Two years ago we moved back home to St. Louis to our old home and old friends. As the Gazette grows apace, we have met many new friends.

Though we still miss our “Toomey” friends from our Chagrin Falls years we keep in touch and a goodly number of Gazette friends have visited us during the year. We have enjoyed showing them the sights of St. Louis from the Mississippi riverfront to the botanical gardens, museums, and the zoo. During the week after Christmas we had a gay time with Susan Armbrecht and Mickie McGraw and four of their friends. Some of our other guests were Mickie Martin of Ohio, Dean Ridenour of Illinois, Judy Raymond from Ohio, Fred Fay of Massachusetts, Bill Hopkins of Minnesota, Cyndy Pohlmann of Switzerland, and Larry Schneider and Chuck Baw from Florida.

We have done a bit of wandering during the year, attending meetings and vacationing. Early in ’73 we drove to Mexico, stopping in Houston on the way to see two old friends, Nita Weil and Linda Pickle, at the Texas Institute for Rehabilitation and Research. We visited more old friends in Cuernavaca and Guadalajara and became very excited about working with them on a Spanish edition of the Gazette. (See pages 58 and 59.)

In June we attended the stimulating meeting of the National Paraplegia Foundation in Indianapolis. (The 1974 meeting will be in August in Washington, D.C. at the new Loews L’Enfant Plaza Hotel. The program sounds as fascinating as the setting! Hope we see many readers there!

What a thrill to receive the first of the Gazettes that Dr. Masao Nagai is having translated into Japanese. Another thrill was the artistic new look of the 1973 Gazette internationale, the French edition of the Gazette.

Ave atque vale. The year was saddened by the deaths of some of our treasured longtime Gazette friends: Ian Bompas of South Africa, Neil Compton of Canada, Richard Gay of Australia, Ben Gerson and Blaine Hart of Ohio, Pat Kelly of Ireland, Emanuel Leplin of California, Flora McFee of Maryland, Ian Prichard of Africa, Robert J. Reynolds of West Virginia, Ken Van Albert of Mexico, and Sally Van Der Kar of Pennsylvania. The majority of them were respiratory polio quads whom we had known during most of their twenty odd years of disability. Old Gazette readers have met them all through photographs and stories of their accomplishments in various issues. Sunt lacerimae rerum.

Our “family” was happily increased with the addition of two tall, long-haired blondes: Kem Mahan, an old friend from Chagrin Falls, now a student at Washington University majoring in Spanish - the Gazette’s assistant editor, and Shiva, an afghan hound, a ludicrous companion for our basset hound, Beauregard, and the three cats.

Our thanks to this issue’s contributors, both literary and financial, and our special thanks to our neighbor, Willie Bjorkman, for her patience and expert proof-reading.

G. & J.

From the Editors

At T.I.R.R. in Houston: (L to r) Linda Pickle, Gini and Joe Laurie, Nita Weil, and Prometheus Unbound.

Kem Mahan and Shiva, charming additions to the Laurie household (the Gazette office).
Volume XVI

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.

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*Disabled

DONATION per annual copy
$2 from the disabled
$4 from the able-bodied
All contributions are tax-deductible.

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Cover: Robert J. Throckmorton, C-7 quad, assistant principal of a
Nevada elementary school. See page 29.
1973 Changes In Social Security And Medicine

If you are disabled— you should check to find out if you are now eligible or could become eligible for payments under the 1973 Social Security laws. These new laws offer higher payments, greater protection, and the benefits of Medicare to many disabled individuals and their families.

In 1965, the Gazette summarized the laws relating to disability benefits and cited the experiences of two polio quads who had earned their disability benefits AFTER being disabled.

Example: Albert had been employed for 7 years doing abstracts in his home for a university which routinely withheld Social Security from his pay. “Last fall I wrote to the nearest Social Security office. They sent an application blank, which I filled out and returned. A few weeks later a fellow came around, filled out some more forms and asked permission for my doctor to give them a medical history. That was all there was to it. I shall be glad to answer questions other readers may have.” Albert Holloway, Rt. 1, Hanoverton, Ohio 44423.

Example: Jane, a self-employed writer and artist, had been earning over $400 a year for the past 5 years. “It makes me a bit angry to realize how often I wrote to our Social Security office only to get the same run-around. Finally, a friend went for me and one dear woman there listened to all the facts and was amazed that I had not done it sooner. First I listed my writing and painting earnings for the past years. Then my expenses. I filled out the 1040 income tax forms and paid the back taxes for four years. They checked my record and asked my doctor to fill out a form. It all seems so simple once you catch on.” Jane Comstock, Rt. 1, Box 72, Sparks, Oklahoma 74869.

In the intervening years, we have heard from many other severely disabled Gazette readers who have become eligible for disability payments by working at home from wheelchair or bed. The majority of these part-time jobs involved using the telephone to sell a product or to furnish a service.

Under the new legislation effective in 1973, even more disabled individuals will be able to earn sufficient credits for disability payments.

Example: A 24-year-old quad, who had been disabled at age 19, worked at home as a police dispatcher for $100 a month. Within the last 3 years, he worked 1½ years (6 quarters) thus becoming eligible for the minimum monthly disability payment of $84.50. After he has received these payments for 2 years, he will be eligible for Medicare, which covers such benefits as the major portion of hospital costs and the rental or purchase of necessary equipment prescribed by his doctor, such as a wheelchair.

Example: A mentally retarded 16-year-old boy worked as a part-time janitor for a neighborhood store, earning $8 a week. After 1½ years (6 quarters) he became eligible for the minimum monthly disability payment of $84.50.

Example: The father of a severely involved cerebral-palsied 13-year-old girl was covered by Social Security when he died. She then became eligible for childhood disability (disabled before age 22) benefits which could be paid the rest of her life. Her mother, who cares for her, also became eligible for payments. The daughter will be eligible for Medicare benefits after she has received disability benefits for 2 years after becoming 18.
Because of the changes in this legislation, there are many more advantages to being eligible for social security. The payments have increased and they will continue to increase as the cost of living increases. (The present range for an individual disabled worker is from $84.50 to $331 a month; for a worker with a family from $126.80 to $579.30.) As of July 1973, Medicare was made available to those who had been receiving disability payments for at least 24 months.

You can apply for social security benefits even if you are receiving State or local aid. The benefits stay with you if you move from city to city or to another state.

Call your social security office
We made a large number of calls to different social security offices while working on this article. We found many slight variations in interpretations of the rules. On the whole, all the social security representatives were patient and kind about explaining the details over the phone. Call your local social security office or ask your post office for the address of the nearest office. Request the latest booklets on social security and Medicare. Study them very carefully so you'll know what questions to ask. If you are unable to leave home because of your disability, a representative will contact you by telephone or come to your home to help you.

Get a social security number
If you have never worked, you must first get a social security number from your social security office. Then, at the end of the first year of work, or at the end of work with one employer, you will be given a W-2 Form (Wage and Tax Statement) showing the amount of your earnings that count for social security. The W-2's will be the proof of the wages you have been paid.

When is a worker considered disabled?
• You must have been disabled for at least 5 full months by a physical or mental condition which prevents you from doing any substantial gainful activity (over $140 a month is the common "rule of thumb" in determining how substantial and gainful the work is).
• If you are newly disabled, apply as soon as it appears that your disability will last 12 months or longer.
• You will be asked to provide medical evidence to establish the severity of your disability. Some conditions which are considered severely disabling: loss of major function of both arms, both legs or a leg and an arm, progressive diseases resulting in the loss of a leg, severe arthritis, severe loss of kidney function, mental illness or total inability to speak.

Retroactive Monthly Benefits
Benefits can be paid retroactively for as much as 12 months from the date of the application. However, no benefits can be paid for any month in the five-month waiting period.

Work credits needed by a disabled worker
A "quarter of coverage" is earned by being paid $50 or more in a 3-month calendar quarter.

If you are severely disabled, you will be eligible for monthly benefits if you have worked under social security long enough and recently enough. The amount of work you will need depends on your age when you become disabled:

• If disabled before age 24: You need credit for 1 1/2 years (6 quarters) of work out of a 3-year period.

If you are already disabled, including disabled at birth, the onset of disability would be established as of the time you meet the work requirements.

• If disabled between ages 24 and 31: You need credit for one-half the time between age 21 and the time you became disabled.

• If disabled at age 31 or older: You must have 5 years of work in the 10-year period ending when you became disabled. (The years need not be continuous or in units of full years.)

Self-employed workers need a net income of $400 or more in one year to earn quarters of coverage in a year. With $400 or more net income from self-employment, credit will be given for four quarters of coverage. Net income of less than $400 will provide no quarters of coverage.

Disability credits earned after disability
• Those who were born with a severe physical disability or mentally retarded and who were severely disabled later in life by an injury or disease may work and earn credits to become eligible for disability payments.
• Credits may be earned in a sheltered workshop or in a business or a store or at home. Some at-home jobs to consider: addressing envelopes; doing piecework; using the telephone to run an answering service, solicit advertising, operate a wake-up service, check credit references, run a baby-sitters' registry, remind patients of dental appointments or call customers about overdue bills.
• There is no limit to how old or how young you must be to earn social security credits. You can receive credit for a quarter of coverage as long as you are paid at least $50 (less than $5 a week) or more in a calendar quarter in employment covered by the Social Security Act. You can start working at any age, no matter how severely disabled or mentally retarded.
If you work after disability payments start
- Inform your social security office. Theoretically, you should be able to earn up to $140 a month, the present measure which social security applies as indicating "substantial gainful activity." Hopefully, this "SGA measure" will be raised eventually. At any rate, it is not a hard and fast rule though any earnings over $90 a month might be questioned. However, circumstances that determine the "true" earnings will be taken into consideration: sheltered work, subsidies by an employer, and work-related expenses.

Example: A wheelchair-bound worker must use a cab to get to work. The difference between the cost of normal transportation and the cab may be deducted.

Example: A blind teacher must hire a sighted person to grade papers and reports. The cost of these services would be deducted.

Example: A disability beneficiary who runs a small store requires extensive medication for his heart condition. Its cost would not be deductible because the medication would be required whether or not he worked.

- Even if your earnings are substantially gainful, your benefits may not be stopped immediately. There is a good chance that you may be entitled to a trial work period of up to 9 months.
- Only earnings you have from employment or self-employment count. You may have any amount of income from investments, savings, pensions, or insurance.

Vocational rehabilitation
When you apply for disability benefits, you will be considered for services by your State vocational rehabilitation agency. These services include counseling, teaching of new employment skills, training in the use of prostheses, and job placement.

Dependents of disabled workers
When a disabled worker receives disability benefits, payments can also be made, under specific qualifying conditions, to certain members of his family, such as unmarried children or a spouse. For instance, the average yearly benefit to a disabled worker’s child, who is unmarried and a full-time student, is about $1,000.

Children of deceased, retired or disabled parents
Persons disabled before age 22, who continue to be disabled, and who are unmarried, may start receiving disability payments when a parent receives either social security retirement or disability benefits or dies.

A mother caring for her disabled son or daughter, who is entitled to childhood disability benefits, may receive benefits herself regardless of her age.

Disabled widows or dependent widowers
If you are disabled and are the widow or dependent widower of a worker covered under social security, you may be able to get monthly benefits as early as age 50. You need no work credits of your own.

Special provisions for blind workers
If your vision is no better than 20/200 even with glasses (or you have a limited visual field of 20 degrees or less) you are considered "blind" under the social security law. If you are not working, you can generally get monthly benefits if you are fully insured.

If you meet this test and you are working, you may be able to have your future benefit rights protected under other special provisions in the law for blind people, particularly if you are between the ages of 55 and 65.

Military service credits
If you served in the Armed Forces during the period of 1957-67 or are a survivor of someone who did, and are now getting monthly checks, you may be eligible for a higher benefit.

Medicare
Practically everyone 65 or older is eligible for Medicare. Starting July 1, 1973, the following people under 65 became eligible:
- Disabled people who have been getting social security disability benefits for 2 years or more; and
- People insured under social security who need dialysis treatment or a kidney transplant because of chronic kidney disease. Wives, husbands, or children of insured people may also be eligible if they need kidney dialysis or a transplant.

Medicare is a program of health insurance. It has two types of insurance. PART A is free and helps pay for the care you receive as a patient in a hospital and for certain follow-up care after you leave the hospital. PART B costs $30.30 a month and is deducted from your social security check. It helps to pay for your doctor's services, outpatient hospital services, and many other medical items and services.

Medicare hospital insurance – Part A
No monthly premiums. Includes:
- The major portion of the costs of up to 90 days as a bed patient in a hospital for each benefit period. (A benefit period ends when a person has been out of the hospital for 60 days.)
- Under certain rigidly specified conditions,
the major portion of up to 100 days in a skilled nursing facility in each benefit period.

- Up to 100 home health visits for each benefit period, providing you are confined to your home or a residential facility, you were in a hospital for at least 3 days, and your doctor prescribes this care within 14 days of discharge from the hospital.

Medicare medical insurance – Part B
Monthly premium of $6.30, which is deducted from your social security check. After you have met the yearly $60 deductible, medical insurance will pay 80% of the reasonable charges for covered services for the rest of the year. Includes:
- Physicians’ services – no matter where you receive them in the U.S. – including medical supplies furnished by the doctor in his office and drugs which cannot be self-administered.
- Outpatient clinic services, such as physical therapy and speech pathology.
- Up to 100 home health visits each year, but only if you are confined to your home or a residential facility and they are prescribed by your doctor. These home health services include part-time nursing care and home health aids, physical therapy, speech therapy, occupational therapy and medical social services.
- A number of other medical and health services prescribed by your doctor such as diagnostic services; x-ray or other radiation treatments; surgical dressings; splints, casts, braces; artificial limbs and eyes; certain colostomy supplies; rental or purchase of durable medical equipment such as respirators, lifts, hospital beds, wheelchairs (manual or electric), oxygen equipment and necessary maintenance for this equipment. One representative told us, “If in doubt, send in the bill and let Medicare decide. The rules are constantly broadening. All you’ve got to lose is an 8¢ stamp.”

What services or supplies are not covered?
- Private duty nurses.
- Routine physical checkups.
- Prescription drugs and patent medicines.
- Glasses and examinations to fit glasses.
- Hearing aids.
- Dentures and routine dental care.
- Orthopedic shoes.
- Personal comfort and convenience items.

Other health insurance
Because Medicare does not cover all medical costs, keep any other health insurance you may have been carrying, such as Blue Cross, but consult your insurance agent about reducing the premiums to correlate with Medicare coverage.

Consult your doctor
Since Medicare has included the disabled only since July 1973, you will have to explore the ways to find the most benefits. It would seem that the home health visits might be a way to take the pressure off the family by having home health aides or visiting nurses take over some of your daily care. Consult your doctor! He has had years of experience with the elderly on Medicare and will know the rules and the ways of getting physical therapy or a new wheelchair. Let us know your experiences so we can share them with other readers.

If your claim is delayed or denied
If delayed, your claim may be expedited by writing to your Representative, Senators, or Mr. James B. Cardwell, Commissioner of Social Security, Social Security Administration, Baltimore, Maryland 21235.
If denied, you will receive a letter telling you why and explaining how you can appeal the decision. If you are not satisfied, don’t give up. Other readers have appealed successfully.

Social Security information booklets
Here are some of the booklets which different offices sent us. Try to gather them all to study.

A brief explanation of Medicare
Disabled? Find out about disability benefits
Durable medical equipment under Medicare
Highlights of 1972 Medicare changes
Home health benefits under Medicare
How Medicare helps when you enter a hospital
If you become disabled
Improvements in your social security cash benefits
Medicare benefits in a skilled nursing facility
Outpatient hospital benefits
Social security benefits for people disabled before age 22
Social security checks for students 18 to 22
Social security information for young families
Target: Rehabilitation
You and vocational rehabilitation services
You can work and still get social security checks
Your disability claim
Your Medicare Handbook
Your right to question the decision on your medical insurance claim
What your medical insurance pays

When in doubt, INQUIRE!

Supplemental Security Income
Social security offices are now taking applications for supplemental security income payments, a federal program scheduled to start in January 1974 that will establish an income floor for people in financial need who are 65 or over, or blind, or disabled. If you are now receiving state aid, you will be notified automatically. If not, request the booklet, Supplemental security income for the aged, blind, and disabled.
"You damn (disabled) veterans are a bunch of freeloading, drunken bums."

"The civilian disabled are overprotected, bitchy, and spoiled."

Truth?

Yes ...

... for every freeloading, drunken bum of a veteran, you can find an overprotected, bitchy, spoiled, non-veteran, disabled person. You will also find as many hard working, accomplished veterans, and just as many dynamic, self-confident, overachievers among the civilian disabled.

The disabled population is a full and complete cross section of humanity — labels in this group are as useless and misleading as they are in any other. Even more, the above comments are notably divisive when it is considered that they were made by disabled people themselves.

It seems that there has developed a gulf between the veteran and the civilian disabled, with neither group really understanding its relationship to the other. This gulf has probably been widened by two items. First, the disability compensation for certain veterans can put them in a higher income bracket than the average disabled civilian; second, the veteran is tied to a separate, "total" medical care system to which the civilian disabled does not have access and which does not relate to his needs. Beyond this, there are those who feel that the veteran wants to work solely for increasing his own benefits, to the exclusion of the needs of the non-veteran.

Though the gulf is by no means a reality for 100% of the disabled people in this country, it does seem to exist for many. Yet with so far to go in improving the lives of all of us who are disabled, with so many needs to be fulfilled, we can little afford to split ourselves apart by venting our petty jealousies and prejudices in this fashion.

We need each other. And we need each other now more than ever. We are on the verge of a breakthrough in improving the lives of all of us who are disabled, but if we cannot come together with a united voice on issues which mutually affect us, we may not see any advances at all.

"Yeah, that's all right for us, but the veterans have everything."

Do they?

The public, both disabled and non-disabled, generally assumes that because a person is a veteran, all of his needs are fully covered. Not true! The VA, with all of its faults, has a fine medical care system, but it is not yet a fully socialized system which can be all things to all disabled veterans.

The disability income of the service-connected veteran (compensation) may be higher than the average disabled civilian, but that of the huge group of non-service connected veterans (pension) can be substantially less. Few people who do not know disabled veterans realize that there are many whose VA monetary benefits amount to almost nothing; some are living on an income that is well below the poverty line.

