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SOUTH AFRICAN SPORTS MEDICINE ASSOCIATION

South African Sports Medicine

History and Heroes

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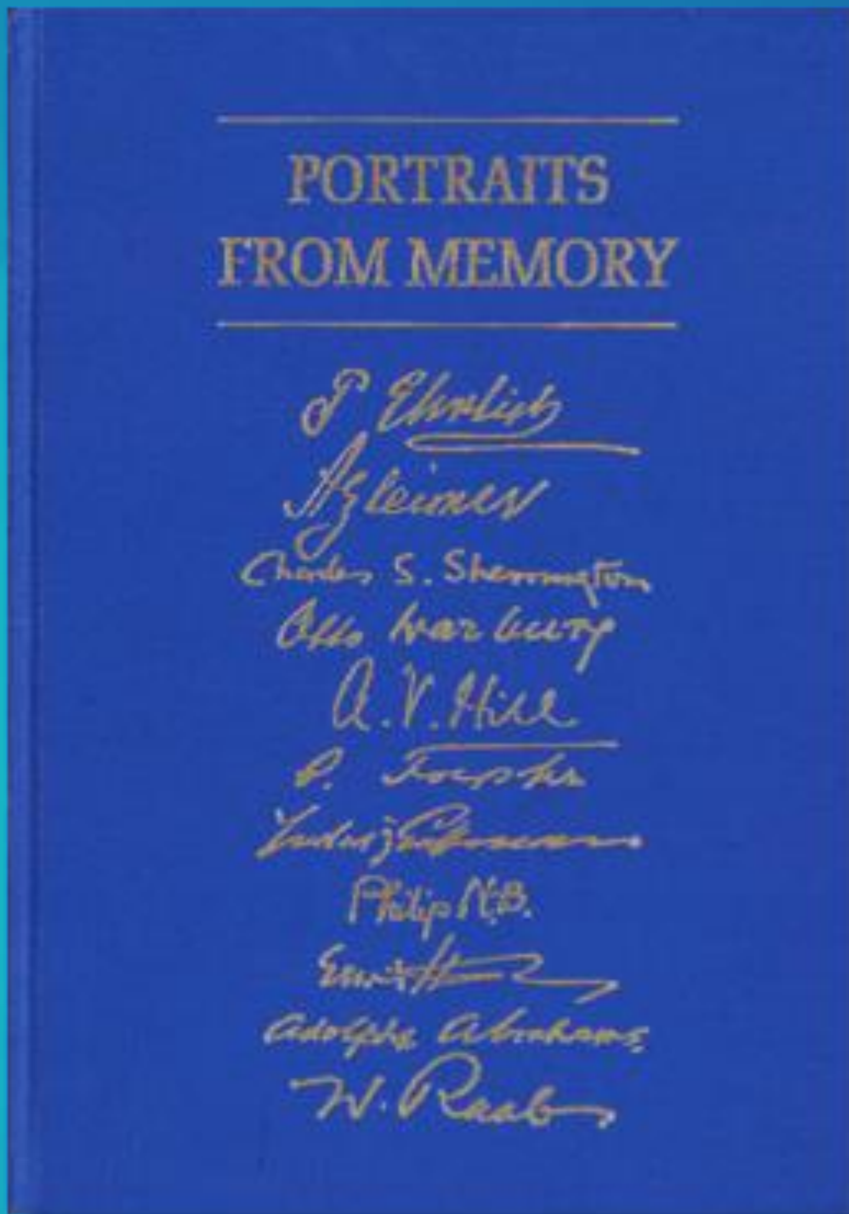
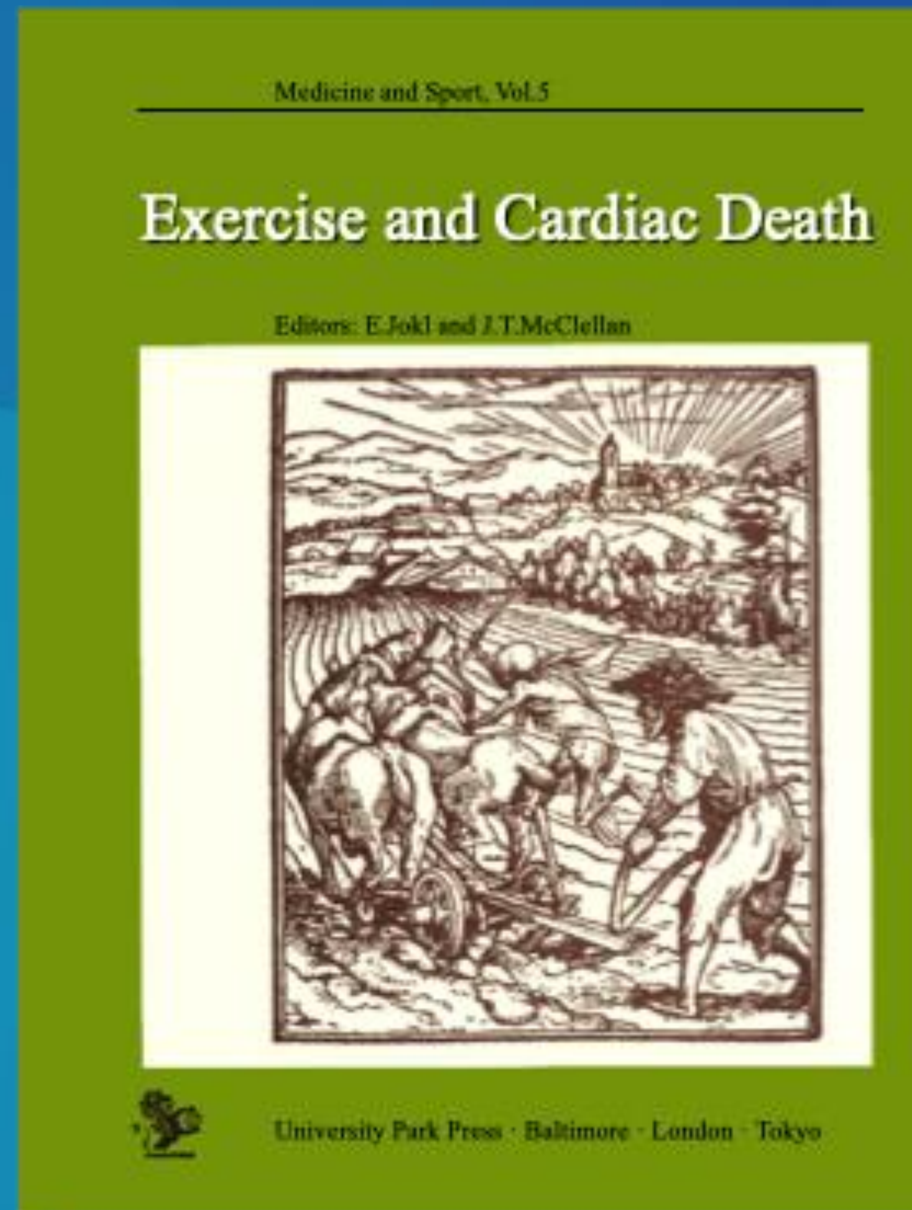
The earliest origins of SASMA:

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





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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 irregulary 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.

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

Heatstroke zone

Race winners

Rectal Temperature (°C)

43
42
41
40
39
38

2 3 4 5 6 7 8 9

"Percentage water deficit" (%)

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

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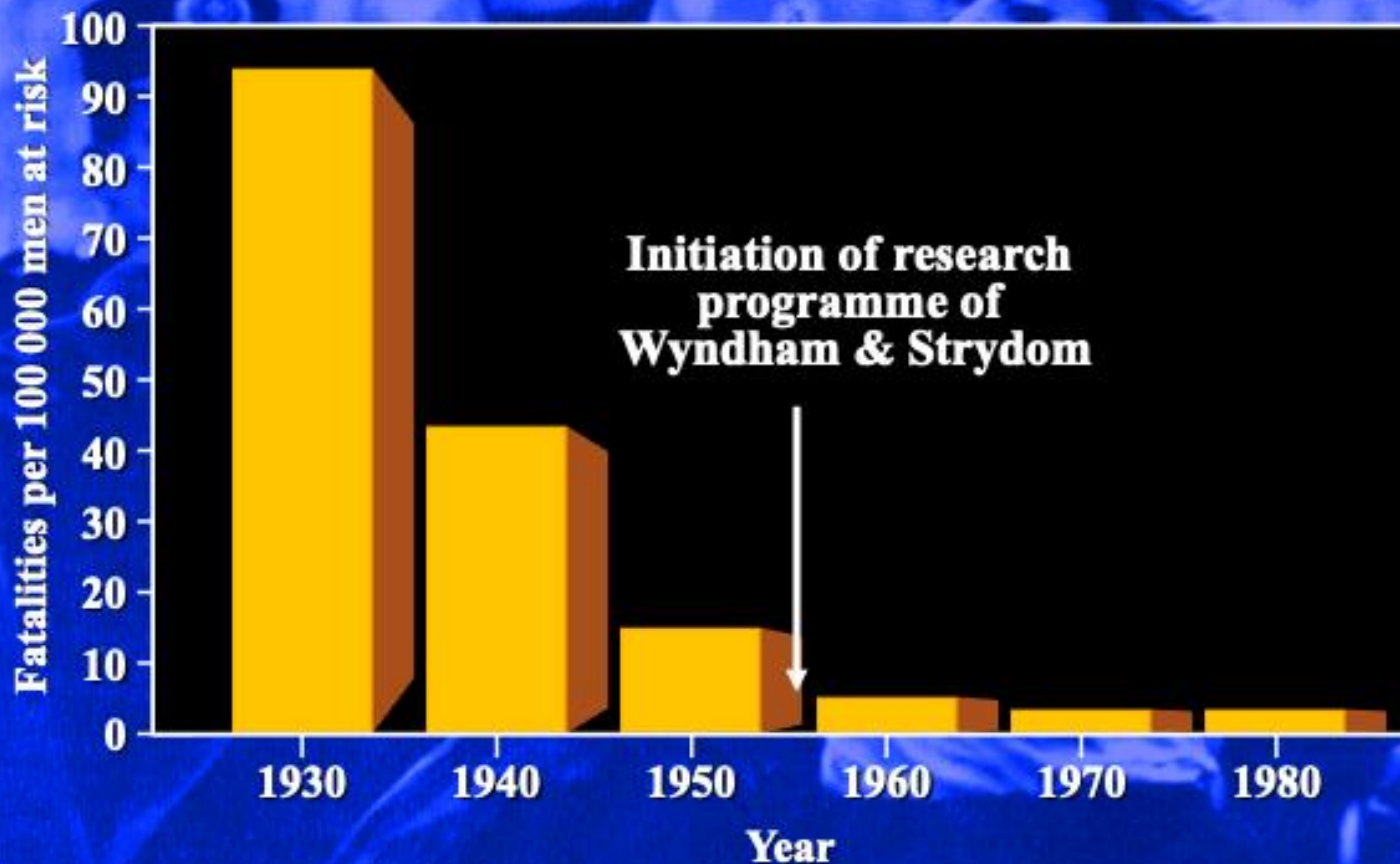
Heatstroke fatalities in the South African gold mining industry (1930 - 1980)



J. Kielblock et al. J Mine Vent Soc of S Afr. 1982; 35: 53 – 58

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1974: Dr Steven Roy. University of Stellenbosch

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.[1] 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)

Date received: 25 September 1974.

TABLE I. DIAGNOSIS OF 115 CASES OF ACUTE KNEE INJURY

Ligament injuries	No.	Diagnosis	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.

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"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 now 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.

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"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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Top Sport OKTOBER 1976 OCTOBER

"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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South Africa trails the world by two or three decades in sports medicine. The time has certainly come to remedy this situation, and efforts now 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.

