From the Editors

Chagrin Falls to St. Louis. The Rehabilitation Gazette was transplanted with us when we moved from Chagrin Falls to St. Louis in September 1971. After more than twenty years away, we moved back into our house here in St. Louis and we've spent an exciting year redecorating the house, redesigning the garden, settling ourselves, the cats, and a new basset hound, rearranging the Gazette files, keeping up with the Gazette mail, looking up old friends, and getting to know wheelchaired St. Louisians.

New Look. All these extracurricular activities delayed creating the 1972 Gazette. By mid-summer, when we had it typed and ready for offset printing, a close friend and benefactor visited us and convinced us that we should make it easier to read by replacing our typing with type. What a drastic change! We had to redo the entire layout to dovetail the new type and paper size. All the copy had to be juggled around. Whew! But hurrah!

At 4502: we added ramps, which Gini also uses for her red birthday wagon...

Staff. We miss our dear Cleveland "Toomey" friends. But we keep in touch and they continue their creative participation. Our St. Louis friends and neighbors have contributed their talents to this issue. Ernest Kirschten, author of Catfish and Crystal, and a retired editorial writer of the St. Louis Post-Dispatch, selected the type face, which he describes here, and wrote the piece on ham radio. Both the Kirschens, Jo and Ernest, have helped with ideas and advice. Another neighbor, Willie Bjorkman, editor of a medical journal, did the proof-reading. Alabamian Bob Tanton, a C5-6 quad, visited us in late summer and created the drawings on this page and those throughout the issue.

International. The 1972 French edition, Gazette Internationale, was mailed this summer (page 65). In Japan, Dr. Nagai (page 36) is having all the issues of the Rehabilitation Gazette translated. In Mexico, Marion Greene (page 65) and several other friends are working on a Spanish translation.

Welcome to travelling Gazette friends! Our house is in midtown St. Louis: near the Chase-Park Plaza Hotel and Forest Park entrance, just around the corner from the intersection of Route 67 and Lindell Boulevard.

A New Face

To make the Rehabilitation Gazette more attractive and, especially, more serviceable, this issue appears in a new form, featuring a deeper, double-column page, and a change in type-dress. It has been set in a contemporary, "cold-type" version of Baskerville.

This handsome and legible type face was designed by John Baskerville (1706-1775). He was a man who eminently reflected the eighteenth century's feeling for high style— in architecture and attire and in clarity of thought and lucidity of expression. He began his career as a writing master yet it was not very remunerative even in an era that prided itself on fancy penmanship. So he turned manufacturer of japanned trays and boxes. Thus he acquired a fortune which enabled him to retire to an estate, Easy Hill, near Birmingham about 1750. There he was able to advance his desire of contributing to the perfection of letters. He was appointed printer to Cambridge University in 1757, and there he produced some of the most handsome books ever published in England—books with wide-margined pages printed on paper especially woven to his order.

The face which bears his name is the prototype of the neo-classical or "modern" group of type faces. Reflecting the skill of the eighteenth century penman, the letters are shaped with contrasting light and dark strokes, producing a lighter, more open page than that achieved with earlier, heavier type faces. We trust that it will please the readers of the Rehabilitation Gazette.

E. K.
REHABILITATION GAZETTE (formerly "Toomey j Gazette") is published once a year by a volunteer staff. Its aim is to reach, to inform, and to dignify the disabled throughout the world.

Editors: Gini and Joe Laurie
Artists: Mickie McGraw*, Bob Tanton*
Book Reviewer: Donna McGwinn*
Accountant: Doris Jones*
Legal Counsel: Alan Arnold*
Advisors: Willie Bjorkman, Jo and Ernest Kirschten, Marion Greene, Mickie Martin
Correspondents: Susan Armbracht*, Blanche* and Lenny* Goldwater, Jean Stange*, Timy Sullivan, Nancy Westman*
International: Chantal Benn, Nancy Hoover, Dr. Masao Nagai*
Cyndy Pohlmann, Dr. H.B.C. Sandiford, Debbie and Pepe Tinajero

*Disabled

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4602 MARYLAND AVENUE, ST. LOUIS, MISSOURI 63108, U.S.A. • Phone: (314) 361-0475
Comprehensive Rehabilitation Center: Woodrow Wilson Rehabilitation Center

The editors' visit to WWRC in Fishersville, Virginia, which has trained more than 6,000 spinal cord injured. Its per diem charge of $24 includes tuition, room and board, therapy, and medical care.

"We were the first comprehensive rehabilitation center in the world," said the attending surgeon, Dr. J. Treacy O'Hanlan, as he proudly conducted us through the Woodrow Wilson Rehabilitation Center in Fishersville, Virginia. "We operate in the black because we need few doctors on our staff," he went on. "Primarily we are a rehabilitation center. We never lose sight of the reason for our students being here: to be prepared to go home and to work and to live as independently as possible.

"One of the reasons for our success with the rehabilitation of students with spinal cord injuries is our separation from care in the initial, acute stage. We think it is a positive step forward to move here into an entirely different setting as soon as the acute phase is over. We feel there is therapeutic value in living with other students of varied disabilities (cerebral palsy, polio, spina bifida, blindness, deafness, brain damage, etc.). Here one can always find someone else who is worse off physically and who is also working hard at rehabilitation."

WWRC is a former Army hospital, seven miles from Staunton and Waynesboro, which the State of Virginia purchased from the War Assets Administration in 1947. The meandering old buildings are gradually being replaced by modern facilities. The most exciting was the activities building which contains a dining room, a basketball court, auditorium, bowling alleys, shooting and archery gallery, craft rooms, lounge, library, and a heated swimming pool. Scuba diving and canoeing are taught in a nearby lake.
The average daily enrollment is more than 500. Most of the students (patients) are from Virginia, but students from 39 other states and ten foreign countries have attended. The staff numbers about 375, including professional and service personnel. Currently there are 73 spinal cord injured in training. Over the years, 6,000 of them have been through WWRC.

While we were waiting to see Dr. O’Hanlan, we had a delightful and informative visit with the director of physical therapy, Mrs. Patty Altland. She explained the procedure at WWRC: “First, a student is sent to the Evaluation Department. He is given a series of tests and interviews which narrow his fields of interest to about three areas. Through the use of work samples, he may try various jobs such as drafting, operating business machines, dressmaking, tailoring, auto repairing, etc. While the student is narrowing his choice of work areas, WWRC contacts his state vocational rehabilitation counselor to ascertain whether the student can be placed if he is trained in his chosen area. When a job field has been chosen and his local job market has been assessed by his field counselor, he is ready to begin training.

“On the other hand, if the Evaluation Department concludes, after extensive testing, that an individual cannot be trained, then he is sent home,” Mrs. Altland said.

“We all try to build independence into our student quads. We’re tough! We try to make our center as tough as the world will be. We have found that it is not the abilities a quad has that determine his accomplishments, but what is expected of him (and we expect a great deal). As soon as possible we send students home on weekends so they will start to find the problems of adaptation and learn to meet them. We expose them to all kinds of recreational activities, including music and art appreciation, languages and all types of wheelchair sports, including camping out.

“Soon after they are up in a wheelchair, we start taking them to town,” she continued. “Quads must learn to tell people how to handle them! On the first trip we take them to a department store, where we leave them for a while. They have to learn to ask people to open doors, to wait on them and the like. The very next Saturday they can go to town with a group of students to eat in the pizza shop and wander around town.

“Quads are taught to change their own catheters and to empty their urinal bags. We teach them to deal with their own bowls and teach them to instruct any type of person to help with any bathroom and dressing problems they cannot manage by themselves.”

Everyone we talked to was enthusiastic about the housing arrangements which encourage independence. Initially, a cord-injured student is assigned to the infirmary. Here are those who need a lot of nursing care. The rooms can accommodate two, four, or six students.

As he develops independence, a student moves forward to the intermediate wing. Here, they are divided into units of six, housed in attractive two-bed rooms. Each room has an intercom to the nursing station, which handles about 32 individuals. Students are expected to direct their own care and to make appointments with a nurse for specific help.

The cost per day, including tuition, is $24 in both the infirmary and the intermediate wing. This cost includes therapy and medical care.

Finally, when a student has reached a functional level he moves to the dormitory suites. These are the goals from the time a student enters the center. Here he takes the final step to living again in the world with maximum independence. The costs here are $18 a day. Therapy is an extra charge. The staff is minimal; the student is in complete charge of his own care. Vocational training courses are conducted 12 months a year. They range from auto body repair to woodworking, and special courses can be arranged. We saw a number of quads in the business education and drafting courses whose hand splints were activated by CO₂. Academic courses in reading, writing, and arithmetic are available as needed.

“One of the biggest obstacles to employment is the problem of getting to and from work,” Dr. O’Hanlan said. “Therefore, we put great emphasis on teaching our paras and quads to transfer and to drive. One of our most valuable departments is our driver-training program. Our 12 driving simulators are in constant use.”

Physical and occupational therapy as well as speech therapy and a program for the deaf are available. Braces, splints, adaptive devices, artificial limbs as well as the services of an orthotist and a prosthetist are also available. Consultants include a general surgeon, a urologist, and a dentist.
Quadriplegic Dana Smith, preparing to return to college, develops his speed on an electric typewriter.

WWRC is a vital part of the communities it serves. Volunteers of service organizations and clubs are coordinated in a Council of Organizations which stimulates and channels community interest. The Council provides funds for equipment (such as a hydraulic-lift bus), entertainment, and services in recreational, training, and living areas.

Student government provides opportunity for experience in democratic processes, and for development of a concern for civic matters. The student association meets once weekly. It elects new officers quarterly. Every student has the right to vote, and the opportunity to serve.

In-Services Director Marguerite McGraw, R.N., described the center's discharge planning: "Independence is the aim of our whole program. Independence is achieved by carrying out procedures oneself, or by learning them so well that one can instruct another person in their performance. A well-trained quad will never need a highly skilled attendant; he can work with any pair of willing hands.

When we are ready to discharge a student, we send a referral to his local public health nurse, and to his field counselor of rehabilitation. We work very closely with both. Four times a year we have a public health nursing workshop here.

"If needed, a team of two physical therapists and two occupational therapists will visit the student's home. Usually these visits are not needed because the local public health nurse has taken over."

Our interest in WWRC was first caught by the glowing account of the late Don Crain's rehabilitation experiences in the 1966 Gazette. Titled, "The Menifee County Journal," it described his year at WWRC as "filled with good fortune." He also told of his subsequent marriage and employment. Since we have seen WWRC and felt the cohesive drive of the staff to teach independence, we recommend this type of $24-a-day comprehensive rehabilitation to the many paras and quads who are wasting their time in more costly hospitals. One could spend a year at WWRC being trained for employment and independent living for the cost of a few months of hospitalized vacuity.

Applications for admission are submitted through a state vocational rehabilitation counselor. To be considered for admission, a disabled individual must have a reasonably good prognosis for benefiting from WWRC services and have some means for defraying costs, such as department of vocational rehabilitation payments.

For descriptive brochures, contact: Woodrow Wilson Rehabilitation Center, Fishersville, Virginia 22939. Phone: 703-886-3437.

We asked Dr. O'Hanlan about similar comprehensive rehabilitation centers in other states. He listed: Georgia Rehabilitation Center, Warm Springs, Georgia 31797; Hot Springs Rehabilitation Center, Box 1358, Hot Springs, Arkansas 71901; Maryland Rehabilitation Center, 2100 Argonne Drive, Baltimore, Maryland 21218; Pennsylvania Rehabilitation Center, 727 Goucher Street, Johnstown, Pennsylvania 15905; West Virginia Rehabilitation Center, Institute, West Virginia 25112.

Housing and Home Services
For The Disabled In The U.S.

In the 1962, 1966, and 1967 issues of the Gazette we listed the housing for the disabled then in existence and in planning in the U.S. Many of the plans failed to materialize, notably the Christopher Founders' home in Michigan and the Eastern Paralyzed Veterans Association's New York apartment complex, while Motel 66 in California closed because of the owner's death.

On the following pages we list the latest developments as well as some innovative plans for home services and attendants. We are delighted to see some varied solutions to the need for shared attendants and a growing range of plans evolving toward independent living and a freedom of choice.

But there is a long road ahead. Many millions of dollars are being wasted in maintaining severely disabled people in hospitals and nursing homes for the aged. A majority of these individuals could live independently and productively in more imaginative facilities.

H.R. 8395, on which hearings are now being conducted in the Senate, should hasten the development of innovative facilities and home services. We feel it is important that our readers are aware of this Act which includes a proposal to establish in the Department of Health, Education, and Welfare a National Commission on Transportation and Housing for the Handicapped. This Commission would prepare final reports prior to January 1, 1975 and would submit an interim report within eighteen months after enactment.

We would like to share with you the following paragraph from Sec. 413: "The Commission shall (1) (A) determine how and to what extent transportation barriers impede the mobility of the handicapped and the aged handicapped and consider how travel expenses in connection with transportation to and from work for handicapped individuals are unable to use mass transit systems or need special equipment in private transportation, and (B) consider the housing needs of the handicapped; (2) determine what is being done, especially by public and other nonprofit agencies and groups having an interest in and a capacity to deal with such problems, (A) to eliminate barriers from public transportation systems (including vehicles in such systems), and to prevent their incorporation in new or expanded transportation systems and (B) to make housing available and accessible to the handicapped or to meet sheltered housing needs; and (3) prepare plans and proposals for such further action as may be necessary to the goals of adequate transportation and housing for the handicapped, including proposals for bringing together in a cooperative effort, agencies, organizations, and groups already working toward such goals or whose cooperation is essential to effective and comprehensive action."

There are exciting possibilities for living in the future in "new towns." If the needs of the disabled are brought to the attention of the developers before plans are finalized they can be integrated into these new communities. One wheelchair individual was instrumental in the designing of a new town of 25,000 to include the needs of disabled and elderly persons. So that others may similarly exert their influence we list the names of new towns in various stages of planning around the county.
Housing With Attendant Care

Now in Operation

- FREEDOM GARDENS FOR THE HANDICAPPED, INC., Strawberry Road, Lake Mohegan, New York 10547. Director: Lillian Petock. Founded in 1958 by Lillian, who is disabled by a form of muscular dystrophy, the facility is a former summer resort. Lillian wrote, "There are eight variously disabled tenants here, all doing their own thing and just living as normal private citizens, but able to call the office for daily assistance."

- CHRISTIAN LEAGUE FOR THE HANDICAPPED, Box 98, Walworth, Wisconsin 53185. Director: Rev. Charles E. Pedersen. 50 rooms, both single and double; 16 apartments. Entrance age limits: 18 to 50. Monthly rates: $125 for double room; $200 for single. $7,000 to $9,000 for lifetime use of an apartment. Attendant care: 15 minutes morning and night free; extra time at 50c an hour. Started in 1948 as a small farm home, it now consists of a residence building, workshop, book and gift shop. Contract work has been done for a number of companies. There are about 90 residents; half of them are self-supporting. It is licensed as a Class A nursing home and maintains cooperation with the Department of Vocational Rehabilitation and similar agencies in every state. Bus trips to nearby communities cost 25c. An indoor swimming pool and whirlpool have recently been added.

- INDEPENDENT LIFE STYLES, INC. 105 Drew, Houston, Texas 77006. President: Rodney Shaw. Affiliated with T.I.R.R. (Texas Institute for Rehabilitation and Research), this unit opened in January 1972 in a building planned for respiratory patients. It provides a home for 14 young adults, most of whom are quadriplegics and are in school or about to begin employment. The residents formed a non-profit corporation and run the unit themselves. They lease the space and contract for meals and hire their own staff. About $350 per month covers attendants, meals, and room. Most of the attendants are students or conscientious objectors. Mr. Shaw wrote, "We found them more receptive to our unconventional staffing pattern than most job seekers." The residence has a complete kitchen unit. Each resident orders his meals from a daily menu.

Housing Without Attendant Care

Now in Operation

- EVERGREEN APARTMENTS, 955 Evergreen Avenue, Bronx, New York 10472. Middle-income housing project with 14 units designed especially for wheelchair use.

- GOODWILL TERRACE APARTMENTS, Astoria, Queens, New York. Located near the Triborough Bridge, the facility includes parking and a cafeteria. Studio apartments rent for $56, if income is under $5,800; $124, if income is up to $9,000. One-bedroom apartments are proportionately higher.

Nursing Homes and Hospitals

With Special Facilities

- NEW HORIZONS WING, New Britain Memorial Hospital, 2150 Corbin Ave., New Britain, Connecticut 06050. Administrator: Mr. Elmer Johnson. The New Horizons group started in 1955 to plan a community for the disabled. So far, they have purchased ground and built a picnic area. Meanwhile, 50 residents live on two floors of a wing of the hospital that has been gaily decorated, including a fireplace in a recreation room, and freed of hospital-type rules. Some of the residents are self-employed and they are planning a workshop.

- SPASTIC CHILDREN'S FOUNDATION, 1307 W. 105th Street, Los Angeles, California 90044. Executive Director: Mrs. Anne Wendt. Administrative Coordinator: Bernard Hoefer.

- McLEAN HOME, 75 Great Pond Road, Simsbury, Connecticut 06070. Beginning of a village square type of community which will consist of a residence for 80, a health center for 120, and an activity center. The health center has been built for 60. Single or double rooms. "Worthy and indigent, infirm, or incurable women given primary consideration."

- TREVILLA OF ROBBINSDALE, 3131 France Avenue North, Robbinsdale, Minnesota 55422. Administrator: Lucille Larson, R.N. The home is devoted strictly to physically handicapped young people. Daily rate: $11 allowed by welfare. The administration expects to reach a 250 capacity.

Nursing Homes and Hospitals

Planning Special Facilities

- CASA CARLOS REHABILITATION HOSPITAL, 3435 West Ball Road, Anaheim, California 92804. The owner and administrator, Mr. Mike Bernard, wrote to a group of disabled planning a residence, "We have several of your members here. We will devote one 24-bed wing to the members so they can work together here... And there's a brand new van out here."

- LENOX HILL NURSING HOME, 70 Granite Street, Lynn, Mass. 01904. The program coordinator, George M. Christodal, Jr., has recently approached MAP (Massachusetts Association for Paraplegics) for guidance in establishing a half-way house unit within their nursing home.
MIDDLESEX COUNTY HOSPITAL. MAP has also been working with this hospital and the Massachusetts Bay Community College in the establishment of a two-fold program of housing and education for the disabled student. The hospital has five spinal cord injured students living there now and it is remodeling an unused wing for the purpose of housing up to twenty young people in a half-way house situation.

Public Housing

EXISTING FACILITIES. A number of projects have been designed primarily for the handicapped; the majority are for both elderly and handicapped (after January 1, 1971 the handicapped should receive priority in at least 5% of all projects for the elderly of low income). All have income limitations, usually about $3,000 per year for a single person and $4,000 for a couple. All have eliminated architectural barriers and provided some special kitchen and bathroom facilities and alarm systems for the elderly and handicapped, who are thus able to live independently, if they do not require attendant care. With supplements, the range of rents is usually between $30 and $70. Some have rooms for meetings, crafts, and therapy. All are high rise and most are in the central part of the city, averaging 150 to 200 apartment units. All lack the casual mixture of varied incomes and the provision of special services such as transportation and attendant care.

- John J. Barton Apartments, Indianapolis, Indiana.
- Bethany House, Rockville, Maryland.
- Birkley Apartments, Fort Worth, Texas.
- Center Park Apartments, Seattle, Washington.
- Dosker Manor North and Dosker Manor South, Louisville, Kentucky.
- Highland Heights Apartments, Fall River, Massachusetts.
- New Horizons Manor, Fargo, North Dakota.
- Rockford, Illinois: Park Terrace High-Rise, Campus Tower North, Campus Tower South, and North Main Manor.
- Vistula Manor, Toledo, Ohio.

SCATTERED SITE (TURNKEY III) HOUSING. Scattered site public housing, owned by the resident, is available to persons who qualify as low-income and are able to maintain a home. The monthly rate is based on the resident's income; he will be given the deed after 25 years. In the fall of 1972 five single homes, specifically for the handicapped, will be added to the existing 226 family units in all four quadrants of the city. For information, contact: Mr. William Lewis, Executive Director, Rockford Housing Authority, 330 Fifteenth Ave., Rockford, Illinois 61108.

Under Construction

- BROOKLYN "REHABILITATION CAMPUS," United Cerebral Palsy of New York City, Inc.
- COURAGE CENTER, Minnesota Society for Crippled Children and Adults.
- INDEPENDENCE HALL, Goodwill Industries, Houston, Texas.
- UNITED CEREBRAL PALSY OF NASSAU COUNTY, INC., Roosevelt, New York.

Foster Homes

HOPE HAVEN SCHOOL AND WORK TRAINING CENTER, 1800 19th Street, Rock Valley, Iowa 51247. Sixty non-resident disabled are housed in foster homes and supervised apartments. Community Living, Inc. is expanding the apartments with "houseparents" furnishing needed services.

New Towns

Michael Bonk, wheelchaired by cerebral palsy, heard about a "new town" to be built in Brier Hill, Pennsylvania, and called the attention of the developers to the needs of disabled and elderly persons. The owner and developer, Redstone Central Railroad Co., welcomed his interest and employed him as a consultant.

As a result, all public facilities in the new town of Brier Hill will have adaptations for wheelchairs; all walkways will be wide and paved; apartment entrances will be level with parking lots; and the kitchens and bathrooms in a proportion of the facilities will be specifically designed for the wheelchaired. The developers plan to have a balanced community with a normal proportion of elderly and disabled persons. Their current thinking sets this proportion at about 2.3% disabled and 5% elderly, with both groups completely integrated into the community.

Tentative plans include a comprehensive health center with rehabilitation facilities; a nursing home with home food service delivery; and a van to transport wheelchaired persons.

Brier Hill will be a free standing community encompassing 2,500 acres, with a population of 25,000. A variety of industries will be sought and an historical flavor will be retained by restoring local landmarks. The prices of the apartments, town houses, and homes will range from scattered public housing units to homes in the $120,000 class.

The town of Brier Hill is located on U.S. Route 40, forty miles south of Pittsburgh and eight miles west of Uniontown. For further information, contact Robert L. Morean, Director of Public Relations, Redstone Central Railroad Company, Box 278, Brier Hill, PA. 15415. Phone: 414 785-9700 or Michael Bonk, Box 877, Lafayette Manor, Uniontown, PA. 15401.
Birthday greetings from members of the Brier Hill Playhouse cast to Michael Bonk, employed as Adviser to the Handicapped for the “new town” of Brier Hill, Pennsylvania.

We would suggest that other disabled readers make contact with the developers of new towns evolving around the country and similarly influence them to include the disabled and the elderly in their initial planning.

The following new towns have been federally designated and funded by the Department of Housing and Urban Development; Jonathan and Cedar Riverside, Minnesota; Soul City, North Carolina; St. Charles, Maryland; Maumelle, Arkansas; Flower Mound, San Antonio Ranch, and The Woodlands, Texas; Riverton and Granada, New York. Cedar Riverside is of special interest because it will be located on a 100 acre site in the middle of downtown Minneapolis and will have a population of 30,000. The phone number of the developer is 612 338-8801.

These new towns are in the same pre-application stage as Brier Hill: Ranson Oaks, New Jersey; Orangewood, Florida; Harbison, South Carolina; Brookwood, Ohio; Rancho San Diego, California; Stansbury Park, Utah; Fort Lincoln, Washington, D.C.

The planners of new towns have recently organized themselves into the League of New Community Developers. Their executive director is Mark M. Freeman and their address: Suite 500, 1629 K Street, N.W., Washington, D.C. 20006. Phone: 202 872-1314.

Housing Being Planned

Plans are in various stages of thinking and planning by the groups of disabled listed below. The majority of them are designed for the severely disabled who will need attendant care services in any residential care situation. All plan for maximum independence and productive living, including educational, vocational, and social opportunities. Some are planned for a few disabled young adults; others are for several hundred in a high-rise or a Het Dorp-type village. Some are for disabled only; others are for varying mixtures of disabled and non-disabled. Some started as the dream of one institutionalized person; others are the evolutions of groups of disabled. Some have brochures and newsletters and enough volunteers to answer inquiries. Others are too small to be so organized. We would suggest that all who are planning services and residential accommodations keep in contact and share ideas.