Yes, we will do well to remember that veterans, as a group, do not "have everything."
Both the veteran and the civilian disabled have major unfulfilled needs that are crying for solutions. The problems of architectural barriers, mediocre medical care, transportation barriers, employment barriers, public attitude and apathy, and lack of finances . . . these are all massive problems which affect all of us. What I am saying here is that we have a tremendously long way to go before a full life is complete reality for all the disabled of this nation. There is a minority within the veteran minority who receive substantial benefits to help defray the costs of living in the real world. But there is a vast number of these disabled who must live, because of their financial situation, either in an institutional setting or in a hovel, somewhere below the poverty line.

The reason for the disparity between civilian and veterans benefits is clear. Some can remember back to the time when the benefits and interest in the disabled did not exist beyond an enormous amount of pity.

It was the veterans who formed the strong lobbies and pushed to create an atmosphere which has begun to improve the life of all of us who are disabled. There is no doubt that the emotional ties to the severely disabled veterans returning from the war have done much to advance the situation of all disabled.

But the veterans and their organizations did not and cannot do it alone. Their numbers are too small and the public lessens its support of them during a peacetime period.

The veteran must bear in mind that the strength of numbers is possible only with the support of the civilian sector. Only together can we hope to achieve the fullness of life for the disabled that we have worked for so long.

I am by no means suggesting here that we could, or even should, form one group to be our voice. There are too many differences in our needs, there are too many differences in the needs of the various disability categories. But we must speak together on those problems which affect us mutually. And we must be ready to fight for each other. We must realize that when the civilians get a better system of care, improvements will follow for all of us, both veteran and non-veteran. When architectural barriers are removed at any one VA installation, the effect extends to both veterans and civilians. When the employment situation eases for the disabled, all of the disabled will be affected.

With the strength of numbers we can effect change. We can and must work for improvements for the veterans because they, in turn, will improve our civilian system. We must work to upgrade the world for the non-veteran because this will improve the lives of the veterans.


1973, Volume XVI

Welcome to the U.S.A.

Alain B. Rossier, M.D. new Chief of the Spinal Cord Injury Service at West Roxbury VA Hospital and Professor of Spinal Cord Rehabilitation and Social Medicine at Harvard Medical School. Dr. Rossier, a paraplegic, was Chief of SCI Service at Beau-Séjour Hospital, Geneva, Switzerland.

Congratulations

Frank R. DeGeorge, recently elected National President, Paralyzed Veterans of America. Frank enthusiastically endorses the team concept at Spinal Cord Injury Centers which is being developed by SCI Director Dr. Peter C. Hofstra and Socio-Economic Rehabilitation Chief Mrs. Essie Davis Morgan.
Special Feature

Vans, Lifts, and Hand Controls

by Joe Laurie


These vehicles certainly do offer a most reasonable method of attaining mobility, especially for the severely disabled, when they are equipped with hydraulic lifts and all the powered options available on today’s automobile. Depending on the degree of disability, the van can be a simple unit into which you can wheel up a ramp, usually with someone pushing mightily; and then at the other extreme, just pushing a button gets you up and away.

So, we will try to present a most general picture of this four-wheeled enclosed “truck.” They are made by Chrysler-Dodge, Ford, General Motors, and Volkswagen. They usually have windows all around, though they can be had windowless like a utility van — which, of course, is their origin. All of these companies — except VW — make the vans in at least two sizes and the smaller with the shorter wheelbase ranges from 13 to 18 inches less in length and about $100 less than its bigger brother. Today, this isn’t much money for that much more van.

They all have the same general design, and they look so much alike they’re hard to tell apart. In addition to the two small side doors up at the front, there are two other sets of doors: in the rear, a pair of hinged swing-out doors (except on the VW as that’s where its engine lives) and on the right-hand side there’s another door opening. The Chevy Van and the VW have doors which slide to open and to shut; the Ford Econoline and the Dodge Sportsvan have hinged swing-out doors or the sliding type. Both styles are quite satisfactory, and the stories about sliding doors freezing shut in winter are very old wives’ tales.

The following prices are approximate and are without sales tax, and they include automatic transmission, power steering, power brakes, alternator and air-conditioning. If your climate is not like our St. Louis’ hot and muggy summertime, you can deduct about $400 for this comfort.

<table>
<thead>
<tr>
<th>Van</th>
<th>Wheelbase</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chevrolet</td>
<td>125&quot;</td>
<td>$4,950</td>
</tr>
<tr>
<td>Dodge</td>
<td>127&quot;</td>
<td>$4,930</td>
</tr>
<tr>
<td>Ford</td>
<td>123.5&quot;</td>
<td>$4,900</td>
</tr>
<tr>
<td>Volkswagen</td>
<td>95&quot;</td>
<td>$4,700</td>
</tr>
</tbody>
</table>

(The VW does not have power steering or power brakes.)

The GMC Van is the same as the Chevy Van except for nameplate. Another option that is desirable: try to get a tilting steering column. A “plus” for the VW: it’s closer to the ground, and has more headroom.

When you buy a new van, with all the furor of new car bugs, it behooves you to get them all to hatch and be corrected by the dealer before the new car warranty expires.

Wheelchair Lifts

There are about two dozen firms that advertise wheelchair lifts for vans. Send for their free brochures and study them closely. You will note that there are only about half a dozen different lifts which these firms install on vans, or sell as a device that you can have installed locally. Some of these firms prefer that you have the van manufacturer “drop-ship” your van to their plant, and they will install the lift to your exact wishes and abilities.


Helper Industries, Inc., 382 N.W. 1st St., Port Lauderdale, Florida 33311.

Mac’s Power Lift Gate, 2727 South St., Long Beach, California 90805. 1-213-634-5962.

Motorette Corp., 6014 Reseda Blvd., Tarzana, California 91356. 1-213-343-7900.

Para Industries, Ltd., 1255 45th Ave., Calgary,
Some of the hydraulic lifts are called “semi-automatic” — which means an attendant is required to open and close the doors and to fold up the lift and push it into the van. Those that are “automatic” can be operated by anyone who can push a button.

On some lifts a solid aluminum sheet with a knobby non-skid tread serves as the platform. Others have a steel platform of open-work called “expanded metal” whose very rough edges are the most effective non-slip surface; the large openings allow the dirt and snow to fall through, while the open effect of the mesh eliminates the blind area of the solid plate when folded inside the van.

One set of push-button controls is now generally mounted just inside the front right-hand side door. Here it is out of the weather and, being “secret,” is tamper-free. Another push-button station is right on the lift, while a third is adjacent to the driver’s seat.

Bubble Tops

If the ceiling of the van is too close to your head, “bubble-type” reinforced fiberglass roofs are available from several of the firms that sell and install lifts. The amount of the rise ranges from a few inches to two feet.

Safety Accessories

A combination shoulder and lap seat belt is a must. If you drive from your chair, both lock-downs and wells for the large wheels should be installed. In addition to safety, the wells lower the chair for better visibility. Several of the lift firms sell and install both wells and lock-downs. They are also sold by Wheelchair Repair & Accessory Co., 779 W. 19th St., Costa Mesa, California 92627. Mr. A. G. Garris, Rancho Los Amigos Hospital, Bldg. #214, Downey, California 90242, will send a free drawing of a lock-down device he has created which you can have made.

If you transfer from your chair to drive, adjustable automatic seats will make it easier.

Ramps

The 1969 Gazette featured various types of ramps, both commercial and home-made; the 1972 issue described the folding steel-runnered ramp designed by the Canadian Paraplegic Assoc.
ation in Manitoba. Mr. Garris (address above) has created a similar folding ramp; he will send a free drawing so you can have it made locally. An expanded metal folding ramp is made by Handi-Ramp of 1414 Armour Blvd., Mundelein, Illinois 60060.

Hand Driving Controls and Special Aids

Borrow the encyclopedic book, Aids to Independent Living by E. W. Lowman and J. K. Klinger of the Institute of Rehabilitation Medicine, New York University Medical Center. There are three very informative chapters on automobile transfer, safety aids, and hand controls.

The following manufacturers have free brochures. Some sell hand controls only, others have extensive catalogs of ingenious devices, such as quad steering spinners, key turners, and hand dimmers. Kope sells a foot-steering control.

Several of the companies have representatives across the country, so ask about one nearby:
Car Hand Controls, Inc., Box 907, Garland, Texas 75040.
Drive-Master Corp., 61 N. Mountain Ave., Montclair, New Jersey 07042.
Gresham Driving Aids, Inc., Box 405, Wixom Rd., Wixom, Michigan 48096.
Kope Engineering & Mfg., 8674 S. Reed Ave., Reedley, California 93654.
Kroepke Kontrols, 104 Hawkin St., Bronx, New York 10464.
Royce International, 4345 S. Santa Fe Dr., Englewood, Colorado 80110.
Trueillo Industries, Inc., 815 Nash St., El Segundo, California 90245.

Financing
If your hand controls are used to drive to college or work, your state vocational rehabilitation agency is likely to pay for them. Check!

If you are a veteran and receive VA assistance towards the purchase of the van, you may also be able to receive additional assistance for hand controls and other adapted devices. Check!

Driver Education Films
Driving with a Disability includes all details of driving as well as the proper use of hand controls. Special Equipment for Handicapped Drivers includes a summary of commercially available equipment. Both films are 16 mm. color and run less than 30 minutes. For loan information, write: Richard Eisenlaufer, Supervisor of Physical Education, Health and Safety, Des Moines Public Schools, 1800 Grand Ave., Des Moines, Iowa 50307.

Buses and taxis. (Top) Translift Model C, special lift for buses, made by Fred Scott & Sons. (Center) “Handicabs” in Milwaukee. Ramps by Handi-Ramp, Inc. (Bottom) One of the custom-designed buses made by Minibus, Inc., 7803 Industry Ave., Pico Rivera, California 90660.

Mr. Garris’ folding ramp. Free plans available.
Amyotrophic Lateral Sclerosis

by Robert G. Dicuas

Henry Louis Gehrig of the New York Yankees played in 2,130 consecutive baseball games. For this accomplishment, plus the accumulation of many records which still prevail in baseball today, Lou Gehrig was called an "iron man." Lou Gehrig succumbed to the ravages of amyotrophic lateral sclerosis (ALS) in 1938. Then, as is still the case today, baseball fans could hardly pronounce the tongue-twisting ALS name. Almost as a final tribute to this great athlete's memory, the public coined their own name to describe it. That name survives today, both in the public sector and in medical circles, as "Gehrig's disease."

ALS is one of the more common diseases of the central nervous system (CNS). ALS has an incidence equal to multiple sclerosis and is four times more prevalent than muscular dystrophy. However, ALS is virtually unknown to the general public.

No hope prognosis

"There is no known cause, or cure for ALS," most neurologists pronounce to the victims. "There is nothing anyone can do," the doctor continues. "Most ALS patients can expect to die in the first 12 to 18 months. Some survive five years and a very few make it beyond 10 years."

The patient is given some medication to relieve the severe muscle cramping and instructed to return for reevaluation in six months. It is suggested that the patient might wish to "put his personal affairs in order." No definitive course of long-term planning or therapy is offered.

During my 10 years of direct combat with ALS, as a patient, I have come to know that there is HOPE of survival from ALS and that there is a great deal which the patient and his family must do to survive.

Considerations of medical descriptions of ALS disease types are well documented. While these scholarly writings provide the roadmap for the medical community, they offer nothing to the patient or his family to help guide them and prepare them for what lies ahead.

Conditioned by this "no hope" prognosis, many ALS patients return to their homes to await the final decision. Periodically, the American press will document actual newspaper stories of the helpless, first-person accounts of how these ALS patients exhibit great courage in the face of this disease. In my view, the press is making a big mistake by glorifying only the personal interest point-of-view. It is in this context that I now present some additional considerations about Gehrig's disease.

Types of ALS

Gehrig's disease presents a rather consistent victim profile. The person to be attacked is a man near fifty, the head of a household, a father of school-age children; usually very active and vigorous in his chosen field of endeavor, having achieved above average athletic and business success. Males are afflicted more often than females in the proportions of two-to-one.

But what about ALS itself? The medical community has as many pseudonyms for ALS as gangsters have aliases. They include: progressive bulbar palsy, primary lateral sclerosis, progressive muscular atrophy, "motor neuron disease," and anterior horn cell disease (similar to polio). With the exception of unique geographical concentration of ALS in Guam and another focus in southern Japan, ALS occurs in a rather even distribution throughout the world. While the world-wide incidence of ALS is well documented, insight into the cause is still speculative.

Three major types have been identified: (1) the sporadic form, which accounts for over 90% of the cases occurring in North America and Western Europe; (2) the familial or hereditary form, which has a dominant transmission pattern; (3) the Guam type which is the major cause of death among Chamorro people.

Positive things to do

Before you accept your doctor's ALS diagnosis, have it confirmed by at least two other medical specialists who are recognized experts in the neuromuscular disease. Your state or county medical association can assist you.

When the ALS diagnosis has been clearly proven, you should accept that diagnosis and begin some practical long-range planning. By the term "acceptance" I do not mean surrendering and giving up. Instead, I mean learning everything you can about the different effects this disease can impose upon your personal health, your
family, and your future. Learn what different courses of action you can take to prevent or minimize these impositions on your person and then prepare to repulse the invader. You must plan for not only survival from crisis, but also for long-term survival as a possible severely physically disabled person. You must prepare for dramatic changes upon the life style of both yourself and your family.

Stop running around the world seeking a miracle cure for Gehrig’s disease. These miracle cures do not exist in reality; they exist only in the plans of those who would separate you from your money under false pretenses. Save your money and your energy because you are going to need every bit of it if you expect to give a good accounting of yourself in the ALS contest. Unless you are a wealthy person going in, what material possessions you presently have will not be enough.

Prevention

Prevent the temptation to give in to the implied “no hope” prognosis. Fear can kill a person too! Get your emotions under your control as fast as possible and use your head to think with, not your heart. Prevent fear.

Prevent the secondary debilitating effects of anything and everything which would tend to weaken your personal health defense mechanisms. There is a very real possibility that the cause of ALS might be a heretofore undetected toxin which gains entry into the body by the liquid or food intake route. Why not give your body with its excellent natural defense system the optimum chance to win?

Practice good nutrition. Prevent the secondary atrophy of muscles. Atrophy results from normal disuse of your muscles. Maintain your muscle strength and endurance through a properly balanced activity and exercise program. Avoid fatigue, especially in the acute phase of ALS. Once the disease burns itself out, this consideration of avoiding fatigue will become less important.


All of these preventative considerations can be effectively dealt with by consultation with a team of medical experts, not just your physician. This medical team should include, in addition to the supervising physician, the registered nurse, the registered physical therapist and occupational therapist, the social worker, the medical equipment engineer and the immediate members of the patient’s family. Vital is the necessity for keeping the family unit intact and teaching each other how to cope with the problem. The medical team will be primarily important in the early stages of ALS onset to deal directly with medical emergencies; and then to teach the patient and his family how to assume the continuing care and prevention of further crisis events. The family and the patient must adjust quickly together to these traumatic occurrences. They must learn to assume the responsibility for implementing preventative measures, especially when the patient returns to the home environment.

As the patient is able to survive the initial insults of respiratory failure and total paralyzing quadriplegia, treatment emphasis shifts from just saving the patient’s life to now determining how to live together in a world society which knows very little about the needs of severely disabled persons. Most people are ill equipped to deal with the problems of chronic illness or disability. They naturally have an inclination to change any unpleasant situation by taking some action to do something about it. Just what to do and how to do it is another problem. No one can tolerate living in a purgatory of chronicity.

Long-term planning

Prevention and long-term planning become a continuing way of life for every paraplegic and quadriplegic, regardless of how their disability was caused. This is especially true for the ALS patient and family survivors.

Spinal cord injury (SCI) and spinal cord disease (SCD) cause paraplegia and quadriplegia. Put them both together and you have the acronym (SCID), coined and pronounced by me as SKIDS.

ALS survivors will probably be respiratory quadriplegics and SCIDS. From the date of onset, the patient will experience a progressively accelerating downhill course. Initial symptoms may include: (1) extreme fatigue, (2) severe muscle cramping like a large “Charley horse,” (3) persistent worm-like twitchings of muscles known as muscle fasciculations, and (4) loss of skeletal reflexes with increasing muscle weakness progressing to full paralysis. Thus does the ALS patient become a SCID.

Those SCIDS having the loss of voluntary breathing control will have to adjust to the further trauma of a possible tracheostomy and a life-long dependence upon some form of respiratory life-support. While no one welcomes this further insult, the ALS patient might view the tracheostomy as one of the key reasons for his being able to survive Gehrig’s disease. Without an unobstructed airway or trachea, and the ability to suction out accumulating chest mucus or fluids, the ALS patient will either drown in his own juices or ultimately perish from upper respiratory infections, such as pneumonia. The tracheostomy and the portable positive-pressure respirators developed during the polio years are one of the best hopes for ALS survival. Preventative postural drainage techniques and breathing exercises taught by physical therapists further increase the survival capability. Antibiotics
for control of respiratory infections should be prescribed by the team physician.

SCIDS are faced with a multitude of living problems which vary in relationship to the cause of their condition. These common problem areas include: economics, employment, transportation, housing, architectural and social barriers, and recreation needs. ALS survivors and families should look to other ALS patients for guidance and assistance in dealing with their long-term planning needs.

Central nervous system regeneration research

Research efforts to find a cure for SCIDS should be a source of hope and a program worthy of ALS families' tangible support.

The NPF (National Paraplegia Foundation, 333 N. Michigan Ave., Chicago, Illinois 60601) took the lead in a crusade to find a cure for SCIDS. The NPF sponsored a symposium in 1970 on the enigma of CNS regeneration which was attended by world authorities in the fields of genetics, neurology, anatomy, immunology, physiology, and molecular biology.

These areas for future research are reported and discussed in terms of their present levels of knowledge with particular reference to collateral sprouting, growth of the neuron, neurotrophic interactions, and nerve specificities.

Since its initial breakthrough, NPF has continued to support the quest for a cure by offering an annual $10,000 reward for outstanding research efforts in this area.

Dr. R. L. Sidman has further elaborated upon this important area in an address to the Labor-HEW Subcommittee of the House of Representatives.