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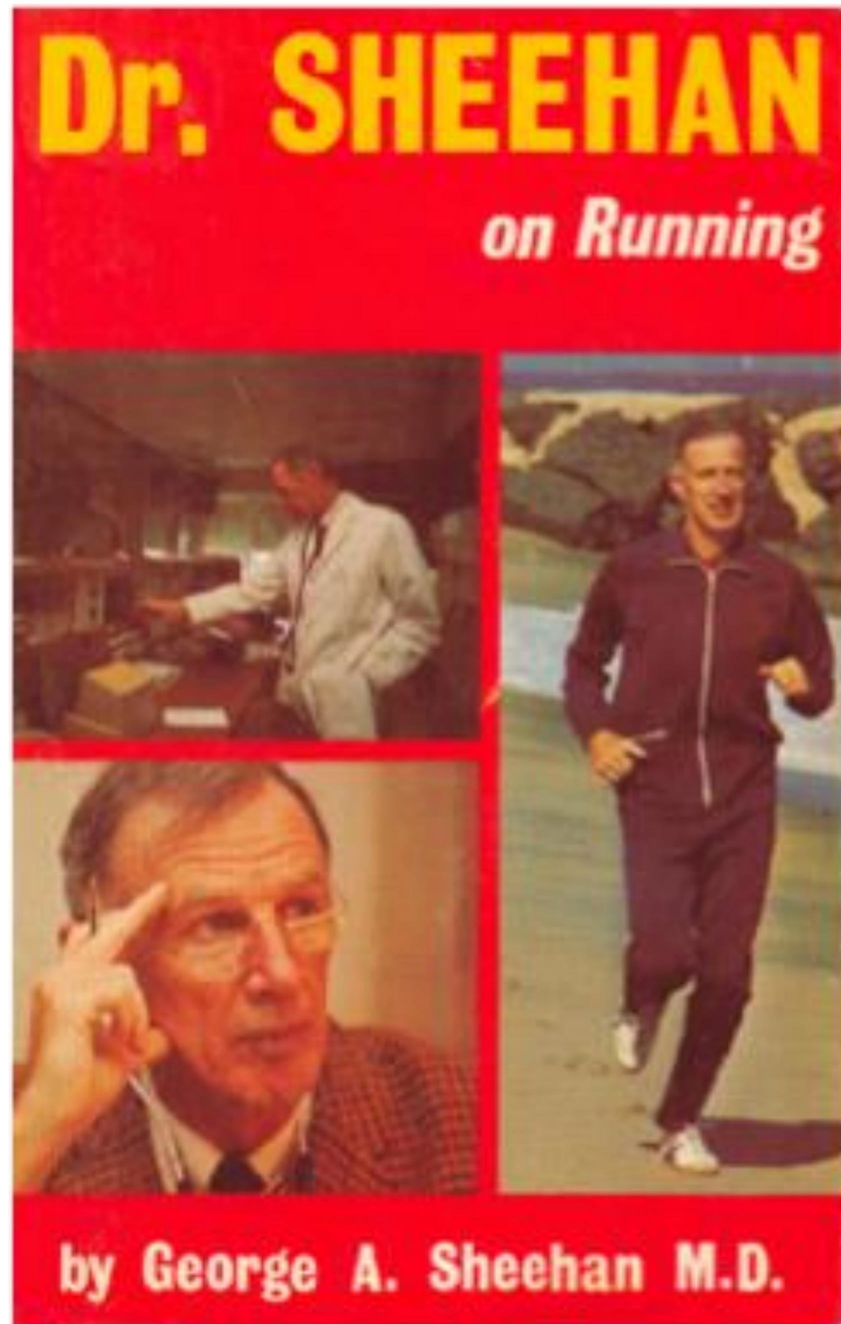
