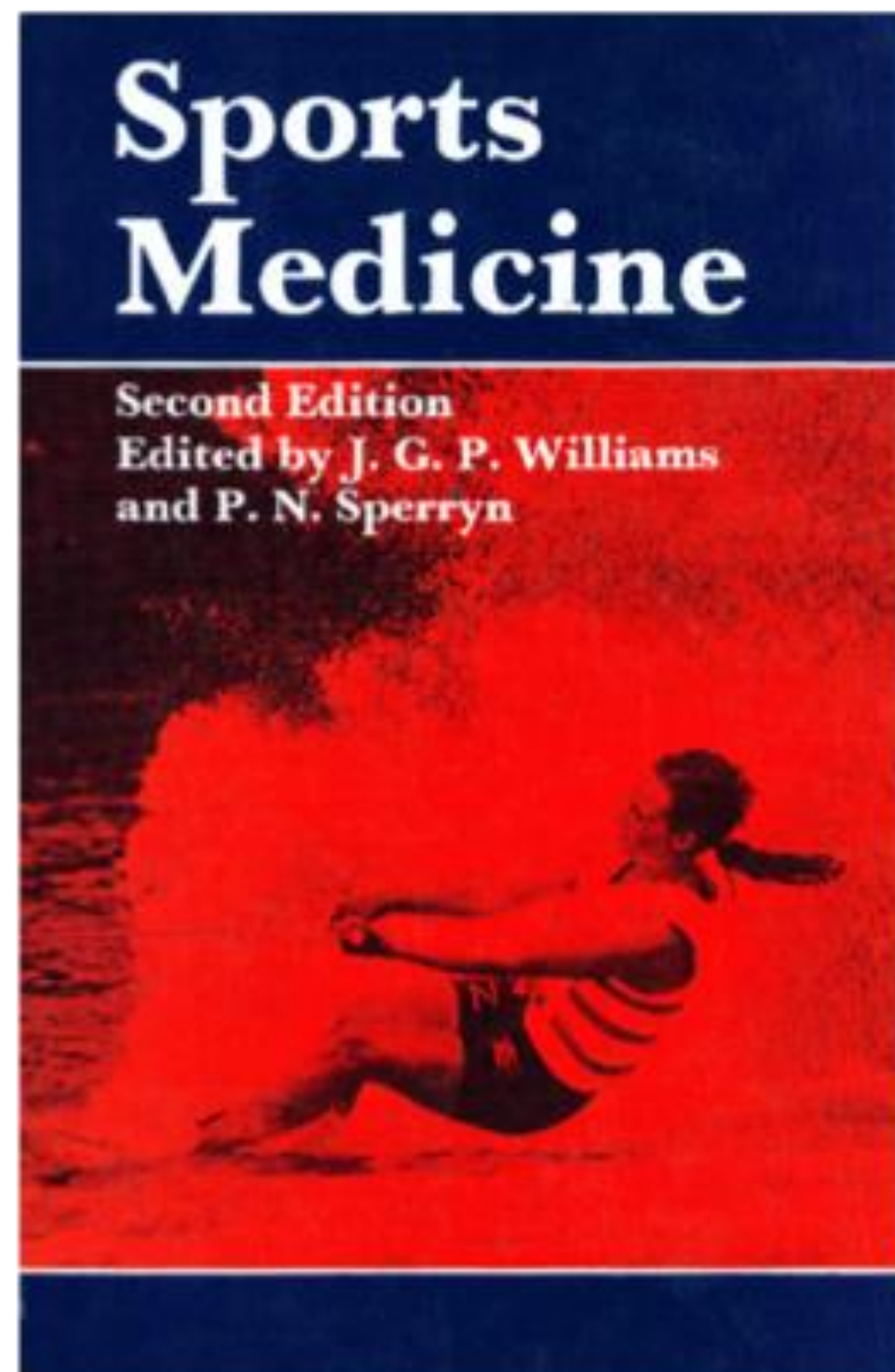
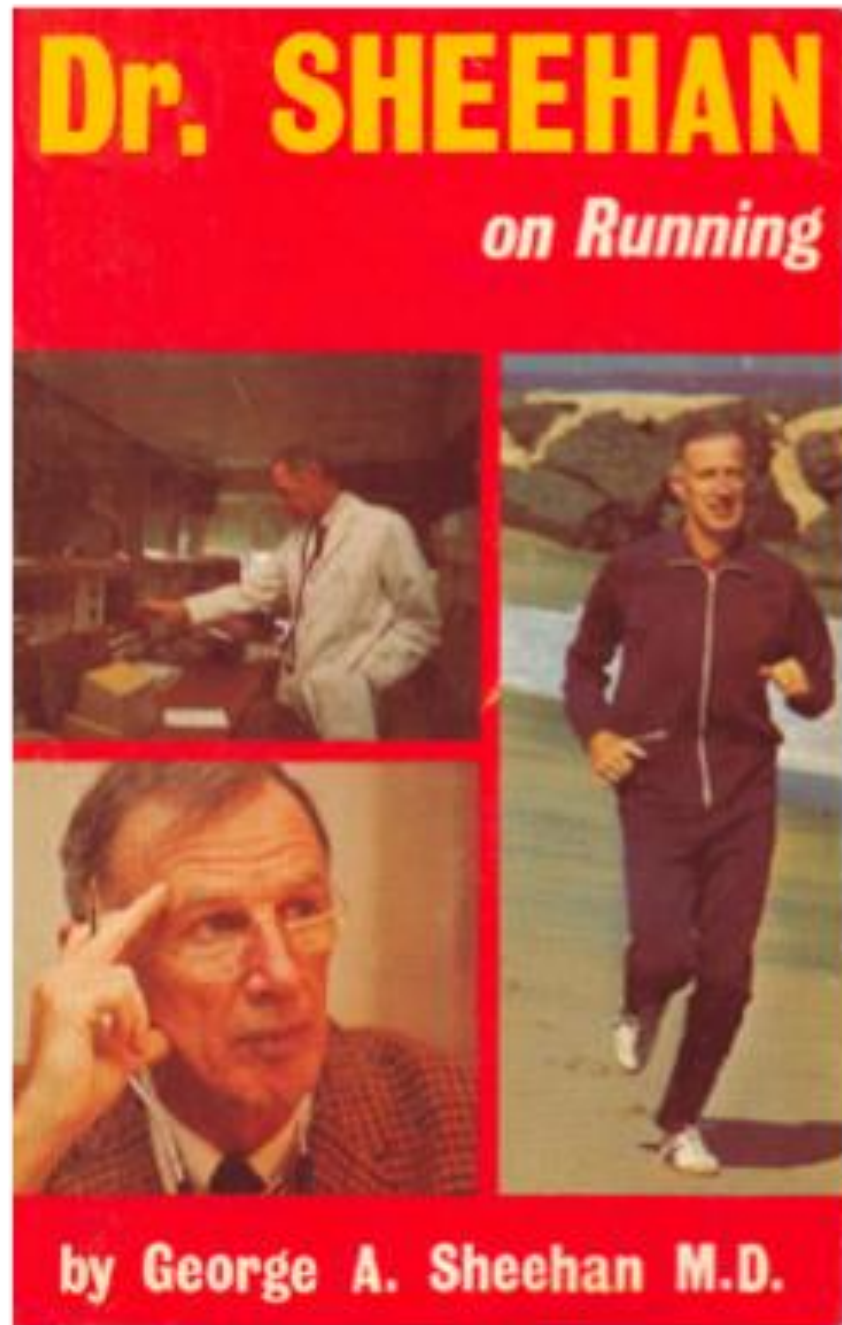
The physician undoubtedly had no experience, for the athletes did little sport in the open or without close attention to the ground and taking to the air and outside events.