- ABLE, INC., c/o Ronald Ballard, 607 West First St., Fort Worth, Texas 76102.
- CREATIVE LIVING, INC., c/o Richard N. Maxwell, Dodd Hall, Ohio State University Hospitals, Columbus, Ohio 43201.
- D.A.R.E. (Disabled Adult Residential Enterprises), c/o Donald Green, 2110 West Montrose, Chicago, Illinois 60618.
- DO IT YOURSELF VILLAGE, c/o Mrs. Lilly Duval, 4 Thornwood Lane, S.W., Tacoma, Washington 98498.
- EXCEPTIONAL HOUSING FOUNDATION, Kennesaw, Georgia 30144.
- FAITH VILLAGE, INC., c/o William E. Tubbs, Box 687, Devon, Pennsylvania 19333.
- FIRST BAPTIST CHURCH OF DOWNEY, c/o Deborah Ehling, 11629 Bos Street, Cerritos, California 90701.
- FLORIDA PVA APARTMENTS, c/o William H. Dick, 1010 N.E. 196th Terrace, N. Miami Beach Florida 33162.
- FOUNDATION FOR HANDICAPPED YOUNG ADULTS, c/o David R. Senecal, Box 17, Big Flats, New York 14814.
- FRIENDS OF THE CHESHIRE HOME IN NEW JERSEY, c/o David Graybeal, Ph.D., Pleasantville Road, New Vernon, New Jersey 07976.
- GLASS MOUNTAIN INN, INC., c/o Dorothy Ann Gossage, 2729 W. Linger Lane, Santa Ana, California 92704.
- MAP (Massachusetts Association of Paraplegics, Inc.), c/o Mrs. Flora Ventola, 14 Moore Street, Somerville, Mass. 02144.
- NAPH FARM-HOME, INC., c/o Helen Wheelie, 28495 Joy Road, Westland, Michigan 48185.
- NATIONAL HOOKUP'S HOSPITALITY HOME, INC., c/o Ira J. Inman, 1255 Vista, Poinona, California 91786.
- OPEN DOORS FOR THE HANDICAPPED, c/o Jeanne C. Ball, 17 Fountain Avenue, Pittsburgh, Pennsylvania 15224.
- PARA-QUAD, INC., c/o Max C. Starkloff, St. Joseph's Hill Infirmary, Eureka, Missouri 63025.
- SELF-HELP, INC., 9336 Trenton Way, Stockton, California 95205.
- WINNING WHEELS CLUB, c/o William P. Bailey, Box 121, Prophetstown, Illinois 61277.

Readers who learn of more special residential facilities, as well as programs and services related to housing, are asked to share the information by sending it to: REHABILITATION GAZETTE, 4502 Maryland Avenue, St. Louis, Missouri 63108.
Insurance Programs

NEW HOPE FOUNDATION, Suite 630, 6100 North Keystone Ave., Indianapolis, Indiana 46220. President: Nachon H. Kedrik. Through members' participation in an insured equity program an endowment fund is built. Individuals or churches or lodges invest $50 monthly for a guarantee of lifelong care upon the retirement, disability or death of the parent or guardian of a severely disabled person. Residential and out-patient care provided include: education, physical, occupational, speech, music, and recreational therapy, training, and group and individual counseling. The facility is now under construction.

NEW HOPE FOUNDATION ILLINOIS DIVISION, University of Illinois, Urbana-Champaign Campus, Champaign-Urbana, Illinois 61803. President and chief officer; Henry L. Scott. The site: 26 acres adjacent to the Children's Research Center. The facility will be a $4 million center for the care of brain-damaged persons with opportunity for research and training people from the University of Illinois to work with them.

MATCH AND $HARE PROGRAM has been developed by the Security Mutual Casualty Co. to reduce costs and improve rehabilitation. The objectives: a) Locate patients in medical care facilities in private rooms with private nurses; b) identify those who can be matched -- geographic location, sex, physical and mental compatibility; c) try to bring the matches together to share one room, nurses, and equipment. 95 cases have been reported by 31 insurance companies since the program began. It is open to any long-term patient, at home or institutionalized, and whether or not the bills are paid by insurances.

Monthly bulletins list the cases to be matched, used equipment available for possible exchange or purchase; and phone answering positions around the country open to disabled people through Home-makers & Health Care Services, Inc., a subsidiary of Upjohn Co., Kalamazoo, Michigan.

The program has effected significant savings to insurance carriers, industry, government, and individuals. In some instances, a portion of the savings has been put in trust for the disabled person and his family.

For further information, contact: Harold P. Lyon, M.D., Vice President - Rehabilitation, Rehabilitation Team for Health and Work, Security Mutual Casualty Co., 222 South Riverside Plaza, Chicago, Illinois 60606.

Services Related to Housing

HOSPITAL-BASED HOME CARE. Two Veterans Administration hospitals are providing "house-calls" on a trial basis for about 18 spinal cord injury patients. A pilot program was started July 1971 at V.A. hospitals in Long Beach, California, and Richmond, Virginia. The service involves a physician, a social worker, a nurse, and an administrative person as a "core" troop with other professional persons added as needed. Patients receive the same specialized services in their homes that they receive in the hospital.

HOMEMAKER-HOME HEALTH AIDE SERVICES, a nationwide system of organized assistance in the home, based on income, presents the solution to many of the problems that confront the disabled and the elderly who wish to remain in their own homes and continue self-directed living or to set up a home and escape from institutionalization. For free information, write: National Council for Homemaker-Home Health Aide Services, Inc., 1740 Broadway, New York, N.Y. 10019.


MORMON MISSIONARIES AS ATTENDANTS. Ruth Davis, a respiratory polio quad, found new solutions to attendant care after her husband became a night auditor and their three children left home for marriage or the service. Cleveland's Homemaker Service solved the day's housekeeping and they "exchanged empty rooms for helping hands" when they found two young Mormon Missionaries who needed a place to stay.

"These young men," said Ruth, "in their early twenties, have promised to dedicate two years of their life to the works of the Mormon Church. There are 180 missionaries in Ohio. There are 22,000 throughout the world, in all countries except behind the Iron Curtain.

"While serving the Church, they are not allowed to hold another job. Their living expenses must come from their savings, their family, or donations of a church. They are not allowed to smoke, drink liquor, coffee or tea. They wear suits while in public. They are not to be a burden on others, so are responsible for their own rooms, laundry, and meals. They are required to be in by 10:30 p.m.

"Since the Mormon Church does not have ministers, these young men, known as Elders, perform many of the duties of a minister. Their days are full but they always have been available when we need help. They have learned how to lift me in and out of the bed, wheelchair, and car. They know how to put on my chestpiece, how the motor works, and how to use the emergency equipment. They have taken me to the doctor, oculist, and dentist, and..."
rides in the country.

"Elders always travel, live together in pairs. The Mission President determines where each man will be assigned. He will call one to another district but the same day a new companion will arrive to join the remaining Elder. Undoubtedly, there are some of these nice young people living near you. To find them, contact the nearest Church of Jesus Christ of the Latter-Day Saints. In Ohio, write to: The Ohio Mission Home, 2508 Wimbledon Road, Columbus, Ohio 43220."

For further details, write: Mrs. David Davis, 7173 West 130th St., Cleveland, Ohio 44130.

• HANDICAPPED STUDENT SERVICES, SOUTHERN ILLINOIS UNIVERSITY AT CARBONDALE, 150-B Woody Hall, Carbondale, IL 62901. Coordinator: Edith C. Spees, Ph.D. There are approximately 120 students in wheelchairs at S.I.U. and about one-third of these have full or part-time attendants. Part-time attendants give minimal assistance (such as cleaning the room or assisting in eating) on a regular basis. Full-time attendants are all those who must live with or near a student and usually assist him daily with personal hygiene and transfers. ("Full-time" does not mean 24-hour-per-day care but regular morning and evening care plus the live-in responsibility on a daily basis. A student with a full-time attendant may also hire readers or typists.)

S.I.U. student Ed Okstel and Edith C. Spees, Ph.D., Coordinator, Handicapped Student Services.

Each student who requires an attendant must employ one before admission will be finalized. If the student lives in University-approved housing, the attendant must be another University student. Salaries are determined by mutual agreement. In 1969-70 the Illinois DVR provided funding of $3 per day for part-time and $6 per day for full-time attendants.

It is the student's own responsibility to employ and pay an attendant. Several sources may prove helpful in finding one. Some students choose to contact area high schools and junior colleges for the names of students who wish to attend the University but are not financially able to do so. Others advertise in the campus newspaper.

• PHYSICALLY DISABLED STUDENTS' PROGRAM, UNIVERSITY OF CALIFORNIA, 2532 Durant Avenue, Suite 2, Berkeley, California 94704. This federally-funded and university-sponsored program was created and is directly run by disabled and able-bodied individuals, both students and former students. The director, John Hessler, a C5-6 quad, described the program in the 1971 Gazette on pages 24-25. He reports the following developments of their services within the year.

1) Attendant Pool. Disabled students are interviewed to learn their needs. They are given a list of prospective attendants' names and phone numbers so that they may hire whom they please.

2) Housing. We keep up a constant search for adequate housing. We consider not only ease of entry and movement within the apartment or house, but also ease of movement from the apartment to work, recreation, and shopping areas. We have worked with the city to put ramps on the corners of sidewalks along the main routes.

3) Wheelchair Repair. It would be impossible to overestimate the importance of the power chair for the independence of the severely physically disabled individual. Therefore, we have hired people who spend several hours a day maintaining, repairing, and replacing parts on the power chairs.

4) Transportation. The power chair and nearby housing have been the solution for many. We have modified two vans with tailgate lifts, wheelchair lockdowns, and raised roofs to transport students to other parts of the Bay Area.

5) Medical Supplies. The voc-rehab nurse in the Cowell Residence Program serves as liaison between Medi-Cal, orthopedic appliance companies, pharmacies, and students.

6) Self-Care Techniques. Quads share their knowledge concerning medicine, equipment, and supplies which are useful in practicing preventive care. The incidence or pressure sores and urinary infections has dropped to almost zero for the 40 quads living in the community and the 12 at the Cowell Residence Program.

7) Doing Things for One's Self at Home. Quads who live out in the community learn that there are many things that they can do for themselves in their own apartments if they set it up adequately. They can cook their own meals, make coffee, lock and unlock doors, and so on.

8) Cooking and Shopping. Disabled students in the community usually work out shared cooking arrangements. For example, two or three quads will hire someone to do the shared cooking.

Hessler outlined their plans for the future, "Although we feel an office center such as PDSP would have a tremendous beneficial effect for non-student community disabled, we have yet to prove it with a large scale community program.

"We have set up a non-profit corporation which is now seeking federal funds so that we can create just such an in-community program. This program, like PDSP, will be planned and operated by physically disabled people."
Mobile Homes

A number of wheelchair individuals have found mobile homes an inexpensive and flexible solution to the problem of housing arrangements. There are many possibilities for their use, with shared attendant care, as college dormitories and half-way houses, as satellites around a rehabilitation center or as permanent homes within existing mobile home clusters. They are almost ground level and it is inexpensive to have them adapted to wheelchairs with wider aisles, ramps, and individual bathroom and kitchen adaptations. For instance, a single unit 12' wide and 40' to 60' in length, with a half, heat, and air conditioning, and wide aisles, special tub and stove, would range between $4,000 and $4,500. Two units may be put together for more bedrooms, placing the “wet system” (bath and kitchen) in one for about $8,500. They can be adapted for large families, attendants, offices, or clinics since it is relatively simple to change the interiors. For details, write: Richard K. Beiler & Associates, 2 Salt Creek Lane, Hinsdale, Illinois 60521.

Required Reading

- Adaptive Housing for the Handicapped by Paul L. Fishman. Medical Rehabilitation Research and Training Center, Tufts University School of Medicine, 171 Harrison Avenue, Boston, Mass. 02111.
- Residential Needs of Severely Handicapped Non-Retarded Children and Adults in New York State. $2.50 from: Publication Office, Institute of Rehabilitation Medicine, 400 E. 34th Street, New York, N.Y. 10016.

Guadalajara, Mexico

Because of questions from many readers about the facilities in Mexico, we list a half dozen of the more permanent ones. Small ones spring up quickly. Many individuals pair up to share a house or apartment and attendants. For a winter vacation or permanent residence one should start at one of the permanent homes. Change around until the most suitable one is found or some other interesting arrangement evolves. One should have about $300 a month for room, board, laundry, attendants, transportation, clothes, entertainment, sundries and the etceteras of life.

(Note: Guadalajara, Jalisco, Mexico should be added to all the following addresses.)

- La Morada, Cubilete 147, Colonia Chapalita. Phone: 21-07-69. The owner-manager is Ken Ginterblum, a muscular dystrophy quad.
- Casa de Vida Nuevo (“The Boat”), Doctor R. Michel 725. Flora McFee, an arthritis quad, is the manager.
- Villa del Sol and Annex, P.O. Box 31208, Suc. K. Phones: 21-09-40 and 21-59-13. A.D. Williams, M.D., director and owner. The Annex has been managed by a quad and his wife.

(Send used paperbacks and other books to the club house of the Paralyzed Veterans of America at Las Palmas 226, Ciudad Granja! Most of the 150 or so disabled persons in Guadalajara meet here.)
Hams, But Not Hammy

It may be a fairly good bet that the so-called human race will exterminate itself not with a bang of big bombs, but with a whimper of radio commercials. (Let's not even think of TV horrors!) Marconi and DeForest might not have given the world their inventions had they known that the hucksters were to reduce radio to this echolalia on behalf of soaps, cosmetics, and deodorants, male and female; these plaintive dirges about a cold in the throat or a pain in the head; these pseudo-scientific lectures on patent medicines; these ecstatic declamations on sprays for everything from dandruff to cockroaches; these frenetic dithyrambs on underpants and other items once referred to as unmentionables; this ludicrous cacophony of offers to rid us of bubbling stomachs, bad breath, and smelly feet; these portrayals of sappy housewives with intelligence quotients too low to be measured, and with husbands obviously regarded by the hucksters as boors and dolts.

These indications of the disintegration of culture and courtesy, of course, were far from the minds of the pioneers of wireless telegraphy. They were concerned with speedy communication, especially between men ordinarily out of touch with each other. They sought to meet a real need rather than to precipitate such air abuse of the psyche. Much of their early work was devoted to the transmission of calls from ship to ship, and from ship to shore. They put "Sparks" into his "radio shack," aft of the bridge, to send out the signal of distress at sea—SOS. The wireless operator became a hero to all hands when his call brought rescue in good time.

Yet, surely he was happier in transmitting more routine messages. And in doing so, he often must have been entranced by the device which enabled him to chat quite casually with other operators far away. For isolated man, radio meant the end of loneliness. So it still does for thousands of amateur radio operators—"Hams"—and especially for those with physical disabilities.

How can a man be lonely while talking to an anthropologist in New Guinea, an archeologist in Tanzania, a botanist in the Galapagos, a marine biologist on Easter Island, a missionary in The Congo, a factory worker in Yugoslavia, a university professor in India, a housewife in Japan, a ski instructor in Switzerland, a nuclear physicist at Amchitka, a technical school student in Moscow, a priest in the Vatican, a South African lady who lives on top of her own diamond mine, a Russian explorer in Antarctica with the temperature 142° below zero, an American doctor at a mission hospital in the Niger Republic with the temperature 142° above zero, a NASA radar technician at a tracking station in Madagascar, the Honorable Barry Goldwater of Arizona and a King, His Majesty Hussein the First of Jordan?

This reflects only part of the log of Lex Frieden of Tulsa. He is a C4-5 quad as the result of an automobile accident in 1968 while he was a freshman at Oklahoma State University. Becoming a licensed amateur radio operator was a challenge for him. In December 1971 he graduated cum laude from the University of Tulsa, and he is now in graduate school, working toward a Ph.D. in psychology.

"Amateur radio is sharing experiences, joys, sorrows, and opinions with other human beings," writes Janice Robidoux in Accent on Living. "It is truly knowing people without being influenced by color, creed, wealth, handicap, or appearance. Depending on the desires and interests of each indivi-
dual, it can be experience in building equipment; experimental work; message handling; telegraphy; teletype; emergency communications; satellite tracking; amateur TV; contests; looking for elusive foreign stations, or just plain talking."

As she explains, the operation of an amateur radio transmitting station is a privilege made available by the Federal Communications Commission to any citizen who can qualify. Granting of a license depends on the applicant's ability to demonstrate basic radio technical and code knowledge and familiarity with regulations governing the amateur service. No physical disability is a bar. A person unable to travel may take the FCC examination by mail. Otherwise, if he lives within 75 miles of the nearest FCC examining office, he must appear in person to take the test.

As corresponding secretary for the IHN, Lieutenant Commander Ray E. Meyers, Box "R", San Gabriel, California 91778, receives much mail from handicapped persons interested. Some members ship equipment to him to forward to other members getting started. The handicapped members have devised a variety of systems of instruction, and have built ingenious devices to meet individual difficulties. Among these are the voice-controlled relays which permit an armless or paralyzed operator to send intelligible code, radio controls which can be turned off and on by air pressure blown through a flexible hose.

For the blind, books in Braille, tape and records provide much of the instruction needed by the beginner. The Braille Technical Press in New York offers courses in radio operation by correspondence. In Connecticut, two blind girls offer their services to handicapped persons interested. Some members ship equipment to him to forward to other members getting started. The handicapped members have devised a variety of systems of instruction, and have built ingenious devices to meet individual difficulties. Among these are the voice-controlled relays which permit an armless or paralyzed operator to send intelligible code, radio controls which can be turned off and on by air pressure blown through a flexible hose.

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There is no language problem among amateurs, Meyers says: "For those using code we have an international list of "Q" signals which permits one to answer, or ask questions of anyone and it works
very nicely.” “Hams” perform many unusual, lifesaving services such as picking up and recording SOS signals, appealing for donors of unusual types of blood, locating supplies of special medicines and relaying official messages and reports from disaster areas when normal communications have been disrupted.

There are several regional networks operated by the handicapped. An example is the Handicappers Information Net - HIN, not to be confused with IHN. This was formed by Ralph (Buddy) Boyd of Conroe, Texas. Buddy was injured in a swimming accident 26 years ago and for the past nine years has been confined to his bed.

“You’d be surprised at the number of handicapped ham radio operators who don’t know how to obtain help they might need,” says Boyd. “It is the purpose of the Handicappers Net to reach out a helping radio voice-hand to these people.” When last we heard, this network had 80 members holding regular get-together radio sessions.

About one half of the members of the network are not disabled. “These members are of vital importance,” says Boyd, “since they are the ones who are able to maintain equipment, install antennas, provide patient instruction, and so on.” Among them is a physician, a postman, a Merchant Marine officer, a telephone company engineer, a Navy electronics technician, a teacher, and a projectionist.

The HIN network broadcasts every weekday at 2 p.m., usually for an hour. Frequently, one or more members will report that they have located other handicapped persons who are interested in amateur radio and who need equipment and instruction to get started. For this purpose the network maintains an equipment pool of surplus gear which is loaned to beginners. All such are welcome, and handicapped members have been known to drive a hundred miles or more to help a new member get started, or to do a repair job for a handicapped member.

“Believe me, I know what it is like to be handicapped,” says Boyd. “For me the net is a way to get outside these four walls. One can make airways friends all over the country and even all over the world. But most of all, you can make yourself useful.”

“On the air, Buddy sounds anything but disabled,” writes a friend, Charles Kram, Jr. “It began for Buddy a few years ago when a couple of hams in Conroe discovered him. He was bored, bedfast and cut off from the outside world, but still very sharp and enthusiastic about living. He went for ham radio like a fish for water, and soon was on the air sending Morse code with a stick in his mouth to operate his radio. He now operates single side band (voice) on his radio, which is mounted on a hospital-bed type table and switches from ‘transmit’ to ‘receive’ with a voice-controlled relay. By speaking into the microphone, the radio goes into ‘transmit’ and turns to ‘receive’ after he quits talking.”

Buddy Boyd, manager of the Handicappers Information Net, uses a voice-controlled relay.

Information about the Texas-based net has come to the Gazette from many other members. Among them is Mrs. Kitty Benge of Goliad, Texas. She lost her sight as the result of an automobile accident. But since training with her first seeing-eye dog, Valla, in 1961 she and her husband have travelled in 40 of the 55 states by train, bus, car, and they have covered many miles on foot.

“As,” she writes, “my husband likes to camp and fish, we usually go with him. Valla loves both as much as my husband does.” With her dog, she also returned to college. While driving between home and school with a friend who had been a military radio operator, her interest in amateur radio was aroused.

“I can now talk around the world,” she says, “to wonderful, interesting, gracious people, and visit them in spirit and friendship in their intriguing lands.”

Another active handicapped ham is Phil Clarke of Houston. He is associated with an insurance agency and owns his own real estate firm, and as a member of the Kiwanis International he edits the club’s newsletter. Currently, he is supervising the modification of a step-van so that he will be able to drive it while sitting in his wheelchair. It seems a sure thing that when the van is completed, it will contain a mobile radio unit. Alas, Clarke is so busy that his radio activity is limited to weekends.

A good many amateur radio operators, handicapped and otherwise, became interested in their hobby while in the service. Thus Homer R. Smith of Crosbyton, Texas, is a graduate of the maritime radio school at Gallups Island, Massachusetts. He worked as a merchant marine radio operator until 1949 when, at the age of 23, he broke his back at T12-13 level in a fall. He spent seven years in the Public Health Service Hospital at Galveston, and another twelve years in the USPHS Hospital at Fort Worth. In 1969 he moved to a nursing home in Crosbyton. “A nursing home in the area where I was raised beats even a federal hospital far removed.”
Another of these Texans is Donald Rossi, who lives with his parents in Bellair. He is a respiratory polio quad and a very busy person. With a degree in mathematics from Rice, he is senior instructor in computer programming at the Texas Institute for Rehabilitation and Research, part of the famed medical center in Houston.

Still another is Lewis Ransom of Junction who has been in a wheelchair as the result of polio in 1952. He is in the real estate business. He became interested in amateur radio relatively recently, but he is enthusiastic about it: “It is perfect for getting out and meeting people in your own community or anywhere in the world, especially in situations in which a handicapped person might be uncomfortable about being in public. There is no trace of such embarrassment in connection with ham radio. It’s all done in the privacy of home—and you don’t have to be smart to get a license.”

Charles Kram, Jr., operates his rig with a mouthstick. “I now have an Extra Class license for which I qualified at home under the new ‘shut-in’ provision.”

A quadriplegic as the result of a swimming accident in 1947, Arnold Reid of Belmont, Texas, has been an amateur radio operator since 1963. For him, too, the chief attraction of the hobby is the opportunity it offers to enjoy visiting with people almost everywhere.

Another regional network of the handicapped radio operators is centered around Rochester, Minnesota. While in training for her license, Janice Robidoux, mentioned previously, became acquainted with two other disabled girls in nearby towns who also were on their way to becoming amateur operators. They were Charlene Mott and Helen Swanson. The three became members of the Rochester Amateur Radio Club’s novice class, and they soon became known as the Handi-Hams. The Rochester Club was of great help to them, and their system is affiliated with it. Now incorporated as a non-profit organization, it is supported by PicoNet, a 13-county southeastern Minnesota civil defense net, and the Minnesota Society for Crippled Children and Adults. The group meets each Saturday at 1932 on 3.934 MHz, holds “radio orientation days” for the disabled in May, and a week-long radio camp in the fall at Camp Courage, Minnesota.

Still another network is the Metropolitan Amateur Radio Club in Detroit, Michigan. One of its founders is Ralph Peterson, who has been disabled by arthritis since 1918. He writes, “Our members total 70 and they are scattered all over. We have 10 of us in wheelchairs.”

Whether affiliated with a network or not, there are handicapped radio operators all over the country. For example, there is Stan Obritski in Irvington, New Jersey. He is a quadriplegic because of an automobile accident in 1960. He hopes to become a professional painter of landscapes. He asks friends everywhere to send him color slides and pictures.

He, too, has become a radio enthusiast, and is thrilled by having made contacts with more than 90
different countries, including most of those in Europe, Pitcairn Island, Christmas Island, Kuwait and Mozambique.

Then there is Elias B. Clayton of Chester, Pennsylvania, who was disabled in 1908 at the age of three by polio. He is a retired merchant and gunsmith. He lives with his wife. In addition to ham radio, he is actively interested in playing the clarinet, the flute and the organ, in speaking and reading French, in the Red Cross, and in the activities of his Catholic church.

Quadriplegic Don Taylor dovetails his Handi-Ham hobby with his electronics study, using a powered arm splint.

Tom King, a C3-4 quad in Florida, has added his name to the radio roster. "I would be interested in working a regular schedule with other quads," says Tom. "I would be willing to handle any traffic to friends or relatives here in Jacksonville."

The disabled in other countries also have taken a keen interest in amateur radio telegraphy. A Canadian example is cited in the winter issue of Paragraphic, the organ of the British Columbia Division of the Canadian Paraplegic Association. This is Pearson Amateur Radio Club VE 7 PAR at the Pearson Polio Pavilion. A "ham shack" was set up there largely through the efforts of the sponsoring club, the Canadian Pacific Air Lines Amateur Radio Society. The Kinsmen Foundation also provided some help, and the Canadian Pacific Air Lines donated an elaborate bench designed to hold radio equipment at just the right height to enable the disabled to use mouthsticks in managing the dials and the switches. This is another example of the number of able-bodied individuals who are eager to bring the disabled into a more active way of life.