Bob Dicus with his nurse, Mrs. Janice Rightmyer, and his son, Stephen, who drives his van.

Families with ALS members have incorporated the ALS Foundation, Inc., 10212 Noble Ave., Mission Hills, California 91340, as a non-profit California corporation. This group will provide direct support of research, education and patient services.

I have successfully survived ALS for 10 years. In those 10 years, I have produced about 50 medical-educational motion pictures and written many medical abstracts and articles. My wife, Shirley, and I have been able to keep our family unit intact. Our son just graduated from San Diego University and our daughter is finishing her freshman year there. I am just completing my formal training as a computer programmer in COBOL language. Because of all these things we have been able to achieve in spite of ALS, I remind you that there is hope for ALS survivors and families.

ALS takes away everything if you permit the "no hope-no cure" philosophy to lead you into a life of self-pity, fear, and dependence. On the other hand, if you believe that a cure of ALS is possible, then you should join us.

In the final analysis, it will only be through overt acts by people-oriented groups that the resolution of problems like Gehrig's disease will be achieved. We should help others to help us to help ourselves. Who is more worthy of our help?

Address: Robert G. Dicus, 10212 Noble Ave., Mission Hills, California 91343.

ED: Because of space limitations, we were forced to shorten Mr. Dicus' interesting article and to omit the bibliography, which we will photocopy on request.
You Can Do

The Importance of a Good Self-Concept

by Walter Grossman

Contrary to what some people seem to think, the handicaps of cerebral palsy can be overcome. I know because I have done so. In 1964 my condition was classified as mild to moderate. There was a substantial speech impediment. My walk looked terrible. My eating methods were as bad as those of the so-called typical CP patient. In general, I was a mess.

Now, having achieved a significant improvement, I want to tell others that they, too, can do it. The essential conditions for success are first, realizing the problem, and second, taking advantage of the fact that perhaps half of the time a cerebral palsy patient does have "good coordination." The secret is to expand that time by one small step after another, being careful to avoid fatigue. Don't try to do too much too soon.

A patient's ability is usually judged by his vocal and physical capacity. He often has more of one than of the other, but he can use his advantage to overcome his disadvantage. In working along this line, I discovered a few "tricks" helpful in improving eating, walking, talking, writing and general appearance. It is most important, I feel, for a person with cerebral palsy to realize that rehabilitation is possible. By the age of 29 or so, too many have given up. Don't give up. It may be easier to live down to limited expectations, but the joys of not having people laugh at you will make the effort required by improvement well worth while. Here are a few hints that may be helpful.

The basic function of eating is not the display of table manners, but to get food into your mouth. If you have to slurp, slurp. If you have to use a straw to drink, use a straw. Concentrate on getting the food in, not on how you look while doing it. Later, begin to look at yourself a little; get some feedback, try to improve your methods of eating. Don't worry. Don't worry if you don't accomplish everything at once. If your wrists are too weak to cut meat, try this: (a) hold the fork in your hand, and (b) place a knife next to the fork, and (c) turn the knife. The knife will act as a wedge and will break off the meat. It is not as clean or as neat as cutting the meat, but it does reduce it to bite-size pieces.

In improving communication, it seems to me very helpful to concentrate on one method at a time. One can work on speech before attempting to improve writing ability. In fact, improvement in talking will facilitate improvement in writing. The latter involves intricate muscular activity. I still have trouble in writing and even in typing, but this does not bother me now that I have learned to dictate; the process of dictation helps to further improve my speech. The important thing is to achieve communication by one means or the other. Since writing is more difficult than talking, I suggest working first on speech. And one can always use the one method to supplement the other.

How did I improve my speech and get rid of the CP slur? There are two procedures. One involves the use of a cassette tape mike and recorder system. It gave me feedback; it let me hear how my voice sounded. Often a person with cerebral palsy does not perceive what really is causing his speech problems. Using a tape recorder—preferably a cassette system because it
is easier to load and to store the tapes—you can listen to yourself. I use a Sony C-55, but the Craig, Panasonic, and other makes are equally satisfactory. They are worth what they cost. Your voice will be easier to understand after you use one of these machines for a while.

Relaxation is of the utmost importance. The worst speech difficulties probably stem from the tendency to speak too fast. The best antidote for this is to remind yourself to slow down, to relax. Once you have mastered speaking to the point that you can be understood, you have essentially mastered written communication, also. The tape can be transcribed. This is much, much easier than writing by hand. Further, I find that my speaking represents me better than writing ever did. Don't overtax yourself. If you do, it may discourage further effort. It happened to me.

Using the telephone is a great help in improving speech. You get feedback, people can listen to you. They are not initially frightened off by your appearance. It really helps me.

No matter how many difficulties you may encounter in writing, it remains a highly desirable skill. How can you improve it? What kind of exercises can you use? Be patient; write slowly. Persevere. And, believe it or not, if you can drive a car, you ought to do so. I found that driving does help me with my writing, more than any other single exercise.

Now for a few words on improving one's posture and general appearances. Let's start with the face. Two methods may be used to improve its appearance. One of them, unhappily, is available only to men. This is growing a mustache. The other means of improvement is the lips-over-teeth exercise. This gives you a better idea of where your lips are. A person with cerebral palsy often may have a wide smile. This exercise will help to reduce it.

Now let's consider your legs. They may be rather sad-looking. Well, it is easy to conceal them in a good-looking pair of pants. The double-knit kind cover a multitude of bad anatomical features, and they also are easier to wash.

My posture used to be bad. A mirror has helped me to improve it considerably; it gave me visual feedback. You can help yourself by observing how you stand. For example, I discovered that I was standing with my back arched backwards. I started to correct this although it gave me the feeling of being off-balance. It also made me realize that I could not do everything by myself, and so I sought physical therapy. I strongly recommend this especially if you have not had physical therapy for years. Four years ago I was told that I had gone as far as I could go. That may have been true at the time, but recently I have gone quite a bit further. There are new developments in physical rehabilitation, and far more improvement is possible now through professional assistance.

Mobility is a major problem for patients with cerebral palsy. I used to have a good deal of trouble walking. My knees would get tired. I could walk backwards or sideways, but not forwards. What did I do? Instead of trying to do too much walking, I began to use a tricycle. Later I switched to a bicycle with training wheels. Now I am using a ten-speed bicycle. Not everybody may get to a ten-speed bicycle, but many persons certainly could use a tricycle. These wheeled vehicles are easier on your legs than walking.

It is difficult to walk five miles an hour. But on a level surface, almost anybody can pedal twenty miles an hour. This is a ratio of four to one. Also, cycling has a carry-over effect. Once you get on a bicycle, it acts like a gyroscope. It helps you to keep your balance, and I found that it also improved my balance while standing or sitting. I used to have great trouble remaining steady in a theater seat; the improvement here is due largely to the balance achieved in cycling.

While cycling, you may want to know how your endurance is holding up. You will also want to improve it in small increments. Get an odometer. This will tell you how far you have ridden in measurements of tenths of a mile. At the outset you may be able to ride only two-tenths of a mile, but the next time you may be able to ride three-tenths, or maybe further. Again, don't over-exert yourself. Make progress little by little.

As I review what I have accomplished, I am convinced that the most important element in the achievement was the strong conviction and determination that I could make progress. I kept a sign on my desk: YOU CAN DO. This is the big message for all who want to improve their condition: have confidence. You may seem to be trying to do the impossible, but it is impossible only because nobody else has done it yet. Do it! The importance of a "good self-concept" cannot be over-emphasized. I know people who were told that they could not walk; now they are walking. I had been told that I could not change my hand movements; I have done it. I know a person who was told she would need an attendant all her life; she is doing quite well without an attendant. If you feel you can do something, you can.

Living with a Kidney Machine

Amherst alumnus Robert C. Rugg, a teacher of biology at the Haverford School of Pennsylvania, has been using an artificial kidney since January 1968. His wife, Mary Ellen, a nursery school teacher, took a course in operating the machine. The Ruggs were determined that Bob’s problem should not foreclose their ability to travel and camp. They sold their house, moved into an apartment at Bryn Mawr, and fitted out a trailer to accommodate their home dialysis equipment. Their first adventure was in June 1968 when they made an exploratory trip into Pennsylvania’s Pocono Mountains. Since then, they have traveled extensively.

The Ruggs continue to teach full time and carry the same loads as previously. “We do take summers off to rest, and, as far as we know, are the first people to take our kidney camping. In fact, we have just now returned from our fifth trip to Maine.

“We dialyze after work three times per week, so that it is rather like having two jobs: one teaching, and one 26 to 30 hours per week spent medically. There are so many people on artificial kidneys now, and we have a patient group in this area to support each other.

“We do not presently anticipate any transplant. Bob is not a likely candidate. But who knows? Five years ago I was told he would not live six months. Four and half years ago we saw the kidney machine as an end to travel. Since then, we have camped with the kidney in a trailer on eight trips to New England, and this summer we had the pleasure of three weeks in Switzerland where Bob was dialyzed in a hospital three times a week. If desire is strong enough, usually a way can be found to do many things.”

The Ruggs have learned through experience some of the limitations both the machine and the body must respect: that the weight and bulk of supplies restricts their travel to no more than three weeks; that the camp should be within easy distance of another artificial kidney should theirs fail; that Bob must pace his physical activities; that they must be ready for the unexpected.

Though dialysis costs are high, only a small percentage of those suffering from kidney disease pay the costs from their own pockets; most receive funds from government agencies or from health insurance.

Financial prospects are improving. In its closing days, the Ninety-second Congress extended Medicare coverage under the Social Security Act to provide federal support for much of the cost of dialysis treatment. Beginning July 1, Medicare will assume most of the hospital costs for continuing treatments or for a kidney transplant for patients who have been paying Social Security taxes and have been on dialysis for at least three months. In addition, if the patient subscribes to Part B of Medicare, federal funds will pay 80 per cent of his doctor bills.

Nevertheless, the basic problem remains and will become even more acute: an increased supply of human organs is needed. Since only blood relatives may offer their kidneys while alive, the future of renal victims—and others—must rely on a broadened acceptance of the donation of bodies and organs after death. Information and explanatory material may be secured from the National Kidney Foundation, 315 Park Avenue South, New York, New York 10010; the Eye Bank Association of America, 1111 Tulane Avenue, New Orleans, Louisiana 70112; or the Living Bank, 6681 South Main, P.O. Box 6725, Houston, Texas 77005.

Writing as a Career

by Donna McGuinn

There is something about the combination of a disabled body and active mind that inspires one to thoughts of writing. Onlookers think the one possessing the combination should write about how it affects his life, while the involved one instinctively realizes that writing is one of the few things left he can do. No matter what part of the body is paralyzed, some method of putting words on paper can usually be found. Ah, but can the words be arranged in such fashion and regularity that they will earn a living for the author?

Having tried peddling my writing for a few years, I have found that the answer lies in how much you wish to eat. I don’t eat much and thus find the profession entirely to my liking. It is a tough field with many competitors. One writers’ magazine estimated that there are only about 200 free-lance writers in the United States. You can see how elite is the membership of this craft.

If the necessities of your life are securely provided, however, and you won’t mind the discipline, hard work, competition and disappointments connected with writing, there are many rewards to be reaped. You can choose your own subjects, express your own ideas, set your own schedule, enjoy the printed prominence of a by-line, and learn a lot about many things. Further, you will have no transportation or additional clothes expense. Eventually you might even make money. Your success or lack of it all depends on how well you write, what you write and where you send it.

The first step is learning how to write. I decided to learn the basics of composition and then let talent, if any, take over. Through correspondence courses at the University of Chicago I studied exposition, logic and argument, and style. My lessons were typed by mouthstick and in two years the courses were completed. By that time I was convinced I could write. The next step was to apply my new skill to the making of income.

With visions of Woolf, Steinbeck and Bellow dancing in my head I started writing short stories. Each creation was immediately dispatched to a leading magazine with the full expectation of its being greeted with open arms and purse. To my utter amazement and chagrin, alas, they were repeatedly rejected. At this point, and it inevitably arrives in every writer’s experience, confidence in yourself is vital. It would be easy to give up the whole business after the discouragement of the first five rejection slips.

My confidence held and I continued to submit manuscripts. The stories became simpler and less abstract and the markets more modest. Eventually I sold one. Sold one. I had actually written something that someone was willing to pay for and print in his magazine. There is nothing quite like that feeling of receiving your first check, even if it is for only $21, and it was. I can still remember the name of the magazine, Young People, but the story title escapes me.

As you probably never heard of the above-mentioned magazine, so too there are many more with unfamiliar names. Yet their money is as good as and more inclined to go to new writers than that of larger, better known magazines. With them you can gain publishing experience that will enhance your appeal to other editors. My manuscripts get a quicker reading when I list credits such as Rotarian, Family Circle, Marriage, St. Anthony Messenger, Ladies Home Companion, Family Digest and Christian Home, to name a few. An excellent book that lists most of the general, trade, political and special audience magazines and book publishers is Writer’s Market, available for $8.95 at 22 East 12 Street, Cincinnati, Ohio 45210.

By now I had learned there was more to the writing trade than just writing. Without proper marketing you are just writing for exercise and
your own enlightenment. At the suggestion of my vocational counselor and financed by the Bureau of Vocational Rehabilitation I enrolled in a local school of writing.

Here I learned the basics of marketing. Briefly, they are that non-fiction is what most magazine editors want and query letters are the best way to present your ideas. A query usually begins with the first couple of paragraphs of your intended article and ends with an outline of what will be included, all on one single-spaced page. It saves you the time of preparing the complete manuscript only to find the same subject has just been treated by a magazine, is in the works or is not compatible with the publication's personality. With queries you also save on postage; they require only one stamp and complete manuscripts more.

Another basic rule of writing is to know the personality and slant of the magazines for which you aim. Reading in this case is an integral part of writing. For instance, some men's magazines want sex and adventure articles; others want sophisticated, esoteric pieces. You would only waste postage and time by sending an article appropriate for Stag or Argosy to Playboy or Esquire. A good writer provides what the readers want, not what he wants to write.

Persons who have certain skills and knowledge, such as in mechanics, electronics or agriculture, can put them to work by writing for trade journals. This is a big market with hundreds of journals thirsty for materials.

If you don't have your own special skills, you can cash in on those of someone else. The highest payment I ever received was for an article done in collaboration with a marriage counselor. He supplied the theories, I humanized them with anecdotes, and presto! we had a sale. But it was his professional standing that opened the editorial door. Magazine editors and readers pay much more attention when an article is by an expert in some field.

Where do you meet professionals? I came in contact with the marriage counselor by requesting a quote to include in an article. He responded by asking to see the work when finished, approved, and suggested collaborating. We split the $1000 resulting success in thirds, one for him and two for me. I also edited a chapter written by him for a book on therapeutic law. Check over the professionals you know—doctor, lawyer, television repairman, dentist, college professor—if you match the right specialist with the right magazine, you have a potential sale.

How do you do research for an article? Newspaper clippings and books obtainable from the library can be the major source of facts for almost any subject. Most librarians are really cooperative and will help you find information or select books over the telephone. In many cities they bring service right to the door of the homebound. If your library does not, many young people are often willing to be liaisons.

Comparing notes with several free-lance article writers who have all sold over 100 pieces, we discovered the average annual income to be about $1500. Some years a writer can make about $3500 and others only $500. You can see it is not the most lucrative career you can have. But it is better than not earning anything at all and the ego and prestige benefits are quite gratifying. Also to be remembered is that the income is mostly straight profit without the expense usually incurred in going out to a job.

So much for article writing. Fiction is more difficult to sell because this is an educational era with facts in demand. The cost of submitting short fiction is higher than for articles because the whole manuscript has to be sent with no short-cutting via query letters. For book-length manuscripts an outline and a few sample chapters can give a publisher an idea of your finished work.

Watch out for the trap of vanity publishers, those who require you to pay for most of the printing expenses and then do little if anything to promote the book. Promotion is crucial if a book is to sell many copies. When a book is worth selling, a publisher will pay you for the opportunity to bring in the profits.

There are many other kinds of writing—advertising, television scripting, ghost writing, business reports, to name a few. You can learn about many of these fields by reading books and writers' magazines, and talking or corresponding with other writers. Two monthly magazines are Writer's Digest (22 East 12 St., Cincinnati, Ohio 45210) and The Writer (8 Arlington St., Boston, MA 02116), both full of helpful advice.

As for courses in writing, they are not strictly necessary. Composition and journalism courses are the most effective route to skill in writing and they are offered by many correspondence schools. Whatever the preparation, the best way to learn how to write is by writing. By reading you form a idea of what writing styles you like, and by writing you develop your own. Should you plan on teaching yourself, don't ask friends, relatives or neighbors for criticism. Usually they know less than you about writing and will either see no flaws at all or nothing that is right. If you want an opinion other than an editor's, ask someone else who writes, or a high school or college teacher.

Once you get hooked on writing it's hard to stop, even with a mailbox full of rejection slips and literal starvation. (Did you know that authors such as Hemingway and Mailer got rejection slips even after they were famous? You will be in good company.) A need for a regular, substantive income would eliminate the practicality of writing as a career. But if your rich uncle supports you or you are looking for a fulfilling avocation, writing might be right for you.

Address: Donna McGwinn, Box 267, Grand River, Ohio 44045.
Books

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

A World To Care For
by Howard A. Rusk, M.D.
1972. Random House, New York. $4.50

Informative.

There is more to say about it than can be fitted into one review, so take my word for its worth, get a copy and treat yourself to a really good read. Besides what you will learn about this famous doctor of rehabilitation and his work are other intriguing tidbits about the human beings involved, the steps of progress here and internationally, and the noted people who put their interest in rehabilitating the disabled on the line... of checks worth thousands and sometimes millions.

Dr. Howard A. Rusk, as everyone must know, is the founder and director of the renowned Institute of Rehabilitation Medicine. He is a pioneer in rehabilitation, often referred to as the third branch of medicine. The first two, prevention and definitive care, have long been established and supported while rehabilitation has only recently gained acceptance after a long struggle. Rusk spaded and cultivated the ground with his constant work, advocacy before medical and other groups, and soliciting of money. Without his efforts the readers of this magazine might not be alive and certainly not happily paddling in life's mainstream as now.

Rusk started his medical career as an internist. During his service as an Air Force doctor he came into contact with many severely disabled veterans.