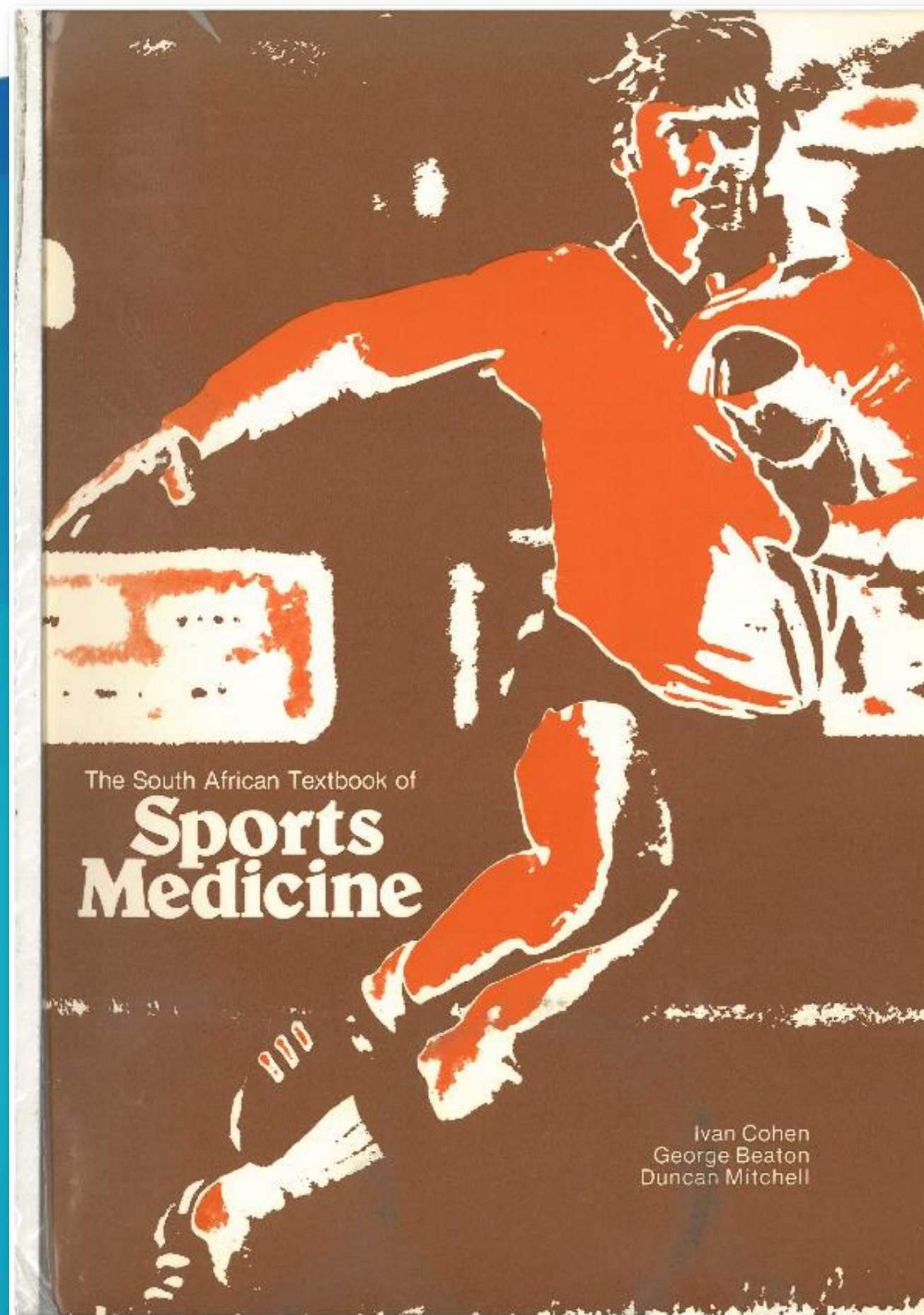
Little is known concerning the training programmes of these athletes, but it appears that training and coaching were very unstructured and aimed for little benefits. The athletes' diet, however, formed considerable attention. The athletes' clothing, shoes, and food and drink were of standard with little time consideration that we see in our day and age.