Another Canadian example appeared in the 1965 Gazette. Pierre Gariepy, executive director of the Alberta Canadian Paraplegic Association, triggered ham radio station VE6RD by the "Rinky Dinks," respiratory polio residents of Ward 67 in Edmonton's University Hospital. This issue also featured an article describing a special microswitch for quads.

Another example, called to our attention by Para News, the newsletter of the Paraplegic and Quadriplegic Association of New South Wales, is the Youth Radio Scheme of the Wireless Institute of Australia. For some time, this Youth Radio Club has provided correspondence instruction and study material by mail for young people interested in amateur radio and short wave listening. It is now offering this service to the disabled as well. All interested persons are invited to write to the Correspondence Section, Y.R.S., 34 Flower Street, Fernfree Gully, Victoria 3156, New South Wales.

The amateur radio hobby is especially popular in England where it is promoted by the Radio Amateur Invalid & Bedfast Club. The Hon. Secretary/Editor, Frances Woolley, writes of the club: "RAIBC was founded in 1954 by a handful of invalids who realised that by pooling their knowledge, spare parts and radio books they could be of benefit to themselves and others. Over the years the membership has grown to 400 members, with a further 250 supporters. Roughly half of the members are blind, and the invalid section covers every type of disability.

"There are club nets twice a week on 80 metres, and a further net catering particularly to members in the Cheshire Homes. Membership is free to eligible members, and a minimum of 30p is charged for the monthly magazine, Radial. As few of the members are able to attend the courses of instruction at local technical colleges, assistance is given to them by way of Braille books and taped instruction. We have members in 13 countries, and take pride in this."

Information about the hobby in England has been supplied also by Bryan Hartley, a T4-5 para. Bryan writes, "short wave listening is on the short
wave bands where you are listening either to the broadcasting stations or the amateurs. But DX-ing can cover the long, medium and short wave bands. You listen for the stations that are running on low power or are very far away. Then you send them reports that would include an assessment of reception quality and a request for a Q.S.L. or verification card. The same person would be a short wave listener and a DX'er."

Mrs. Joan Butchard of White Rails, Turnpike Road, Aughton, Ormskirk, Lancashire, England, is handicapped, bedfast because of a disc lesion and arthritis. She is not a handicapped ham, but she should be mentioned for her broadcasts on Radio Merseyside on a Sunday morning program largely for those confined to their rooms. She began developing her "Friendship of the Air" after going to the hospital in 1965.

For a while thereafter she got about on walking-sticks (crutches), then in a wheelchair, but too soon became bedfast. Mrs. Butchard, who is the mother of three and the grandmother of three, was a hospital nurse before her marriage. She became a founder and a president of the Union of Catholic Mothers, and also participated actively in the Old People's Welfare Visiting Committee, and other church and social groups.

She says that she has learned that "to be a listener is far more important than being a talker. There are far too few people ready to listen. The aim of the society is that there should always be a listening ear."

How wonderful it would be if radio's talk-show ding-a-lings took to listening instead of wozzing and yakking! If they turned themselves off for a while, they might learn much. At least by exposing themselves less often to ridicule, they might possibly pass for thoughtful men.

The society to which Mrs. Butchard refers is the Joint Involvement Mutual Society, known as the "JIM." Its purpose is "to help lonely people, whether well or sick, housebound or active." It now has about 250 members varying widely in age.

What has been written here, of course, is only a sketchy account of the participation by the disabled in amateur radio. Even so, it is another testimony to their zest for life. (Also, it is a sweet and solacing thought that at least one form of radio is not devoted to vulgarity and huckstering.) No attempt has been made to discuss the technical aspects of amateur radio. That is beyond our competence. But information can be obtained readily enough from the various networks mentioned in this article, and also from most of their members. A stronger voice to them!

ED: The GAZETTE has covered various facets of amateur radio in previous issues:

Fall-winter 1962: 7-page feature including an international roster of handicapped hams.
1965: toothborne transmitter, Canadian hams.
1966: Charles Kram's mouthstick adaptations.
1971: phone patching, handicapped ham nets.

ROSTER OF HAMS LISTED BY MR. KIRSCHTEN

- Mrs. Kitty Benge WB5EXO
- 407 N. San Patricio, Goliad, Texas 77963
- Buddy Boyd WA5VTA
- 216 Sunset Blvd., Conroe, Texas 77301
- James R. Capps W5HMQ
- Rt. 2, Box 189, Carthage, Texas 75633
- Phil Clarke K5RBO
- 1841 Richmond Ave., Houston, Texas 77006
- Elias B. Clayton W30ZV
- 1107 Madison St., Chester, Pennsylvania 19013
- Lex Frieden WB5AFW
- 6138 East 53rd St., Tulsa, Oklahoma 74135
- Handi-Ham System of Minnesota, Inc.
- Box 532, Rochester, Minnesota 55901
- Bryan Hartley
- 23 Hastings Rd., Thornton, Cleveleys, Lanc., U.K.
- Tom King WB4PCC
- 3531 Peach Dr., Jacksonville, Florida 32216
- Charles Kram, Jr. W5TP2
- Route 1, Shiner, Texas 77984
- Stan Obritski
- 75 August St., Irvington, New Jersey 07111
- Pearson Amateur Radio Club VE7PAR
- Pearson Polio Pavilion, 700 West 57th Ave., Vancouver 15, British Columbia, Canada
- Ralph Peterson K8BUS
- Whitmore Lake Convalescent Center, 8633 N. Main, St., Whitmore Lake, Michigan 48189
- Lewis Ransom W5BBT
- Segovia Ave., Junction, Texas 76849
- Arnold Reid WA5IJK
- 4975 Sutherland, Beaumont, Texas 77703
- "Rinky Dinks of Ward 67" VE6RD
- University Hospital, Edmonton, Alberta, Canada
- Don Rossi W5FBN
- 5226 Holly, Bellaire, Texas 77401
- Homer R. Smith W5BXL
- 222 Farmer, Crosbyton, Texas 79322
- Don Taylor WNOYAH
- RR1, Box 198, Belle Plaine, Minnesota 56011
- Edna Thorson WAQRRA
- Box 355, Grand Meadow, Minnesota 55936
- Russell Whitehead
- Box 3252, Hialeah, Florida 33013
- Frances E. Woolley G3LWY
- Woodclose, Penselwood, Wincanton, Somerset, U.K.

TALKING BOOKS FOR HAMS

"Talking Book Topics," May-June 1970 reports: that The Radio Amateur's Handbook published by the American Radio Relay League, is now available on magnetic tape. Nineteen reels long, this handbook (order #MT 4184) may be borrowed by writing to the Division for the Blind and Physically Handicapped, Library of Congress, Washington, D.C. 20542. It can also be purchased from Science for the Blind, 221 Rock Hill Road, Bala-Cynwyd, Pennsylvania 19004.

OST, the official monthly journal of the American Relay League is available on tape by writing to DBPH at the address listed above.
Three Disabled Artists

Nell Blaine
Outstanding American Painter

by Timy Sullivan

"In reviewing her work one is at a loss for suitable words. Long ago, she found what she wanted outside of herself, like one who loves finds her own lost self in the object of her love. There is not much chronology. Each show is like the last. All the work is beautiful, some of it more beautiful. Splashes and spots of color rain down like flams on a snaredrum."

So wrote Lawrence Campbell of ART NEWS in describing painter Nell Blaine's solo show held at New York's Poindexter Gallery in September of 1970. It was Miss Blaine's 22nd solo show, her first having been held in 1945 at the Jane Street Gallery which she and a group of artist friends had founded in the forties as a way to "live and work without money or appreciation!" In the intervening years, both money and appreciation have come, as her works have been purchased for over 300 private collections and for some 20 permanent public collections, including those of the Whitney Museum of Art and the Museum of Modern Art in New York, and the University Art Museum, University of California at Berkeley.

In publicizing her 1970 show, the Poindexter press release noted:

Nell Blaine, the outstanding American painter, may claim the unusual distinction of being a leader in the abstract movement in the forties, and in the forefront of the figurative movement in the fifties. She continues to work as a vigorous, lyrical, and painterly figurative artist in her current exhibition.

To be ranked among the leading American painters throughout so many artistic movements and over such a span of time would be a notable achievement for any artist. In Nell Blaine's case, it is even more remarkable, as her career was very nearly ended in 1959 when she contracted polio while painting on the island of Mykonos, Greece, a fact which almost never appears in the extensive literature about her. What follows is her account of her polio experience and her adjustments as an artist.

(Above) Nell Blaine in her Riverside Drive studio. The studio windows overlook the Hudson. Photo: Lida Moser.

Notes by Nell Blaine

As for polio data, I had both bulbar and spinal. I was flown from Mykonos to U.S. hospitals in Athens and Wiesbaden and then to New York by MATS. After 8 months at Mt. Sinai Respirator Center and 2 years of therapy I am permanently confined to the wheelchair, barring miracles, with residual paralysis in back muscles, stomach, right shoulder (gone), and practically nothing in legs. My left arm is almost normal; my strongest muscles are here except the tongue. My diaphragm is supposedly ½ gone, but I suspect some return.

I have two helpers: an attractive Jamaican woman named Lurline Smith, who works for 8 hours, 5 days a week as attendant and houseworker, and Carolyn Harris, a most talented artist and friend who lives with me and assists with my painting setting-up and the showing of my work in the studio. She also cooks wonderfully. I am terribly spoiled.

As I cannot lift my right arm and was always right-handed, I slowly taught myself to paint in oils mainly with my left hand. It was very shaky at first, but long persistence gradually gave more control. I cannot, however, draw well with my left hand but I can use the right for smaller works on my lap.

In any case, painting is as satisfying as ever and some critics of my work like it better than before. One artist said, "You had too much facility before!"
mosquitoes are the grand enemy. I wrap up well, covering as much exposed flesh as possible. After applying 6-12 generously, rags on the feet even, I put two Fish burners on the ground. Thus you have a picture: a creature covered with rags, a hat, swaddled and bandaged, burners smoking, under an umbrella and trees growing rags. I try not to do this in too public a place.

Address: Nell Blaine, 210 Riverside Drive (8A), New York, New York 10025.

Rafael Illana
Spanish Figurative Painter

From my earliest school years I felt an attraction towards drawing. When I was 11, I suffered an attack of polio. After a period of inactivity I began to draw again. I studied drawing and painting for three years.

In 1960 I began to work on my own by taking part in the Juvenile Art Contest in which I won the first prize for drawing. In 1963 I held my first individual exhibition in Madrid, since when I have held exhibitions in several Spanish towns, in Paris, Frankfurt am Main, Munich, and Wiesbaden. In 1964 I won in a competition run by the French Government, a scholarship to broaden my studies in Paris, and later another Spanish one which allowed me to visit the whole of Italy.

I have on several occasions been chosen to represent Spain in exhibitions of young Spanish art abroad, the last of them called Figurative Painters in Spain Today, which began during the Spanish week in the city of San Diego, California, and which was later transferred to St. Louis, Boston, and New York. Several Spanish and foreign critics have written about my work, in catalogues, reviews, and newspapers, and the Spanish and German television have given time to my work, the latter with a long report in colour on my last exhibition in Wiesbaden.

I want to establish contacts with young American artists and I want to go to the United States to make my work known. I should be glad to know any person who can obtain a grant in the U.S. or who could offer me lodging. I should also like to get in touch with art galleries.

Address: Bruch, 160 Barcelona 9, Spain.

The artist working at the docks, Rocky Neck, Gloucester, Massachusetts. "As I could no longer lift my right arm, I taught myself to paint with my left hand. At times, I lift the right arm with my left." Photo: Carolyn Harris.

Although I work within my physical limitations I am always trying to push them further, as well as exploring new ways to use these limitations. I was able to achieve a 46 x 67 oil simply by taping old brushes to the new to extend the length of the handle. Television tubing is useful for this purpose and the cardboard tubes found on coat hangers. I use sable flats and they are slim enough to slip and wedge firmly into these lightweight tubes. TV rods can be easily sawed to a suitable length.

I use snack tables for sketching materials as I work in different areas of the house to utilize different views. My palette is plate glass with the back painted white and placed on a white table on wheels. My easel is a French outdoor easel which can be adapted to watercolor or oil works and can even handle large works by clamping a tall stretcher bar to the center support and resting the canvas against this. A heavy rubber band or string attached to two push pins secures the structure from mishap. This setup requires help. I hold to this easel because it is lightweight, adjusts well, and holds my colors in a handy front drawer which serves as a shelf and adds anchor and balance. This easel is wonderful for outdoor work because the wind cannot carry the canvas away.

To see me painting landscapes is probably a comical sight. When it is sunny, I clamp a beach umbrella to the back of my chair and often attach rags to the bottom to keep the sun patterns from the paper. Often rags get distributed through the leaves in branches overhead until the scene looks like a rag picker’s jumble sale. Moving patterns on a canvas distract and distort. I wage all out war. When the ground has been too lumpy or graded for easy movement to and from a larger canvas, my assistant has placed a full sheet of plywood on the ground with planks building up the uneven areas underneath — just like a printer’s makeready. I must have a perfectly level area with no bounce. With smaller oils I stay put. Setting up to paint outside is an elaborate affair as I like to get right to the edge of the woods and to feel myself surrounded by trees. Sometimes
Genesis of One Erich Krell

It was the dawning of THE AGE OF THE THOUSAND YEAR REICH and the year was that of Schickelgruber, when the world was first awakened by the cries of my humble presence.

I was the third child—prematurely—in a bunch of three girls. My parents would have been regarded as middle class. Being constantly plagued by illness my attendance at school suffered. I was eight years of age when I commenced regular schooling and surprisingly to me had to start at grade three.

Adolf (Hitler) hadn't been loafing in the same manner as yours truly and was busily and well on the way in implementing his "Lebensraum" policies. Actually I was not doing too badly myself, showing traits of this transformation were evident already and expressed themselves in my desires to wear the coveted uniform of the Hitler Youth. My father, however, wasn't having any of it once I had reached the required age and to demonstrate his opposition accordingly, he administered quite a severe hiding to me for being too persistent in my demands. I didn't forgive him for a long time to come.

When the "protective reaction strikes" over Berlin—my birthplace—started to increase in frequency and intensity, the future of the "Master race"—the children—were being evacuated. My destiny was a sleepy little hamlet near the then Polish border, in the tranquility of the East Prussian region of Germany. This time spent in the former parts of my homeland, according to present borders, the tranquility of the East Prussian region of Germany, the family should stay together; at least that is my explanation today. As the Goeringian fantasies—no enemy aircraft will ever cloud the German skies—dissipated under the forever growing onslaught of the Allied Bomber Commands, life became more frightening every day but one somehow adjusted accordingly.

Schooling had all but disappeared and had been replaced by political instructions. Stalingrad, the beginning of the end, was just explained as another strategic re-deployment of our victorious armies. However, my youthful dedication to the cause and my belief in the Fuhrer was as dedicated as the next man's—much to the chagrin of the old man. The "highlight" of my career occurred when I was being singled out from my class to receive a special kind of schooling at an "Ordensburg." So called because they were the relics of the Teutonic Knights who ruled in times gone by. They still symbolized, however, the same idea behind their original conception, to train and maintain an elite.

When proudly and jubilantly seeking permission from the old man to go, he only looked silently at me for some time and then belted the merry hell out of me.

He wasn't going to get away with it, I swore, not this time. Like all good and loyal Germans at the time I would have him eliminated, I would have done him in; anyway, I was still smarting from his refusal to let me join the Hitler Youth — however, I never ratted on him.

The remainder is more or less history. Who would want to know about the prevailing fears, the nightmares, and who would want to know what a terrified 12 year old prospect of the "Herrenvolk" felt when a bunch of machine-gun brandishing Russians burst into the under ground shelter and didn't even bother to take the favoured girls and women outside; some of the husbands having to stand by. Ever seen the remains of a human being being splattered over a few masonry remnants of a bombed out house, corpses burned to a cinder or draped grotesquely over naked jutting girders and beams? —you haven't missed anything—or have you?

After successfully completing my apprenticeship in 1948 I was pronounced a qualified boilermaker. Dissention and a general restlessness with my personal circumstances decided for me finally to migrate to Australia. I arrived here during 1959 but my new found freedom was short lived. In 1961 — not even two years in the country — I lay in the Darwin hospital struggling to keep alive. For when returning to the "salt mines" after a short holiday trip, the car went out of control in the middle of nowhere and we crashed; me sleeping in the back seat at the time didn't help matters either. When all was told, I had become a quadriplegic.

Life after that lost all purpose and I might as well have been killed. Being single and without any relatives in an alien country, the difficulty of the language, added to my new situation a kind of absolute helplessness. After five months I was finally moved to Adelaide, South Australia, where my rehabilitation — "to be able to leave on my own two feet" — was going to begin in earnest. It was during my subsequent 2½ years in the hospital that I met my present nurse, Elizabeth, who now looks after me for some time and then belted the merry hell out of me.

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failure to add to my already impressive list. Never having entertained the thought of painting before, I was literally speaking, paralysed—and no pun intended. How can I convey my innermost thoughts, my joyousness when the final discovery came that I was at least able to get the paint from the palette to brush and onto canvas? It is impossible!

Suddenly I had a goal, suddenly there was a purpose, suddenly life was no longer meaningless. I started reading again, I began listening again to what others had to say. After a long, long period of self-imposed inwardness I was actually coming out of my shell. It was like being reborn, receiving the gift of life itself after being dead for a very long time, and knowing it.

I worked hard at it, probably harder than ever before throughout my entire life because I had to succeed with it no matter what the odds, my very sanity and survival as a person depended on success; as did the future or my life with Elizabeth. To cut all the unnecessary drivel out, in 1965 I received word that the Association had awarded me a scholarship as of May of that year. Life was truly worth living again.

Since that time I have never looked back. I also surfaced from my life in a bottle and took a hard look at what had been. I went over my entire life with a fine tooth comb and re-appraised and re-valued it entirely. I was deeply ashamed of some of the things I had done but one decision I was going to make was that I will never forget what I did and why. In some instances I am thankful for what I sampled because without these experiences and differing circumstances I would be so much the poorer.

Not that I am all that richly endowed with wisdom and knowledge now, but since joining the human society once more I have learned much, even if it only gave me the opportunity to find out my own ignorance. During my more lucid moments—somewhat cynical though—I even claim that the crash which damaged my spinal cord was the best that could have happened to me.

Yes, life has been good to me during the last 5—6 years, but probably only because I learned my lesson the hard way; one only gets out of life what one is prepared to put into it. The fact that one may well be shortchanged at the start—by virtue of being somewhat penalized already—does not really alter the principle. However, I am not too blind to see that society as a whole is not prepared to realize this and extend a helping hand accordingly—but this is another topic.

For the future, I am not afraid, because I have found my niche in life at last, and that I had to find it sailing into the wind makes it only the more rewarding. My inexpressable gratitude must go to Elizabeth, to the Association for giving me a purpose and to the Australian Government for just being. It is on account of the latter that I am—in my own opinion—justifiably proud of my achievements because it is certainly not on account of Government policies that I finally "succeeded" but in spite of them. Here's to life!

Address: 15 Tester Drive, Blackwood, South Australia 5051, Australia.

(Art by Correspondence)

Reasonably priced art study at home

by Joseph C. Bradley, Instructor

The University of Wisconsin Extension offers correspondence courses in art, designed for those who cannot attend classes. And they offer some unique opportunities: you can work at your own pace wherever you choose. You can register at any time of year. Each course is available either with or without credit; you can enroll with the object of earning a degree, or you can enroll for your own instruction and enjoyment.

Our correspondence courses are tutoring courses. The instructor works with just one person at a time, and adjusts his evaluation of each student's work to that person's interests, needs, and disabilities.

I feel well qualified to teach disabled people, because I myself have been disabled for 23 years and once spent 19 months in rehabilitation work, both at the University Hospitals in Madison, Wisconsin, and at Dr. Rusk's Institute of Rehabilitation in New York City.

Our courses cover drawing, painting, sculpture, design, architecture, crafts, advertising and creative design, graphics, and history of Western Art. Prices range from under $30 to around $70, plus texts. A well-illustrated study guide with assignments and a supply of necessary art materials are included with each course. For detailed information, write: The Advisor to Students, Department of Independent Study, University of Wisconsin Extension, 432 N. Lake Street, Madison, Wisconsin 53706.
Lorraine B. Erickson

Keyboard Fun For Quadriplegics

Being able to play a musical instrument can bring great pleasure and fulfillment to people with severe physical disabilities. It can also be a creative and positive means of expressing inner feelings and act as a safety valve for release of the frustrations of restricted activity. If you have always assumed that playing music was impossible for you, we hope this article will help you to express yourselves musically and open a whole new world of creativity and fun.

Keyboard instruments are especially adaptable to people with severe limitations. No problem is too great if you have enough movement, control, and the little strength required to strike the keys any way at all.

The Piano and Its Damper Pedal. Organ keys require less strength, since they merely need to be depressed, not struck like piano keys. However, the piano has a great advantage with its damper pedal which holds the sound of some notes while you play others. This makes it possible to spread the notes out over a wide area of the keyboard to produce full-sounding, satisfying music by playing just one note in each hand. Shown playing this way (Fig. 1) are 13-year-old Bud Craig and 8-year-old Doug Keller.

![Fig. 1](image)

Bud is a quadriplegic amputee who lost both hands and part of both legs from a rare blood disease at the age of 13 months. He plays the piano beautifully by striking single white keys on the edge with his stumps, which requires great accuracy. Hitting single black keys is easy since they are raised and separated by some space. We think Bud may be the best “no-handed” pianist in the world. If you know of any others, please have them write to me. Doug is an osteogenesis imperfecta (“brittle bones”) child who was born with over forty fractures. He is getting stronger all the time, but is tiny for his age. With the typical O.I. loose ligament problem, he could not play with all of his fingers at first, so he just picked one finger on each hand and played.

If you have some movement and control in your arms and hands, with or without assistive devices such as braces, arm slings and finger splints, play with any finger(s) or part of the hands you can use. If this is impossible, try holding something in your hands with which to strike the keys. Attach something to a hand that cannot hold anything.

My article, Keyboard Fun for Children With Osteogenesis Imperfecta and Other Severe Physical Disabilities, contains detailed information on adapting severe arm and hand deformities and limitations to playing. If you have any arm and hand movement, just send me a stamped, self-addressed envelope for this article. If you have any doubt about your physical activities, consult your physician before trying the techniques in either of these articles.

Knuckle Music and Foot Music. Shown dangling her hands over the keyboard to play “knuckle music” on her big chord organ is Viola Hamby (Fig. 2), who has been disabled by arthrogryposis since birth. She has almost no use of her arms and hands but, after surgery, she walks without any aids. She has raised a son and has done all of her housework by holding various things with her mouth. Vi places her small chord organ on the floor and plays the chord buttons with the toes of her left foot and the melody keys with her right foot. Your legs may get tired at first if you have no ankle movement. If your toes are too weak for this, take an old pair of shoes, tape an unsharpened pencil to the sole of each, and play chord buttons with the left eraser and melody keys with the right one. Place a sturdy box on the floor in front of the organ to rest your heels on while playing. If you can sit on a high stool, try hanging your feet down just over the keyboard to play. To get a better feel of what your feet are doing, stick unsharpened pencils in the front of open-toed shoes, hold them in place with the soles of your feet, and play with the eraser end.

A cerebral palsied student who is completely disabled loves playing the organ with her elbow. C.P.’s with tension may lack control to hold the keys down the correct length of time to produce the melody, but it is certainly worth a try. A board can
Fig. 2

"Lollipop" Mouthstick. 3/8" sugar pine well sanded. 1 1/4"

Carve out 1"; insert unsharpened pencil; glue with Elmer's or epoxy.

Fig. 3

Fig. 4

Fig. 5

Fig. 6

Piano keys

Eraser end of pencil

Tongue depressor

Tape

Rubber band

Wrap large plain band-aids around the top end, or slip a #1 rubber fingertip over it.
be attached along the front of the keyboard for better control and to rest weak arms on while playing.

Arm Slings and “Lollipop” Mouthsticks. Every effort should be made to play with the hands, arms or feet some way, but if this is impossible a mouthstick works beautifully. Harriet Stephens plays a little chord organ attached to her tiltable, using a “lollipop” mouthstick for the melody keys and her arm sling and left fingers for the chord buttons (Fig. 3).

Harriet was paralyzed by polio in 1954 when her baby was six months old and her twins were two years old. She has developed a great deal of ingenuity and skill in supervising her home and children. She uses a rocking bed at night and positive pressure in the daytime. She has slight use of her left bicep and some finger use.

To equalize pressure on all of Harriet’s teeth we devised a carved sugar pine “lollipop” mouthstick (Fig. 4) by having her bite down on a heavy piece of paper to get the outline of the teeth. If you wish to avoid pressure on the front teeth, insert carbon paper and carve out where they mark the mouthpiece. If you like a stick longer than a pencil, use a piece of dowel stick, rubber tipped. Try 1/4” and 5/16” sticks to see which weight you prefer. A shorter stick gives you better control; a longer stick gives you wider playing range.