The need to get them back into the action of World War II or some kind of less strenuous activity, together with the desire to show appreciation for their service to their country was the spur for Rusk's interest that grew quickly into a lifetime dedication.

An example of Rusk's efficacy is the papier mache story. When he heard that amputees were being given flimsy papier mache limbs his anger blazed through prominent Air Force cars right into Congress where authorization was rapidly decreed for a prosthetic research program with adequate funds that still operates today. Occasionally Rusk uses mischievous methods to achieve his goals. They are amusing to read and will reinforce your gladness that he is on the positive rather than negative side of life. More than one time Rusk has had the help of important people. Bernard Baruch taught him to consolidate an idea onto one page, in this instance a proposal to establish rehabilitation as a practice in all branches of the armed services. The page was sent to President Roosevelt along with a letter of authorization to the Secretary of War for the President to sign. It worked, a brilliant snip of political red tape.

Dr. Rusk came to New York with his rehabilitation dream and worked day and night to make it reality. From there it spread around the world to Poland, Korea, France, Russia, Vietnam, Hong Kong, Finland and on and on to more than a hundred countries. With a friend he conceived and launched the World Rehabilitation Fund, a program that sponsors international projects to
help the handicapped and create a better understanding of them and their problems. One of its most successful projects is to bring doctors from other countries to Rusk’s Institute to train them in rehabilitation. They then returned to their homelands to practice their new knowledge.

This book is exciting. It will make you feel part of a movement of hope and you will want to join in saluting this fantastic man. But for him and others who shared his dream we would indeed be hopeless.

Hilary
by Dorothy Clarke Wilson
1972. Hodder and Stoughton, Ltd., London. £2

That the title of this book contains but one word is appropriate for the mere mention of that name conveys an incredible story with which hundreds of people have already or will become familiar. Her picture has been in many magazines and newspapers, inspiring a typical reaction of incredulity and sometimes, at sight of the tubes connected to her body and her complete helplessness, shivers and pity. Reading her biography will magnify the incredulity and convert pity to awe at the self-fulfillment attainable by one who can only move her two big toes.

Another awesome aspect of this book for me is the expertise demonstrated by Dorothy Clarke Wilson to vividly project Hilary’s personality, character and accomplishments. Many able-bodied people can see only as far as a person’s disability, even when it is slight. That Wilson could so well perceive the whole forceful person and, second feat, effectively relay her to others well proves her sensitivity and ability. This could be partly due to her experience of having written several books about extraordinary people with disabilities.

The first part of the book concerns Hilary’s twenty years from birth to the onset of the rare and debilitating disease, myasthenia gravis. Her personality, plans, family, friends and loves are portrayed as well as the exceptional energy that was constantly expressed in her love of movement, sports and dance. She is a physical education teacher when she begins to be plagued by double vision and loss of coordination and stamina. Soon her speech blurs into unintelligibility and she is forced to enter the hospital.

Myasthenia interferes with the chemical reactions necessary for muscles to respond to nerve commands. There is no cure but a drug, procyclidine, temporarily restores chemical balance and allows a person to function normally for short periods. The drug worked on Hilary but the disease had advanced too far to check. Disabling continued relentlessly and her procyclidine injections increased from one every six hours to one every four. Eventually she could not talk, swallow, breathe or move any muscles other than those in her two big toes. She could not see unless someone held open her eyelids.

The story grows harrowing as Hilary copes with her immobility and fears. Her terror that the respirator will fail and no one will hear her signal reminds me of my own except that the danger for her was much greater. Improper positioning could send her into unconsciousness for hours rendering her unable to signal for help should an emergency occur. Also, when her progesterone wears off weakened muscles are not always able to ring the bell that hung on a bandage tied between her toe and bedside locker. Besides as a signal, Hilary used a bell to “talk.” As a person went through the alphabet she would indicate by bell which letters spelled the words she wanted to communicate.

She lived with the terror of possible equipment failure and the inability to signal for seven years. Then into her life came Possum, that beautiful mechanical device that has enabled hundreds of severely disabled persons to be independent in various actions. Now she could signal without fear of muscle failure, write poems, letters and articles without having to dictate through another person, and control the radio, tape recorder and even fountain in the yard. With this new ease of communication she has developed pen friendships with many people, sold Christmas cards and guest edited for the magazine, Responsau.

But, best of all, after ten years in the hospital she was able to go home. What an occasion! The round-the-clock attendants and volunteers needed for that fact is a story in itself.

Read this book, and while marveling at Hilary you will gratefully resolve to do more with your own remaining capabilities. She will make an indelible impact on you. As I said in the beginning, Hilary’s is an incredible story.

The Unbeaten Track
by Arthur Tarnowski

Sometimes in jaded moods I think I have read all the amazing stories that have been written. Then along comes a book like this and with delight and disbeliefing surprise I realize that, indeed, probably never has one heard, seen or imagined everything capable of amazing. That reminder alone refreshes the spirit, but in this example the meaning does even more — it uplifts, expands and gratifies, for Arthur Tarnowski shows that man can be self- and disability-transcending in his concern and love for mankind.

Tarnowski was born into an aristocratic family in Poland. When he was nine the Nazis invaded his country and for the next six years he and his mother risked their lives as members of the Polish Resistance. They escaped Russian occupation with faked names and documents, going
first to Italy and then London. There his renewed schooling kindled a passion for Southern Asia and one day he impetuously set out with his rucksack and hitch-hiked across Europe to Turkey to see the area for himself.

During one of his Asian excursions Turnowski contracts polio. He is hospitalized in Penang and Singapore before returning to London for physiotherapy. There he learns how to get around in a wheelchair and English invalid car and, finally, after 18 months in hospitals, returns home. The whole experience helps him formulate the purpose for his life, to show the disabled in Asia how to live with more hope, ability and dignity.

To prepare himself Turnowski reads 458 books about the continent. He discovers that most books written by Westerners about Asia centered around large cities. Four out of five Asians live in villages, however, and it was with this majority that he was concerned. His goals would be to assess and bring to the attention of Westerners the conditions of the disabled in Southern Asia, try to raise funds for organizations helping the disabled in Asia, and provide his own vivid example to the widest range of people that a physical disability need not be an insurmountable obstacle to an active and useful life. The book is full of anecdotes that give evidence of his accomplishing all three aims.

The author spent over three years writing more than three thousand letters to raise money for his expedition. He succeeds, and with a good companion, Jocelyn Cadbury, to help him, Turnowski begins his two year journey in a sturdy Austin Gypsy donated by the British Motor Corporation.

Now the amazing part begins. Through Turkey, Afghanistan, India, Thailand and Persia while clinging to narrow mountain roads and even riding a pony in his wheelchair! Turnowski lives and talks with the people. He rides an elephant, goes tiger hunting and is made Chief Fool at the Holi Festival, demonstrating all the while that a person in a wheelchair can do many things and really enjoy life. His example is needed, for wherever he finds disabled people he also finds despair, ostracism and fatalism. This in part due to the belief in karma, that your fate has been predetermined by your previous incarnations. Most are inclined to accept rather than fight this Will of God. In one of his first concrete victories Turnowski's unlimited enthusiasm succeeds in the limited time of five days in reactivating a play for a rehabilitation out-patient clinic in Kabul.

You will meet Ratanam who bicycles 18 miles to work every day on a three wheel cycle propelled by a hand-operated crank. His legs are paralyzed from disease. And there is Maruti whose legs are paralyzed and deformed; he became an orphan when he was eight and survived by begging in a railroad station. Ah, and there is Amte, a well-educated man who gave up a privileged life to live with and devote all his energies to the most unfortunate people. He worked beside lepers to build a village where they could continue to contribute and live with dignity and self-respect.

It is this type of village that Turnowski with Amte's help has begun to build for the orthopedically handicapped. Royalties from this book will be donated toward the project. An equally good reason for buying the book is to enjoy the exciting, disturbing story that it tells. With two such positive selling points this book is bound to make the best-seller lists, a karma it richly deserves.

All I Can Give
by Richard Chaput
1972, Alba House, Canfield, Ohio. 95p.

It is good to again read a book by Richard Chaput. Since writing Not To Doubt a few years ago he has continued to develop his life and accrue enough interesting relationships, experiences and accomplishments to fill another book. Now that's living!

For those unfamiliar with the author, he is almost totally paralyzed from a polio attack when he was nine years old, spends all day on a cot and sleeps in an iron lung. He lives in a nursing home in New Hampshire.

In the world of his own, this book is a story of the life of a man who was given...and gave. It is not a book about a man who has the answers...it is about a man who is the questions.

Chaput is open about all aspects of his life and the reader has fun sharing them with him. You will feel uneasy when he gets locked in the Empire State Building, happy and triumphant when he leads a 4th of July parade down the main street of his town, dismayed and slightly hilarious when a urinal spills on the oriental rug in the governor's office, and uncertain and terrified at a homosexual approach by a clergyman.

If you ever feel discouraged and that you have nothing to offer anybody, this book will quickly show how wrong you are. There are many takers
for the emotional and spiritual support that flow freely from Dick Chaput.

"Whoever seeks my counsel, I will not turn away. I will accept them as they are, never preach, merely listen and extend to them a full measure of my love, my concern. It is all I can give."... and the beauty is, he does.

A Life Apart
by E. J. Miller and G. V. Gwynne
1972. J. B. Lippincott Co., Philadelphia. $9.75

The subtitle of this book is A pilot study of residential institutions for the physically handicapped and the young chronic sick. Sounds a little dry and academic, doesn't it? It might read that way, but the content is insightful, provocative and pertinent to the life of any who might find themselves in these or similar institutions, either as resident or staff member.

As much as I urge you to read this book, and important though its findings may be, it is depressing. This is no doubt because of the authors' premise that homes for the disabled, or "crippled" and "incurable" as the preferred, more realistic terms herein, are merely places of transfer from social death to physical death. The authors say this is a realistic assessment. I find it pessimistic. Circumstance rather than society per se dictated that certain disabled individuals needing more care than can be provided by themselves or families should inhabit institutions that can answer their needs. It is a fact that these people are in various conditions of helplessness, deformity, unintelligibility or continuing paralysis and hence less desirable to society as a whole. But there are societies within societies, such as nations, cities, schools, families... and institutions. In whatever societal confine these people interrelate they are alive, not dead. Can the authors mean that physical independence alone is life, thereby evincing imagination, emotion, word, and sensual and psychic response? Life would then be reduced to the ability to obtain food, care for and propel your own body, and manifest—what? We have already eliminated the worth of thought and therefore ideas.

Now that I have argued the logic of one of their basic theories I must admit that perhaps much of society (all forms) would agree with the belief and acts to perpetuate it. This study explores the whole situation, how it affects the residents and those who care for them, and, minutely, what can be done to improve it for the disabled. The answer to the last is mainly a whole societal change of attitude, both inside and outside the institution.

It is interesting to note that a disabled person, a resident of Le Court Cheshire Home, initiated this three year study. His letter to the Centre for Applied Social Research of Tavistock Institute suggested that Le Court be used for research on therapeutic communities and group dynamics. The authors are frank in revealing that their prejudices concerning the disabled caused surprise that the idea came from a resident rather than the director or a staff member, and ambivalence in seeking funds for the project. There are many other examples of adverse reaction to the disabled and, on the other side, the forms of demand and attention-seeking the disabled themselves use. Let's admit it, we're not angels either.

Institutions are categorized into warehousing or horticultural types. They represent what the names imply; one type maintains and processes bodies and the other encourages the growth of disabled human beings and utilization of their remaining assets. Both concepts, however, are considered unrealistic by the researchers.

This book could generate hours of passionate and deliberate debate. Choice insights are to be found as well as what I decided were challengingly disputable theories. It would be interesting to hear what our readers think after reading the study and its conclusions, especially those who reside in such residential institutions. Homes for disabled young adults haven't been around long. This is one look at a few, and it is hoped there will be more studies of and progress in their development.

Recovery With Aphasia
by C. Scott Moss
1972. U. of Illinois Press, Urbana. $7.50

C. Scott Moss had been a practicing psychologist for twenty years when he suffered a stroke at the age of 43. This professional background provided him with the analytical expertise to focus on and define exactly how the stroke affected him physically, emotionally and mentally, as well as his family, his work and his future. Aphasia, the stroke after-effect that impedes the ability to verbalize in thought and speech, was the most dramatic for Moss for words are the main instrument used in the practice of clinical psychology. The experience and treatment of aphasia are intricate and Moss treats them clinically which results in a work that demands concentration from the reader but also rewards him with some fascinating information on how the human mind works.

For one who had always thought aphasia was merely the problem of correctly saying what one wanted, it was a complete surprise to learn that the problem also extends to the thought process itself. For the first five or six weeks after hospitalization Moss was unable to engage in self-conversation. He could not think about what he was doing or would be doing in word concept. On reflection he decided this was a safeguard for had he worried about the magnitude and
consequences of his misfortune his recovery might have been impaired.

Another surprise, and a rather alarming one, was Moss's discovery of the scarcity of medical people trained in treating stroke patients and of knowledge concerning strokes. For instance, a neurologist with whom Moss consulted only once prescribed a recently developed anticoagulant without warning of any possible side effects. Moss took the medication for eight months and all the while suffered from depression. A chance conversation with a faculty wife who had refused the drug because of the side effects resulted in Moss discontinuing use of the drug and thereby ending his depression. His wife's comment was, "This is just another example of the frustration we felt from lack of reliable medical knowledge."

Included in this absorbing account of disability and recovery are Mrs. Moss's perception of the stroke and its consequences, the author's physical, personal and environmental background, his progress and sometimes verbatim sessions with a speech therapist and psychologist. It was with the last that he learned to understand his feelings and fears concerning his aphasia. For me this was the most intellectually exciting part.

Of interest to psychology students and buffs is the confluence and conflict of behavior-modificationists and cognitive-dynamists at the University of Illinois where Moss taught, and their influence on his recovery. Although Moss is a cognitive disciple he obtained for his own analysis a behaviorist and it was through a blending of professional tactics that Moss was helped to some important insights.

At the end Moss summarizes nine articles and five books containing self-reports of aphasics. His main conclusions are: 1) Neurologically traumatized individuals seldom return to their pre-traumatic levels of function. 2) Nothing in the way of standardized treatment techniques exists. No therapist knows very much about the inner world of the aphasic or therefore how to help. 3) "The main quality of the uniquely individualized remediation seems to be the sustained high level of motivation on the part of the aphasic, which builds upon 'spontaneous recovery.' It is strictly trial and error when the patient happens to hit on something that seems effective for him. On the other hand, I am convinced that retraining can go on longer than one month or even six months." 4) Since a stroke is greatly debilitating and no type of treatment is effective at the present time, some kind of national health insurance could be of aid to the disabled worker. 5) We are at the stage where highly imaginative and careful research must play the significant role. Unfortunately, we are still at the exploratory level.

This might very well be a book as controversial as it is enlightening.


Bored? Tired of reading and watching television? Then this is the book for you. A large paperback (8½ x 11 in.), containing 254 pages, 165 figures, and 13 charts, it presents a wide range of activities that can be adapted to varying types of disabilities.

You can play putt putt golf (there are actually courses for wheelchairs!), finger shuffleboard, pool, trap shoot or go horseback riding. And the authors know what they are talking about for they are all therapeutic recreation directors. The details on how to construct game equipment and assistive devices are explicit and easy, so easy in fact that I fully intend to try playing table croquet with a mouth mallet.

Brief but comprehensive descriptions of many disabilities, such as muscular dystrophy, arthritis, paraplegia, blindness and diabetes, and the physiological and social needs they create emphasize how physical activities can assist the rehabilitative process.

This is fascinating reading guaranteed to put more action and fun in your life.

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. Under this program, the Library of Congress will loan you a FREE record player with special adaptations and send you FREE recorded books and current magazines. FREE postage, 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.

There is a variety of recordings on a wide range of subject matter, including baseball, mystery, travel, history, social security, Medicare, religion, and biography. Catering to all ages and many disabilities, the Division also has recordings in Spanish, German, Yiddish and French and a Music Services Unit.

Of particular interest to the disabled is ENCORE, a bimonthly recording of selections from Accent on Living, Paraplegia News, Performance, and Rehabilitation Gazette.

The Division is very much interested in the preferences of its readers and endeavors to fulfill requests. Two of the books reviewed by Donna in this issue are available: Dr. Rusk's A World to Care For and Moss' Recovery with Aphasia.
“I was born without arms or legs but wear artificial limbs. I attend a college here in my home town and I’m hoping to get an associate degree in mental health. I would also like to go to the Southwest to continue my education and seek a permanent residence. I’d like to live the snow and ice and go to where it would be better for a guy in an electric wheelchair to get around. But what I want more than anything is to correspond with and meet college people similar to myself, and especially a nice-cool-young girl. I just know there are others like me, including that special girl with similar disabilities or not afraid of mine. I don’t know where to find these people. Are there any organizations of young people with limbs missing who get together for meetings? I also want to learn of new discoveries and devices for better independent living. And I’d like to know of anyone physically disabled who has made it as a disc jockey and could give me advice.” Terry Haffner, 205 E. Cox Dr., Fort Wayne, Indiana 46816.

ED: Dr. Harold Wilke, the distinguished New York minister who was born without arms, told us that the English are developing many ingenious devices for thalidomide children that will be useful to adults. Write: Lady Hoare Trust for Thalidomide and other Physically Disabled Children, 78 Hamilton Terrace, London, NW8, England.

“I was surprised and delighted to see your reference to people who have Charcot Marie Tooth disease because there seem so few of us that I have never seen reference to it before. I’d love to hear from other people who have this same complaint.” Miss B. J. Cook, Wingfield Trust, 24 Station Road, Epping, Essix England.

“Through the Gazette, I became the friend of Dr. Choe in Korea. He is also disabled by syringomyelia. I was very fortunate to be able to send him an American-made wheelchair. In recognition of his devotion and service, his government has appointed him as administrator and medical director at the new Han Min Hospital in Taegu where he works 15 to 18 hours a day for a salary amounting to about $130 a month.