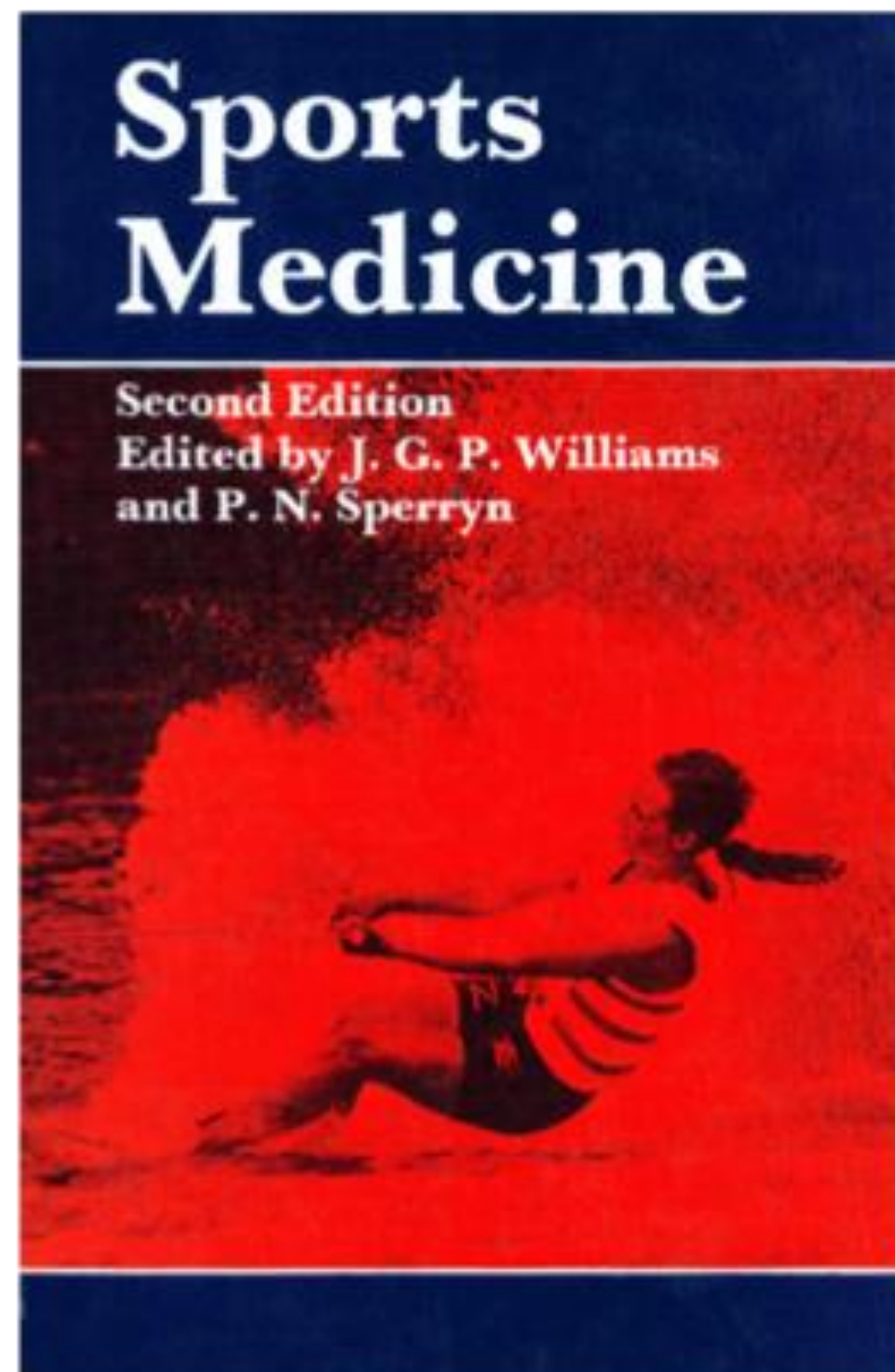
Topsport Datsun/Nissan Sports Medicine Conference Johannesburg, September 1977