Attach the organ securely to a tilt-table and tilt it toward you with the keyboard at a right angle to your chest so that you will be striking directly down on the keys, to make them easiest to depress. The more erect you can sit, the more the weight of your head will help you. A person using a chestpiece should be able to play with a mouthstick this way.

Those of you who already use mouthsticks (or head sticks) need only to rubber-tip whatever you are using. We buy junior small game rubber arrowheads and grind the diameter down a little for tips. These fit pencils, 5/16” dowel sticks, and all prothetic hook fingers. In a pinch, a pencil eraser tip can be used, but it leaves residue and slips on the black keys.

Begin by playing melodies with a single pencil mouthstick, and play for short periods of time until you build up strength. If you had music before becoming disabled, as Harriet did, you should be able to take right off and play your favorite melodies “by ear” or from any song book. Playing in the keys of C, F, and G will be best since they require the fewest black keys.

When you can play melodies easily and well, add a second pencil for playing harmony in thirds (every other white key). This is more complicated, since you must learn when to play the harmony note (the left one) and when not to, but it enriches the music and makes playing even more fun.

Tongue-Depressor Mouthsticks. Roy Cary was almost completely paralyzed by polio in 1952. He is shown playing his electric piano (Fig. 5) with the eraser end of two pencils attached to a tongue-depressor, giving him a range of about two octaves and permitting him to play harmony in thirds. This type of mouthstick (Fig. 6) has more maneuverability with the front teeth and lips. Roy wraps a piece of adhesive tape around the erasers and lets it extend about 1/8” beyond the end to prevent residue on the keys.

Roy played the piano and guitar before becoming disabled, and now plays all of his music “by ear.” He says playing with a mouthstick has strengthened his neck muscles tremendously. Roy leads a full and active life as a professional musician, leading a country and western band and a folk-singing group. He uses a rocking bed at night and part of the day, does glossopharyngeal breathing while playing or singing. He has composed about 100 songs and made recordings.

Since success and enjoyment in playing with weak fingers or a mouthstick depend on finding an organ which is easiest to play, try all organs available, and even try several of the same model, to find the one with the lightest touch. Get a little two-octave, six-button chord organ first (cost about $15 at discount stores).

Anyone handy with tools can lighten the action more on many organs if necessary. To ease the spring tension, loose the end screws holding the two long metal bars against the key springs just enough to insert U-shaped spacers about 1/15” thick beneath the lower bar around each screw. Tighten the screws again. Remove the curved metal strip holding each chord button, straighten the curve some, and re-insert. This will probably void the warranty but should enable you to play the instrument.

The Magnus Organ Corporation will provide its two-octave chord organ modified for a very light touch especially for the severely disabled and ship it anywhere in the Continental U.S. upon receipt of $5 to cover the shipping costs, and your statement that you have little or no use of your hands. Send your request to Magnus Organ Corporation, Special Services Division, 1600 West Edgar Road, Linden, New Jersey 07036.

I hope we have given you many good ideas so that you will find a way to enjoy keyboard fun. Please write me about your new musical discoveries and send a photo of yourself playing. If you already play keyboard, harmonica on a shoulder holder, drums, theremin, etc., some way, I hope you will send me a description and photo so that your ideas can be shared with others. Has anyone with no use of the feet found a way to use the piano pedals?

Address: Mrs. Howard A. Erickson, 2635 Dartmouth Ave., Boulder, Colorado 80303.

CREDITS. The photo of Roy, illustrations of his mouthsticks, and portions of the text about Roy and Bud are taken from Piano Playing as a Hobby for Children With Problem Hands (amputees) by Loraine B. Erickson, published in the March 1972 INTER-CLINIC INFORMATION BULLETIN by Prosthetics and Orthotics, N.Y.U. Post-Graduate Medical School, with permission of the editor, Hector W. Kay of the National Research Council.
Groups formed by handicapped individuals through their churches help others, who would otherwise be lonely shut-ins, to share religious and social activities. They gather individuals of all ages and degrees of disability to pray and play. Most American group activities consist of a form of group therapy through meetings or letters; more of the international groups have evolved to include employment, holidays, and residential facilities.

CUSA, The Catholic Union Of The Sick In America, was a pioneer in such group therapy. It was founded 25 years ago by the late Mrs. Robert Brunner who belonged to a similar organization, "L’Union Catholique des Malades," in her native Belgium.

CUSA's purpose is expressed in its mottoes, "We suffer for a purpose" and "A brother helped by his brother is like a strong city." Anna Marie Sopko, one of its leaders, wrote enthusiastically, "CUSA now numbers 1,100 members throughout the U.S., Canada, Mexico, and Puerto Rico. The basic unit is the group, which consists of eight or nine members. Each group has an experienced leader and assistant leader, and a priest as spiritual advisor who guides and stimulates group discussions. Members of the groups, sometimes separated by hundreds of miles, communicate by group-letter. Among CUSA's more than 140 groups, there are 'special' groups for non-Catholics, children, and those using Braille or tape recordings.

"Our small staff of three typists keeps CUSA functioning smoothly. I process all applicants, working from my home with the aid of an IBM typewriter, which has a key shield. (I am disabled by cerebral palsy.)"

"Our members are united in common friendship, sharing, and prayer. CUSA has autonomous counterparts in Denmark, France, Germany, Ireland, Scotland, and French-speaking Canada. To join, write to CUSA at my home: 176 West 8th Street, Bayonne, New Jersey 07002."

In 1948, the Christian League For The Handicapped was organized as a non-profit corporation with the Rev. Charles E. Pedersen as managing director. In 1954 the first occupational home became a reality, along with a gift and book store. The present modern home and workshop were dedicated in 1964. It is located on 170 acres of farmland near the resort area of Lake Geneva, Wisconsin.

"The League," said the Rev. Pedersen, "is non-denominational and inter-denominational in character. It prides itself on friendship with all denominations and affiliation with none. It is national in scope with 19 active chapters directly related to the Occupational Home."

For further information, see the housing section of this issue and write to: Christian League for the Handicapped, Box 98, Walworth, Wisconsin 53184.

The Crusaders Chapel was started in 1957 by Ronald Ballard, a traumatic quad, to provide a place of worship for the handicapped. By 1965 the group has raised enough money to construct their own building.

The pastor, teachers, officers and most of the members are physically handicapped, or are members of a handicapped person's family.

"We feel that our ministry is specifically for the physically handicapped," Ronald said. "It gives them a place of worship, but just as important, a place of service. It may take three to do one job, but we get the job done.

"Government statistics indicate that there are
over 82,000 handicapped in our county alone. According to surveys we have conducted, a micro-percentage of these attend and serve in a church. We are convinced that this is indeed a mission.

“We find this a hard field to work in because it is extremely difficult to encourage and convince the handicapped to attend church. Once we have gotten them to come, this problem evaporates for they find the fellowship and love among the members is indeed rewarding. We currently average over 40 in Sunday school, over half of them being handicapped.”

The Crusaders Chapel hopes to help organize other churches in other parts of the country. There are two similar churches in Dallas, Texas, and Mobile, Alabama.

For information, write to: Mr. Ronald Ballard, The Crusaders Chapel, 2813 Sappington Place, Fort Worth, Texas 76116.

The Catholic League For The Orthopedically Handicapped was started in 1962 “for the spiritual, social and recreational improvement” of the handicapped in the Metropolitan Philadelphia area. The dynamic leader of the group is Bill Mansell whose arthritis keeps him horizontal on an ambulance cot.

“Activities for the members include general meetings on the second Sunday afternoon of each month and five additional events with a predominantly spiritual theme,” Bill said. “These are: a day of recollection, a weekend retreat, a communion brunch, a bus ride or pilgrimage to a church or shrine, and a Day of Hope. Outings take place at different locations and combine the social with the spiritual.

“General meetings, which draw an average of 80 of the 200 members are held in the parish hall of a local Catholic Church. In the past CLOH has had lectures by priests, rabbis, psychiatrists, and a nurse from the USS Hope as well as slides, movies, and concerts. Recently the trend has been toward self-entertainment: bingo and ice cream socials affording the members a greater opportunity to know one another. Transportation to meetings and events is provided by volunteer drivers and taxicabs.

“The League has a $3 annual membership fee, and there is usually a nominal charge for special events. It is unique in the fact that it is run by its handicapped members. A volunteer auxiliary of 16 non-handicapped men and women lends a hand with refreshments, and in helping members in and out of meeting places. The League is virtually autonomous and self-supporting. It is available to all religions and races.”

For further information, write: William G. Mansell, Jr., 19 Valley View Road, Philadelphia, Pennsylvania 19118.

At about the same time, 1963, a similar group of handicapped persons was formed in the St. Louis, Missouri, area by Fr. John Maronic, OMI, of the Shrine of Our Lady of the Snows. One of the co-founders and Secretary of the Board of Directors is Shirley Kopecky, a respiratory polio quad who has contacted many Gazette readers about monitoring work. The gregarious Shirley coordinates the telephoning to find transportation for the 300 to 350 members of the local group.

Their name, Victim Missionaries, describes the purpose, “a spiritual organization for the handicapped to prevent wasted suffering.”

About 3000 copies of the newsletter, UPLIFT, are issued every two months. Units and chapters have been launched in Omaha, Nebraska, New Orleans, Louisiana, and Flint and Detroit, Michigan. On the first Saturday of the month the members
gather at the shrine in Belleville, Illinois, for a Day of Renewal. In between there are picnics, parties, and novenas. All the officers and members of the board are handicapped.

For information, write: Victim Missionaries, 9500 Route 460, Belleville, Illinois 62223.

For details of the international Fraternidad Catolica De Enfermos we are indebted to Eileen Van Albert of Guadalajara, Mexico, one of the Gazette’s foreign correspondents.

Eileen, who is wheelchair by muscular dystrophy, spent 87 days travelling in Europe in 1971 with a companion-attendant. They toured France, Spain, Switzerland, and England by car, train, and ferry visiting many handicapped individuals and groups. “We received the warmest receptions from ‘La Fraternidad Catolicos Enfermos’ in Barcelona, Madrid, Granada, San Sebastian in Spain and Fribourg in Switzerland.”

The organization was started in Verdun in 1942 by Fr. Monsenor Francois when he was a patient in a hospital, he said. By 1958 it covered half of France and had been approved as a national fraternity. In 1966 it held its first international congress at Strasbourg. By then it had spread to Belgium, Germany, Spain, Austria, Holland, Denmark, England, Madagascar, Canada, Peru, Portugal, and The Congo.

“Colaboradores, physically able people, usually friends or parents, are essential. They help with transportation, pushing a wheelchair, giving a lift into a bus, or the loan of a car. Young people, social workers, students, and young men in service are surprisingly sympathetic. They still are optimistic enough to believe that anything can be accomplished with an idea, enthusiasm, song, and laughter.

“The word, ‘Catholic,’ does not mean that this is a Catholic organization. Everybody is welcome. In Spain the spiritual counselor for a group is apt to be a Jesuit. But the priest does not run the fraternidad, he helps in the physical as well as the spiritual activities.

“The beginning of any fraternidad is small, the meeting place is at the home of one of the group. Eventually the groups become large enough to become known and someone donates a meeting place. There are no dues, only donations. Their aim is to incorporate the handicapped into already established businesses, factories, etc.

“At present there are 50 chapters in Spain. All hold group meetings once a month. The centers are always open, they all have a small library and a TV. Some have permits to sell wine, liquor, and snacks to the general public. Others have organized projects such as piecework sewing, and processing and framing prints. Most of them have space for meetings of large groups, and residential facilities for a small number of permanent and transient guests. In Madrid they have a daily radio program. They also publish a monthly bulletin, Boletin Informativo Fraternidad (Domicilio Social, Montserrat, 30, Spain), which they send all over the world.

“As a group,” said Eileen, “they not only exchange experiences, but also campaign for more government and private benefits. They stage plays, visit museums, have art exhibitions, picnics, and tours. They run seaside and mountain camps for handicapped children and members for vacations at minimum expense.”

Eileen summed up her experiences, “Their activities are widespread but what I enjoyed most was the feeling of FRATERNIDAD.”

For more details, write Eileen Van Albert, Apartado 208, Guadalajara 5, Jalisco, Mexico.
Friends Around The World

Republic of China
by Ronald J. Dickson

Back in 1590, a Portuguese vessel sailing up the West coast recorded the lush land to starboard as 'Ilha Formosa,' or Beautiful Isle. To the present-day disabled adventurer, Formosa (Taiwan) may seem more of a perilous isle: on the East coast, a one-lane highway is dug into a cliff that plunges several thousand feet into the foaming Pacific; in the capital, small taxis scuttling through motorcycle-clogged traffic run up impressive accident statistics; on a hillside, at the top of a frustratingly long flight of steps, sits the magnetic National Palace Museum.

But the spectacular East coast now is served by plane; cab-drivers, like many others on this hospitable and inexpensive island, can be very helpful; the Museum front door can be reached by car, leaving only one three-inch step to the automatic doorway, and the wheelchair available within.

Taipei is a city of one-and-a-half million, with all the modern conveniences of traffic, noise and smog. Some of the rooms in the present Grand Hotel (a grander Grand is rising over the Taipei skyline) have bathroom doors wide enough for a wheelchair. Restaurants specializing in Szechwan, in Hunan, in Peking, in Shanghai and in Cantonese food (this last-named type, modified to Western tastes, is found in U.S. Chinese restaurants) are accessible to wheelchairs, as are places offering Taiwanese, Japanese, Italian and Mexican fare. Less convenient are Indonesian, French, Turkish establishments, and Mongolian and Korean barbecues.

With a modified VW Microbus (described in the 1969 Gazette), a part-time driver, and a Chinese college student to help me at home, I've been living in Taiwan for the past three years, sharing home and cook with my mother. Cook, helper and driver would be prohibitively costly Stateside, but are reasonable here. The home is not far from the National Palace Museum, where I put in part of my time.

More than 300,000 items - bronzes, jade, porcelain, enamels, lacquer ware, tapestries, paintings, calligraphy, rare books and documents, ivory, embroidery and other treasures of imperial China - make the National Palace Museum collection of Chinese art the largest in the world. Handed down from dynasty to dynasty, some of the palace heirlooms date back 4,000 years. A couple of the paintings may be of particular interest to the disabled.

Four immortals walking on the water. The handicapped immortal, Li of the Iron Crutch, has become the symbol of the sick or disabled.

One painting, by the Ming Dynasty Shang Hsi (who flourished in the 1430's), depicts four immortals walking on the water, the scene auspiciously surveyed by the crane-lofted God of Immortality. According to legend, the occasion for this particular miracle seems to have been the desire of the Eight Immortals (Pa Hsien) to behold the wonders of the deep not visible from their celestial home. And for locomotion, they cast objects upon the sea surface, stepping upon them as confidently as they might have sauntered upon the tarry decks of the Portu-
guese vessel that found Formosa. Such objects visible here include a three-legged toad, a broom, a banana leaf - and an iron crutch (which would seem less sea-worthy than a wooden one).

The handicapped immortal, who always carries a gourd full of magic medicines, is Li T'ieh-kuai, or 'Li of the Iron Crutch.' Li T'ieh-kuai has become the symbol of the sick or disabled, and his emblem—the crutch—appears on porcelain, fans, embroidery, etc., as do like representations for the other immortals. Moreover, his image—a readily-understood picture—frequently appears on the signboards of pharmacists or herbalists.

Per one legend, Li T'ieh-kuai was given both immortality and his iron crutch by Hsi Wang-mu ('Mother who Rules the West'), a deity shrouded in the mists of antiquity. According to another tale, he was a devout student of Taoism who lived in the Sui Dynasty (590-618 A.D.), although some place him in the Yuan Dynasty (1280-1368 A.D.). One day, he had an appointment with Lao Tzu, which he kept in spirit only, consigning his spiritless body to the care of his disciple, Lang Ling. If Li T'ieh-kuai's spirit had not returned within seven days, the body was to be burned. But only six days had passed when the disciple, Lang Ling, was urgently summoned to his mother's death-bed. Under the circumstances, he thought it best to cremate the body and hurry off. Shortly thereafter, Li T'ieh-kuai returned, only to find his fleshly home a heap of smouldering ashes. Nearby, however, a beggar had just died of malnutrition, so the wandering spirit of Li T'ieh-kuai occupied the empty, scruffy body, inheriting the beggar's lameness, and his crutch, for which Lao Tzu gave him an iron crutch.

However fanciful the accounts, very real is the metal Chinese crutch — not Canadian crutch — that existed well before Columbus. Unfortunately, the Chinese evidently never stumbled across the wheeled chair (although they invented the wheel-barrow): perhaps, for the affluent, the sedan chair sufficed.

Another painting, A VILLAGE DOCTOR AT WORK, is attributed to the Sung artist Li T'ang (1049-1130). The work he is practicing is moxibustion, to the excruciating discomfort of the patient. The patient's wife, her forehead wrinkled in concern, tries to hold him still; one child hides his face behind his mother's back, while the other child opens one eye and closes the other, as if cringing between the wish to watch and fear to see. The doctor's young assistant, standing by the symbolic flag of the plaster merchant, is ready to slap a plaster on the patient's back after the treatment.

Moxibustion is the burning of moxa or mugwort — a soft substance from the young leaves of artemisia moso — at specific points on the patient's body. The heat supposedly stimulates the body's system to cure the disease, and sometimes is a cauterizing agent. Moxa powder may be compressed into pellets, burned directly on the skin; it may be fired with a metal spoon or thinly sliced ginger intervening between it and the skin; it may be formed into burning sticks, held close to, but not touching the skin.

Related to moxibustion, and still often used in conjunction with it, is acupuncture. The ancient art of acupuncture has received much publicity of late, and is under serious investigation in the U.S.S.R., Germany and France, for it often seems to have striking effects whose causes baffle Western explanation. This insertion of needles at prescribed points originated aeons ago (or so the story has it) when soldiers pierced by enemy arrows discovered amazing improvement of ailments elsewhere. (Both acupuncture and moxibustion may call for treatment at places remote from the problem: a needle in the leg, for example, may be designed to cure a headache.)

According to THE YELLOW EMPEROR'S CLASSIC OF INTERNAL MEDICINE, which appeared nearly 2,500 B.C., the human body has twelve channels, or meridians, through which flow the forces of yang and yin. Along these twelve meridians are 365 points susceptible to needle manipulation. When the yang and yin are not in perfect balance, a person gets sick. The modern acupuncturist diagnoses the imbalance and its location through a delicate and complex reading of the patient's pulse. (To a skilled doctor, the pulse can reveal a great deal—like, whether or not a girl is pregnant.) Then he painlessly, bloodlessly shoves in the needle or needles. These needles, now usually of stainless steel, come in nine standard sizes, and there are five common techniques for insertion. The angle and
depth of penetration vary with the particular ailment.

Like moxibustion, acupuncture assumes a close interrelationship between different body organs and vessels, with such divisions as those distinguishing the lymphatic, the nervous and the circulatory systems bridged by the twelve channels of yang and yin.

During the past few years, acupuncture has been used as an analgesic: Western doctors have witnessed major operations, with the patient cheerfully chatting with the surgeon, and under no anesthetic whatsoever save a few strategically-placed needles. Explanations vary from psychosomatic self-hypnosis to speculation that the needles temporarily block the sensory nerves.

An alcoholic anesthetic was used back in the Han Dynasty (206 B.C.-220 A.D.) by the surgeon Hua Tua, who, according to contemporary accounts, successfully performed abdominal surgery that excised a portion of the intestines: sutures and ointment had the patient feeling chipper within five days, and completely back to normal within a month.

Less dramatic, perhaps, is Chinese herbal medicine, which dates back to Shen Nung-shin (traditionally active about 2,600 B.C.). Over the centuries, the tested recipes of which we have published accounts have numbered in the thousands. Many of these anticipated modern medical discoveries, and a contemporary scholar leafing through a Chinese medieval herbal may find a practical heart stimulant described, or a prescription for Epsom Salts (known as 'spikey niter'), along with recommendations for tiger flesh as a specific for evil spirits, or dragon fossils as efficacious against succubi.

The traditional components of Chinese medicine — moxibustion, acupuncture, surgery, herb medicine — historically were practiced by wandering physicians (like Li T'ang's VILLAGE DOCTOR, by stationary specialists (in the Sung Dynasty, there were the equivalents of pediatricians and of gynecologists), and by herb merchants. At least for a while, there also was concern for shelter for the patient. Before Western knighthood was in flower or even in bud, hospitals and welfare programs for the sick, the poor, and the aged, the orphaned existed during the 7th and 8th centuries of Tang Dynasty China. The humane interest in charitable activities was fostered by the 'field of compassion' of Buddhism, which was particularly strong in the Middle Kingdom at that time.

And humane interest accounts for some present day activities in Taiwan, activities such as the Christian Mustard Seed Hospital for victims of the 'blackfoot' disease, the government leprosarium, the Cheng Hsin Rehabilitation Center. Endemic on the Great Salt Coast, the 'blackfoot' disease evidently is the gangrenous result of arsenic in the well water. Treatment for this affliction, as for leprosy, frequently involves amputation. And amputation for either disease has produced some ingenious, inexpensive devices: tin prostheses, for example, and bamboo crutches. The Cheng Hsin Rehabilitation Center, sponsored by Madame Chiang Kai-shek, has been termed the largest and best of its kind in Asia. Many of the almost 500 children it helps yearly suffer from residual polio, for which traditional Chinese medicine offers no cure. Accommodating 426 children and a staff of 240, the center offers physical therapy, corrective surgery, psychological conditioning, X-ray, lab, pediatrics, eye, ear, nose, throat and dental clinics, plus kindergarten and elementary school classes for school-age kids.

ADDRESS: Ronald J. Dickson, c/o Catherine Lin, PO Box 12140, Taipei 104, Taiwan (Formosa), Republic of China.

*Photo courtesy of: Collection of the National Palace Museum, Taipei, Taiwan, Republic of China.*
Thoughts of My Illness

by D.W.A. Samarasinghe, M.B.B.S., ECFMG.

It was on a day, in September 1959, an illness, that was to change my life completely. As a medical officer attached to a Government Hospital in Ceylon and with a routine consonant with the normal use of limbs, I found myself in a state that was a complete disruption. Yes, it was an illness that was a complete upheaval—Poliomyelitis.

My stay in the mechanical respirator convinced me of the necessity for certain adjustments. I sported a big pressure sore on my left heel. This was in spite of all the steps taken to prevent this. No doubt the pressure reaction was at its maximum. I did think a useful adjustment could be made to the base of the respirator, to establish variable reaction pressures per unit time and thus eliminate pressure necrosis of the skin.

I did also find that dehydration was quite a problem. When I was well enough to leave the respirator, the natural elasticity of the skin was lost. The clinical impression I had was that I was not hydrated enough. To my mind, a study is required to investigate the optimum humidity and environmental temperature of the mechanical respirator to minimise evaporation.

Quite an unrest was caused by the thought, that though I was out of the respirator, I could find myself requiring the respirator. In weaning a patient away from the respirator, I think intensive care is required to give the assurance that the needs will be met when required.

The question of giving oxygen to a patient in a respirator requires investigation. I have found working with the Cardiology Unit in Ceylon that oxygen consumption per unit time is markedly raised in tachycardia (increased heart rate). Tachycardia is a necessary feature of a patient in a respirator. I do think I did not get the requirement of oxygen while in the respirator.

A device to extract solid waste material I think is very essential. A sphincter without tone is unable to discharge the functions ascribed to it. Pain of an extraordinary degree is the keynote.

The paralysed lower limbs due to lack of tone and muscle are “heavy.” I thought a device that alternately raises the lower limbs would contribute in a major way to the easing of the “heaviness.” Massage at regular intervals in my experience should also greatly help to lessen the early pain and tenderness. A trunk elevator to permit free circulation of air, at certain intervals, may be very helpful. I did think that a specially adapted apparatus was required for those patients taking the first steps to an erect posture— I also realised that I could best approach life from a wheelchair. For a short period I did use crutches and calipers, much to my discomfort and a lack of confidence.

From the latter half of 1960, I worked as a part of my rehabilitation in the Physical Medicine Department of the General Hospital, Colombo, and then in the Orthopaedic Out-Patients Department in a subsequent period. The output of work was limited to half a day due to fatigue. With the paralysis of the lower limbs, there is an impediment to the circulation of blood that very probably plays a major role in upsetting the normal body balance. This limitation in work output is very real and must be slowly worked up depending on body adaptation.

There has been no impediment to my work from a wheelchair though the chair has its problems. The E & J was too heavy to my liking. I thus constructed a non-folding wheelchair of tubular steel and an adaptation with bicycle wheels. A special table was fixed to the footrest to take a heavy article. This wheelchair proved its worth when I joined the Pathology Laboratory of the General Hospital, Colombo, as a full time medical officer. This was in August 1965. I worked for long periods without undue fatigue. For rather long travel in the hospital I would like a wheelchair with a motor as I still do not have a stable hip, though I must confess, I still show a slow but progressive recovery of muscle power over ten years since paralysis.