“Because his government lacks the funds to properly equip his new hospital, I have taken it upon myself to help Dr. Choe obtain the equipment necessary to make his hospital functional. Thus far in addition to dental equipment, cabinets, and an EKG machine, I have obtained and sent a dentist chair, a portable X-ray, a lift table, an anesthesia machine, an ear, nose and throat chair, a diathermy and several hundred items of hospital supplies such as surgical kits, surgeons’ gloves, and catheters. The equipment, crating lumber, shipping, and everything was donated!” John T. Alberstadt, 2915 Chestnut St., Erie, Pennsylvania 16508.

“Since the photograph of my family appeared in the 1971 Gazette, we have had some friendly correspondence through the Little People of America. My son, Felix, who was born in 1960, is very bright and studious and he would like to exchange letters with other boys of his age. Because he is a dwarf, we have problems finding clothes. My wife and I shall be grateful if used clothes to suit his age can be spared by parents with short children.” (ED: Send them marked: “Value under $10. Unsolicited gift.” Otherwise they might have to pay an unnecessary duty.) M. Stanislaus, Survil Road, Kayts-Ceylon.
“I like to sew, write letters, and read. I am 56, a widow, disabled by Friedrich’s ataxia. I live in a fishing camp. I will promise to answer, if anyone writes to me,” Mrs. Nellie F. Breitenbach, Route 2, Box 206A, Gonzales, Texas 78629.

“I am a 55-year-old CP woman who writes book reviews and disabled life stories for three disabled papers every month. I would like to correspond with a disabled man over 55. I am the Indoor Sports’ Club district reporter of the National Hookup,” Ms. Flo Puffer, 3355 Virginia Ave. S., St. Louis Park, Minnesota 55426.

“Congratulations to John and Maggie, who were married on December 11, 1972. John Prestwich, was one of the Gazette’s first English readers in 1958. The lovely Maggie Biffen was his physiotherapist before their marriage. They are now living in a delightful cottage. Their address: Breeze Cottage, Scatterdills Lane, Chippendale, Herts., England. (Photo: courtesy of The Voice of the Disabled.)

“I’d like an intelligent male 50 to 55 years old, widower or single, to help me as I will help him. I am on crutches and in a wheelchair because my knee caps were removed after an accident. I’m 55 years old and I’m not a bad looker. I have a home, with a mortgage, three bedrooms, on level ground. I live on social security disability and what my late husband left me. I live alone and do all my housework and cooking.” Edie Bailey, 502 Buena Vista Place, Bisbee, Arizona 85603.

27 years with multiple sclerosis. “In 1946 I was the pastor of a church, with a wife and five children in their teens. That year I began to lose my sense of balance. My brain seemed to be on a merry-go-round. My eyes blurred. I fought and dragged along until 1950. Then I found that I had multiple sclerosis. Soon afterwards I went to the wheelchair and there I have been ever since.

“At that time little was known about the care of a patient with a spastic bowel and bladder. With the loss of bladder function I tried rubber pants; but you can be in lots of trouble with bed sores. The next thing I tried was an outside urinal strapped to my leg. Then I began to have chills and fever so I went to a catheter. Finally, about five years ago I got a suprapubic tube. I found this to be the most convenient and comfortable and I’ve had a minimal amount of infection.

“Improvise is a word learned quickly. For if something is out of reach, it might as well be a mile away. A magnet will pick up lots of things you drop. An electric razor keeps me from cutting myself because my sense of feeling is impaired.

“I became a ham radio operator because I was fascinated hearing hams talk to each other. I belong to the Handicapped Net that was written about in the 1972 Gazette. My operator’s license is WAFTDH9.

“After living with this condition for so many years I hope that some little word or advice of mine will make it easier for others. I know what real love and feeling are. My wife and I have been married for 48 years. I will be greatly rewarded if I can help others,” Rev. Homer L. Harris, 6 Dons Drive, McDonald Mobile Homes, Belleville, Illinois 62221.

ATOMS (Association to Overcome Multiple Sclerosis) is comprised of patients and their families who have joined together to be of service to themselves, each other, and their community. They plan to lobby for meaningful legislation and to disseminate information. For information on starting such a club, write to: 79 Milk Street, Boston, Massachusetts 02109.

“I wish I could meet some women in my area who have M.S. I like to talk to people having problems, and elderly people, to try to help them. Mrs. Terry V. L. Lamb, 22 Lord’s Trailer Park, New Milford, Connecticut 06776.

There’s another volume in the series, Successful Disabled Persons International. The brief biographies include persons with all types of disabilities in many countries. It is a fascinating collection of people. For a free copy, write: Mr. D. L. Tringham, Committee for the Handicapped, People-to-People, 1146 16th St., N.W., Washington, D.C. 20036.
"Someone just told me a trick that seems to work if you have trouble swallowing pills. As you're about to swallow say, 'I'm thirsty.' It creates a sort of glossopharyngeal movement." Ruth Davis, 9316 Snow Rd., Parma, Ohio 44130.

The Arthrogryposis Association, which is celebrating its first anniversary, is seeking new members. Write: Viola Hamby, 3204 "K" St., Vancouver, Washington 98663.

G.O.A.L., INC. has helped many homebound disabled to get out and enjoy life. More volunteers are needed! Contact: John Winters, 12340 N.E. 12th Court, North Miami, Florida 33181.

Italian Host. "I am 38 years old and would be pleased to have as a guest 'au pair' a French or English speaking nurse. I am affected with scoliosis so I wear a corset and walk with a cane. I live with my mother." Roberto Emmanuel, Via Bissone, 6, 20021 Baranzate di Bollate, Milano, Italy.

The United Cerebral Palsy of New York City offers hospitality to rehabilitation-oriented guests from abroad. (Write in advance of your visit to: 122 E. 23rd St., New York City, N.Y. 10010.) Above: Mr. Leslie D. Park, UCP Executive Director, shows Chief E.M.C. Aniagu of The Town, Awgu-E.C.S. Nigeria, West Africa, the Rehabilitation Campus now under construction. Chief Aniagu is the ruler of more than 30,000 Ibo people and chairman of its rehabilitation service.

"I would appreciate any old U.S. stamps on the Apollo mission for my collection. We are fighting in the Disabled Income Group for a National Disability income for all disabled plus a tax free expense allowance. A start has been made with the Attendance Allowance for those needing constant attention." Joyce C. Nixon, 25 Beeches Rd., Chelmsford, Essex CM1 2RX, England.

(1 to r) Sehmuz, Doctor Ahmet, and Müfit in a Turkish hospital. Müfit writes, "Now I'm aged 28, and I use my wheelchair because of L1-2 paraplegia in 1969. I am graduate from Turkish Military College. I've been studying English by myself and I hope I will make education in U.S.A. next year and study economy. Perhaps, an American family or association can be helped to me. I want to come into politics when I come back to Turkey. I want that all humans be fraternal and live in peace." Müfit Blök, Kurtulus mah, Miçahitler cadd. 156/1 Adana, Turkey.

"You've probably heard of the fantastic POSSUM remote control that lets the severely disabled type, call for help, turn TV or radio off and on, by blowing or a bit of movement. There are over 400 users in England now and they have a magazine, Possability. I have some extra copies to share if you'll send a couple of stamps and your name and address." Mary Jane Comstock, Rt. 1, Box 72, Sparks, Oklahoma 74869.

"I'm paralysed by poliomyelitis and I've also a severe diabetes. Every day I spend five hours out of the tank-respirator and when I'm taken out I begin to live. In my "living time" I make the correspondence, both my own and that of others. I read, I'm very fond of books, both poems and short stories. I like American writers, especially Salinger and Faulkner." Vera Stadler, 1025 Budapest, Baba u. 14, Hungary.

The International Art Show for artists who are disabled is presented annually by the American Rehabilitation Foundation. For details, write: Mrs. Maggie Ruff, 4907 West 28 St., Minneapolis, Minnesota 55416.

"Has anyone figured out a way for a paraplegic to get in and out of a small boat either from shore or dock? I have an idea that I think will work but I would like the benefit of someone else's experience first." R. E. Patterson, Box 2766, Sarasota, Florida 33578.
"I am an arkitekt doing research on planning for the disabled. I would be very pleased if you would send any reports which you could think would be of any use to me in my task. In return, I would send my reports to you." Lars Erik Engberg, Nergardsvägen 19, 430 00 Askim, Sweden.

"Please send the name and address of any disabled song writer. If I write a film, I'm going to need music with words." Gay Blackford, 6 Locksley Ave., #6L, San Francisco, California 94122.

"I would like a list of companies or organizations in this country that hire people to do work at home... I would think editing or proof-reading or indexing would be good, but how would I find out about this?" Anne Key, 404 East Baltimore Ave., Clifton Heights, Pennsylvania 19018.

Friedrich's Ataxia Group in America, Inc. has grown to well over one hundred members. A Correspondence Club and a Postal Chess Club are being launched by their new vice president, Kitty Magee, 2000 Greenbriar Lane, Lincoln, Nebraska 68520.

"I have had two strokes, one on each side. I do not have too good control of any part of my body, but I get about in a wheelchair, take care of my own self, and drive a pickup. I would like to compare my progress with someone in a similar condition." Henry G. Hudson, 305 Prospect, Clinton, Mississippi 39056.

Counselor, William J. Greene, Jr. "I am coordinator of the D.C. Smokers Wheelchair Athletic Organization. In addition to sports activities, we try to solve our transportation and employment problems. Being a trained and degreed counselor and a para myself, I'm also dealing with our guys' individual problems... Our theme is self-help, and our motto states, 'We are coming out of the attics, basements, and closets, but we're coming out smokin'. So, if you wanna be a Smoker, WOW!" 2300 Good Hope Road S.E., Apt. 514, Washington, D.C. 20020.

"I have fallen ill of polio in the year 1959 and was since then in hospital. All the things I do I must do with my mouth. Two months ago I moved to Munich where I live together with 12 friends of mine who are also handicapped from polio. We live on the same floor of a big centre. Here I have many possibilities to get more independence. Stefan, a boy of 12 years, has shown me how to breathe without a respirator and I have trained and can breathe by myself already for longer than six hours.

"The Centre has a special bus for us. We can roll into it on our wheelchairs and in it there is the possibility to feed our respirators with electricity." Johannes Messerschmidt, D-8 Munchen 40, Bartlesstr. 38, Germany.

Self-employed draftsman, Larry Don Sell. "In 1968, when I became a C5-7 quad, I had just finished a year in college. Now I have completed a drafting course and I am a technical draftsman. I really enjoy the work I'm doing. I work when there is work to do, but take advantage of my free time. I'm active in Missouri Community Betterment, a member of the local Citizens Band Radio Club, and a Cub Scout master. I like to paint and fish and spend time outside when work and weather permit. I also like to travel and drive in the country. I am nearly independent except I can't load my wheelchair into my car. I hope to have a van with a power lift." 439 South 18 St., Unionville, Missouri 63565.

"I'm a quad arthritic and can't sit erect or bend my knees. My doctor is trying to persuade me to get a couple of the new hips. Maybe some of the other arthritic readers could answer the question — How do they work? Is it really worth it?" Pat Sibley, 9679 48th Ave., S.W., Seattle, Washington, 98116.

"Does anyone have a used electric page turner for sale?" Albert Beffa, 29331 W. Sanchos Rd., Newman, California 95360.
Two Belgian M.S. pen friends: Mlle. C. Calbaut, 24 Clos Joseph Olten, 1090 Brussels, would like to correspond with English or Belgian friends, to exchange ideas and improve her English.

Gaston de Knibber, 92 Vanderpeeren boom, 1080 Brussels, would like to correspond in French, German, or Flemish.

"Since my address was in the Gazette I've had some lovely letters and now have some wonderful friends in the U.S. and other parts of the world. Sadly, since I last wrote, I have become a widow. I am now in bed most of the time. I live with my 72 year old mother-in-law and we help each other." Florence Hynd, 44 Shieldhill Rd. Carluke, Lanarkshire ML8 5AL, Scotland.

"Je désire correspondre avec des amis handicapés de mon âge. J'aurai 17 ans en avril 1974. Je fais partie de l'équipe sportive de l'Association des Paralysés de France et participe aux rencontres de natation. Je peux écrire en anglais ou en français." Claude Brulé, 15 rue de Roscoff, 29200 Brest, France. (Claude would like to correspond in French or English with a boy or girl about 17 years old; she swims with a paralyzed sports group.)

"Good wishes to my Gazette friends from my new home at Prague's new DABLICE quarter. The traditional name of DABLICE means 'she-devils' in Czech, but I unfortunately have not yet seen any." Ala Wokoun, DABLICE blok A 6-473, Prague 8 Czechoslovakia.

"I would like to correspond in Spanish with a U.S. reader. I have been a paraplegic since an auto accident seven years ago. I am 28 years old...I have studied business administration." Elsa Sleiman, Pilares 22, Jardines del Valle, Saltillo, Coahuila, Mexico.

English language tutor, Jane Jeffris, R.N., and her pupils, the Khangs from Korea. "I'm never bored and I've found ways to make myself needed, despite the fact that I'm a respiratory polio quad. Last year I took a 15-hour course on teaching English to non-English speaking adults. It's a volunteer association called The Laubach Method. The Khangs are very well educated and had had English in university but they need to learn 'everyday' English. As well as teacher, I have become parent, adviser, and friend. I count this relationship as one of my most rewarding experiences." 4920 N. Leavitt St., Chicago, Illinois 60625.

"Friendship's Door offers friendships through taping cassette or writing letters to the homebound disabled." Maxine Gabe, 545 N.E. 121 St., North Miami, Florida 33161.

"Tape contacts requested throughout the world. Both cassette and 3" tapes welcome. All tapes answered. Interests many and varied." Mr. Lawry Turnpenny, 25 Bideford Place, Chrischurch 6, New Zealand.

"I have an answering service for a newspaper, sell Avon Products, and belong to the Wallace Brown Greeting Card Club. Some of my hobbies are oil painting, writing poems, and music. I was born disabled in 1951. I speak German and Spanish. I am interested in becoming a Pen Pal. Christine Schindler, 327 Hilltop Road, Paoli, Pennsylvania 19301.

"I would like to hear from someone who has to control rheumatoid arthritis by steroids, aspirin, and very little pain reliever over several years." Mrs. Berette Sanden, 1110 Woodrow Ave., Detroit Lakes, Minnesota 56501.

Rod and reel repairman, Norman W. Douglas, Jr. "I have been a paraplegic since a car wreck in 1953. In June of 1954 I married the girl I was going to marry the weekend I was hurt. I was 18 and my wife, Betty Lou, was 17. In 1958, we adopted a little girl, Vicki Charlene, and she has been a blessing to us. Thanks to the Lord above I have had a very wonderful and full life...I have owned and done all repair work in my shop for over 12 years. It feels good to be able to give a part of yourself to the work you are doing...I belong to The Bethesda Club which has over 50 members in wheelchairs." 1637 6th Ave. N., Jacksonville Beach, Florida 32250.
Guitar craftsman, Robert Breiten, Jr., and his wife, Agnes. "I was a carpenter when I contracted polio in 1952 at the age of 30... Until 1968 my hobby was doing leathercraft. Then I saw an article on building electric guitars and I was off on a new hobby... I have completed ten instruments. Three are 'ban-guitaros,' my own creations that meld the customary body of an amplified guitar with the neck of a five-string banjo. Its tone is unique, almost like a steel guitar." Box 33, Dunlay, Texas 78018.

Teacher, Sandra Pinkerton. "I am in my third year of teaching multiply-handicapped children. Knowing that I had to be better prepared than most people to get the same position, I obtained a master's degree in special education. Besides the daily obstacles imposed by spina bifida, the reluctance of college to accept disabled students in teaching programs and the wide discrimination in the job market presented problems that seemed insurmountable at times. Teaching is difficult but rewarding... Besides my professional groups, I am a member of the Easter Seal Society and Vice President of New Jersey's Disabled in Action group." 697 Lancaster Rd., Ridgefield, New Jersey 07657.

Assistant principal, Robert J. Throckmorton. "In 1970 I became a C-7 quadriplegic in an auto accident. When I returned to my work as an elementary school administrator, I found my wheelchair a distinct advantage in relating to young students, as I am now at their eye level... I have organized the Nevada Paraplegia Foundation to support research towards a cure for paraplegia. I carry on an extensive correspondence to secure support for the National Paraplegia Foundation and similar organizations... I am married and have three children. I have a wide range of interests, especially phonemics, onomastics, and semantics." 1267 Douglas Dr., Las Vegas, Nevada 89102.

Community service volunteer, Willa Schuster. Brooke Owens Steinle, a former Gazette volunteer, writes about her friend: "Willa contracted polio at age 15 in 1955. She uses a mouthstick to type and insert paper and a 'feeder' to write... She graduated from Connecticut College Phi Beta Kappa in 1968. Willa now plays an active role in community life as president of the Mystic Junior Women's Club and as a member of the League of Women Voters. Although busy, she would like to trade ideas." 13 Grove Ave., Mystic, Connecticut 06355.
Sex and the Disabled

by Duncan A. Holbert, M.D.

The sexual life of anyone, disabled or otherwise, should, ideally, be the natural spontaneous accompaniment of a warm loving relationship between two people. The well-known Puritan ethic of our society has so distorted our individual reaction to our normal healthy feelings that there has developed a complete range of attitudes, from total rejection of sex as a nasty, unwholesome thing to a total preoccupation with sex. In the latter view, failure to develop a great big sexual relationship is equivalent to total personal failure. The psychosociologist from abroad is completely aghast at the ingenuity and preoccupation of the American Ad man, who can make phallic symbols out of hot-water heaters and appeal to a sick kind of narcissism in selling breakfast cereals.

So we should be careful that we develop a healthy realistic feeling about our own sexuality. The inability to develop a regular sexual life does not mean the failure of a masculine or feminine personality; certainly it does not mean that one has failed as a valuable social being. Think for a moment of the hundreds of thousands of individuals of all ages who have chosen a monastic life, or for whom circumstances have chosen asceticism or total sexual denial. With a sexual life submerged in the background, these people contribute enormously by devoting their lives to such good works as the care of the sick and aged, and the relief of poverty and ignorance. And these people are thereby as happy as most and realistically content with the outcome of their lives.