In the early 1900s, however, a more direct attention was given to the athlete's health and attention to his health. It is recalled that W. H. C. Jones, who was the manager of the South African Olympic team, considered so much so in 1906 of food, 10 pounds of meat and 10 pounds of fish in a day. The belief that the diet for the athlete was not only to provide for energy, recently been diagnosed with the finding that carbohydrates and



Topsport Datsun/Nissan Sports Medicine Conference Johannesburg, September 1977





The South African Textbook of
**Sports
Medicine**

Ivan Cohen
George Beaton
Duncan Mitchell



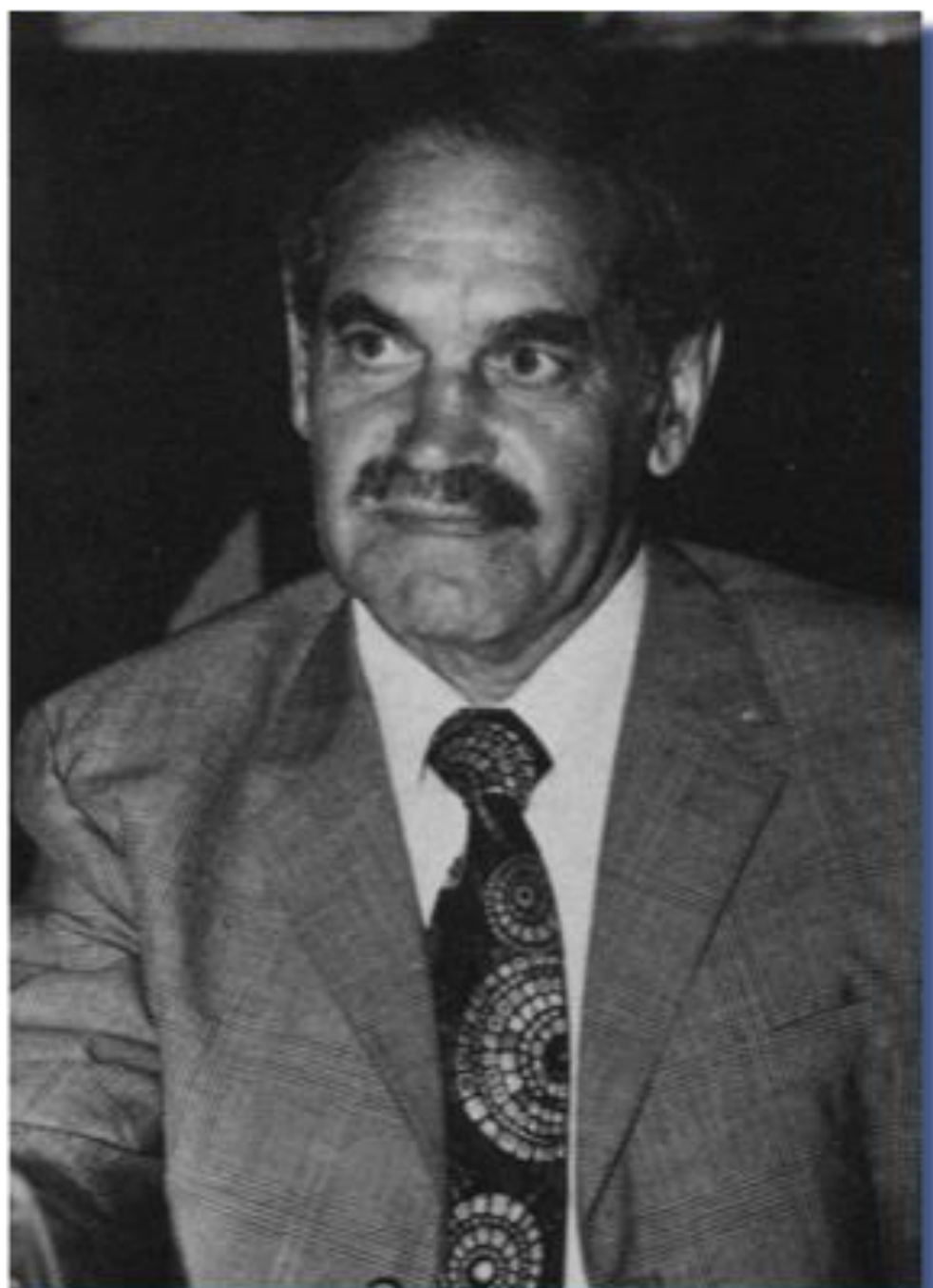
“Sports medicine, and in particular a South African book on the subject, has much to offer the sportsman and the development of sport in our country. Furthermore, it should contribute to informing the South African community about the importance of exercise and diet in healthier living.”

A handwritten signature in cursive script that reads "Gary Player".