Though I don’t have a motor vehicle with hand controls, I must consider myself lucky that I can afford to have a chauffeur. They are not very expensive here. He, in fact, often acts as my personal attendant. I am now able to attend to all my needs where the wheelchair has access to. A wooden ramp takes me to the car and then entry is with the aid of a bridge board.

It is with great satisfaction that I must record the help given me when I needed it most by Dr. Howard A. Rusk of the New York University Medical School. He not only arranged for my further rehabilitation but took positive steps to get this help for me though I could not make use of it due to certain difficulties at this end. To me Rehabilitation Medicine is dedicated medicine and I still sincerely hope that I would be able to get training in his great Institute. I am sure he would still help me.

Finally, let there be more thoughtful planning for the disabled. Often their dexterity surpasses that of those who are normal. When others fail, I have often challenged and prevailed with greater intrinsic thinking that has come on by lonely hours of pondering. The long experience of my paralysis dedicates me to Rehabilitation to give hope to myself and to others. Although I am a polio victim I have not given up the struggle to better myself.

It is my sincere wish that the few thoughts expressed here would be of benefit to the fellow disabled and to those colleagues of mine with a special interest in this field.

Address: 36, Nelson Place, Colombo 6, Ceylon.
Mrs. Kamala V. Nimbkar
Editor, The Journal of Rehabilitation in Asia

by Timy Sullivan

"I have seen in you a vein of subtle genius regulating every pulse and throb of the nation's Social Service Engine."
(Excerpt from a letter to Mrs. Kamala V. Nimbkar from M. D. Ante)

In 1969, the Journal of Rehabilitation in Asia celebrated its tenth anniversary with the publication of a special birthday issue. In it are congratulatory messages from New Delhi, Saigon, Paris, London, New York and other cities all over the world. The issue is a lavish and fitting tribute to the vast scope and impact of the Journal, but, even more, it is a tribute to the vision and persistence of its founder and editor, Mrs. Kamala V. Nimbkar.

She was born in Mt. Holly, New Jersey, to American Quaker parents. She was attending Barnard College in New York City when she met Vishnu Nimbkar, a young man from India who was in the States studying engineering. They decided to be married; however, before they did so, Mr. Nimbkar wanted to be certain that his bride-to-be knew and understood the very different life she would be living as his wife in India. He therefore insisted that she go to India and experience, first-hand, a typical village life. This she did, thus losing no time in getting to know her soon-to-be-adopted land. In 1930, the Nimbkars were married, after which Mrs. Nimbkar continued to learn more about India, taking advantage of her husband's frequent business trips to visit and become familiar with many parts of the country.

As she traveled, one of the things that Mrs. Nimbkar noticed was the lack of a comprehensive kindergarten education for Indian children. There was some Montessori and gradually a combination of activities for small children had developed; but it has been felt that problems of language, religion, and financing would make impossible the establishment of a kindergarten program for children of all groups in India.

The word "impossible" was not a part of Mrs. Nimbkar's vocabulary in any language. Thus, in 1934, she went to England to study kindergarten procedures; and, when she returned, she founded a kindergarten for all children. The school, which still flourishes, eventually grew to include high school.

"What I did was bring all language groups and religious groups of children together as 'just Indian,' and their parents liked this...We had children of every caste with 14 different mother tongues and a variety of religions, and they all got along beautifully. If children with different backgrounds are approached properly, there will be no conflicts."

This kind of positive "let's try it" attitude was to become Mrs. Nimbkar's trade-mark as she continued to take on seemingly impossible tasks.

One of her most significant projects, and the one about which she is most enthusiastic was the founding of occupational therapy programs in India. In 1945, occupational therapy was unheard of in India; but, Mrs. Nimbkar knew something of OT programs and felt that there were many handicapped individuals whose lives could be given new meaning through relevant forms of therapy. Thus, she again went abroad to study. After studying techniques of occupational therapy in the United States, Mrs. Nimbkar returned to Bombay and, in a building supplied by her husband on hospital grounds, she founded the first Asian center for the training of occupational therapists. The center was so successful that it was later taken over by the Bombay Municipal Government. In due time, it was recognized by the World Federation of Occupational Therapists. At the request of the State Government, Mrs. Nimbkar then opened a second training center at Nagpur. This second school did so well that, within a few years, it was recognized by the Nagpur University for the B.Sc.O.T. degree. These centers have now trained more than 500 occupational therapists, some of whom have gone to the United States for graduate study. They work with several categories of handicapped; blind, deaf, arthritic, mentally retarded, and leprosy patients of which there are about 2 million in India.

In 1957, Mrs. Nimbkar represented India at a seminar on rehabilitation in Solo, Indonesia, sponsored in part by the United Nations. The participants came from all over Asia and the Far East. At the seminar, it became increasingly evident that there was a need for a "means of communication between the rehabilitation workers of the countries of the area, a desire to know how each was solving or attempting to solve many of the problems which they had in common." When Mrs. Nimbkar realized that no existing publication could serve this purpose, she resolved to found a new journal dedicated...
to this task exclusively. Thus, in 1959, the first issue of the *Journal of Rehabilitation in Asia* was published.

In the 12 years since its founding, the *Journal* has indeed fulfilled its announced function of providing a means of communication among rehabilitation workers in all fields of disability in Asia. In addition, Mrs. Nimbkar has, through the *Journal*, raised the status of the disabled and those who seek to help them alike. As one birthday message stated, Mrs. Nimbkar had given to the disabled in Asia what Dr. Martin Luther King has referred to as a sense of "somebodiness." This is, perhaps, Mrs. Nimbkar's greatest achievement.

In 1960, Mrs. Nimbkar became co-founder of the Indian Society for the Rehabilitation of the Handicapped. She has been its secretary-general ever since.

Clearly, Mr. Nimbkar need not have worried about how well his bride would "adjust" to life in India. India is definitely Mrs. Nimbkar's home. She has given it much, and the impact of her work will be felt for generations to come.

*Address: Editor, *Journal of Rehabilitation in Asia*, The Amerind, 15th Road, Khar, Bombay 52, India. (Subscription per year: $3 to U.S., Rs. 7/- in India for four issues.)*

**Services For The Handicapped In India**

*By Wallace W. Taylor, Ph.D. and Isabelle Wagner Taylor, Ph.D. 1970, International Society for Rehabilitation of the Disabled, New York. $5.00 India Rs. 22/- and Asia Rs. 25/- if ordered from Mrs. Nimbkar in Bombay.*

"With more than 80% of the population living in 700,000 villages scattered over the country with poor intercommunication...most villagers lack adequate medical services and do not know what to do about congenital deformity or a crippling disease or an accidental injury when one occurs; they do not know what services might be available or how to go about seeking reputable service."

This is but one of the imposing problems challenging efforts to rehabilitate the disabled in India, a country of 500 million people. How they are being overcome, by whom, and with what methods, has been studied in detail by these two authors. An educator and a psychologist, Drs. Wallace and Isabelle Taylor began their studies as volunteers for Rehabilitation International. This is their third book on services for the handicapped, the first two concentrating on England and Wales, and Western Europe.

Useful, pertinent, statistical information fills this study. Some facts may astonish readers from Western countries. For instance, the "most serious single obstacle for the extension of education in Asia as a whole is the scarcity of paper for writing and for printing books and other educational materials." Paper is also necessary for communication, another vital means of rehabilitation, and one who lives in a paper-saturated country wonders uneasily how long he can take this supposedly common natural resource for granted.

Certain religious and cultural attitudes impede rehabilitation in India. In Hinduism and Buddhism, major religions in this country, a handicap is believed to be punishment for sins committed by the individual in another life. To help or change the negative destiny of a disabled person is therefore to interfere with Divine judgment. There is cultural prejudice against work, especially manual work. The result is little encouragement and few facilities and teachers for vocational and technical trades for either the disabled or able-bodied. Another anti-rehabilitation attitude is a prevailing aversion to bodily contact. It is thus far not common practice for women to go into nursing, physical or occupational therapy, or hospital volunteer service. Fortunately, all these attitudes are slowly changing.

Although the government has been the major provider of rehabilitation services since India's independence in 1947, it is supplemented by 10,000 voluntary groups throughout the country. Added to these are international organizations, such as UNICEF and WHO. With such a plethora of social providers there is much duplication of services. "One of the greatest rehabilitation needs in India is a centralized and comprehensive evaluation service encompassing physical, psychological, social and vocational services." And one of the best ways to achieve this, suggest the authors, is to integrate rehabilitation services with services for the able-bodied.

That's not a bad idea for any country to follow.  
— Reviewed by Donna McGwinn

**European Adventure For A Japanese Wheelchairer**

*by Naoyuki Ishizaka*

I am a 47 year old quadriplegic because of muscular dystrophy. My wife and I have two sons aged 18 and 14.

Learning from *Gazettes* that even a quadriplegic can travel, I decided to travel to Europe alone in the summer of 1971. But, Japan Air Lines and travel agents refused to book me saying that in their experience the disabled cannot travel alone in a wheelchair.

Once almost giving up my travel plans, I wrote to Gini and she gave me a list of *Gazette* friends in Europe. I contacted them and their replies encouraged me to visit them. Nancy Hoover of Switzerland also helped me, and Lenny and Blanche Goldwater of New York told me their travel experiences and advices.

After I finally left Japan via SAS everything was easy and there was no problem. I have never enjoyed my life more before! I quite forgot my
disability and I could do anything, go anywhere as freely as I wished! I felt I was in a paradise or I was a different person!

In Copenhagen, Preben Hoybye-Mortensen, Public Relations Officer of the Society and Homes for the Disabled, was anxiously waiting me with his wife, Hannalise, to take care of me. During a three day stay, they took me around in their car and showed me everything I wanted to see. They introduced me to their good friends, Steffen M. Poulsen, a hospital worker, and Mrs. Carla Johansen who invited us to lunch and dinner. A light-weight wheelchair I bought there by an arrangement by Preben made travel easier.

After Finland and Netherlands, and after I enjoyed a group tour for the disabled to the inside of the Buckingham Palace by the British Red Cross, I was picked up as arranged at St. James' Park by Leslie Bickerdike, an ex-BBC journalist, and his wife Andreé. They took me round London to see the sights. That evening, I was a guest of Isobel Huie, an ex-writer, in her place and we discussed many problems. I regret I could not arrange to meet many other people but my stay in London was scheduled for only one day.

In Paris I was a member of the family of Andre Messin, an economist at the Banque de France, his wife, daughter Cathrine and others. Andre always preceded us, driving his portable electric chair, to look around Paris.

Michele Iaconitono, a dractated public servant at the Ministry of Health of Italian Government, found my hotel to be inconvenient for me and put me up at his apartment house. Here again I was a member of his family with his sister, Colomba, and two German therapists. He drove his car and took me to a rehab center and sightseeing.

I regret that I have not enough space to mention many other people who also welcomed me and helped my study.

I have found all the Gazette disabled friends I met in Europe perfectly delightful people - warm,
friendly, intelligent, generous, useful, attractive, and healthy. I was deeply impressed.

After I returned to Tokyo my travel story was presented by the National TV network. I will continue to watch and introduce future progress from abroad to this country.

So far as the social circumstances of the disabled are concerned, Japan is not advanced. The typical reaction of the Japanese to disability is to take it as the end of fate and to give up everything as hopeless.

Wheelchairs are not commonly used, and they are practically useless in tiny Japanese homes. Towns and cities are jungles of barriers. Access to public buildings and public places has never been considered. Taxi drivers refuse to take a wheelchairer as a passenger.

In the usual Japanese house, tables, chairs and beds are not used. People sit and sleep on floors. (So, they never wear shoes inside of their houses.) Deep upright bath tubs are inaccessible and showers are rarely used.

Attending schools, meeting friends, mixing with the community and getting proper jobs are especially difficult. Leisure and pleasure for the disabled are still in the future.

Power drive wheelchairs, adjustable posture beds, lifters, car lifts, wheelchair lifts, mini-buses with ramps or lifts for wheelchairs, public toilets for the disabled, special apartment houses, shower chairs, international symbols of access and guide books for disabled travelers are only some of many items I have not seen in Tokyo. Nor could I even have imagined subway stations equipped with elevators or special taxis for the disabled until I saw them during my travels through Europe in a wheelchair in the summer of 1971. And now that I know how lives can be enriched I shall devote my life to improving the situation for other disabled Japanese.

Address: Naoyuki Ishizaka, 1-27, Haramachi, Shinjukuku, Tokyo 162, Japan.

Japanese Psychiatrist — Dr. Masao Nagai

I graduated at the school of Medicine, Keio University, in 1955 despite the unfriendly observers’ assumption that I would graduate from Keio Rowing Club. Shortly after the commencement of my residency in psychiatry at Keio University Hospital, I was given a travel grant by the Fulbright Commission to study abroad.

During my psychiatric residency in Wayne County General Hospital, Michigan, I was asked to take a man to a New York Hospital. I stepped into my car and have never succeeded in getting out of it in the same manner in which I entered.

In the morning of the 9th of August, 1958, at Hornell, New York, I woke up with a shock to discover that I was paralysed from the neck down. Whilst the other man was driving, he apparently ran into a car at a curve causing my head to be hammered down into my chest and so resulting in my tetraplegia of an incomplete nature. Emergency treatment was given for a cervical injury of C5-6 (Rt) and C6-7 (Lt) at the nearby St. James Mercy Hospital.

Upon transference to Strong Memorial Hospital, University of Rochester, I was laminectomised and kept there for approximately a month.

I flew back to Wayne County General Hospital to stay as a patient this time. My hospital life was continued for another eight months on the Stryker’s frame. At this stage I had to make myself accustomed to new patterns of daily living. It was imperative to strengthen the muscles, to lengthen the activity tolerance, and to heighten the morale. In these respects, I had many things for which I must be thankful. Having once been an oarsman and having my tactile and kinaesthetic sensations intact, I had an easier start to the muscle re-education than would otherwise have been. Besides, the use of the parts below the neck was not essentially required in resuming the work of psychiatry.

Thanks to the kindness of many people, I was able to stay free from the destructive depression. Being a physician, however, was not altogether advantageous because there were many things I could foresee, of which other patients might have been happily left untold.

After the amelioration of decubiti, urinary calculi and vital capacity, I became physically able to take an Air Evac. to Tokyo through the U.S.A.F. I was transferred to Keio to stay about two months with practically nil improvement. I was somewhat acclimatized and then came under the care of the National Rehabilitation Centre.

The Superintendent of this centre was an editor of Excerpta Medica Foundation, Amsterdam, and asked me to do abstracting of Japanese medical articles. I somehow managed to do this in the fields of psychiatry and rehabilitation medicine with the aid of an electric typewriter. This work was pre-
dominantly for self-satisfaction to prove that I still could be a useful member of society. This abstrac\ting lasted for the following seven years.

At both the centre and my house, I continued ambulation training without much favourable outcome. In somewhat the same vein, a number of writing devices were made for my spastic hand and they have been disdain with more dust than attention. The improvement, however, has definitely been there. Only it was extremely difficult, if not impossible, to recognize in so short a period of time. Therefore, the rehabilitation must continue, no matter how fruitless it may appear. It will be amply repaid.

At the centre, the O.T.-P.T. Course was started in 1962. Among the instructors from U.S., U.K., and Europe I assumed a role of a lecturer and translator utilising my experience and what is still left with me. The course was televised and printed nationwide. In 1964, in connexion with the Tokyo Olympics, Paralympic Games were also held here and I was asked to take a part in making a picture of them.

Hakone National Spinal Injuries Centre, where I worked, was founded as a spa for invalid soldiers of whom the spinal cord injured dominated in number. The buildings include a colony for the considerably immobilized and a section for rehabilitees equipped with automatic doors, ramps up to the roof, and electric controls within easy reach of bed heads.

A few years later, I delved into the study on the hardness of hearing at Tokyo Medical and Dental University, and the delivery of lectures at the Department of Rehabilitation, Tokyo University of Education for visually handicapped P.T.'s. I am in charge of the Psychiatry Department, National Rehabilitation Centre.

I am in a satisfactory physical condition and the rewarding life is coming to being. I am happy to know that the fashion of my rehabilitation programme has been on the correct keel of progress. A desperate handicap of merely a decade has turned into an asset, because I now can see more than I would have seen otherwise.

Address: 29: Kitamachi, Shinjuku, Tokyo 162.

ED: Dr. Nagai is having the REHABILITATION GAZETTE translated into Japanese under his supervision. Six Japan Red Cross Language Volunteer members are editing and translating; Tokyo Colony, a handicapped workers group, is doing the printing; and the Japanese Railway Welfare Association is funding the project. Copies will be sent free of charge to the severely disabled.

Mexican Poetess

I, Gabriella Raquel Brimmer Dlugacz was born in Mexico D.F. I am 24 years old and I am inflicted with cerebral palsy since birth. My life has been an interesting one in spite of my physical handicap. I am a girl with a spirit of adventure and above all I am active.

My family is divided between two countries. The two sisters of my mother with their husbands live in San Francisco, California. I have two cousins (females) and I have a good relationship with them.

My immediate family lives in Mexico City. Four years ago my father died very suddenly. In spite of the distances the families are united.

My Aunt Betty Modley is a physician and, since infancy, I lived with my aunt and Otto, her husband, for extended periods of time in her house.

In my childhood I had the opportunity to attend for one and a half years the school for cerebral palsied in Redwood City, where they tried to improve my physical condition. And there I learned English. My first language is Spanish and English is my second language.

Much later, observing that I only could control my left foot, I was taught to write on an electric typewriter with the left foot at the age of eight years.

Then I attended the Rehabilitation Center in Mexico City and finished there grammar school.

Through my own initiative I finally succeeded to attend a public school for people without a handicap. I graduated from junior high school and from high school and enrolled in 1971 at the University of Mexico in political science to study sociology.

Although engaged in studies I did not commit the error to dedicate myself completely to studies. I
DEJADME SUFRIR

by Gabriela Brimmer

Dejadme sufrir a mi modo
—pero dejadme
Dejadme que ame a quien quiera
—pero dejadme.
Prohibir no es nada bueno
ni en el amor ni en el dolor.
Dejadme llorar por los muertos
y reír y llorar por los vivos
—pero dejadme.
Dejadme ver una rosa, una flor o
la miseria humana, oír el viento y
la música, sentir el calor del sol o
el frío de una noche de soledad, oler
el perfume sano y fresco del campo y
tocar una flor entre mis manos.
Dejad que viva, ría y llora y muera
con la dicha de una juventud plena
de tristezas y de alegrías.
Dejad que cree un Dios propio
y recé por un mundo mejor,
sin clases, sin armas, sin guerras.
Deme un Dios que sea humano
y trabaje por un mundo mejor.

Let me suffer in my way
but let me
Let me love whomever I want to
but let me.
Let me weep for the dead
and laugh and weep for the living
but let me.
Let me behold a rose, a flower or
human misery, listen to wind and
music, sense the heat of the sun or
the cold of a lonely night, inhale
the healthy fresh scent of the land and
take a flower between my hands.
Let me live, laugh and weep and die
with the destiny of a youth full
of sad and joyful moments.
Let me create for myself my God
and pray for a better world,
without class barriers, without weapons,
without wars.
Give me a God who is human and
who will work for a better world.

Reprinted from Northern California Foreign
Language Newsletter, December, 1970.

Cerebral palsied
Gaby Brimmer
“talking” Spanish
and English with
her toe and an
alphabet board.

How I Became Popular On A Motorcycle

Written and Illustrated
by Alois Wokoun, Czechoslovakia

In the 1968 Gazette I depicted my travelling
with a three-wheel-motorcycle for disabled. I
remember two more happenings with this
three-wheel-love, when I was getting acquainted
with her.

During my first ride I “only” capsized my new
car. In a race speed I had tried to turn back my
vehicle in a narrow street. The law of centrifugal
force had evidently not yet been abolished and
therefore my three-wheel car continued the ride on
its right side. It had the cheek to do it without me,
because I had flown out by an elegant curve and
swept clean some yards of the pavement. I do not
know why I am so silly and have not charged that
first-quality street-cleaning to the administration of
that town.

I evidently am equipped with a cat elasticity,
because in spite of my often falls I never have had
broken even a little finger. After that unplanned catapultation, sitting on the pavement I only appreciated how easy and quickly one can get out from such a car. I also wondered why such catapultation possibility did not raise the selling-price of that vehicle. Meditating it, I noticed that not far from me an old woman wrung her hands at my "accident."

Because I am not particular about anyone pitying me I immediately shuffled back to my frightfully roaring car. It remained undamaged after the capsizing. I turned the car back on its three wheels, raised me into the seat, waved merry to the old woman and started away. To my surprise the old woman shook her fist at me. Some people are evidently angry and injured if you do not give them opportunity to pity you.

"An old woman wrung her hands at my accident."

"One of the spectators drew out a knife."

My second ride aimed to motorcycle races, which led through the streets of a larger town. No, I did not want to take part in the races as a competitor, I wished to be only a spectator. Along the racing course there was a grandstand with seats, and parking in the racing route, no wonder, was prohibited. Therefore I settled me with my vehicle on a higher place among the crowd of standing spectators. It was not far from the goal. That race included many orbits inside the town and therefore the competitors often returned and passed near my observation point.

We were awaiting the last passing of the competitors. The spectators around me were intense in suspense, who of the motorcyclists will come as the first. We already heard the motors. Suddenly my vehicle began awfully to toot. No, I had not sat on the switch. Perhaps a jocose short circuit was the reason. I wondered why a firemen siren had been installed into a motorcycle for disabled instead of a normal klaxon.

All spectators around me logically and reflexively turned their eyes in the direction of my tooting vehicle and at this moment the best competitors passed. Owing to my ambitious hooter, the innocent spectators missed the most dramatic moment of the races. They missed the end sequence of the most important competitors. I wished to become invisible. How does one become invisible, Mr. H. G. Wells? In vain I tried to make my car inaudible. I abortively wrenched off the switcher - my siren continued its passionate tooting...

I expected that I should be lynched by angry spectators. One of them drew out a knife. But I evidently was not destined to finish my life in the streets of Hradec Kralove. The spectator with the knife only cut some of many cables on my vehicle, which had many mysteries for me. Do you wonder that later I did not order the repair of the cables and installed a non-electric tooter, because cow-bells were not to be had.

CZECHOSLOVAKIAN COOPERATIVE FLATS FOR DISABLED... "I am chairman of our group of disabled who worked out with the government a collective home where everybody of us would have his private flat, a job in a protective workshop, social help, and all facilities for modern rehabilitations. Now is the realization of our dream as shown in this photograph. Our flats are close to the rehabilitation centre, cultural and labour centre, restaurants, shop, sports-place, apartments for non-disabled, and sheltered workshop. We are building 100 flats, part for disabled people living alone, part for people living with their families. A part of expenditures is paid by the disabled and two thirds are covered by the state money. The owner is our cooperation committee; all our members are in wheelchairs." Jan Posker, nam. 9. kvetna 502, Ostrava 8 - Poruba, Czechoslovakia.

ON THE ISLE OF MAN. "Living on this small island I miss meeting other disabled and I get lonesome, so I would like to correspond with disabled men of my age or a bit older. I have a progressive disease of the nervous system. My activities are corresponding, writing poetry, art, Scrabble, jigsaw, tapestry, crosswords, TV, reading, films, theatre. I would like to have amateur wireless equipment. I plan to study writing children's stories by correspondence." Suzanne Violet Harris, 'Down', Union Mills, Isle of Man, U.K.

1972, Volume XV
A C4-6 quad since '56, the librarian for POSSUM is a gentleman of MANY INTERESTS: "music, radio, reading, abstracting for peace, research institute; languages: French, German, Hindi, Esperanto." David Hoggett, 112 Winchombe St., Cheltenham, Glos., GL52 2NW, England.

INDIANA MISS. "I have just enough muscle power to get into trouble and not enough to get myself out." Thelma Flick, 6232 Raleigh Rd., Indianapolis, Indiana 46219.

CASSETTE TAPER. "I am interested in taping to anyone. I am thirty years old, disabled by polio," Mary Ellen Lillis, 1242 Rutledge St., Cincinnati, Ohio 45205.

MANUFACTURER WANTED. "I am a respiratory polio. I have recently obtained a copyright for an Astrology Game which I have created. I want to get my game on the market and I wonder if anyone can help me to get it manufactured." Sarah Redding, 332 Frazier St., Asheboro, North Carolina 27203.

"Here are some MONEY-SAVING TIPS ON FOREIGN CORRESPONDENCE. The post office will give you a rate brochure. They sell a stamped air mail letter and envelope that will go to any country for 15c. There are many clubs, both foreign and domestic, that list the names and addresses of people who want to exchange letters. I will be happy to supply lists to anyone who wants to get started." Henry E. Schuld, 10100 W. Bluemound Rd., Milwaukee, Wisconsin 53226.