Now, as my teenage son says, “We are down to the nitty-gritty!” We all have two choices in this business: we either find ourselves in an on-going sexual relationship with another person or we must make the best of life without it. To be completely realistic, I think a disabled person (certainly a single one) must come to personal grips with the actuality that he probably must accept an ascetic life. The individual who is married when his disability begins, or who is fortunate enough to find marriage after his disability occurs, has only a relative problem. His problem really involves only a certain amount of operational ingenuity, and frequently a maturing, a “loosening” of the sexual habits and philosophy of one or the other partner. Obviously this is not the time or the occasion for prudishness—all the experts in the field of mental and emotional health agree that between two people for whom a truly loving and caring relationship exists—anything goes. In this completely private world, there are no rights or wrongs, there are no traditions that cannot be broken. The ultimate test of success is that an orgasm or sexual climax, with its relief of sexual tensions, should occur for both, with each time an increasing loving feeling for each other.

The single disabled person has a tougher problem, particularly if his disability is congenital or began in childhood. He frequently must, as happily as possible, accept a life in which his sexual drives must be sublimated, and these energies turned to useful, productive activities. Certainly he has sexual dreams and sexual fantasies which can be enjoyable and satisfying to an extent, but all things must be reasonable and realistic: he must accept the dreams and fantasies for what they are, be grateful for what content of pleasure they may contain, but careful that they do not become a preoccupation in which his life is made miserable by constant grieving over what cannot be. If possible, masturbation is a completely acceptable and healthy way to relieve sexual tensions. The old, sick admonitions about masturbation stunting growth or causing mental illness are completely and entirely false. Naturally, sensible discipline is as necessary here as in the control of any of our appetites. For the life-oriented single person, there is always the hope for marriage or for a satisfying sexual relationship otherwise. Either of these alternatives depends not upon the sexual capacity of an individual, but upon his development as a total person. He must seek to become outgoing, interested in and concerned about the lives and interests of others; he must be continually growing in knowledge and in the arts of becoming a significant person. He can obtain pleasure in nature, in the intellectual world, and in as many meaningful relationships with other people as possible. In these ways, he becomes an interesting, “deeper,” and more attractive person “without really trying” and, as such, he also becomes sexually more attractive and frequently a more normal sexual life can develop. A good friend of mine, going to the University of California in a wheelchair and a Huxley breathing belt, has more girlfriends than he can handle and, believe me, they don’t spend their time playing Monopoly! A common fallacy exists that often a disabled person is physically
inadequate or incompetent sexually as a result of his injury. Most always this idea is completely untrue, and not uncommonly a nearly normal and quite satisfactory sexual life is possible, frequently attested to by the presence of children and a contented smile on the face of the mate.

How about the homosexual relationship? This depends entirely upon the basic personality and sexual identification of the individual concerned. If a male person finds that he truly sees himself as a female and finds a genuine sexual response of a female type to another male, then a happy, satisfying, lasting sexual relationship is possible assuming, again, that there is a real loving, caring feeling between the partners. However, if one accepts a sexual relationship with another of the same sex merely as a substitute, because "the real thing" apparently is not possible, then all sorts of difficult and damaging effects are bound to occur. A homosexual relationship should be accepted only if this kind of relationship would have developed in spite of the disability.

The outlook for a completely happy, normal sexual life for the disabled is therefore seen as difficult and complicated, but I think that we have all slowly and painfully learned to accept what we must and to take that which we have and turn it into the best possible good. It is hoped that this brief comment on a very important problem will bring about helpful ideas and initiate concern in others for the sexual needs of disabled people.

Reading List

ED: In 1967 we printed this article by Dr. Holbert, a respiratory polio quad, who is a practising dermatologist. In the interim, many articles and bibliographies have appeared in urological and psychological journals. We reprint his article now because we feel he covers the subject so clearly for all types of persons, disabilities, and ages. To accompany it, we have compiled a layman's list of sources of related information which we recommend.


Community Sex Information and Education Service. Sex, a Better Understanding. Box 2858, Grand Central Station, New York, N.Y. 10017. 50¢. Informative, honest, basic discussion of body development, physical aspects of sex, masturbation, bisexuality, birth control, and sexual health care.


"Like Other People." Sensitive film of the marriage of a disabled English couple. Free from UCP Assoc., Inc., Youth Dept., 662 E. 34th St., New York, N.Y. 10016. Popular — order ahead!

LOOKING TOWARD THE EAST

by Gale Smith

For people who are concerned with the inner man, these are indeed heady and exciting times. The West is really beginning to open up to ideas from the Middle East and Far East. We are discovering that the disciplines of Yoga, Zen and Sufism confer both mental serenity and physical well-being on their practitioners.

Scientific journals, even the most orthodox establishment ones, have recently carried articles about the physical benefits of meditation and other Zen/Yogic/Sufic practices. Psychologists and psychotherapists have written books and published articles about the beneficial effect of these techniques on mental health. In fact, if you were to go to a Zen, Yoga or Sufi meeting or retreat, you would find yourself rubbing elbows with psychologists, psychoanalysts and psychiatrists as well as with artists, writers, students, clerical workers and salespeople.

If you were to visit a prison, you might very well find a Yoga teacher ministering to the inmates. Yoga has recently been found to be unusually effective in giving convicted addicts a new, healthy, constructive attitude toward life, as a result of which they spontaneously abandon drugs and crime.

The big problem most people have in attempting to go into one of these Eastern disciplines is that it demands sizeable chunks of time. Those who are involved in the hectic rush of the business world seldom have that kind of time. But many disabled people may have time which could be dedicated to Yoga or Zen or Sufism.

In this connection, one famous Sufi-trained teacher with followers all over the world maintained that people eat four kinds of food. The first one he had in mind is the ordinary food from which we derive our physical energy. But then he went off into figures of speech. His second category of "food" is the water we drink to maintain our fluid balance. Third, air is the "food" for our lungs and our blood. And fourth, we feed our minds with ideas.

Obviously, we need wholesome food for our stomachs, uncontaminated drinking water, and unpolluted air for breathing. This teacher's point is that we should be equally considerate of our minds, and feed them with wholesome, uncontaminated, unpolluted ideas.

Those who are home-bound or living in institutions, and especially those who are immobile, are under more than ordinary temptations to snack up their minds with the empty calories of drive-trivia that pour out of the idiot box day and night. Yoga, Zen or Sufism would provide much sounder mental nutrition, beneficial to body, mind and spirit.

Many people hesitate to get involved with these disciplines, however, because of two misconceptions. The first misconception is religious. Now it's true that Yoga is intimately associated with Hinduism, that Sufism is just as intimately associated with Islam, and that Zen had its origins in Buddhism. But all three have transcended their origins and we need concern ourselves only with their non-sectarian aspect.
It is no accident that a scholarly book on Zen was written by a Benedictine abbot and a highly regarded book on Yoga was written by a Benedictine monk. Both books carried imprimaturs. And a number of books on Zen have been written by a Trappist father. Also, one of the best known of all contemporary Sufi teachers uses Jewish and Christian material more extensively in his lectures and writings than material from Moslem sources. Moreover, Zen retreats are held regularly in Catholic convents and Quaker retreat centers.

There's no contradiction in terms when one speaks of "Zen Catholicism" (the title of the Benedictine abbot's book) or "Christian Yoga" (the title of the Benedictine monk's book). And an agnostic can practice Yoga, Zen or Sufism without conflict and with just as much personal benefit as his religious brethren. You can be a Zen Baptist, an unchurched Yogi, a Presbyterian Sufi.

The second misconception has to do with physical activity. The stereotype or caricature of the Yoga enthusiast is the solemn individual who stands on his head for hours, or the super-contortionist who winds himself up like a pretzel. The Zen stereotype is the person who sits immovable in the lotus position hour after hour. The Sufi stereotype whirls through wild dervish dances for hours until he falls exhausted. Let's get the record straight. Christianity has hundreds of brands, or denominations, from Holy Rollers to high-church Episcopalians, and Yoga has just as many divisions. One form of Yoga, Hatha Yoga, involves headstands and such, and people in the West have the mistaken impression that all Yoga is Hatha Yoga. They don't realize that there are other Yogas involving meditation, mental practices, visual practices, listening practices, breathing practices and exercises, vocal exercises, chanting, and a myriad of other activities that don't depend at all on arms or legs.

People think of Zen as being physically very demanding, and it can be. But many of its practices require mental rather than physical stamina. There's Zen teaching in calligraphy, in flower arranging, in serving tea, and even in something so ostensibly inconsequential as listening to a clock tick. One bedridden woman "hit the Zen jackpot" just by learning how to listen, really to listen in the Zen manner, to the ticking of her alarm clock. And one of the most beautiful spiritual statements ever to appear in print describes the inner triumph through Zen of a young Japanese girl permanently confined to her bed by tuberculosis.

So how do you get started? If you are mobile, you can go where the teachers are. Their lectures, retreats, and seminars are generally well-publicized these days. If you are not mobile, then you can try inviting the teachers to visit you. Better yet, persuade some philanthropist to fund a "rehab ministry" which would bring Zen, Yoga and Sufi teachers to the disabled.

The most practical, down to earth approach, as of now, is through the printed and recorded word. Thousands of books on Yoga, a hundred or so on Zen, and several dozen on Sufism have now been translated into English or written in English. Also, there are many taped lectures available, affording an opportunity not only to be exposed to the teachings, but to hear the voices of the greatest of the contemporary teachers. Bibliographies and tape lists are readily obtainable, too.

Address: Mr. Gale Smith, Box 1142, Church Street Station, New York, New York 10008.

ED: If any of our readers have experiences with alpha-wave feedback, we would appreciate their sharing the information. We are fascinated by the following item on page 26 of the Veterans Administration publication, A Source Book/Rehabilitation of the Person with Spinal Cord Injury:

"The clinical possibilities in alpha-wave feedback are absolutely breath-taking.

"Alpha activity is the mental activity that is displayed on an EEG. An alpha wave is an EEG wave that can be monitored clearly. It represents a mental state of alert passivity, or serene activity, or liberation (there are many words for it). It's a state in which the mind is alert and functioning, but in which anxiety is low and the mind is not working hard. It is a state comparable to that achieved by people who meditate for years. The mind is freed, comfortable and active in a pleasurable way.

"When people are emitting alpha waves on an EEG, this can be monitored and the patient can see it or be told that he is doing this. When his anxieties begin to emerge, the alpha activity begins to drop off and beta activity begins to emerge. The patient can be told this, and he can regain control and bring himself back to alpha activity, the state of serene activity or passive alertness. Patients can learn in weeks the kind of mental control that will enable them to screen out anxiety or mental processes that are painful or disruptive or injurious to them."

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A 3 A.M. phone call from the hospital brought my father and mother to my side in the emergency room. I had been injured in an automobile accident, ostensibly not seriously, since I was conscious, no apparent bones were broken, and internal bleeding was not indicated. X-rays and closer examination, however, brought to light a dire possibility and words that were alien to my parents' ears, but would become second nature to them in a matter of days—spinal cord injury, fifth cervical vertebra.

"Of course, I didn't believe it," recalls my mother. "Things like that happened to other people. People you didn't know. People you read about in the papers." And, in truth, at the time, full realization of a C-5 spinal cord injury and its resultant total and permanent paralysis was a nebulous background sound to both of my parents. My very life was in question, and that was the only reality. "The doctor brought you from surgery and said your spinal cord was probably severed. They didn't think you'd make it." She shudders, even now, when she remembers the scene. "You were an awful sight, head all bandaged, wires sticking out like antennae, a 20-pound weight hanging from them, and intravenous tubes and bottles all around you. We didn't know what to think!" Two days later, they were stunned anew—my breathing became affected and I was rushed into an iron lung. As shattering as this prospect was, it had its hope-giving side—polio had been running rampant at the time (before Salk and Sabin), and an iron lung was something my parents could understand. It was a life saver! My father had even less understanding than did my mother, and could not comprehend the full significance of a "C-5 spinal cord injury."

He knew it had to do with "nerves," but the "body healed," ... "in time, everything would be ok." In his mind, the iron lung would help for now ... then massage, that would do it,... and the whirlpool, he had heard about that, too. The tools, he believed, were available. All I had to do was live! The rest would take care of itself.

During the month or so I was in the iron lung, another word was burned into my family's vocabulary—decubitus. They learned first-hand about bed-sores. Because it was so hard to turn me in the lung, I spent most of my time lying on my back, a fact little protested by my parents since they had no idea of the damage being done to my skin or any way to prevent it had they known. Naturally, I broke down in every bony prominence conceivable and in a few that were inconceivable! "I couldn't believe what I was seeing was from pressure," says my mother of the time she finally saw my prone body exposed. "I thought the horrible sores were part of the injuries from the accident." You can believe the skin lessons learned from that time were indelibly etched in her mind. Until this day, my mother, who has cared for me these 18 years, is a wary guardian of my skin. A pink spot sends her into action—massaging, protecting, warning me to stay off of it for a while! But way back when, at the time of the initial breakdowns, she was unaware. The damage to my skin was beyond her control. As a result, decubitis became a deterrent to my rehabilitation and a cause for much upset and unsettledness due to the necessity of frequent surgical repairs.

While my family was coping with my life-and-death struggle, aware that should I survive "I'd be totally helpless and flat on my back for the rest of my life" (in the words of one doctor, who
even in 1954 was in a prehistoric state of mind regarding quads and their potential, I was living in an ignorant fool’s paradise. I was certain that I’d be up and back to normal in six months! Six months was my magic number—no one in my knowledge or experience had ever taken longer than six months to recover from the effects of an automobile accident. My friends and my family, burdened with the prehistoric doctor’s verdict and aware that I wasn’t yet ready to face the reality of such a verdict, kept me in my “limbo” with frequent visits, cheery faces, and great doses of tender loving care. They tried to keep things as normal as possible; they insisted on preserving my sense of humor by feeding it with their antics; they masked their fears and sorrow to prevent my own from welling up. They lied beautifully and lovingly, even going so far as telling me that my bald head was “certainly coming back curly!” They knew I would learn the truth of my life soon enough. In the meantime, “Maybe a miracle would happen!”

And so they supported me, in every manner their common sense dictated. My “limbo” was no picnic for any of us. I was no gay extrovert holding court from an iron lung (later a Stryker frame). I was one terrified soul. I was unaware of the permanence and totality of my injury, but I was quite aware of the weird sensations and changes my body was experiencing, and I knew that, for the moment, I couldn’t move a muscle. The constant chills and fever, the fact that my normal functions were dependent on external devices and artificial means, and strange pains and crawling sensations frightened me. This fear brought about periods of tearful depression, inability to face solitary nights, and fantasies that this whole thing was a horrible dream from which I had to awaken. My family and my friends had to cope with my frantic emotional state in ignorance. “If a doctor, maybe a psychiatrist, had explained what you were going through—what the causes were, kidney and bladder infections, spinal shock, your mental reaction to the fact that you couldn’t move—maybe we’d have been able to help more. For that matter maybe we’d have been able to sleep nights ourselves,” remembers my mother. “The way it was, we knew nothing but the fact that you’d be ‘flat on your back the rest of your life,’ and that was something we just couldn’t, or wouldn’t believe. We weren’t able to live with such hopelessness.”

My move to Highland View Hospital was a Godsend for all of us—an eye-opener and kindler of the flicker of hope we all clung to in our various ways. This was a rehabilitation hospital. Their aim was not to pronounce sentence but to encourage and facilitate my return to as normal a life as was possible for me. The place was staffed with professionals who were equipped to deal with chronic disabilities—physiatrists, staff doctors who were thoroughly familiar with the specific medical problems of quads, a nursing staff similarly well grounded in rehabilitation nursing, physical therapists, occupational therapists, speech therapists, and psychologists—who devoted as much time as necessary to the patients’ adjustment needs. Using the modern and well-equipped facilities of the hospital, they worked as a team to bring about the highest degree of rehabilitation possible.

“They should’ve sent you there right away,” complains my father as he looks back on it. “They had everything you needed, and they knew better how to take care of you.” Of course, he is right. Had I been sent to a hospital that specialized in the treatment of spinal cord injuries; had my family and I been exposed to other quads and their families—people in the same boat, so to speak—perhaps the trauma and reaction, not to mention the frazzled nerves, would have been diminished considerably. Facing such a drastic change in a vacuum is a hellish prospect. Explanations, counseling, encounters with similarly affected persons, forewarning about day-to-day pitfalls, freedom from overwhelming worries about finances, and knowledge that a future is possible would have been, and is, helpful. We groped in the dark for a long time. Thank God, we groped in the right direction and came out in the light.

My life, though somewhat restricted, is full and productive. We take each day as it comes, some rigged with a problem here and there, some uneventful. We look for a future cure to paraplegia and quadriplegia as a miraculous hope to pin a dream on, but we don’t count on it. Today is NOW, and now is for LIVING. Though in many ways I am as helpless as a baby, my family and friends treat me like the adult I am—no pampering and no over-protectiveness. Those around me stand; I sit. That is basically the only difference between us. I couldn’t ask for a more ideal arrangement.

My family and friends adjusted to my quadriplegia; as a result, I adjusted. It has made the difference between merely existing and living life.

Address: Doris Brennan, 741 East 263 St., Euclid, Ohio 44132.

by Dorothy Davis

It was just after dark one August night. I can still see his white shirt disappearing between the houses across the street as I turned to go inside. That was the last time our elder son, Speed, ran anywhere. He slipped on the wet grass, fell, and from his broken neck down was unable to move. Just one hour later he would have been on a train heading for the University of Michigan to begin his freshman year.

But this is not a story about Speed and his terrible, wonderful struggle to become as mobile an individual as possible. This is about what happens to the rest of the family after a traumatic accident. Very much in the arena were my
Ihtwband, our daughter Shcri, 16, and our younger son Charles (Charlie) 12, and myself.

For two months I worked very hard to keep everyone as secure as I possibly could. I wouldn't go to the hospital until the other children had gone to school and I was home every afternoon in plenty of time to be waiting when they came home. I felt my presence was as important to them as it was to Speed. He had such excellent care and so many visitors that I could leave him without feeling I was neglecting him. The biggest factor in my being able to go on caring for the rest of my family was his own healthy attitude about his plight. As my husband said, Speed seemed to have the attitude that "some people have broken necks and some don't and one had better make the most out of what one has."

Our neurosurgeon had known Dr. Howard Rusk, director of the Institute of Physical Medicine and Rehabilitation in New York City, from his St. Louis days. After asking our permission, he started negotiations to get Speed into IPMR and a few weeks later he was flown to New York.