Gary Player
Johannesburg
August 1979



Dr Louis Sirkin and the founding of SASMA - 1980-1983



Interim SASMA Steering Committee



**Top row (Left to Right): Dr Etienne Hugo, Dr DP (Van) Myburgh, Dr Clive Noble, (Dr Jack Usdin)
Front row: (Dr Ponky Firer), Dr Louis Sirkin
Not in the photograph: Dr Ivan Cohen, Dr Neil Gordon,**

Original SASMA Executive Committee 1983 - 1985



South African Sports Medicine Association *Executive Committee 1985*



South African Sports Medicine Association *Executive Committee 1987*



South African Sports Medicine Association *Executive Committee 1989*



Formation of the first regional branch of SASMA in the Northern Transvaal, April 1989

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THE MEDICAL OBSERVER, APRIL, 1989

SPORTS MEDICINE

New sports medicine body formed



Inaugural Meeting, N. Tol Sub-group of SASMA: (From left) Johan Vorster (Warner Parke-Davis Research Laboratories), Dr Elzanne Hugo, Jenny Cooper (Warner Parke-Davis Research Laboratories), Ray Wicknell (Guest Speaker), Dr Dannie de Toit (Sub-Group Chairman).

A recent function saw the launch of the Northern Transvaal subgroup of the South African Sports Medicine Association.

Held at the Holiday Inn, the inaugural meeting was sponsored by Warner Parke-Davis Research Laboratories, who, through their anti-inflammatory drug, Meflumoran, have an established interest in sports medicine.

The new group supports the principles of SASMA's National body namely:

- The advancement of the science and art of sports medicine.
- To foster and promote a knowledge of sports medicine at all appropriate levels.

For this new group to function effectively, close co-operation is necessary between the various medical specialities and disciplines as well as liaison with coaches and sportsmen.

This need has clearly been taken into account in structuring the committee as follows:

Chairman: Dr Dannie de Toit
Secretary: Dr Hans Wink
Treasurer: Dr Gertus Jansen
Physiotherapy Advisor: Mrs Torka Loran

Biokinetic Advisor: Mr Deon van Zyl

Psychology Advisor: Capt. Wessel Pretorius

Guest Speakers at the inaugural function included visiting

sportsman, Ray Wicknell and orthopaedic surgeon, Dr Elzanne Hugo.

The establishment of a specialist and knowledgeable group will not only improve performance but lead to a more scientific assessment of sportsmen before and during events.

An improved knowledge of sports physiology, preparation and the evaluation of fitness will also result.

Interesting programme

The Northern Transvaal Group plans to meet every six weeks and since the meeting format is based on seminars and workshops a high level of interest and practical involvement will be maintained.

All required members of the South African Sports Medicine Association who are resident in Pretoria and surrounding Northern Transvaal areas will automatically become members of the new subgroup.

It is recommended that aspiring members should acquire membership of the subgroup by joining the National body.

Enquiries are invited to either SASMA, P.O. Box 5613, Moots Park 0102, or the new Branch, Hagfield Forum West, Room 202, 1067 Arcadia Street, Hagfield, Pretoria 0001.

SA Sports Medicine Association of WP holds first AGM




Snapped at the AGM are: (l. - r.) Mark Nathan, Lauren Bock, Wayne Derman, Theresa van Duuren, Davis van Velden, Pieter Coetzer and Bokkie Blaauw.

**Second
South African
Sports Medicine Association
Congress** APRIL 1987



PROCEEDINGS

Sponsored by **Rio Ethicals**  In the interest of CME

INTERNATIONAL CONGRESS ON INJURIES IN RUGBY AND OTHER CONTACT SPORTS
INTERNASIONALE KONGRES OOR BESERINGS IN RUGBY EN ANDER KONTAKSPORT



SOUTH AFRICAN SPORTS
MEDICINE ASSOCIATION

SOUTH AFRICAN
RUGBY BOARD

20 - 23 MARCH 1989
CAPE SUN HOTEL
CAPE TOWN

SUID-AFRIKAANSE SPORT-
GENEESKUNDE VERENIGING

SUID-AFRIKAANSE
RUGBYRAAD

20 - 23 MAART 1989
CAPE SUN HOTEL
KAAPSTAD

**IV SOUTH AFRICAN
SPORTS MEDICINE ASSOCIATION
CONGRESS**

24-27 APRIL 1991



Rehabilitation through Sport and Exercise
Presented by the S A SPORTS MEDICINE ASSOCIATION

WELCOME TO

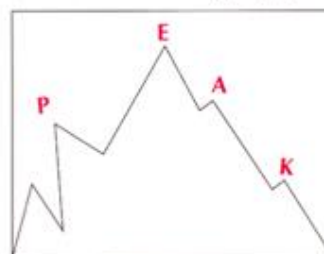


CIVIC CENTRE, CAPE TOWN • 9-12 MARCH 1993

**FINAL
PROGRAMME**



**Seventh South African Sports
Medicine Association Congress**
presented in collaboration with the Sports
Information Science Agency (S.I.S.A.)