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The South African Textbook of

Sports Medicine

Ivan Cohen
George Beaton
Duncan Mitchell

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"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."

Gary Player

Gary Player
Johannesburg
August 1979

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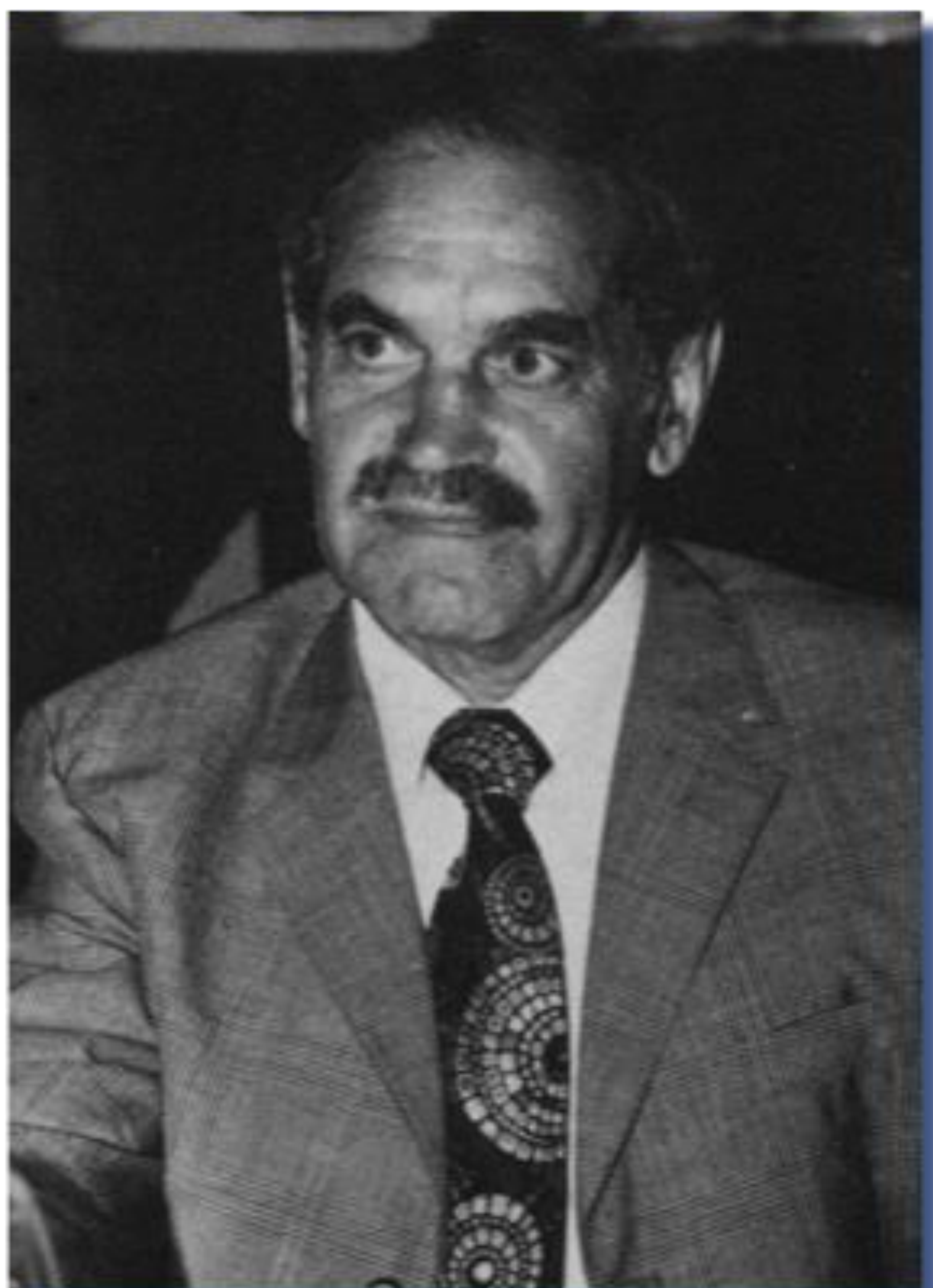
Dr Louis Sirkin and the founding of SASMA - 1980-1983



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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

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South African Sports Medicine Association
Executive Committee 1985

South African Sports Medicine Association
Executive Committee 1987

South African Sports Medicine Association
Executive Committee 1989

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

SPORTS MEDICINE

New sports medicine body formed

Inaugural Meeting, N. Tvl. Sub-group of SASMA: (From left) Johan Vorster (Warner Parke-Davis Research Laboratories), Dr Etienne Hugo, Jenny Cooper (Warner Parke-Davis Research Laboratories), Ray Wicksell (Guest Speaker), Dr Dunie du Toit (Sub-Group Chairman).

A recent function saw the launch of the Northern Transvaal sub-group 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, Meclomen, 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 Dunie du Toit
Secretary: Dr [illegible] Wood
Treasurer: Dr Gustav Joyce
Physiotherapy Advisor: Mrs Trefia Louw
Biokinetic Advisor: Mr Deon van Zyl
Psychology Advisor: Capt Wessel Pretorius

Guest Speakers at the inaugural function included visiting sportsman, Ray Wicksell and orthopaedic surgeon Dr Etienne Hugo.

The establishment of a specialised 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 registered 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 sub-group.

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

Enquiries are invited to either SASMA, PO Box 56432, Menlo Park 0102, or the new Branch Hatfield Forum West, Room 202, 1067 Arcadia Street, Hatfield, Pretoria 0083.

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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, Davie van Velden, Pieter Coetzer and Bokkie Blaauw.