These past ten years have blurred my recollections, but after the initial trauma the first thing we noticed about Shcri and Charles was a nose dive in their school work. They received their first "D's." During the first two months when Speed was in our local hospital he was the center of all our energies and thoughts. In spite of my efforts not to neglect Shcri and Charles, they developed strong feelings of rejection which still affect our relationships.

Charles became a loner and buried himself in books. He is an intelligent, sensitive young man and had always read books far beyond his years. They were his salvation when he couldn't yet face his idolized brother's accident.

Eventually he came out of it and seemed to be a reasonably happy, busy teenager. However, as his own 18th birthday and graduation from high school approached, he sat down to talk with me one evening about what had been going through his mind almost that whole senior year. He was superstitious about the accident and felt something terrible would happen to him, too, during his eighteenth summer. We had many talks after that and I was somewhat confident that he had decided his fears were groundless, but when graduation arrived he didn't want to go.

His father was on the East Coast getting used to a new job, but Shcri and Speed came from their respective colleges to be with him and give him what support they could. Nothing happened to him directly but, ironically, one of the teachers with a long history of heart trouble fell dead as the faculty was marching toward the stage. I was worried, but after the ceremonies Charlie seemed at ease, if subdued. It was all over and he faced the rest of the summer with his old confidence.

One bad habit I acquired concerning Charlie was that I seemed to be always calling him "Speed!" and finally one day he jumped up in a roomful of people and screamed, "I'm Charlie! I'm Charlie! I'm Charlie!" I hadn't been aware I'd been doing this and it was very hard to see that I didn't do it again. However, the score is being evened now: Charles is far away in the Navy and I keep calling Speed "Charlie!"

Charlie says that he received one benefit from the changes brought about by Speed's accident. His father was a strict disciplinarian but he relaxed as far as Charlie and Shcri were concerned and life became much easier for both of them.

Very much his own man now, Charles is in the nuclear propulsion program of the Navy and is doing very well. Through the years he's worked on various inventions he thinks would help people as disabled as his brother. At present he is working on a portable ramp since steps are the greatest obstacle to Speed's mobility.

Shcri reacted to the accident in the opposite way from her brother. Always an extrovert and very busy, she became even more so. Before writing this article I talked with her to refresh my memory and she said one benefit she had gained was an identity of her own. She'd always been "Speed's little sister" and this was her first chance to be herself. Also, we were concentrating on Speed and she was able to become, more or less, her own boss. She said she knew that her father and I were shocked at her seemingly carefree attitude toward the accident but she had decided she couldn't afford to become upset because she couldn't do anything about it. It was an accomplished fact and we all had to go on from there. They had been very close and I feel this was her defense against the hurt that had gone deep when he was no longer able to be counselor or guide. He had problems too great to allow him to help her anymore.

Speed Davis, a quad for ten years.
About a year later she, her father and I were on a bus headed for a football game. Suddenly in the hubbub she started to sob. Usually quite self-contained and poised, her outburst really alarmed us. Then it came pouring out. That night as Speed had run across the street she called to him. She felt responsible for his fall because he might have started to turn to see what she wanted and lost his balance. Later Speed tried to assure her that he hadn't heard her and she had nothing to do with his fall. Nevertheless, it took quite a while for her to put this idea behind her.

After Speed had been in New York 20 months he called and asked to come home. Although the doctors felt he needed more time there, he said he just couldn't take being "institutionalized" any longer and felt he wanted to get on with the business of living in the "outside" world. Once he was home, he seemed to be insecure and groping for a new base from which to build his future. This greatly distressed Sheri because he was no longer his old self. She became even busier and was seldom at home.

However, she has gone on to receive her diploma from college and is now working on her master's degree in education, and teaching and tutoring part-time. She has worked with exceptional children and spent a great deal of time studying how to help children who might have any type of disability. She has accepted the fact of Speed's being in a wheelchair, and learned that being disabled is not the end of the world.

I asked my husband to write down some of his feelings and thoughts, and I include them just as he gave them to me.

"What kind of mental turmoil can the father of a youth who sustains spinal cord damage expect? In my case, surprisingly, very little. I had long been blessed with a comforting personal philosophy which enabled me to bear almost any misfortune with calm acceptance.

"The problem of adapting to the situation was eased by the many weeks over which we gradually learned from our doctors the true nature and permanency of spinal cord damage. Only once, when our neurosurgeon finally told me bluntly over the telephone that our son would never improve (which turned out to be massively wrong), did I break down and cry—for thirty seconds.

"Several factors made it possible to remain emotionally unaffected by our son's accident. First and foremost were his unflagging good spirits and sense of humor. He kept up the morale of our whole family. Second and also vital was my wife's courage and affection. Even though she spent two-thirds of her waking hours at the hospital, she continued to give me and our other two children attention and love. And finally there was the constant support of a multitude of friends and acquaintances and even people we hardly knew."

Now for some of the events concerning myself. Whenever anyone would ask me how Speed was coming along, I would start spieling off his latest accomplishments and really enjoyed talking about this hard-working, courageous son of ours. One day a friend stopped me in the middle of my recital and said, "And how are you getting along, Dorothy?" I almost cried! The fact that anyone would ask how I was doing was a total surprise. Now, whenever I am asked to help someone in a similar predicament I concentrate on the family. The accident victim is usually well cared for professionally, so I confine my activities to morale boosting and just listening.

While Speed was in New York I turned to working with mongoloid and cerebral-palsied children at a center established at our church. I also helped anyone I thought might benefit from my experience or who needed direct help in some way.

There were many things I had to learn about what, to us, had been an entirely unknown world—the world of the physically disabled. The hardest was refraining from helping Speed unless he asked for it, no matter how hard he had to struggle to accomplish a certain thing. To this day I can't watch him get out of bed.

"Patience! That's the word for a mother to grasp; that's what I had to learn. In our busy, busy lives we've come to expect everything to be done now. But I sat by that hospital bed for weeks and silently wished with all my being that that young man move something, anything! When he finally twitched a thumb it was my triumph, I thought, as much as his.

Although Speed is living independently now in another city and only comes to visit, I still find myself doing things like automatically looking for the "hold" or "open" button in an elevator, looking at and assessing accessibility to public buildings or homes, and buying a car with a trunk big enough to hold a wheelchair. We've moved often and where we live is always determined by Speed's being able to get in and around from room to room.

The most difficult part was, I suppose, emotional. I still feel deep grief on certain occasions and wonder if I will ever entirely get over the deep hurt which settled in that August night.

People try to help but so often they do the wrong things or say the wrong things. So many said "God has his reasons" or "There must be a reason why." I don't believe there is any "reason." It is just something that happened and, like everything else one meets in life, it must be handled with as much equanimity and purpose as one can muster. Speed's attitude is a wonderful example for all of us and his staunch fight kept the rest of us from getting lost in the quagmire of self-pity and, probably, feelings of guilt.

Address: Mrs. Raymond S. Davis, Jr., 1416 East 5th St., Washington, Missouri 63090.
Housing and Home Services
For The Disabled In The U.S.

Housing for the disabled is not merely a place of residence. “Housing” has become the blanket word for the problems of education, training, employment, transportation, architectural barriers, recreation, attendant care, and living arrangements.

A totally accessible building without attendant services is useless to the severely disabled and fully liberating to those less severely disabled only if solutions to the other problems are also available.

Because of the complexity of individual differences, there must be many choices: services brought into the home, shared apartments, transitional arrangements, adaptations of existing dwellings, provisions for a percentage of disabled and elderly in future apartments and “new towns,” and a range from apartments to mobile homes, from insurance plans to nursing home wings, day care centers and foster homes.

Slowly, slowly the choices have been developing since the 1958 Gazette reported Lillian Petock’s dream of Freedom Gardens for herself and a few other individuals. Many other projects have been planned, some have succeeded, others have failed or evaporated. This gradual evolution is reflected in the summaries of projects in the 1962, 1966, 1967, and 1972 Gazettes. The variety of the successes and failures is significant to those who are currently considering and planning solutions to the complex problem of housing. Analyze the failures and learn from them.

On the following pages we again list the latest developments. There is a significant trend towards projects that are evolving from the efforts of groups of disabled, such as the Eastern Paralyzed Veterans Association, the students’ programs of Berkeley, the University of Illinois at Urbana-Champaign and at Carbondale, the MAP in Boston, and at TIRR in Houston. The groups are involving their communities in absorbing the disabled into normal living patterns by providing accessibility as well as services.

The VA is expanding its hospital-based home care program, bringing specialized services to severely disabled veterans who have left the hospital to return to life at home. Oklahoma has initiated a state-wide program of furnishing services designed to keep the disabled and elderly in their homes. The Spastic Children’s Foundation is moving some of its long-time residents into apartments, and eventual independent living. Senator Bob Dole has introduced a bill that would authorize the demonstration of models for living arrangements for severely disabled adults as alternatives to institutionalization.

A parallel evolution of dissatisfaction with existing residential institutions and towards absorption into the community has been taking place in England. We would urge readers to study the book on residential institutions for the disabled, A Life Apart, which is reviewed by Donna McGwinn in this issue. Note the attitude of astonishment on the part of the authors because the idea for the study of the five institutions was suggested by a disabled resident.

England’s Spastic Society, which pioneered the building of residential centers, reports that segregation could contribute to later difficulties in social relationships. Therefore, they are planning for a proportion of specially adapted homes for single disabled people, married couples, and families within housing developments for the non-disabled. In addition, they will build
a few units with some attendant care at hand for severely disabled cerebral palsied who wish to get married.

The experiences of the Eastern Paralyzed Veterans Association typify the development of housing and services in the last ten years. According to their 1972-1973 Annual Report, “During the early 1960's, those people who were the leaders of EPVA had a dream of building one apartment building specifically for paraplegics and quadriplegics. They knew that if they could find a philanthropist to provide a fairly substantial grant, they could perhaps acquire additional funds for completion of the project from the federal government. Well, they found that generous benefactor in the person of the late Israel Rogosin. And with Mr. Rogosin’s grant, EPVA of New York House, Inc. was formed, and the project had a beginning.

“The ball really started to roll in the mid-1960’s when the New York City Housing Authority granted a site for the paraplegic housing project in the Bronx. . . . Unfortunately, funds from the federal government for housing were cut back drastically at the height of the Vietnam conflict, and EPVA of New York House was denied federal monies.

“During the years that followed, the philosophy of housing for paraplegics and quadriplegics changed within our organization: it was now felt that any realistic housing program must integrate disabled individuals with the mainstream of society, and the ‘transitional’ housing concept could fulfill this role while simultaneously providing necessary final step in the rehabilitation process. And so, the birth of Rogosin House.”

Rogosin House will be described in detail later under the category, Transitional Housing. Briefly, EPVA provides wheelchair-accessible individual apartments to spinal cord injured veterans. The program helps the SCI veteran to adjust to living in the community by providing him with temporary housing from which he may gain the confidence to move on to independent living in permanent quarters.

EPVA president Terence J. Moakley, a quad, says that the apartment housing plan “is completely practical. A cooperative landlord, a lease in the name of EPVA of New York House, Inc., some minor modifications which can be restored at the end of the lease, and appropriate furnishings are all that are needed . . . There are men living in veterans hospitals who could hold down a job, or go back to school, and get back to the business of living if they had a place to live.”

Millions of dollars are being wasted in maintaining severely disabled people in civilian hospitals and nursing homes. A majority of these individuals could live happily and productively in more imaginative situations for a fraction of the cost of any institutions if some assistance and services were provided.

Senate Bill 1579.

Housing Opportunities for the Handicapped Act. Auspiciously, on Friday the thirteenth of April, 1973, Senator Bob Dole of Kansas proposed a bill “to redirect our approach to housing for the handicapped in America . . . to place the focus on providing alternatives to institutional living arrangements by adapting present housing to meet the needs of the severely handicapped and by assuring that future housing will be constructed with the needs of all Americans clearly in mind.”

The bill would establish a demonstration grant program within the Department of Health, Education and Welfare. “Grants would be provided to ‘sponsor’ organizations to support plans which are specifically designed to provide housing and coordination and existing supportive services for at least six severely handicapped individuals. The grants would be limited to a total of $10,000 for each person served by any single program, but there would be no limits on the innovations, new approaches, or fresh ideas which could be implemented by the programs.

“It is hoped these grants will lead to a broad range of experimentation in methods of equipping, adapting, or modifying private homes, apartments, hotels, and other nonspecialized facilities to meet the residential needs of the severely handicapped.”

Currently, the bill is pending in the Committee on Banking, Housing, and Urban Affairs.

Housing With Attendant Care

Now in Operation

· 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 50¢ 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 25¢. An indoor swimming pool and whirlpool have recently been added.

Additional apartments and a skilled nursing care wing are being planned. They are now building a new recreational and camp center, which will also include professional counseling,
and the expansion of their evaluation and work adjustment center.

- COHOPE! (Community of Hope, Inc.), Keezletown, Virginia 22832. President: Hubert E. Harris. Lifetime residential care and schooling for five severely disabled young people (most are CP's). Non-profit facility with no set fees. Home atmosphere stressed.

- 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. "There is a possibility of expansion," says Lillian. "Meanwhile, our seven apartments are filled and we continue to 'do our own thing.'"

Housing Without Attendant Care

Now in Operation

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

- Goodwill Terrace Apartments, 421 27th Ave., Astoria, Queens, New York 11102. Located near the Triborough Bridge, the facility includes parking and a canteen.

The following list was sent to us in February 1973 by Mr. Morton Leeds, Special Assistant for Elderly and Handicapped, Department of Housing and Urban Development, Washington, D.C. 20413.


- Highland Heights, 1197 Robeson St., Fall River, Massachusetts 02722. Sponsor: Fall River Housing Authority. 208 units for elderly and disabled. Low rent public housing.

- Independence Hall, Airline Drive at Burress St., Houston, Texas 77022. Sponsor: Goodwill Industries. 292 units for elderly and disabled. FHA Section 236.

- New Horizons Manor, 2525 N. Broadway, Fargo, North Dakota 58102. Sponsor: Fargo Housing Authority. 100 units for all disabilities. Low rent public housing.

- Pilgrim Tower, 1233 S. Vermont Ave., Los Angeles, California 90006. Sponsor: Pilgrim Lutheran Church of the Deaf. 112 units for deaf and elderly. Section 202 Direct Loan.

- Vistula Manor, 400 Nebraska Ave., Toledo, Ohio 43602. Sponsor: Toledo Metropolitan Housing Authority. 164 units for elderly and disabled. Low rent public housing.

- Walter B. Roberts Manor, 1024 South 32nd St., Omaha, Nebraska 68105. Sponsor: Omaha Association for the Blind. 42 units for blind and elderly. FHA Section 221 (d) (3).

Nursing Homes and Hospitals

With Special Facilities

- Craig Rehabilitation Center, 3425 South Clarkson, Englewood, Colorado 80110. Director, Family and Patient Service: Scott Manley. "Youth wings" were established in two nursing homes. The major problem, the combination of the physically handicapped with the mentally retarded, was a necessity because of funding. Other problems involved staffing, meal preparation, recreation programs, and general morale.

- MAP (Massachusetts Association of Paraplegics, Inc.) has worked with two facilities in the Boston area to establish half-way houses. For details, write to Elmer Bartels, MAP president, 12 Elm Brook Circle, Bedford, Massachusetts 01730. And send 50c for the booklet, "Directory of Rehabilitation and Chronic Hospitals in Massachusetts," to Public Relations Dept., Middlesex County Hospital, 775 Trapelo Rd., Waltham, Massachusetts 02154.

- McLean Home, 75 Great Pond Rd., Simsbury, Connecticut 06070. Executive Director: Howard S. Pfirman. The village-square concept is the basis of this comprehensive care center with emphasis placed on involving the community in the activities of the center. The center was opened in October 1971 with a 60-bed health center (the rates are $35 a day for a single room and $25 for a double). "Our new Day Center," says Mr. Pfirman, "is beginning to function very well. We have a waiting list for the only Home Training Dialysis Center open to the public in the state and we are now finalizing our plans to add an additional 60 beds."

- New Horizons Wing, New Britain Memorial Hospital, 2150 Corbin Ave., New Britain, Connecticut 06050. Administrator: 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.

Foster Homes

Hope Haven Work Training Center, c/o Lloyd Munneke, Director of Adult Services, 1800 19th St., Rock Valley, Iowa 51247. Disability groups served: mentally retarded, emotionally disturbed, physically impaired, behaviorally and socially maladjusted. Services included: social and vocational rehabilitation, driver’s education, speech evaluation and therapy, and physical therapy. Living orientation: individuals live in homes, foster homes, or supervised apartments within the community. Brochures available.

New Towns

In January 1973 HUD announced the approval of federal aid for an auto-free new town on Welfare Island, a 143-acre island in the East River between Manhattan and Queens. The new community will accommodate 17,000 residents served only by electric mini-buses.

The community will include apartment buildings ranging from four to 22 stories, more than half of them for low- and moderate-income families. Parks, promenades, open space, and streets will take up more than half of the island’s land, providing river views and recreation areas for a variety of outdoor activities.

Goldwater Memorial Hospital and the other existing hospitals, occupying 21 acres, are expected to provide jobs for about 5,000 of the 7,500 people who will work on the island.

The first phase of development is already under way and scheduled for occupancy in 1974. 300 dwelling units for the elderly will be built in the first phase. Another 100 specially designed units will house the disabled, with an additional 150 units scheduled for the second phase.

For further information about the new towns that are being developed elsewhere around the country, write to: League of New Community Developers, Mark M. Freeman, Executive Director, Suite 500, 1629 K St. N.W., Washington D.C. 20006.

Housing Being Considered – 1972

In the 1972 issue we listed 18 projects by groups of disabled who were planning various types of housing. The majority listed were designed for the severely disabled who would need attendant care services in any residential care situation. All planned for maximum independence and productive living, including educational, vocational, and social opportunities. Some were planned for a handful of young adults; others were for several hundred in a high-rise or a Het Dorf-type village. Some were for disabled only; others for varying mixtures of disabled and non-disabled.

In the past year, we have tried to keep track of the developments of these projects. In May, we wrote to each of the 18 asking if there had been any changes since last year.

Two Are No Longer Functioning

Able, Inc., Texas. “Able, Inc. is no longer a functioning organization due to the lack of a project or ideas on how to attract the housing needs for the handicapped in this area.”