P E A K
PERFORMANCE ENHANCEMENT
AND KNOWLEDGE
PROGRAMME
March 24-26, 1997 • Sun City

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SOUTH AFRICA

8th Biennial
Congress of the
South African
Sports Medicine
Association

SPORTS MEDICINE IN AFRICA

Johannesburg
6-9 SEPTEMBER 1999

into the next millenium
AN AFRICAN RENAISSANCE PROJECT

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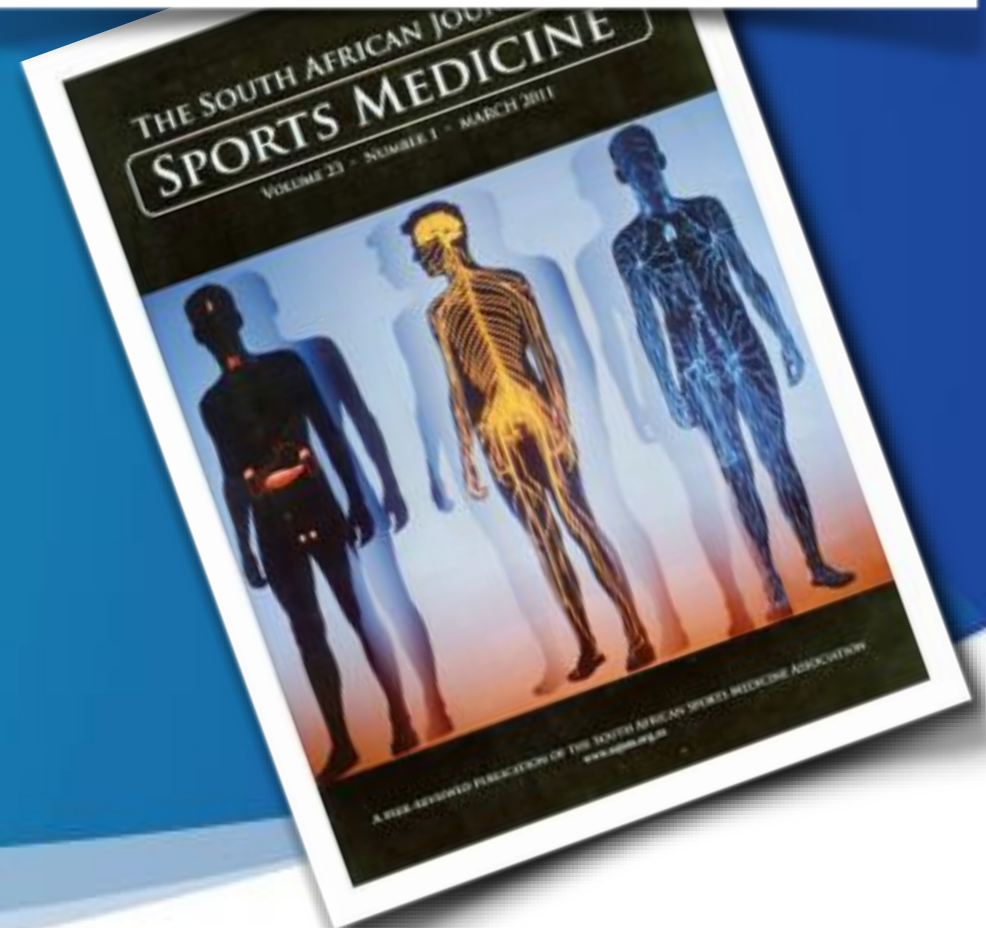
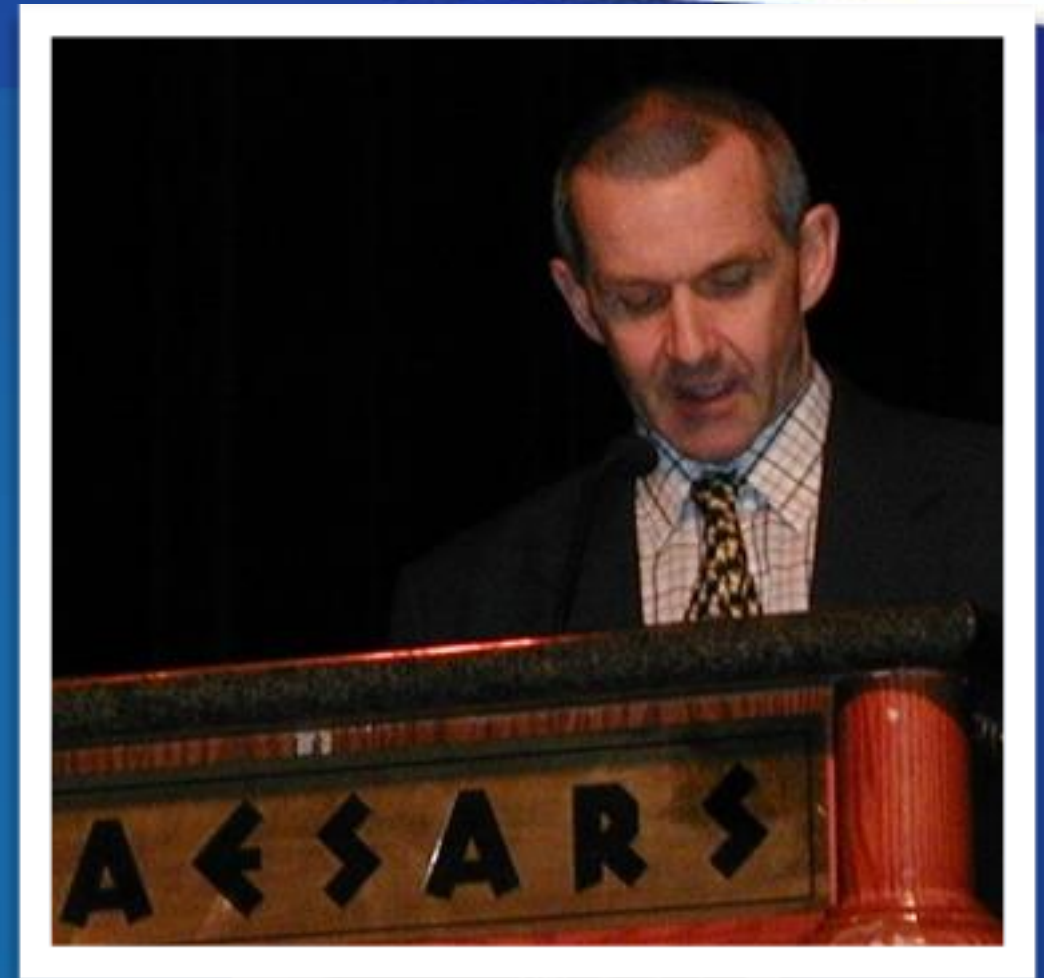
Congratulations on a job well done to outgoing SASMA president, Martin Schwellnus, and welcome to his successor, Shorty Moolla. The "big guys" were spotted at the Madaus fun run. Congratulations, too, to Dr Moolla, who has been appointed Chief Medical