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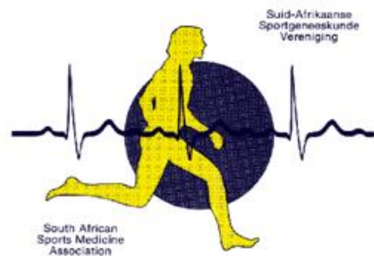
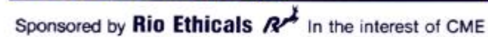
Second South African Sports Medicine Association Congress APRIL 1987



PROCEEDINGS



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

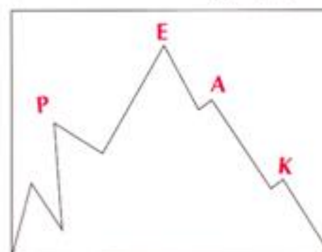
WELCOME TO

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

P R O G R A M M E

March 24-26, 1997 • Sun City

1999

SOUTH AFRICA

8th Biennial Congress of the South African Sports Medicine Association

SPORTS MEDICINE IN AFRICA

Johannesburg 6-8 SEPTEMBER 1999

into the next millenium

AN AFRICAN RENAISSANCE PROJECT

SPONSORED BY:
NOCSA &
ASSOCIATION DES COMPTES NATIONAUX OLYMPIQUES D'AFRIQUE
ANOCA

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

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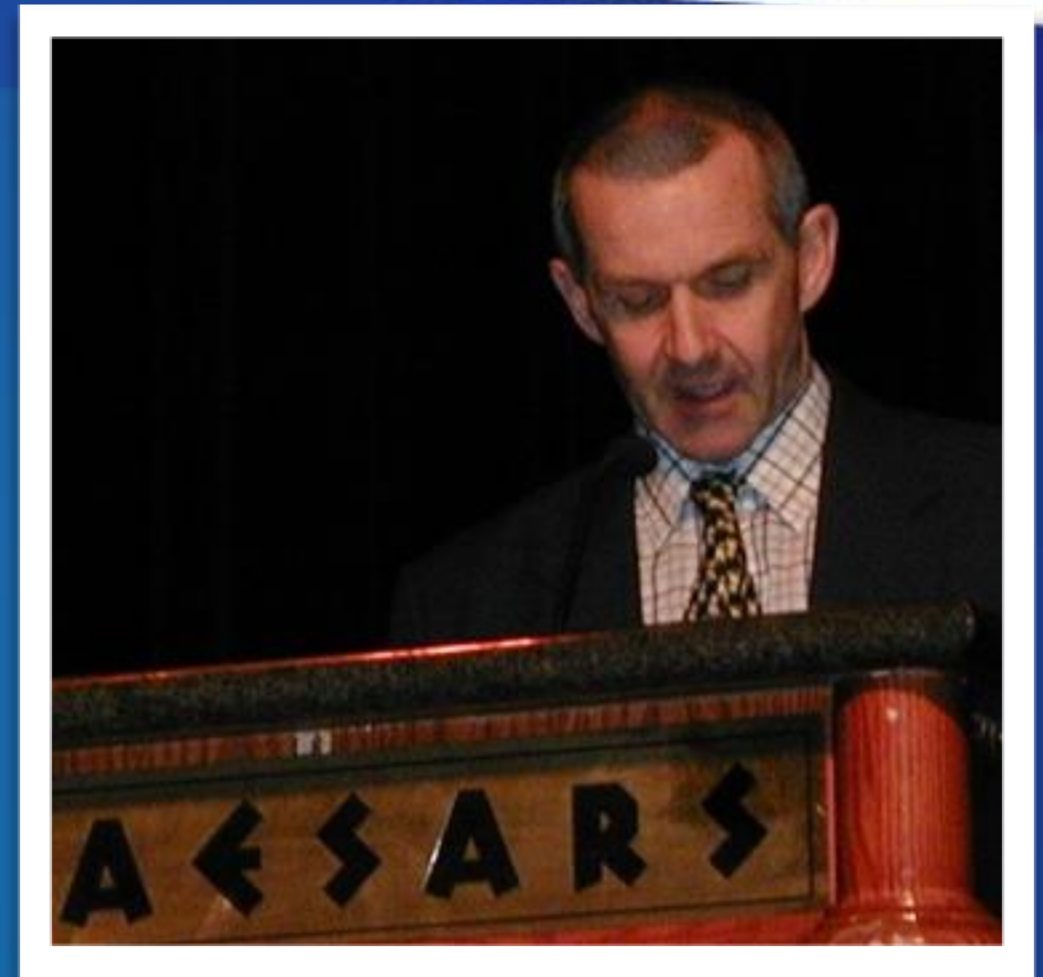