"I AM A PARAPLEGIC and have scoliosis. I am 22 years old and I sure would like to correspond with persons my own age." Jacqueline Wells, 4618 Ella Boulevard, Houston, Texas 77018.

YOUNG PEOPLE IN NURSING HOME WANT PEN FRIENDS from far and near. Assorted ages and interests. The head of the occupational therapy department will match you up. Write to: Mrs. Fran Cohen, O.T. Dept., St. Louis Nursing Home, 5700 Arsenal, St. Louis, Missouri 63139.

PEN PAL NEEDED "I have formed a pen pal club in which handicapped persons could tape cassettes to each other or write letters to each other. Our club is working in cooperation with G.O.A.L., Inc. (Get Out And Live), which is an organization designed to help homebound handicapped young adults find jobs." Maxine Gabe, 545 N.E. 121 St., North Miami, Florida 33161.

SPECIAL EDUCATION MAJOR "I was born in 1945. Because of muscular dystrophy I have the use of my left arm and hand only, but it's kept busy almost every waking hour. "Through the aid of BVR and a special achievement scholarship, I'm majoring in special education for the handicapped at Indiana University, Gary Campus. I correspond weekly with over 30 pen pals, write poems, collect stamps and coins." Glenda Imer, 500 South Indiana, Griffith, Indiana 46319.

MULTIPLE SCLEROSIS: GROUNDS FOR HOPE. 25c Public Affairs Pamphlets, 381 Park Ave., S. New York, NY 10016 Also, send for the list of free pamphlets on MS from: National Multiple Sclerosis Society, 257 Park Ave. S., New York, NY 10010.

MATCH COVERS FOR M.S. SOCIETY are collected by Mrs. E. M. Cobb, 106 Eastern Ave., Peterborough PE14PW England.
SPANISH-SPEAKING M.S. "I have the use of my left hand so I am able to hunt and peck a bit and would enjoy hearing from others. I sleep with a Cuirass and use a pneumobelt for short periods. I live in an apartment with a housekeeper who speaks Spanish only." Eleanor Wood, 811 Rose Ave., Apt. #1, Long Beach, California 90813.

ENGLISH M.S. TAPER. "I have had M.S. for 16 years. I am interested in camping, photography, and tape recording. Although I cannot get about these days I feel we must keep our interests going and not become a 'cabbage.' My tape recorder is a Grundig. T.K. 18. 2 track 3-3/4 i.p.s." P. J. Wilkin, 45 Greville Rd., Cambridge CB1 3QJ England.

ARTHROGRYPOSIS. "Thank you so much for putting us in touch with Viola Hamby and for putting in our notice requesting pen pals in the '71 issue. We received responses from Canada, Washington, New York, Pennsylvania, and Michigan. In November Viola and her husband, Jim, came to Nevada to visit us! It was exciting and wonderful and we sat up talking for two days straight. At the end we were tired, but happy and the possessors of a new (to us) idea. We want to form a club with other people who are parents of a child with arthrogryposis. We now have 7 members with ages from 45 to 4! Anyone interested could write to Mrs. Viola Hamby, 3112 D. Street, Washougal, Washington 98671 or to me." Mrs. John D. Horgan, 2210 Utah St., Carson City, Nevada 89701.

AUSTRALIAN MYASTHENIA G. "Because specialized treatment is required for myasthenia gravis I am an in-patient. My activities are reading, writing to pen friends, sewing, studying Y.W.C.A. courses of general interest, and painting educational aids for our occupational therapy department. Helen C. Anderson, Ward 12, Fairfield Hospital, Victoria 3078 Australia.

"J'ai trente ans, je suis invalides depuis dix ans suite à un accident (chute d'un abricotier dans ma propriete) depuis je suis en fauteuil roulant et que je vie seul chez moi. Si vous en trouver dis correspondants (tes) dans tout les etats de votre pays je somme ees satisfaits de la collaboration que nous avons etablie entre vous et nous et avons recu de nombreuses demandes de handicapés. Nous vous demandons de bien vouloir envisager la possibilite de passer un second flash dans cet esprit, dans votre revue." Mark Conroy, Emigrant, Trivandrum District, Kerala State, South India.

FROM A LEPER COLONY. "My husband, child, and I are inmates of this sanitarium for many years. There are at present 900+ patients here. We would like any sizes of used clothing; we can mend to fit. I am 41 years old, my weight is 98 lbs. and I'm 5'2" tall. Please send us any kind of magazines. While I am still in this unhappy and unpleasant condition in life, I shall be very very thankful and glad for even a bit of love and care you could continuously spare and share." Mrs. Rufina Tiok, Culion Sanitarium, Culion, Palawan D-610, Philippines.

JACKSONVILLE CLUB. "I have cerebral palsy. We have a club for handicapped adults. We have 45 members and we would like more." Nathan Newman, 4366 Worth Drive West, Jacksonville, Florida 32207.

MONTANA NATURALIST. "Now that I am a retired railroader I have ample time to help others. Yellowstone Park is just about one hour from my home. I am interested in wildlife and nature in general. Maybe some readers would like to hear about such things?" Mark Conroy, Emigrant, Montana 59027.

G.I.H.P. - GROUPEMENT DES INTELLECG- TUELS HANDICAPES PHYSIQUES. "Nous sommes tres satisfaits de la collaboration que nous avons etablie entre vous et nous et avons recu de nombreuses demandes de handicapés. Nous vous demandons de bien vouloir envisager la possibilite de passer un second flash dans cet esprit, dans votre revue." Y. Crombez, G.I.H.P., 6, Rue du Luxembourg, B.P.33, 54-Vandoeuvre, France.
MISSISSIPPIANS! "I want to start an organization for handicaps and would like to have the names and addresses of others here in our state. We handis must unite now." Jerry Ted Windham, Star Route, Bay Springs, Mississippi 39422.

Louise Adams

MUY SIMPATICO. "For the last seven years, I've had nothing but Mexican girls, live-in help, who haven't the least idea how to speak Spanish correctly, to say nothing of English! Nor do they 'cook American,' consequently it has been a large challenge to keep my family fed and sorta' clean. I am 'muy simpatico' with all things below the border! I love speaking the beautiful language!" Louise Adams, 113 N. Orange Drive, Los Angeles, Calif. 90036.

FROM EAST GERMANY. "I had polio in 1943, have been in a rolling chair ever since. I was 23 years old then. Thanks (!) to my illness, I am allowed to go to Western Germany once a year. From there on I made — alone — many trips to European countries. I would gladly exchange letters with other handicapped. I could either have people come to see me or could visit them. Any possibility of contact would be a pleasure. I know school English and French. Frau Ursula Elfrilde Lochmann, 8122 Radebeull, Clara-Zetkin-Str. 12 East Germany DDR.

ARTHRTICS NEWSLETTER. "We are a group of arthritics who want to help ourselves with our common problems. We are forming an 'exchange program'." Judith Bernardo, 567 Langley Ave., West Hempstead, New York 11552.

HONG KONG PARA. "I learned about the Gazette from my friend, Tom Meath, Jr. My folks are refugees from China Mainland. We fled in 1957. During our fleeing my spinal cord was injured in a somersault accident. I did not receive the correct treatment and I was taken home where I tried my best to learn how to read and write by myself. I joined a Correspondence School and took a general course in English. I wish to receive further education in order to be more independent." Marinda Cheung, G.P.O. Box 15541, Hong Kong.


SICILIAN HOST. "I would like having as a guest a handicapped woman, who is English-speaking. I'm 28 years old. I'm quad, but I can walk with a cane. I'm a University student of English. My family is father, mother and me. My home has 6 rooms. I've got a scooter to go out." Domiano Lisciandra, Via Sciuti 103, 90144 Palermo, Italy.

57 YEARS IN WHEELCHAIR. "I think I have many answers to long-living paraplegics. I've been in a wheelchair for 57 years, age 76. Recently built a new home to fit my handicaps. Have Steven Motor Chair for outdoor use, E & J and Friction drive Gendron chair for shopping with my good wife. I do all the cooking. I am an artist; I am not able to do much corresponding because I am too busy with my many jobs." Fred L. Poehlmann, 11646-84th Avenue N., Seminole, Florida 33540.

FRIEDREICH'S ATAXIA GROUPS IN U.S. & U.K. "Our FAGA (FA Group in America) now has a newsletter and we want to contact all the FA's in America. We are working on a Pen-Pal 'Scheme' with FA's in other countries." Joy Rogers, FAGA, Box 11116, Oakland, California 94611.

"Our booklet on FA is available to anyone with FA anywhere in the world; we would be most happy to add FA's names to our mailing list for our Newsletter. Peter Fletcher, "Cambusnethan," Tillietudlem, Lesmahagow, Lanark. ML11 9PN, Scotland.

CHARCOT-MARIE-TOOTH. Readers who are disabled by this hereditary muscular atrophy are asked to advise the Gazette editors so they can be put in touch with other CMT's.

FRIEDREICH'S ATAXIA — A PATIENT'S STORY. This booklet describing many years of trials and successes may be obtained by writing to the author, Florence Mayor, Cedars Ward, St. Richard's Hospital, Chichester, Sussex, England.

TWO MORE HAMS. "I have been a radio operator for 13 years and disabled by arthritis for 25 years. George Botsford, RR 1, Ainsworth, Nebraska 69210 KOUWK.

"I was born in 1960. I enjoy reading, drawing, chess, radio communication, and short wave. I am very interested in advances and research of muscular dystrophy." Jorge A. Gomez Ramos, Parque de las Estrellas 1661, Jardines del Bosque, Guadalajara, Jalisco, Mexico.

ROCKING BEDS. “I was in the hospital two months in the winter. Had a complete hysterectomy which was performed under a spinal block with oral positive pressure. Went into the tank afterwards. Had 20 cobalt treatments. I could write a book about the things that went wrong and the funny things. My advice is make sure the dip of the rocking bed is set correctly. I did not sleep for weeks unless they put me in the tank. My doctor thought I was worried and I did not find out until I came home one weekend that I was getting more air from my bed at home. In July, I flew to Kansas City to visit. I borrowed a rocking bed from Larry Wagner who owns three. He’s a great guy! Ruby Heine, 2885 Sharon Dr., Omaha, Nebr. 68112.

STROKE CLUB MEMO. Free monthly newsletter reports publications and ideas of special interest to those who have had a stroke. There are now 15 stroke clubs around the country. To receive the newsletter or to join or form a club, write to: Ellis Williamson, 805 12th St., Galveston, Texas 77550. And read the helpful article, “Publications for Families of Adult Aphasics” by M. Pannbacker in REHABILITATION LITERATURE, March 1972.

YVONNE & YVETTE JONES “want to learn, want to be on the go around people,” wrote their mother describing her 23-year old daughters. “They have very good voices. I’m asking if anyone can be of help in trying to promote them. It is very boring for them to be alone most of the time.” 13171 Daventry Street, Pacoima, Calif. 91331.

HUNTINGTON’S DISEASE families are banding together around the world under the leadership of Mrs. Marjorie Guthrie, widow of the great folk-singer, Woody Guthrie. For information, write to her, Committee to Combat Huntington’s Disease, Inc., 220 W. 57th St., New York, NY 10019.
Books

In cooperation with the Talking Books program all books reviewed in the Gazette will now be available on tapes or records. Reciprocally, any Talking Books of special interest to the disabled will be brought to the attention of Gazette readers.

by Donna McGwinn
respiratory polio quad
Box 267, Grand River, Ohio 44045

Take One Step
by Evelyn West Ayrault

Once I met a man with severe cerebral palsy. I talked to him, but he didn't answer. He just sat in his wheelchair and smiled at me. I had no idea whether he heard and understood me or not, was rather uneasy and welcomed the approach of a friend.

Another encounter was with a woman who had a less severe case of CP but a serious problem of delusion, for she thought she could take care of me. Me, an almost completely paralyzed respiratory polio! Obviously one characteristic of this disability was wild self-confidence. And competence, for this same woman is still taking care of me a year and a half later.

Since then my ignorance concerning cerebral palsy has been dispelled to some extent. Had I read this book sooner I would have been saved many misconceptions. As there are thousands of persons thus afflicted they form a significant part of our society that should be understood and accepted.

Evelyn Ayrault helps us understand with this autobiography that is about as frank as such a work can get. Her training and practice in psychology give her intensified insight into her own feelings and problems, and she is generous with her sharing.

Born in 1922 when little was known about treating CP, Evelyn was fortunate in having parents who applied demanding discipline without pity. They insisted she walk, talk distinctly, go to public school and aspire as high scholastically as anyone else. Her descriptions of the tremendous physical effort, frustrations and infrequent triumphs are vicariously exhausting. The reader really participates in this book, taking each step with the author through family relationships, romances, jobs and all the unending challenges body and society present.

Of her story Evelyn says, "It is the history of a prison break, the break of the spirit from the imprisonment of a poorly coordinated body." Her spirit finds freedom in many breaks throughout her life, but the one made near the end of the book could well be the most fulfilling.

Helping The Handicapped Teenager Mature
by Evelyn West Ayrault
1971. Association Press, New York. $6.95

An unusual occurrence in this issue is the review of two books by the same author. Besides her autobiography Dr. Ayrault has written a therapeutic handbook from her experience as a psychologist specializing in the treatment of handicapped children and teenagers. Dr. Ayrault addresses her book to the parents of disabled teenagers but it is equally if not more helpful to the disabled themselves of all ages. By hearing their problems analyzed they can understand their own reactions to childhood experiences.

This is an extremely sensitive study of the fears and frustrations of an extremely sensitive period of life. Adolescence is a disturbing time for everyone and even more so when you look different and have
limited physical abilities. That the disabled might look as nearly like everyone else as possible, Ayrault stresses the importance of grooming. Accenting one's femininity or masculinity serves to normalize and develop a teenager's identity. She describes devices and adjustments that will assist young people in taking care of their personal needs, such as bathtub seats on toilets, railings in bath or bedroom, hangers on pulleys and neckties knotted in advance and fitted with rubber bands for easy slipping over the head.

There is some enlightening advice on sex, a subject often overlooked in books about the disabled. A certain sexual insecurity accompanies disability in many cases, but disability alone is not always the reason for this anxiety. Ayrault lists as the four most common sex problems of the disabled: masturbation, homosexuality, exhibitionism and masochism. Physically normal people with certain emotional problems who are drawn to the disabled are also described, which should be an enormous help to young people in avoiding some of the pitfalls of relationships that await them.

Just because you are disabled, no matter how severely, does not mean you cannot get an education or job. Ayrault proves this with examples of many successful disabled people. Methods of home study and feasible types of employment are listed. There are several pages containing directories of national and state vocational rehabilitation services, camps, colleges and universities with special facilities for the disabled, and sources of aid for the problems of daily living. Suggested for the social side of life are gatherings centered around hobbies or interests, such as chess, sewing, airplane models and great books clubs. Her advice has extra meaning because she herself grew up as a disabled human being.

This is an upbeat, practical book that promises more self-understanding and assurance of a fuller life for all handicapped people.

Born That Way
by Earl R. Carlson, M.D.

My Left Foot
by Christy Brown

Dr. Earl Carlson and Christy Brown have written autobiographies that give impressive testimony to how minds imprisoned in uncoordinated, speech-impeded bodies of the cerebral palsied can be released in creativity and usefulness. Carlson succeeded in developing enough physical and mental control to earn a degree from Yale Medical School and become a specialist in the treatment of others afflicted with cerebral palsy. Brown found an outlet for his poetic, perceptive being in the mastery of foot writing. He is now world acclaimed as an exciting new author worthy of his Irish literary herit-

age.

Dr. Carlson's book was written thirty years ago but still stands as an authoritative work on cerebral palsy from both personal and professional analyses. His teaching that "Control of motions is won by control of emotions" is no less true today than it was then. At that time he was also using what is now a whole new science—biofeedback. Instead of concentrating solely on whatever task he was trying to do and thereby tightening his muscles into obstructive spasms, Carlson thought about something he had successfully performed in the past. The past success gave him confidence and relaxation, and he was able to complete the purpose at hand.

cerebral palsy is the result of brain damage that usually occurs at birth or shortly thereafter. It is manifested in various ways, such as constant, uncontrollable muscle movement, distorted speech and frequent drooling and choking. This lack of salivary control is the result of a person forgetting to swallow when centering his energies on a certain thought or task. One is never certain what the other body muscles will do when control over them is diverted to something specific.

The inability to speak intelligibly is perhaps the most frustrating characteristic of the disease and one of the most socially and vocationally restrictive. This frustration added to his almost total paralysis might well have defeated Christy Brown had he not discovered in his left foot a means of self-expression. Joyful at having found a way to communicate what was in his mind after years of having to rely on inarticulate mumbles, Brown went from painting to writing and there fashioned an art as well as a profession.

These two men have in common backgrounds of poverty and a spirited sense of life. Of the former Dr. Carlson said, "If my family had been well-to-do, I would probably have been kept from contact with normal children, and the result would have been a withdrawal into a world of introspection and daydreams, and an increasing maladjustment to everyday life."

This belief in the benefits of poverty was later reinforced almost daily in clinics where he worked. He observed children with cerebral palsy who had been left alone and forced to do things for themselves as well as those who had everything done for them. It was obvious the first group was more independent and versatile. Brown is proof of the advantages of contact with other children. One day while watching his sister write on a blackboard he grabbed the chalk away from her with his foot and began making marks of his own. It was in this way that he found his vital channel of human contact.

Both men wanted to give to and reap from life as much as possible. Dr. Carlson's approach was specific and analytical; Brown's is artistic, personal and philosophical. And both attained success in their professional pursuits. It is chilling to think that under a different set of circumstances their talents might have been locked away. Who is to say what a human being is capable of, no matter how severe his
handicaps? Earl Carlson and Christy Brown are exemplary answers to that question.

Once, after a year of not using his left foot as directed in a physical training program and having to dictate his thoughts to his younger brothers to write, Brown suddenly gave in to his pent-up frustration by seizing a pencil and starting to write by himself again. He says, “I wrote and wrote without pause without consciousness of my surroundings hour after hour. I felt a different person. I wasn’t unhappy anymore. I didn’t feel frustrated or shut up anymore. I was free, I could think, I could live, I could create…” And what else is there?

Atlantic Rendezvous
by William Murray

Ah. What a book.

Book reviewing is always fun, one of the reasons being that it’s intriguing to enter a book that you would otherwise not have been inspired to open. Especially would I have overlooked Atlantic Rendezvous. It sounded like a navy-flavored war story, and who besides a sailor wants to read that kind of story?

Who indeed? By the tenth page I was caught and held entranced until the last. Wow, what excitement and suspense! I was a wreck following all the author’s escapes from his assorted captors. When you are through with this book you have really had an adventure.

Bill Murray writes of his own experience as a radio officer in the English Merchant Navy during the war years of 1940-41. After Hitler conquered France in June, 1940 he concentrated on repeating his victory in England. Here, however, his forces met far more resistance. If Murray is a typical Englishman it is understandable why that country was not defeated.

An island nation dependent on sea transport for her survival, England relied heavily on her overtaxed Navy. This became one of Germany’s priority targets. Nineteen-year-old Murray was stationed on the freighter S.S. Tribesman. The tension begins the minute the boat lifts anchor and enters an Atlantic turbulent with German U-boats and destroyers.

It is not long before the Tribesman is attacked and sunk. Murray survives only because he goes back for a friend’s sextant and misses getting on one of the lifeboats that are destined never to be heard of again. This type of hairline escape from death is repeated over and over in the story. The author is captured by the Germans, plots an escape, fails, plots another, succeeds, trudges slowly and painfully through France dodging gendarmes and Germans, is captured again, and by this time the reader’s nails are completely chewed off. NaiIess or not, you are to be treated to more of this goosepimpily suspense and intrigue for the rest of the story.

Just to give you an example of Murray’s daring, note one of his successful methods of escape. He and a friend plan to jump off a prisoner transport train as it rounds a curve. When it is Murray’s turn to jump his foot catches on a blind and he is forced to jump backwards or not at all. He chooses freedom and lands with his head driving into a steel railway track. Clear and vivid writing inflicts Murray’s pain and dizzy, sick after effects upon the reader. There can be no possibility of your not being able to “get into” this story.

It is hard to believe that a man would take so many risks for his freedom. But, on second thought, I guess that’s what most wars are all about. Besides being an absorbing cloak-and-dagger tale, this book is a reminder of what else war is about—horror, savagery, tyranny. There is honor, loyalty and kindness too, and remembrance—the book is dedicated To Those Who Did Not Return.

Did you wonder why Atlantic Rendezvous was reviewed in a specialized magazine such as the Gazette? It’s not mentioned at all on the book jacket or in the publicity, but the author has been in a wheelchair since 1952 when he became a respiratory polio quad.

TALKING BOOKS

If you are turning these pages with a mouthstick or a page turner or relatively useless hands you are eligible for the Talking Books program. The Library of Congress is ready to loan you a free record player and send you free recorded books and current magazines. FREE mailing too.

All you need to qualify is a brief statement of your disability from a competent authority (local librarian, visiting nurse, doctor, etc.).

Contact your local library or write: Division for the Blind and Physically Handicapped, Library of Congress, Washington, D.C. 20540.

ENCORE, the Library of Congress’ latest contribution to the enlightenment of its Talking Book readers, is a bi-monthly recording of selections from publications for the disabled.

The first issue, for March-April ’72, consists of four 10-inch records at 8 rpm, and articles from Accent on Living, Paraplegia News, Performance, and Rehabilitation Gazette.

Encore is available on free loan from your regional library.
Equipment

The GAZETTE does not accept any advertising. The gadgets and devices presented here were gleaned by the editors from readers’ letters and other sources. They are presented as ideas for the readers to pursue on their own by sending for brochures and latest prices.

The GAZETTE does not specifically endorse any product nor accept responsibility for any approximate price listed.

Rehabilitation of R. F. King

1965 Bulbar Polio Respiratory Quad

Prior to March 1965, I was a Qualified Electrical Engineer, employed by the second largest company in Australia, the Colonial Sugar Refining Company. I was then 32 years old, and very happily married, and the father of two year old Paul and five month old Gayle.

Two Salk vaccine injections did not prevent poliomyelitis from leaving me paralysed from the chin down, with a Vital Breathing Capacity of zero, completely dependent on a respirator.

After eight months in the intensive care Respiratory Unit, my wife, Shirley, and I decided that I should return home. We were fortunate that my former employers took an interest, and much time and effort was given guiding Shirley at this time. In addition, expensive and hard to get equipment was made and installed at no cost to us, and most of my gadgets were, and still are, made and maintained by company employees.

Owning our home, and being able to add an extra room and buy the two respirators ourselves, simplified matters greatly. The rather unique position of being both patient and engineer, enabled me to know what I needed and how to make them. Luckily, Shirley could follow my ideas, add a few of her own, and produce sketches for all kinds of gadgets and electrical circuits.

It needs little imagination to realise that Shirley is on duty 24 hours each day and one of the conditions of my discharge was my immediate re-admittance if she was ill or over-tired and in need of
"I designed our present control system so that a single switch, activated by the controller tube hooked in the corner of my mouth, operates each of the following: a buzzer; a loud exterior bell; a mouthstick holder; a tape recorder; a radio (on-off only); and the telephone which Shirley is holding. This photo also shows the control box on the bed head, the Bird respirator tube and the hoist behind the bed."

Motorised mouthstick holder. "An old windscreen wiper motor with a push-pull output was used to extract the stick on command and replace it. The normal cradle was improved by adding a permanent magnet to hold the stick firmly... Originally I used a powered page turner. Now I prefer to use a mouthstick with its ease of setting up, which has the advantage of being able to turn backwards—necessary when studying technical literature."

"This photo was taken when we went to the model airplane flying field with our children, Paul and Gayle. It gives a good view of our station wagon and the removable ramps which are clipped to the tail-gate and hinged to lower for normal loading from level ground. While away from home I use high pressure cylinders of air, being able to carry up to 20 hours supply. In the warmer months we go on picnics, barbeques and the like, and we have been to Newcastle several times, one trip lasting 10 days."

"A hoist and special stretcher frame is used to lift me onto a webbed trolley for a shower in my made to measure bathroom. The respirator which normally hangs under the bed, is easily removed, and being supplied by a long air hose (from several outlets around the house), stays with me. This mobility means I am not restricted to confined areas... We have built a swimming pool and ramped it for the shower trolley. Though trachea tube prevents total immersion, floating arms and legs is a great sensation."

"Travelling, lowering, sitting-prone positionable bed. Castor wheels have handy clips to hold wheels straight and standard brakes on all four."
a rest. This has worked out better than we ever hoped and I average three three-week visits each year. Medical supplies and dental work are arranged when required.

All the equipment was designed so that Shirley could cope alone, but we do not refuse help when offered.