Officer by NOCSA for the South African Olympic team to Atlanta. The doctors are seen here with Madaus product manager Colleen Goosen.

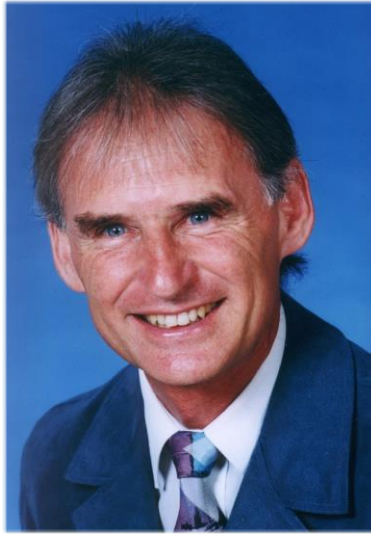
YOUR MORNING SMILE



Gearing up for the Madaus fun run were Professor Tim Noakes and Dr Wayne Derman. They were being helped by Madaus product manager, Colleen Goosen.

A JOB WELL DONE





SASMA TODAY

Multidisciplinary Association

SASMA representation in traveling teams

Financially sound

Peer reviewed journal

Strong International Conferences

Strong International Collaboration

Many new young faces to take SASMA onward

Sport & Exercise Medicine

We are no longer 30 years behind the rest of the world!



Thank you for your attention!