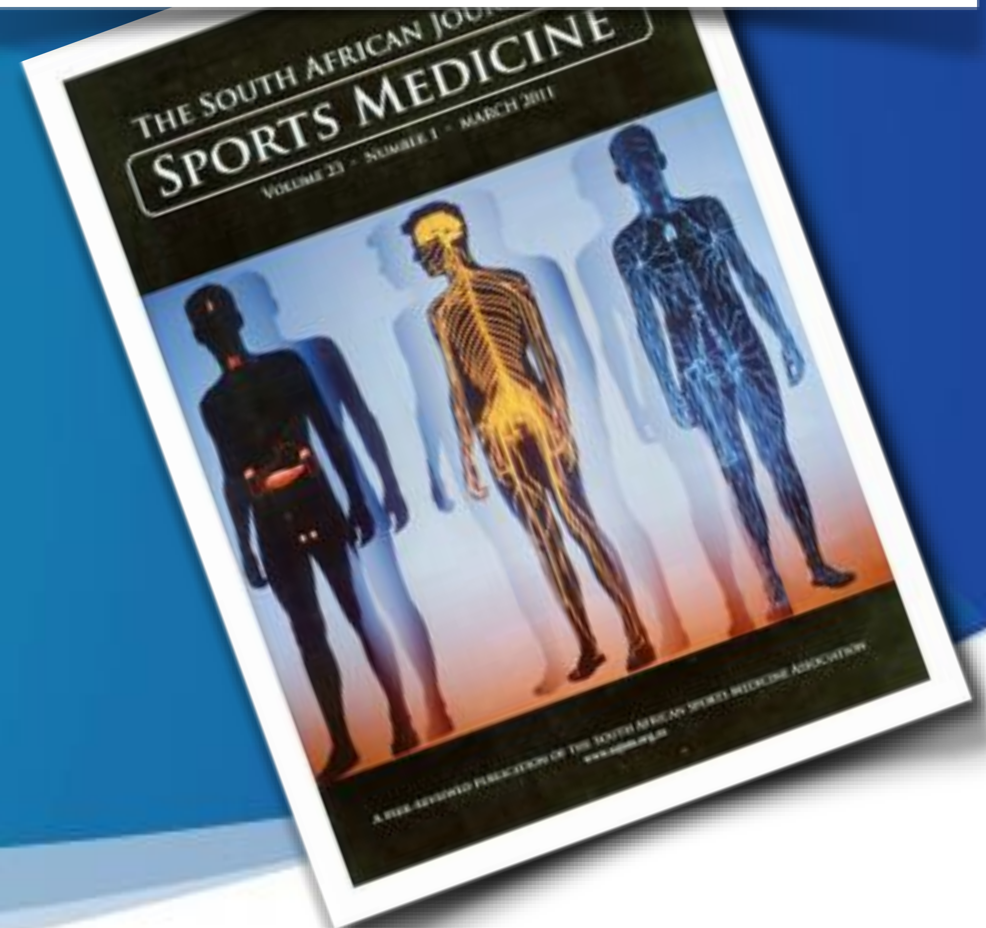

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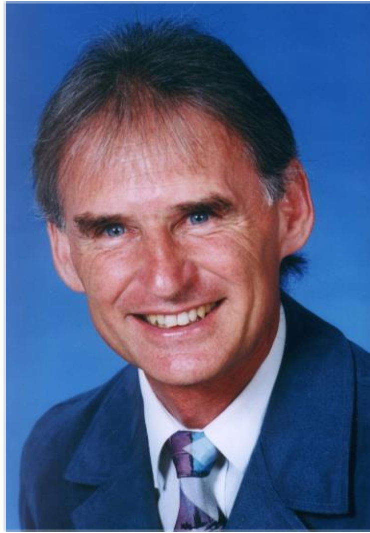

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SASMA TODAY

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!