With this array of equipment I have tried to continue my career in engineering and supplement the invalid pension which is even now only $28 per week for the whole family. Approaches to the Government for assistance for equipment were refused on the ground of my incapacity being too great for any possible rehabilitation. Refusing to accept this decision, I proceeded without assistance.

I keep myself up to date by reading all the current engineering journals and magazines I can obtain from friends and trade houses, and I am still a member of engineering associations. I have had three articles on Electrical Engineering Maintenance published, and one on the development of the telephone, besides numerous reviews of new engineering textbooks.

On one occasion I was commissioned to produce the complete wiring and logic circuit diagrams for an imported weighing and packaging machine. These were done on the typewriter and redrawn by a detail draftsman, and I was pleased to hear later that it worked on the first attempt.

Branching out into other fields, I have assisted to compile and analyse the results of an Australian wide survey involving over 12,000 replies to a detailed questionnaire.

I also sell advertising space for a model magazine and I read interstate newspapers for items which could concern a firm of street and road map publishers.

During 1969, a local electrical contractor employed me on several job costing estimates and the preparation of a report on recent wiring code changes.

For over two years I have provided a telephone answering service for a specialized electroplating concern. They required someone with technical qualifications to handle phone inquiries.

Being forewarned of a chance of a temporary position with the Government research organization, I taught myself computer programming. The few months spent on this has paid off rather well in a three month contract.

With more sophisticated equipment, e.g., a Possum typewriter and a drafting machine, I could handle a greater volume of work— if it was available. Unfortunately, most engineering work is needed urgently and the type of work I can handle is very limited, so my employment tends to be spasmodic.

ED: Ron's article was superbly organized. Alas, it was too long for this limited space and we had to pare it to the bone. However, readers can question him directly for he has offered to "supply full details to those interested in them." His address: 7 Angus Avenue, Peakhurst, New South Wales, Australia 2210.

Talking Eyes

A unique method of communicating by eye movements was developed for a young lady severely involved by cerebral palsy by Mrs. Rhea Hogerty of the Spastic Children's Foundation, 1307 W. 105th Street, Los Angeles, California 90044.

The eye is "aimed" in one of four different directions to indicate the cue number, which is correlated with the chart below. The chart is based on the same arrangement of letters as a typewriter keyboard so it is easy to memorize.

<table>
<thead>
<tr>
<th>EYE MOVEMENT COMMUNICATIONS CHART</th>
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<tr>
<td>Row 1</td>
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<td>Row 4</td>
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EYE CUE for row is given first, column next, then letter position within the square.

CUE NUMBERS: eyes look up to the left for #1; look up the right for #2; look down to the left for #3; and look down to the right for #4.

EXAMPLES: the three eye cues for "G" are: look upper right for the 2nd row; look upper right for the 2nd column; look lower left for the third position in the square. The three eye cues for "where" are: look lower left for third row; look lower right for fourth column; look lower right for the fourth position in the square.

The 4th row has spaces for 16 frequently used words, such as those in Row 3, Column 4. They might be: please, thank you, hungry, thirsty, cold, bedpan, etc.

The "listener" should repeat the number of the cue as it is given with the eyes. Thus, for "G" one would say "2, 2, 3," look at the chart, say "G" aloud and, if correct, write it down.

ED: A group of students of communicative disorders and electrical engineering have volunteered to gather information on various means of communication by the disabled. If any readers have evolved helpful methods please contact: The Cerebral Palsy Communication Instrumentation Group, EE Dept., University of Wisconsin, Madison, Wisconsin 54706.
ASSISTIVE DEVICES AND EQUIPMENT FOR REHABILITATION. Valuable 63-page collection of devices, mostly for quads, including: self-operating suppository inserter and urinal bag clamp; typewriter platen turner; button-loop and zip-pull; sock or stocking putting on gadget; and w/c push mitts. Hot Springs Rehabilitation Center, Box 1358, Hot Springs, Arkansas 71901.

SELF AIDS. Inexpensive or easy-to-make aids to help gain independence in toileting, feeding, and dressing. Attractively illustrated. 84 page "treasure" for all types of disabilities. By W.M. Davis, MAOT. 37 pence or about $1 from: Thistle Foundation 22 Charlotte Square, Edinburgh EH2 4DF, Scotland.

KENNY REHABILITATION INSTITUTE has a fascinating collection of books, slides, and films on many phases of rehabilitation. For a free brochure, write to: Publications Dept., 1800 Chicago Ave., Minneapolis, Minnesota 55404.

HOW TO BUILD SPECIAL FURNITURE AND EQUIPMENT FOR HANDICAPPED CHILDREN by Ruth B. Hofmann OTR. Simple construction details for making: standing board and table; w/c adaptations; tub frame, etc. of scrap wood. All include ways of allowing for growth. $6.50. 84 pages. Charles C. Thomas, 301-327 E. Lawrence Ave., Springfield, Illinois.

A HAND FOR THE ONE-HANDED. Reprint of an 1822 collection of ingenious devices evolved by an English gentleman who had lost an arm in battle. His ideas are useful for varied disabilities and they are charmingly presented. Elizabeth Light, Publisher, 360 Fountain St., New Haven, Connecticut, 06515. $2.

STUDY OF MAN-MACHINE COMMUNICATIONS SYSTEMS FOR THE HANDICAPPED. Vols. I and II. by Haig Kafafian. 91 pages. $5.00 in U.S. and Canada. $5.50 elsewhere. Cybernetics Research Institute, 2233 Wisconsin Ave., N.W., Washington, D.C. 20007.

U. OF ALABAMA TV SERIES AND NEWSLETTER FOR DISABLED HOMEMAKERS. "On Your Own," a 14-part TV series and newsletter, contains exciting ideas for living at home, at work, and at play. Free mailing list: Dr. Mary Catherine Beasley, Director, Continuing Education in Home Economics, Box 2987, University, Alabama 35486.

REHABILITATION ON VIDEO-CASSETTES. Techniques for overcoming problems of disability are forcefully presented in a series of films directed by an ALS quad, Bob Dicus. For information, write: Video-record Corporation of America, Videorecord Bldg., Westport, Connecticut 06880.

PRELIMINARY DESIGN AND TESTS OF A STAIRCLIMBING WHEELCHAIR, 61 pages. Franklin Institute Research Laboratories, 20th St., at Benjamin Franklin Parkway, Philadelphia, Pennsylvania 19103. $5.

SONOTROL W/C CONTROL is operated by blowing into a microphone device, which is a pressure-sensitive switch, in coordination with an electronic color-coded sequencing device on the control panel. The price is $940 plus installation on any E & J chair. It was developed by Dr. Lester Lempert for Joe Mahandy, a World War II quad. Bio-Med Technology, Inc. 1081 Clinton Ave. N., Rochester New York 14621.

AUTOMATIC ALARM SYSTEM. AIDE (Automatic Instant Dial Enterprises) permits unattended disabled persons in an emergency situation to summon doctors, ambulance, policemen, firemen, family, neighbors, etc. A wireless panic button device, the size of a pack of cigarettes, is carried constantly. When help is needed, the slightest pressure on the panic button triggers a pre-recorded series of different telephone messages calling for help from pre-selected persons or agencies. Applications are unlimited, including AIDE's ability to detect smoke, fire, or gases and to call the fire department. $250. Security and Fire Enterprises, 18 E. 41st St., New York, N.Y. 10017.

ED: A reader, Mrs. Richard Ryan, 63 Sunset Ave., Lynbrook, N.Y. 11563, would like to purchase one secondhand.

PUFF & SIP W/C CONTROL SYSTEM can be connected to most electric wheelchairs. The system may be rented for $50 a month or purchased for $375. It is operated by blowing into and drawing out of a small tube held in the mouth, thus steering and stopping and starting. Technical Aids to Independence, Inc., 12 Hyde Road, Bloomfield, New Jersey 07003. Phone: (201) 398-8826. The company is developing an automatic phone dialing system for quads as well as other special devices. Free brochure.
SPECIAL DEVICE DEVELOPMENT SERVICE. Electronic and electromechanical design engineers will modify or create devices to control telephone, W/C, alarm, radio, buzzer, etc. by mouthstick, chin, head, elbow, or foot. Free brochure. Prentke Romich Co., 4512 Young Dr., Wooster, Ohio 44691.

SOUTHWEST RESEARCH INSTITUTE, 8500 Culebra Road, P.O. Drawer 28510, San Antonio, Texas 78284.

CYBER SYSTEMS, INC., Box 2354, Fullerton, California 92633. “Specializing in the application of intelligence.”

REMOTE CONTROL TYPEWRITERS (Photo above of Geoffrey Webb, Oxfordshire, an enthusiastic user of the HENGROVE.) This controls system is operated by mouth pressure and suction or manually. For details, write Hengrove Ltd., Oaklands, Rading Road, Finchampstead, Wokingham, Berkshire, England.

CYBERTYPE, a remote-controlled 7 and 14-key keyboard, may be operated by a muscle, tongue or voice. This is one of the many devices in the field of cybernetics developed by Haig Kafafian, president of Cybernetics Research Institute, 2233 Wisconsin Ave., N.W., Washington, D.C. 20007. Another is the “Cyberphone,” a portable device to enable deaf and/or speech-impaired persons to use ordinary telephones.

Wheelchairs and Accessories

ENGLISH BATRIC SELF-PROPELLED POWER CHAIRS.
By Geoffrey Webb, Royal Oak, Field Assarts, Minster Lovell, Oxfordshire, England.

Developed from a light, electric, industrial tractor, the Batric chairs can climb a gradient of one in two; can travel six or fourteen miles on one charge according to the model; and can operate any 12 volt electric ancillary equipment plugged into the special socket provided.

What does this mean to us? (I write as a totally paralysed respiratory polio quad.) We can be hoisted into the chair, use it all day indoors and out, work it by remote control or directly if we have a useful arm and fingers, and laugh at sills, curbs and rough ground. We can work a breathing aid off it, a ripple cushion, heated clothing. With the use of arms, a vacuum cleaner, electric drill, grass and hedge trimmers and other tools. A small trailer can be hitched up to the drawbar linkage.

The secret is the power pack, which is similar on all models. Placed low, under the seat cushion, it keeps the center of gravity low. It has one or two batteries as required, one 12 volt motor driving two of the wheels through a patent gearless differential, and an automatic charging unit which is plugged in at night.

The controls consist of a locking brake and an infinitely variable speed lever up to four mph. There is a forward and reverse gear, and a steering gear or tiller. The wheels have tractor type 12 inch tires which give amazing traction.

All chairs have either 3 or 4 wheels. Except for one attendant-guided model, all chairs offer complete self-control by the user. Generally speaking, the 3-wheelers need more arm movement and are cheaper; 4-wheelers never need more than one arm, and have power steering if that arm is weak. All models are specially designed for adaptation to the individual’s needs.

The makers of the chairs are Batric Ltd., Thrupp, Stroud, Gloucestershire, England.

Running costs are nominal, and repair costs are minimal because most components are standard in a garage. Think in terms of $800 to $1000, plus freight charges. A small price to set on freedom.
SWEDISH "TRIP" CHAIR. Lightweight. Collapsible. Designed for short distance wheeling; for use in the shower or on the beach; for travelling in train, bus, or plane; and for spiral staircases and other tourings. Made of plastic-finished tubular steel, it has removable foam rubber seat and back cushions, adjustable armrests, and two safety belts. Headrest is extra. Write to MED at 1215 S. Harlem Ave., Forest Park, Illinois 60130 for nearest distributor and current catalog. Price: $238 for cloth cushions, $248 with vinyl covers. Swedish manufacturer: Olle Blomqvist Rehab-Produckter AB, Fack, S-100 51 Stockholm 28.

"POWER RECLINING BACK & SELF-ELEVATING HEADREST which were put on my electric E & J three years ago have been helpful. The 12 volt hydraulic system is from a wrecked Chevrolet convertible's top lifter system. I broke my neck in the Army in 1958." Larry L. Abbott, Radio KOJXN, 313 Abilene Rd., Ankeny, Iowa 50021. Phone: 515-964-0460.

HOMEMADE LIFTING CHAIR utilized the hydraulic cylinders and motor from a convertible automobile top. It was built by a retired machinist, Charles Sideen, for Joyce Vincent, who is disabled by arthritis and works as the office manager of the Minnesota Society for Crippled Children and Adults, Inc. 2004 Lyndale Ave. S., Minneapolis, Minnesota 55405.

RECLINING MOTORIZED W/C Custom-built to fit individual needs. Write: Falcon Research and Development, 1225 South Huron, Denver, Colorado 80223.

WALKING AID stands on its own feet. Non-skid feet. Adjustable length. Left or right hand unit; curves to fit body. $15. Leroy Dixon, 47 McKeever Place, Brooklyn, New York 11225.

CATAPULT SEAT lifts a seated person to his feet gently with a spring mechanism, which is released with a small lever. Spring tensions are calibrated to individual's weight. $67. Write to MED, 1215 S. Harlem Ave., Forest Park, Illinois 60130 for nearest dealer.

MOTORIZED W/C LOADER lifts, collapses, and puts chair in and out of car like magic. $150 without installation, about $250 installed. Detailed drawings available from the invent, A.G. Garris, Dept. of Rehabilitation, 1494 South Robertson Blvd., Los Angeles, California 90035.

ENGLISH W/C TILTER can gently lower a chair to a 45° while supporting head and shoulders. It utilizes a 1/4 hp induction motor. Egerton Hospital Equipment Ltd., Tower Hill, Horsham, Sussex, England.

WALKER & W/C ORTHO REST attach easily to chair. Walker helps paraplegic to stand and to transfer to car or toilet. About $300. Back/head rests are useful for dental treatment and general comfort. Head & back, about $135; head only, about $100. Avco Precision Products Division, Sheridan Street, Richmond, Indiana 47374.

BACKLESS CHAIR was designed for a gentleman disabled by rheumatoid arthritis. Useful to anyone who can use a foot, it can hurdle curbs, scoot through turnstiles. Lightweight. Collapsible. $197. Falkenberg, Inc., 3612 S.W. Troy, Portland, Oregon 97219.
STAID UP W/C has been developed further (1969 Gazette, pg. 68) and is available for manufacture. For details, write: Peter W. Bressler, Designs for Medicine, Inc., 416 S. 10th St., Philadelphia, Pennsylvania 19147.

W/C TRAILER AND LIFT. Write: McHenry Trailer and Lift Sales, Pilot Knob, Missouri 63663.

NEW E & J POWER CART goes up to 9 mph, can climb 10° grades, and travels up to 25 miles per charge. About $1,000. Everest & Jennings, Inc., 1803 Pontius Ave., Los Angeles, California 90025.

STREAMLINED W/C can be loaded under its own power up ramps into a station wagon. Range: 25 to 30 miles on full battery charge. Will climb a 20° grade. Price: about $1200. Advanced Wheelchair Co., 39 Garden St., Redwood City, California 94063.

ADJUSTABLE W/C TABLE is designed to fit chair’s arms and wheels; center tray adjusts to four heights; legs may be removed for storage. Price: $130 to $274 depending on construction and finish. Write for brochure: DeWilde Anderson Mfg., 718 Calspur St., Claremont, California 91711.


HOME STANDING EQUIPMENT. “Mini-bar and Kwik-brace” $168 and $98. Manco Corporation, Route 3, West Bend, Wisconsin 53095.

W/C SUITCASE/ TABLE was developed by a young man who is disabled by Friedreich's ataxia and who lives in a nursing home. He would like to have help in patenting and developing this and his other inventions. Lucius Wolfgram, Edgewood of Elroy, Elroy, Wisconsin 53929.

CANADIAN W/C MOTORIZER fits almost any chair and permits folding. Motors are 6 volt D.C. coupled to a 25 to 1 gear box. Batteries are wet cell. Unit weighs 20 lbs. $165. Gil Brown, 23 Byers Crescent, Saskatoon, Sask.


DECUBITAL ULCER RELIEF Bob Hitz of Cleveland, Ohio, writes, “The U. of Michigan Hospital has developed a Poly Vinyl Chloride Gel which acts like human fatty tissue and can be made into seat cushions, mattresses and brace pads. It is less expensive than silicone gel and can be molded in sections as thin as ¼” for padding braces and appliances. The gel is available in 5 gal. cans under the trade name 'Atco-Gel' from Atco Surgical Supports Co., 450 Portage Trail, Cuyahoga Falls, Ohio 44222 and in 16” x 16” x 2” pads for bed or chair under the name 'Boynt Pressure Sore Pad' from Orthopedic Equipment Co., Inc., Bourbon, Indiana 46504. This is a good pad.”

W/C "POSTURE CUSHION" is designed to redistribute weight from the buttocks to the legs. About $50. Posture Cushion, Box 331, Missoula, Montana 59801.


Ramps

ENGLISH MOVABLE RAMP is demonstrated to Lady Hamilton, Chairman of the Disabled Living Foundation. The ramp is of an all-steel welded construction with an expanded steel mesh surface. Fixed to step by a hinged support. Can be used for steps from 4½” to 9½” in height. Write: The Expanded Metal Company Ltd., 16 Caxton St., London, S.W.1.

W/C POWER PULL FOR RAMPS utilizes a 1/3 hp motor on 115 volts. Power Pull, 820 Griggs Ave., Fort Worth, Texas 76103.

PORTABLE RAMP made of fiberglass weighs 18 lbs. 29” wide and 32” long, it adjusts to steps from 4” to 8” high. Skid resistant surface. About $60. Port-A-Ramp, Inc., 4019 S.W. 12th St., Plantation, Florida 33314.

UNIQUE OUTDOOR ELEVATOR “At that time all outside stair lifts cost too much so I called companies that handle materials lifts, the kind that are used in warehouses. We bought one at a great bargain. It is sitting on a concrete slab. The controls are weatherproof. We have an on-off switch in the house so children cannot play with it.” Miss Aimee Weber, 3 Baker Circle, Cincinnati, Ohio 45212.

CANADIAN PORTABLE RAMP. This ramp was developed for the Canadian Paraplegic Association’s loan service for use at summer cottages, etc. It is 13’ long, made up of 4 sections of 3’4” each. The middle section of each length has an adjustable leg to support the weight and prevent damage to the hinge joint. Weighing about 14 lbs. per section, the ramp is easily loaded into a car. Spacers can adjust for any width wheelchair. The edges of the runners are made of rectangular steel tubing approximately 3/4” by 1-3/8” and the deck is a lightweight metal, welded to the tubing. The non-slip surface was obtained by sprinkling sand onto the paint while it was wet. Write: Mr. A. T. Mann, Executive Director, C.P.A., Central Western Division, 825 Sherbrook St., Winnipeg 2, Manitoba, Canada.
Miscellaneous Equipment

ENGLISH LIFTING BATH CUSHION utilizes tap-water to slowly lower and raise a person on its water-filled cushion. Alan T. Tamplin Birdham Cottage, Westlands, Birdham, Chichester, Sussex.

PORTABLE RAISED TOILET SEAT. Choice of full-circle, open front, or open front and rear. Padded seat. Light weight. $32.95, plus about $2 shipping. Vabco Products, 160 N. Gilbert, Fullerton, California 92633. OTHER ITEMS IN THEIR CATALOG: elevator, ramp, quadriplegic driving aids, door opener, gutter hook, narrower, slide and bridge boards, knee separator.

PORTABLE "COMPLETE SEAT" FOR TOILETS. $38.50, plus shipping of $1.50. R.J. Chair Lift Co., Inc. 431 Elgin Ave., Forest Park, Illinois 60130.


GRABBER has a patented clamping device. 33" long. Operable with one hand. $6.95 postpaid. J. E. Lemieux & Co., Box 548, Placentia, California 92670.


NEW CLOTHING CATALOG of special designs for the handicapped is available for $1 from VGRS, 2239 E. 55th St., Cleveland, Ohio 44103.


LEG BRACE TROUSERS. The Better Grade Trousers, Inc. (1971 Gazette pg. 15) has gone out of business. These sideseam zippered models may be ordered from: Clothing Research and Development Foundation, Inc., 48 E. 66th St., New York, NY 10021.


FRICTION PLASTIC prevents sliding when used as a writing pad, table mat or floor mat. Cycem Plastics Ltd., Portland Square, Bristol BS2 8SZ England.

CONVERSION OF CARS FOR DISABLED DRIVERS. Very informative booklet covering adaptations for both upper and lower extremity disabilities, as well as smallness and stiffness. Excellent list of references! ICTA Information Centre, P.O.., S-161 03 Bromma 3, Sweden.


BACKWARDS AND FORWARDS PAGE-TURNER. Holds pages flat; takes all normal size books and paperbacks. May be operated by chin, elbow, etc. Extra charge for suck/blow switch. 110 volt models available. £54 (about $144). Vewco Products, Box 5, Princes Risborough, Aylesbury, Bucks., England.

BOWLING BALL WITH RETRACTABLE HANDLE. Comes in weights of 10, 12, 14, and 16 lbs. About $40. Les Barker Enterprises, 15733 University, Dolton, Illinois 60419.
Architectural Barriers

BIBLIOGRAPHY and report on the literature in the field. The Elimination of Architectural Barriers to the Disabled is comprehensive and interesting, particularly the comparisons between the U.S. and U.K. approaches to the problem. 36 pages. 1969. $1.00. Canadian Rehabilitation Council for the Disabled, Suite 303, 165 Bloor St.E., Toronto 285, Ontario, Canada.

CONSTRUCTION DETAILS – PLANNING FOR THE HANDICAPPED. This attractive 9-page booklet, the result of a group project, would be of interest to similar groups. Free from: Committee to Eliminate Architectural Barriers in Westchester County, 713 County Office Bldg., White Plains, New York 10601.

STATEWIDE CURB RAMPING BILL requires all Wisconsin cities and towns to install ramps at downtown crosswalks.

CURB RAMPS. Bill Hopkins started working on a curb ramp ordinance back in '68. Over 2,000 have been installed since then! He has prepared a helpful booklet with diagrams, costs, etc. Write to him at MiSCCA, 2004 Lyndale Ave., Minneapolis, Minnesota 55405.

COMMITTEE ON BARRIER FREE DESIGN NEWSLETTER is a very informative and helpful publication. Free from The President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

CONGRESSIONAL HEARINGS on the impact of architectural barriers. Titled, A Barrier-Free Environment for the Elderly and the Handicapped, they are numbered 104J, 105J, and 106J and are available at 30¢ each from Public Documents Distribution Center, Pueblo Industrial Park, Pueblo, Colorado 81001.

EDUCATION AND EMPLOYMENT

LISTS OF COLLEGES AND UNIVERSITIES WITH SPECIAL FACILITIES FOR THE HANDICAPPED. One of the most frequent requests we have is for information about the colleges one can attend in a wheelchair. Here are some published lists. The list is everchanging as new ones are added. Many of them were adapted for the first wheeled student. So, if a college has exactly what you want in a curriculum, go pioneering in a wheelchair. You'll make it somehow.

EDUCATION OF THE HANDICAPPED STUDENT. Reprint. 50¢ Rehabilitation Literature, 2023 W. Ogden Ave., Chicago, Illinois 60612.


NEW SCHOOL–TO–HOME TELEPHONE SERVICE. The Portable Conference Telephone utilizes dial-up facilities and voice-switched microphones. Monthly rates are $10 to $15 with a one-time charge of $45. Call your local phone company for exact prices. Contact their Marketing Department and explain that they and a Code 5C2 is the Portable Conference Phone.


STARTING A SMALL BUSINESS? Write, Office of Public Information, Small Business Administration, Washington, D.C. 20416, for their free booklets.

CALIFORNIA'S 94 JUNIOR COLLEGES will have assistance in programs for the disabled through a Federal Education Act grant to Cerritos Community College, which conducts some of its classes at Rancho Los Amigos Hospital.

VA EDUCATIONAL LAW pays $175 a month for a maximum of 36 months, or $6,300, total, to attend school or get on-job training. Too few Vietnam veterans are applying for this benefit.

A HANDBOOK FOR THE DISABLED STUDENTS OF BROOKLYN COLLEGE. 20-page illustrated booklet lists services and scholarships. Free from: Office of the Dean of Students, Brooklyn College of the City University of New York, Brooklyn, NY 11210.

NOTES OF A DISABLED VETERAN. Free from: Committee on Disabled Veterans, Presi-


U. OF ALABAMA. Bob Tanton urges other quads to attend: "Large, flat, tree-filled campus. Plenty of ramps, bevelled curbs, and elevators. Modified, unsegregated dorm rooms, variety of choices. Attendants readily found. Write: Mae Lewis, Liaison Counselor, University Counseling Services, University, Alabama 35486."

NEW BOOKLETS AND PERIODICALS


A SELECTED MEDICAL BIBLIOGRAPHY OF SPINAL CORD REALITIES AND THE REALITIES OF SPINAL CORD INJURY. Free from: Sacred Heart Rehabilitation Hospital, 1545 Layton Blvd., Milwaukee, Wisconsin 53215.


PALMTREE PARAGRAPHS, the new publication of the South Florida Paraplegia Association, is off to a good start with the talented Larry Schneider as editor. Larry, a polio quad, has just retired after 25 years with IBM where he was a traffic clerical specialist. His address: 450 E. Boca Raton Road, Boca Raton, Florida 33432.

AMERICAN PROFILE: WHAT STATES ARE DOING (AND CAN DO) TO HIRE THE HANDICAPPED. Free. The President's Committee on Employment of the Handicapped, Washington, D.C. 20210.

THE EXCEPTIONAL PARENT presents useful and practical information in easily understandable language. Published six times a year, $12 a year. The Exceptional Parent, Box 101, Back Bay Annex, Boston, Massachusetts 02117.

EXCEPTIONAL CHILDREN an informative and practical journal. Published nine times a year; $10 a year. The Council for Exceptional Children, Suite 900, 1401 S. Jefferson Davis Highway, Arlington, Virginia 22202.


Travel

PAN AM TOURS designed especially for the disabled and their friends were started in 1972 with a trip to Hawaii and three trips to Europe. Services include barrier-free hotels and w/c buses. Information at local Pan Am ticket offices or write: Larry J. Chadwell, Sales Coordinator, Pan American World Airways, 1219 Main St., Houston, Texas 77002.

TOURING EUROPE IN A WHEELCHAIR? If you don't want to do one of the special tours with Rambling, Jacobson, Evergreen, or Handy-Cap, which have been described in previous Gazettes, or the new Pan Ams start planning a year ahead by subscribing to these local publications that describe accommodations and tours: Possability. Editor: R. Bowell, "Copper Beach," Parry's Close, Stoke Bishop, Bristol BS9 1AW, England. Bulletin of the British Polio Fellowship. Editor: Mrs. Alison Barnes, 39 Ashworth Mansions, Elgin Ave., London, W9 1JP, England. (Send $2 to $5 for subscription/donation.) Order the giant book, 1972 Holidays for the Physically Handicapped which costs forty pence (about $1.50 including postage.) The volume of the material is just incredible! There are 379 pages of accommodations and ads of England, Wales, Scotland, and Northern Ireland and lists of all the city and town guides for the disabled that are available from Central Council for the Disabled, 34 Eccleston Sq., London SW1V 1PE. The "Holidays Abroad" section is fascinating. It lists accommodations, organizations, and group tours in Austria, Belgium, France, Holland, Italy, Morocco & Tunisia, Malta, Portugal, Spain, Scandinavia (Denmark, Finland, Norway, Sweden), Switzerland, Yugoslavia.

WITH A RESPIRATOR? Then you should put this name in your emergency file: Dr. Geoffrey Spencer, Respirator Unit, St. Thomas' Hospital, Landor Road, Stockwell, London, S.W.9. Phone: 928-9292 Ext. 7127.


NATIONAL PARK GUIDE FOR THE HANDICAPPED. 80-page guide lists 242 areas of the National Park System. All but thirteen are accessible to the wheelchair user. Some have special facilities for the blind and deaf. 40¢ from Supt. of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

TRAVEL AIDS CATALOG has a beautiful collection of guide books and gadgets. Included: luggage; a plug adaptor for U.K., Continent, and Australia; a coffeemaker plugs into a cigarette lighter, portable reading lamp, magnetic chess/checker set, etc. Write for free catalog: McLeod's, Box 2328, Chapel Hill, North Carolina 27514.


AIRLINE TRANSPORTATION FOR THE HANDICAPPED AND DISABLED presents a summary of 22 domestic airlines' policy. $1.25 from National Easter Seal Society for Crippled Children and Adults, 2023 W. Ogden Ave., Chicago, Illinois 60612.

TRAVEL INFORMATION is a new free service of the Moss Rehabilitation Hospital, 12th St. & Tabor Road, Philadelphia, Pennsylvania 19141. Outline which cities or countries you want to visit; they'll send information for you to take to a travel agent.

Sports and Recreation

The following list of organized groups, provided by the American Association for Health, Physical Education and Recreation, is reprinted from the October-November 1971 issue of Performance.

Georgia Warm Springs Foundation (Golf)
George C. Beckmann, Jr., Warm Springs, Georgia 31820.
National Amputation Foundation (Golf)
Sol Kaminsky, Secretary, 12-45 150th Street, Whitestone, New York 11357.

American Amputee Skiing Association
Jim Winthers, Executive Secretary, 3738 Walnut Avenue, Carmichael, California 95608.

American Blind Bowling Association
Donald W. Franklin, Secretary-Treasurer, P.O. Box 306, Louisville, Kentucky 40201.

American Junior Blind Bowling Association
Charles Buell, 4244 Heather Road, Long Beach, California 90808.

National Track and Field Committee for the Visually Impaired
Charles Buell (see above)

United States Blind Golfers' Association
Robert G. Allman, Secretary; 6398 Sherwood Road, Philadelphia, Pennsylvania 19151.

Charles Buell, whose address appears above, can provide information about regional organizations for interscholastic competition among State schools for the blind. Wrestling, track and field are major activities. Dr. Buell edits a periodic newsletter which includes results of athletic competition from each of the regions.

American Athletic Association for the Blind
Harry L. Baynes, President, P.O. Box 105, Talladega, Alabama 35160.

World Games for the Deaf
Art Kruger, 7550 Hampton Avenue #303, Hollywood, California 90046.

American Wheelchair Bowling Association
Route 2, Box 750, Lutz, Florida 33549.

American Wheelchair Athletic Association
40-24 62nd St., Woodside, New York 11377.

National Wheelchair Basketball Association
Rehabilitation-Education Center, Oak Street and Stadium Drive, University of Illinois, Champaign, Illinois 61820.

For general information about services and programs relating to recreation for the disabled, write to:
American Association for Health, Physical Education and Recreation, Programs for the Handicapped, 1201 16th St., N.W. Washington, D.C. 20036.


FREE SKIING LESSONS for single and double amputees, polios and CP's have been organized through the Minnesota Handicapped Skiers Association. For information, contact Bill Holmberg, Hart Ski Col, 630 Pierce Butler Route, St. Paul; or Bob Smith, Welch Village Ski Area, Welch, Minnesota 55089.


RECREATION AND REHABILITATION are excitingly covered in the May and June 1972 issue of REHABILITATION RECORD, 55¢ from Supt. of Documents, U.S. Govt. Printing Office, Washington, D.C. 20402. Subscription: $3 per year; 75¢ additional for foreign mailing.


TRIC – THERAPEUTIC RECREATION INFORMATION CENTER, Box 59, Teachers College, Columbia University, New York, New York 10027. No charge for information.
CRADLE BEACH CAMP, Angola, New York, was described in glowing tones by Gil Nagy, artist and author, who is wheelchaired by cerebral palsy, when we talked with him in Guadalajara, Mexico. "Each summer," said Gil, "approximately 800 physically and mentally handicapped children, as well those who are able-bodied but underprivileged, spend periods of two weeks." Gil was a camper as a child and has worked on the arts and crafts staff since 1965. The counselors are college students from different areas of the country as well as abroad. Gil described the director, Jack Anthony, as "a dedicated man in a truly unique place." For information, write to Mr. Anthony, 189 Cherrywood Drive, Buffalo, New York 14221.
WHEELCHAIR PILOTS ASSOCIATION will give a free ride and a free demonstration lesson to any handicapped person who is interested in flying. Pictured above are the officers of the W.P.A. with Dave Allyn, owner of Dolphin Aviation. Left to right, seated: Tom Minett, vice president; Wayne Nelson, director of engineering; Howard Treadwell, president. Standing: Dough Baldwin, treasurer; and Mr. Allyn. For details, write to Mr. Treadwell, 11018 - 102nd Ave. North, Largo, Florida 33540.

The Aircoupe lends itself to use by paraplegics because it was designed to be flown with hand controls. Aircoupes have been around since the '40s and are relatively inexpensive. The only problem is that it was built without a door. An able-bodied pilot mounts the low wing, steps over the side and pulls a plexiglass partition over him. Howard Treadwell (upper right) solved the problem by having the luggage compartment enlarged to accommodate his wheelchair, adding a door, and building a special handle on the fuselage. Wayne Nelson (lower right) designed and built the drop-down seat which he demonstrates to Howard and which he will build commercially for other members. Fred Weick, a non-handicapped member of the club, who retired as head aeronautical engineer for Piper Aircraft, has designed a simple hand control that snaps onto a Cherokee's rudder pedal. The new Cessna XMC has a low, accessible door and room for a wheelchair. As word spreads around the country, membership in the W.P.A. is growing rapidly, particularly among veterans.
Rehabilitation Engineering Centers

"The U.S. Social and Rehabilitation Service,' reported Rehabilitation Literature, June 1972, "is setting up a system of Rehabilitation Engineering Centers to harness up-to-the-minute engineering concepts to technology benefiting the disabled. The total federal cost for the first year’s operation is estimated at $1.4 million.

"Engineers, many associated with the U.S. defense and aerospace industries, will work with physicians in treating patients.

"The doctor-engineer teams will work on projects including:
- Muscle substitutes (implanted synthetic tendons attached to muscles)
- Devices to stimulate arm and leg muscles (implanted dime-sized electronic systems that cause, by neuromuscular means, artificial or paralyzed limbs to move at the wish of the user)
- Internal joint replacement (metal)
- Sensory aids (highly sophisticated cameras and electronic hearing devices) that allow the blind to ‘see’ (silhouettes of pictures and large letters) and the deaf to ‘hear.’"

"The first two Rehabilitation Engineering Centers will be at Rancho Los Amigos Hospital, affiliated with the University of Southern California, Los Angeles, and at Moss Rehabilitation Hospital affiliated with Temple University and Drexel University, Philadelphia. Each will receive $350,000 in federal funds the first year.

"Two or three additional centers are expected to be established in different parts of the country within the next six months.

"The Centers will provide the environment for realistic testing concepts by moving devices and techniques through all phases of research development, including clinical evaluation, training of clinicians, and production.

"The U.S. Public Health Service estimates that the number of persons in this country in need of physical restoration are: amputees, 350,000; paralyzed and deformed, 3,500,000; blind, 1,280,000; and deaf, 1,705,000.

"Providing physical restoration services currently costs about $120 million annually, of which around $7 million goes for research and manpower development, according to government agencies supporting the work—the Social and Rehabilitation Service, Health Services and Mental Health Administration, Office of Education, Veterans Administration, and Department of Defense.”

National Centers for SCI

Hearings are being conducted on H.R. 8395 in the Senate. Following are excerpts from this Act of particular interest to paras and quads: “Sec 413. (a) In order—

(1) to demonstrate methods of (A) providing the specialized intensive services, as well as other services, needed to rehabilitate handicapped individuals who are suffering from spinal cord injuries and (B) training the professional and allied personnel needed adequately to staff facilities specially designed to provide such services and training such personnel who have been or will be working with the persons suffering from spinal cord injuries:

(2) to conduct research in the problems of, and ways of meeting the problems of rehabilitating, persons suffering from spinal cord injuries; and

(3) to aid in the conduct of related activities which will expand or improve the services for or help improve public understanding of the problems of persons suffering from spinal cord injuries; the Secretary is authorized to enter into an agreement with any public or nonprofit private agency or organization for payment by the United States of all or part of the costs of the establishment and operation, including construction and equipment, of centers for vocational rehabilitation of handicapped individuals who are suffering from spinal cord injuries which shall be known as National Centers for Spinal Cord Injuries.”

Spinal Cord Injury

This report, prepared for the National Paraplegia Foundation, reviews the status of a nationwide system of centers for care of the spinal cord injured. $4.50. Massachusetts Association of Paraplegics, Inc., Box 48, Bedford, Massachusetts 01730.

Congressional and SRS Grants

Paraplegia News, July 1972, reports $300,000 has been appropriated by Congress for Spinal Cord Injury Treatment Center planning grants.

Additional funding for basic research directly related to spinal cord injury also has come from NINDS. Dr. Edward F. MacNichol, Jr., Director of NINDS, reports that the institute gave basic research grants for $161,481 in 1970.

“These grants are in addition to more than 50 paraplegia, quadriplegia, and spinal cord injury projects listed in the Research Directory of the Rehabilitation Research and Training Centers funded by the Social and Rehabilitation Services.”
U.S. Periodicals

The editors of REHABILITATION GAZETTE recommend the following publications by the disabled and by professional groups concerned with rehabilitation in general.

ACCENT ON LIVING
Editor: Raymond C. Cheever. Box 726, Bloomington, Illinois 61701. Quarterly. $2.50 a year.

ACHIEVEMENT
Editor: C. J. Lampos. 925 N.E. 122nd St., North Miami, Florida 33161. Monthly. $1 a year.

HANDY-CAP HORIZONS
Editor: Dorothy S. Axsom. 3250 E. Loretta Dr., Indianapolis, Indiana 46227. Quarterly. $2 a year.

INTERNATIONAL REHABILITATION REVIEW

JOURNAL OF REHABILITATION
Editor: Betty Winkler Roberts. 1522 K St., N.W., Washington, D.C. 20005. Bimonthly. $5 a year.

NAPH NEWSLETTER
Editor: Marilyn Woods. 2 Meetinghouse Rd., Reeds Ferry, New Hampshire 03078. Quarterly. $1 a year.

NATIONAL HOOKUP
Editor: Richard Davenport. 6536 Mason St., Riverside, California 92503. Monthly. $1.50 a year.

NATIONAL STAR NEWSLETTER
Editor: Katherine Kreuser. 6219 Naper Ave., Chicago, Illinois 60631. Bimonthly. $2 a year.

PARAPLEGIA NEWS
Editor: Robert L. Webb. 935 Coastline Dr., Seal Beach, California 90740. Monthly. $3 a year.

PERFORMANCE

REHABILITATION LITERATURE

THE SQUEAKY WHEEL

THE SPOKESMAN
Editor: Karen Hubacher. Western Disabled Alliance, Inc., Box 444, San Lorenzo, California 94580. Quarterly. $1 a year.

National Paraplegia Foundation

The National Paraplegia Foundation, an offshoot of the Paralyzed Veterans of America, was organized in 1948 to meet the needs of the growing number of civilian paraplegics. The national office furnishes information and literature on spinal cord injury as well as publishing a delightful and free magazine, The Squeaky Wheel. The annual meetings are exciting exchanges with hundreds of others who are disabled by spinal cord injuries, polio, cerebral palsy, muscular dystrophy, and multiple sclerosis and with doctors, therapists, nurses, and social workers.

The number of chapters around the country is growing rapidly. There are now more than thirty chapters in the following states: Alabama, Arkansas, Colorado, Florida, Georgia, Illinois, Indiana, Kansas, Maryland, Massachusetts, Minnesota, Missouri, New Mexico, North Carolina, Ohio, Rhode Island, Wisconsin, and Texas. Join a local chapter and work together to solve common problems! For information and the name of the nearest chapter, write to: National Paraplegia Foundation, 333 North Michigan Avenue, Chicago, Illinois 60601.

Chapter members meet regularly to work together on common problems, such as architectural barriers, legislation, housing, employment, etc. Several chapters are trying a unique plan to call attention to architectural barriers: they are awarding the international wheelchair symbol to the “yellow page” ads of those businesses that are accessible to wheelchairs.

ST. LOUIS NPF is concentrating on eliminating architectural barriers. The first curb ramps in the downtown area were installed at Busch Stadium and its west garage. Below, l to r: Father Lucius F. Cervantes, S.J., brother of St. Louis’ Mayor Cervantes, and Paul L. Spelbrink, Director of Streets, watch Bob Huskey make a test run.
REHABILITATION GAZETTE • AVAILABLE BACK ISSUES

Donation per copy: $2 from the disabled
$4 from the non-disabled

In addition to the SPECIAL FEATURES listed below, the issues contain first person accounts of the experiences of the severely disabled in obtaining higher education or training and employment, reviews of books of special interest, and colorful excerpts from readers around the world sharing their lives and seeking pen friends.

1972 Volume XV
COMPREHENSIVE REHABILITATION CENTERS — detailed information on Woodrow Wilson Rehabilitation Center and lists of similar centers in the U.S.
HOUSING & HOME SERVICES FOR THE DISABLED IN THE U.S.
EQUIPMENT — rehabilitation of an Australian quad, wheelchairs and accessories, remote controls, ramps.
HAMS. ART. MUSIC. PRAY AND PLAY.
ARCHITECTURAL BARRIERS. EDUCATION. EMPLOYMENT. NEW BOOKLETS AND PERIODICALS.
TRAVEL. SPORTS AND RECREATION.
SPINAL CORD INJURY CENTERS. NATIONAL PARAPLEGIA FOUNDATION. SELECTED U.S. PERIODICALS.

1971. Volume XIV
GROOMING — glamour on wheels, clothes for men and women.
WHEELCHAired PARENTS — experiences of paras and quads.
INDEPENDENT LIVING — CO’s as home attendants, legal rights, architectural barriers, housing.
EDUCATION — coed dorms. law, engineering.
EMPLOYMENT — business, insurance, computer programming, homebound work opportunities.
EQUIPMENT — 72 items ranging from POSSUM to pressure pads, from re-rehabilitation to cut-rate water beds, and a variety of wheelchairs and accessories.
VETERANS. HOBBIES. TRAVEL.

1970. Volume XIII
COMMUNITY CONCERN — service projects for the disabled by government and voluntary agencies.
INDEPENDENT LIVING BY QUADS — creative adaptations, techniques, and attendants.
EQUIPMENT — mouthstick operation of typewriter platen, sitting solutions, cushions, bath lift, hydraulic tailgate and safety clamps for in-wheelchair driving by quads in vans.
HOBBIES — Voicespondence Club, one-armed fishing, chess by mail, bowling.
TRAVEL — Group tours, Mexico, Japan.

1969. Volume XII
QUADRIPLEGIC LIVING — the place of the quad in his community.
RAMPS FOR HOME AND CAR — basic rules and ideas.
FORECAST — Planning conferences, regional rehabilitation centers, housing considerations and complexities, home care services.
EQUIPMENT — transference, wheelchairs, and accessories, typing aids, bathroom equipment.
HOBBIES — hunting, photography, writing.
TRAVEL — holidaying and living in Mexico.

1968. Volume XI
TENTH ANNIVERSARY — the biography of the Gazette by the editor’s husband.
HOMEMAKING — a comprehensive summary of the problems and solutions of the wheelchaired with severe arm involvement compiled from actual experiences and publications in the areas of cooking, cleaning, and home planning.
HOME-BASED BUSINESSES — experiences and opportunities in selling services by phone and mail.
EQUIPMENT — quad driving, remote controls, wheelchair accessories and new models, electric wheelchair carrier, surfboard, portable respiratory equipment, mouth-operated phone.
HOUSING — developments in Mexico and England.
MUSIC — rehabilitation through music.

MAIL ORDER FORM


( ) 1962. Vol. V. No. 2 — Quads on Quadrangles.

1972, Volume XV
Back Issues Available

Donation per copy: $2 from the disabled
$4 from the non-disabled

1967. Volume X
HIGHER EDUCATION — 21-page feature on the experiences of 23 severely disabled students at various colleges; campus facilities.
EMPLOYMENT — 19-page feature on profiles of 35 severely disabled writers, doctors, lawyers, counselors, teachers, etc.
EQUIPMENT — citizens band radio, Egerton Stoke Mandeville bed, Stryker flotation pad, one-hand typing, transportation, chin-controlled wheelchair, Swedish curb-climbing wheelchair, remote controls, frog breathing, portable lungs, mouth-to-mouth rescue breathing.
SEX — Dr. Holbert on sex and the disabled.
HOUSING — summary of U.S.A. developments.
ATTENDANTS — sponsoring an alien.

1966. Volume IX
VOCATIONAL REHABILITATION — new Federal and State legislation. Working experiences of quads in a variety of money-making projects.
WHEELCHAIRS — respiratory chair, self-reclining chair, “Pushup” arms, wheelchair lore, foreign sports models, convertibles, climbers.
EQUIPMENT — remote controlled typewriter for under $50, tongue switch, sight switch.
ARTISTS — Association of Mouth and Foot Painters.
HOUSING. READING LIST FOR QUADS. HOBBIES.

1965, Volume VIII
TRAVELING QUADS — respiratory equipment by air and trailer, and on Mediterranean cruise.
MEDICAL ENGINEERING — orthotic arm aids, foot-operated aids for reading, eating, and typing, toothborne telegraph transmitter, and electronic multi-controls.
EQUIPMENT — in wheelchair travelling with special chairs, ramps, hydraulic tailgates and lifts, quad drivers, foot-controlled steering, wheelchair loader, carrier, cover, narrower.
ADOPTION. HOUSING. SOCIAL SECURITY BENEFITS.

1964. Volume VII
QUADS INTERNATIONAL — experiences and photos of severely disabled readers in New Zealand, Australia, India, Canada, England, Scotland, Ireland, Switzerland, and France. Reading list of relevant international periodicals.
EQUIPMENT — foot-typing, clothing, portable fibre glass lung and rocking bed, mouthsticks, painting aids, arm slings, toileting.
HOME STUDY — experiences and ideas.
HOBBIES — chess and postal chess, bowling, photography, contesting.

1963. Volume VI
QUADS AT HOME — family life and fun, adoption, post-paralysis marriage, volunteering.
HOUSING AROUND THE WORLD — comprehensive 18-page summary of housing projects in England, Denmark, Australi, Ireland, Finland, and U.S.A.
EQUIPMENT — rubber and sheepskin cushions, custom-built elevators, Australian fibre glass lung, English self-adjustable mobile chair/bed.
VACATION AND CAMPING DIRECTORY.

1962. Volume V. Number 1
COMMUNICATIONS — 9-page feature of the experiences of quads as writers in various fields, including suggestions for neophytes.
EQUIPMENT — 9-page summary of special telephones and typewriters with unique adaptations for use with the minimum of movement, three new multi-controllers.
HOBBIES — special section on amateur radio, with a listing of the call letters and photos and stories of 52 disabled “hams” around the world, including special clubs, a section on taping, listing 18 international tape clubs.
DR. HOLBERT on kidney stones.

1962. Volume V. Number 2
QUADS ON QUADRANGLES — a special 20-page feature of the experiences of quads acquiring higher education by telephone, correspondence, and attendance.
EQUIPMENT — reading aids, self-aspirator, bed bathtub, portable tub, shampooing.
DR. SANDIFORD on English respirators.
HOBBIES — the Voicespondence Club.
ATTENDANTS — some new approaches.

MAIL ORDER FORM

INTERNATIONAL JOURNAL AND INFORMATION SERVICE FOR THE DISABLED
REHABILITATION GAZETTE
4602 MARYLAND AVENUE, ST. LOUIS, MISSOURI 63108 U.S.A.

Enclosed is $…….

Name: ...........................................................
Street address: ..................................................
City, State, and ZIP Code: ...................................

REHABILITATION GAZETTE
SPANISH TRANSLATION. Marion Greene of Cuernavaca, Mexico, is working with Debbie and Pepe Tinajero and other friends to have the Rehabilitation Gazette translated into Spanish.

CONGRATULATIONS to the three recipients of the 1972 Albert and Mary Lasker Awards for Distinguished International Service to the Handicapped! Left to right: James F. Garrett, Ph.D. of the U.S.A., our good friend, Mrs. Kamala V. Nimbkar of India (page 331), Dr. Henry H. Kessler, Awards Committee chairman, and Mr. Jean Regnier of Belgium. The awards were presented at the Twelfth World Congress of Rehabilitation International in Sydney, Australia. Rehabilitation International, 219 E. 44th Street, New York, N.Y. 10017, is a federation of organizations providing rehabilitation services for the disabled in sixty countries.

AWARD. Mickie McGraw, Gazette artist and president, was the 1970-71 winner of the Pilot International Handicapped Professional Woman of the Year award, which is cosponsored by the President's Committee on Employment of the Handicapped. Standing, left to right: Mickie's mother, Mrs. James McGraw, Mrs. Jean Dixon, Mrs. Ruth Hoon, and Mr. McGraw, her father.

GAZETTE INTERNATIONALE. Nancy Hoover (center) welcoming Walter Schubert, a guest from Germany, to the Gazette Internationale picnic in Lausanne last year. Nancy has returned to the U.S. with her husband and children after six years in Switzerland. Her group of volunteers will carry on under the leadership of Chantal Benn (left) and Cyndy Pohlmann. For information about the 1972 French edition, write to: Gazette Internationale, Villa Belvedere, 1092 Belmont, Switzerland.
Joan and Bill Murray receiving congratulations from the Queen, Prince Philip, the Governor of the Isle of Man, and Princess Anne on his book, *Atlantic Rendezvous*, which is reviewed on page 46. (Liverpool Daily Post Photo by John Gaggs)

Mrs. Kamala V. Nimbkar and her Lasker Award (pages 33 & 65) fascinate Tethuji, one of the editors' cats, during her visit in St. Louis en route from Australia to India. (St. Louis Post-Dispatch Photo by Ted Dargan)