Florida PVA Apartments, Florida. “Please delete any reference to our proposed wheelchair housing project. We have been unable to proceed in any substantial way.”

Five Did Not Reply

Exceptional Housing Foundation, Georgia.
First Baptist Church of Downey, California.
Foundation for Handicapped Young Adults, New York.
Open Doors for the Handicapped, Pennsylvania.
Self-Help, Inc., California.

Eight Are Still Under Consideration

Creative Living, Inc., c/o Richard N. Maxwell, Dodd Hall, Ohio State University Hospitals, Columbus, Ohio 43201. A formal land-lease arrangement was signed. HUD issued a feasibility letter, then withdrew it. The application is being reprocessed. Now they are trying to locate 18 prospective tenants.

D.A.R.E., c/o Donald Green, 2110 W. Montrose, Chicago, Illinois 60618. The results of 200 replies to a new housing survey have been tabulated.

Faith Village, Inc., Box 687, Devon, Pennsylvania 19333. William E. Tubbs: “Things are at a standstill due to the moratorium on

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funds for housing.

Friends of the Cheshire Home in New Jersey, Pleasantville Rd., New Vernon, New Jersey 07976. Noralie P. Fenton: “We are still in the planning stage . . . The changes in the state requirements for facilities providing for the care the handicapped need have been a major stumbling block.”

NAPF Farm-Home, Inc., 6473 Grandville, Detroit, Michigan 48228. M. W. Munns: “A village residential complex is being planned . . . a complete community to be owned and operated by members of NAPF.”

National Hookup’s Hospitality Home, Inc., Ira J. Inman, 1256 Val Vista St., Pomona, California 91768. Received HUD feasibility letter; have requested firm commitment for construction of 150-unit garden apartment complex.

Para-Quad, Inc., c/o Max Starkloff, St. Joseph’s Hill Infirmary, Eureka, Missouri 63023. Working to secure financial support for a market study.

Winning Wheels Club, Box 121, Prophetstown, Illinois 61277. Paul S. Yackley: “In addition to purchasing 12 acres of land, we are about to engage an architect to get a schematic drawing and cost estimates.”

Three Changed Emphasis

Do It Yourself Village, c/o Eleanor R. Turner, Box 3055, Tacoma, Washington 98499. “Our housing project for the disabled has been on a dead standstill. Since we cannot get federal financing for housing, we have incorporated under ‘Pierce County Handicapped’ and we are planning to open a workshop for the handicapped adults and senior citizens.”

Glass Mountain, Inc., 2729 W. Lingen Lane, Santa Ana, California 92704. Dorothy Ann Gossage: “We are currently involved in college education for all of our members.”

MAP (Massachusetts Association of Paraplegics, Inc.), Elmer Bartels, 12 Elm Brook Circle, Bedford, Massachusetts 01730. Their 1972-1973 Annual Report states that they have modified their objective of developing an apartment facility for the disabled. They are now working with developers of apartments as they design them for rent on the open market. MAP was instrumental in the passing of legislation requiring that 5% of all units in housing for the elderly be designed for the disabled. They have proposed legislation requiring that 10% of all State-subsidized housing be designed for the disabled.

Housing Being Considered – 1973

We have heard of the following projects that have evolved during the past year. Again, the majority are designed for the severely disabled who need attendant care and all are planned for maximum independence and productive living.

- Cerebral Palsy Adult Home, Inc., c/o Mrs. Violet Woodhouse, 3228 N.E. 15th St., Pompano Beach, Florida 33062.
- Rippling Rivers, c/o Mrs. Elaine Castro, R.S.V.P., Inc., Box 743, Pacific Grove, California 93950.
- SCI Unit, Happy Home Care Center, Inc., 642 N.W. 3rd St., Miami, Florida 33128.
- Sunset Apartments, c/o Mr. Ricketson, 1600 S. Sunset, Roswell, New Mexico 88201.
- United Cerebral Palsy of Kansas, Box 8217, Wichita, Kansas 67208, has proposed to the Kansas Legislature that residential units be constructed by private funds with a payment of $15 a day per person by the Kansas State Department of Social Welfare. Specifically, UCP cited 30 to 40 adult CP’s of normal or near normal intelligence, who are now in institutions at $30 a day; instead they should be in residential setting, where they could progress in employment and income, and share the cost of residential living on a formula basis.

Transitional Housing

Within the Community

- University of California, Berkeley, Physically Disabled Students’ Program, 2532 Durant Ave., Suite 2, Berkeley, California 94704. Director: John Hessler (a C5-6 quad). This program was created by and is directly run by disabled students and former students with assistance from able-bodied volunteers. The program has now been in existence for three years. Currently, it is assisting 78 quads in independent living in the community and 10 quads in the Cowell Residence Program.

Its services encompass arranging for living in relatively unmodified apartments, with back-up attendants for emergencies, and 24-hour telephone service using speaker phones and other adapted equipment. Nearby apartments are investigated for accessibility and kept on file. A list of prospective attendants and cooks is maintained and the student quads are assisted in making arrangements to share an apartment and services.

Quads share their experiences and knowledge in the areas of medicine, equipment, and preventive care, as well as the techniques of cooking and living.

Acting as ombudsmen, the PDSP staff contacts apartment managers to make small changes, such as a rope tied to the door handle of an elevator or an extension on a faucet handle. They are working with private investors to buy homes close to campus and to make the very minor changes that are necessary to fix them up for quads.
In the area of transportation, PDSP has worked with the city to have all the main corners in the area ramped. Since powered wheelchairs are a necessity because of Berkeley’s hilly terrain, their wheelchair repair service is equally necessary. Two modified vans with lifts and raised roofs transport students to other parts of the Bay area.

The Center for Independent Living, an extension and outgrowth of the Physically Disabled Students’ Program, offers similar services to all disabled in the community. A non-profit corporation, it was originally funded with a federal grant of $25,000. When this ran out, it was not renewed. However, they have been able to raise sufficient funds locally to continue functioning. Brochures available from: 2725 Haste St., #207, Berkeley, California 94704.

- Rogosin House, c/o Eastern Paralyzed Veterans Association, 432 Park Avenue South, New York, New York 10016. EPVA of New York House, Inc. initiated a pilot project with three two-bedroom Rogosin House apartments for veterans. The apartments provide temporary housing for any and all service-connected and non-service connected spinal cord injured veterans who wish to leave a hospital, or who are living outside the hospital in inadequate housing.

  Each of the three apartments is near a VA Hospital. EPVA of New York House found the apartments, made them wheelchair-accessible, and provided security and all the furnishings and appliances. The six present residents include two low-level paraplegics, three high-level paraplegics, and one quadriplegic. Each resident is responsible for his share of the rent, telephone, utilities, food and housekeeping.

  “All residents are unmarried,” states the EPVA 1972-1973 Annual Report, “thereby making the ‘roommate’ system most conducive to our purposes; however, personality conflicts do exist among roommates. The question of this roommate system deserves careful study in the year ahead, as does the practicality of making Rogosin House apartments available to single men who choose to live alone, and to married men and their families.”

  The average length of stay will probably be between six and nine months. Assistance is given in finding employment and permanent housing. The publicity generated by the apartments resulted in a tremendous response by the public. The EPVA office was flooded with calls and letters from individuals and large building firms offering wheelchair apartments. As a result, the office now has an active file of available apartments and has earned the title “clearing house for wheelchair apartments in the New York area.”

  The VA plays a significant role in the function of the program. The VA’s Hospital-Based Home Care program provides a mobilized medical service including social, health, and nursing services. Also, the VA assists with the selection of residents.

  The project has evoked a favorable relationship with the community. For instance, a local men’s club and teachers association are now sponsoring a wheelchair sports program at Castle Point VA Hospital and the Lefrak Corporation, the largest apartment building corporation in New York area, pledged to make all future buildings completely accessible to disabled veterans, as well as renovating present structures where possible.

Transitional Housing

On Campus

- University of Illinois at Urbana-Champaign, Joe Konitski, Director of Admissions, Urbana, Illinois 61801. Back in the early 60’s, Professor Timothy J. Nugent’s personal drive broke the ice here for the adaptation of university facilities for wheelchair students. The program has been the country’s model, continually evolving to meet the total needs. Wheelchair students have access to residential units and to every curriculum on campus, their own fraternity, an excellent magazine, “Sigma Signs,” a fleet of buses, and outstanding rehabilitation and wheelchair sports programs.

  Tanbrier, one of their varied residential facilities, is a commune-type of arrangement in an old, three-story house just off campus in Champaign. Five male quads share costs of the rent, maintenance and help. The upper stories have apartments and rooms for college students who help with attendant care. Cost per man is around $250 per month.

- Southern Illinois University, Specialized Student Services, Woody Hall, Room B151, Carbondale, Illinois 62901. Coordinator: Silas P. Singh, Ph.D. There are approximately 150 students in wheelchairs at S.I.U.; about one-third of these have full or part-time attendants. The specialized services for the blind and physically disabled include: transportation, wheelchair repairs, accessible buildings and housing, sports, student organizations, guidance and finding attendants and career planning and counseling. Recently Dr. Singh has been working with the Jaycees and the Carbondale City Council on “Project Breakthrough” to make the city more accessible with curb ramps and adapted parking lots.

Transitional Housing

Separate and Specialized

Institute for Research and Rehabilitation opened a residential unit for 18 severely disabled young adults in the Annex, a one-story building close to the downtown area. Originally launched with $10,000 from the hospital’s Auxiliary, the project received a $75,000 grant from HEW’s Social and Rehabilitation Service for one year’s operational and research expenses.

The building was designed originally for wheelchairs and includes a central dining room, recreation room, lounge, and patio. For about $350 a month, each resident has a private room, attendant service, meals, transportation to school or employment, and vocational and educational counseling.

The residents formed a nonprofit corporation and run the unit themselves. They hire their own staff, preferring as attendants either students or conscientious objects.

The project director is David D. Stock, A.C.S.W., Director of Outpatient Services, TIRR, 1333 Moursund Ave., Houston, Texas 77025.

**Services In The Home**

- 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., 67 Irving Place, 6th Floor, New York, New York 10003.

- Homemakers Home and Health Care Services, Inc., c/o The Upjohn Company, Kalamazoo, Michigan 49001. Located in more than 100 cities. Services include: registered nurses, licensed practical nurses, home health aides, orderlies, live-in companions, visiting home managers, and housekeepers. Prices vary across the country; typically a nurse’s aide is about $3 an hour.


- Mormon Missionaries as attendants. Ruth Davis, 9316 Snow Rd., Parma, Ohio 44130, suggests exchanging attendant care in return for providing a place to live. There are 22,000 young missionaries throughout the world who dedicate two years of their life to the works of the Mormon Church. They live in pairs, performing the duties of a minister during the day. “Their days are full,” writes Ruth, “but they always have been available when I need to be lifted into the wheelchair or into the car and they know how to use the emergency respiratory equipment. To find them, contact the nearest Church of Jesus Christ of the Latter-Day Saints.”

- NTMC, Oklahoma’s Non-Technical Medical Care program, a Medicaid service, is furnishing care to more than 3,000 disabled individuals in their own homes. Without this service, the majority of these disabled would have been placed in nursing homes. The program was started in 1970. The State is divided into six districts; in each district there is a registered nurse district supervisor and an assistant. As of March 1973, there were 30 RN’s and 8 LPN’s, each carrying a caseload of from 80 to 90 patients. The 2,383 attendants or “Providers” work under their supervision; all receive training in a Red Cross Home Nursing course or individual instruction. Their age range is from 15 to over 76; about half of them are between 46 and 65. They work from one hour to twelve hours a day; some live in the homes of the patients. The basic stipend is $4 per day for a single patient.

Receiving NTMC under Oklahoma’s program are Medicaid-eligible individuals (both categorically needy and medically needy) who want to remain in their own homes. Authorization for Federal financial participation under Medicaid is found in CFR 249.10(b) (15) (vii): “personal care services in a recipient’s home rendered by an individual, not a member of the family, who is qualified to provide such services, where the services are prescribed by a physician in accordance with a plan of treatment and supervised by a nurse.” Other states including similar services under the Medicaid plans include Illinois, Indiana, Minnesota, Nebraska, Nevada and New Hampshire.

Further information about the program is available from the innovator of the project: Mr. L. E. Rader, Director, Oklahoma Department of Institutions, Social and Rehabilitative Services, Box 25352, Oklahoma City, Oklahoma 73125.

- VA Hospital-Based Home Care, Mrs. Essie Davis Morgan, Chief, Socio-Economic Rehabilitation, Spinal Cord Injury Service, VA Central Office, 810 Vermont Ave. N.W., Washington, D.C. 20420. The creative Mrs. Davis has pioneered a program of providing “house calls” to facilitate the transfer from hospital to home. 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 would receive in the hospital.

**Insurance Programs**

- Match and Share, 400 E. Randolph St., Suite 1220, Chicago, Illinois 60601. Director: Harold P. Lyon, M.D., D.P.H., M.S. This Rehabilitation Team for Health and Work improves rehabilitation and reduces costs to insurance carriers, industry, government, and
individuals by matching patients in medical care facilities in private rooms with private nurses and bringing them together to share one room and one nurse. It is open to any long-term patient, at home or institutionalized, and whether or not the bills are paid by insurance. Monthly bulletins list the cases to be matched and used equipment available for possible exchange or purchase.

- New Hope Foundation, Suite 630, 6100 North Keystone Ave., Indianapolis, Indiana 46220. President: Nachon H. Keljik. Facility under construction. Through an insured equity program, an investment of $50 monthly guarantees life-long care of a severely disabled person upon the death, retirement, or disability of the parent or guardian.

- New Hope Foundation Illinois Division, University of Illinois, Urbana-Champaign, Illinois 61803. President: Henry L. Scott. This facility for brain-damaged persons will be located adjacent to the Children's Research Center.

**Mobile Homes**

A number of wheelchair individuals have found mobile homes an inexpensive and flexible solution to the problem of housing. For details on adaptations, write: Richard K. Beiler & Associates, 2 Salt Creek Lane, Hinsdale, Illinois 60521.

A Florida mobile home village rents units suitable to wheelchair living to residents of Florida who qualify under its income restrictions. Write to: Housing Authority of Lakeland, Box 1009, Lakeland, Florida 33802 and request information about Meadowbrook Mobile Home Village.

**Guadalajara, Mexico**

Because of questions from many readers about the facilities in Mexico, we list the more permanent ones. For a winter vacation or permanent residence, start with one of these listed below. One can change around until the most suitable one is found or pair up with other wheelchair to share a house or apartment and attendant. About $350 a month covers attendants, transportation, clothes, entertainment, sundries and the et cetera of life. Incidentally, U.S. citizens cannot work in Mexico (unless they happen to be writers).

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

- La Morada, Cubilete 147, Colonia Chapalita. Phone: 21-07-69. The owner-manager is Ken Ginterblum, a muscular dystrophy quad. For men only. We recommend this highly because of its convenient location and the warmth of its home-like atmosphere.

- Casa de Vida Nueva ("The Boat"), Doctor R. Michel 725. Convenient location. The owner is a Mexican lawyer.

- 131 Nte. Bolivia. The owner is Mrs. Lillian Cartledge, R.N., a nurse at the Mexican-American Hospital. The manager is a polio quad.


- Sun Haven, Euclides 3177. Another newly opened residence.

ED: We make an annual trip to Mexico, visiting our friends in Guadalajara at the various residences and in their homes and apartments. If readers are considering a visit and would like to call us and chat, our phone is 314-361-0475.

**Suggested Reading**


_Housing Needs of the Handicapped_. Report of a study conducted by the Massachusetts Association of Paraplegics, Inc. in 1970. MAP, Box 48, Bedford, Massachusetts 01730.


_A Life Apart_. See page 22.


_Vistas Manor Demonstration Housing for the Physically Disabled._ by Leon A. Pastalan, Ph.D. Final report prepared in 1969 for the Toledo Metropolitan Housing Authority, 435 Nebraska Ave., Toledo, Ohio 43602.

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, 4602 Maryland Avenue, St. Louis, Missouri 63108.


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.

Technology Opens the Door

by Doris Brennan

Technology has made many things possible during the past decade. Men have circled the earth. Men have reached the moon. Human hearts and kidneys have been transplanted. Lasers perform delicate surgery. There is no facet of human life which hasn't been touched by our amazing technological advances, and for me, personally, technology has opened many doors heretofore closed.

I have been a C-5 quad for 18 years. Each year has brought some advance—increased strength, growing self-awareness and adjustment, a series of hand splints and other orthotic devices which enabled me to use my arms occasionally. That I am here at all to report my progress is due to medical technology. At one time, quads were a rare breed; now we meet each other coming and going. That I am functioning and able to come and go is due to scientific and engineering technology. I am a product of our Age of Technology, and, as such, I would like to crow a bit about the newest of my technological treasures.

Telephoning, for me, was a sometime thing. The device made for me by the phone company in 1960 was usable only when I was sitting in my wheelchair with my lap board in place and the phone and headset arranged by someone else. I could not answer the phone at will because we (the phone and I) were seldom in the proper "phone-use-configuration."

Technology has changed all of that, and has opened a whole new world of the telephone for me. The Prentke-Romich Company of Cleveland

After 18 years of being "pushed around," Doris Brennan, a C-5 quad, now controls her chair with a chin-switch worn on a dickey around her neck.
and Wooster, Ohio, has devised a marvelous telephone that can be operated by anyone, no matter how minimal his movement is. Solid-state circuits, visual and aural digital dialing and micro switches, together with creative engineering brought this device into being.

The Automatic Dialing Telephone consists of three sections—the phone receiver on a gooseneck; the rocking-level dialer/on-off switch; and the panel box (see photograph). The phone is "dialed" electronically with slight pressure on the rocking-lever. I use a mouthstick, but it can also be operated with wrist, elbow, side of head, foot, etc. Depressing one side of the rocking-lever engages the dial tone or hangs up; depressing the opposite side of the lever "dials" the number. The number "dialed" appears in a lighted display. The telephone can be used in any position because both the rocking-lever and the gooseneck receiver can be adjusted. With this new telephone system, I can now place a call or answer the phone at will.

I had hardly begun to savor the joys of my new-found phone independence, when a new door was opened to me. I received a motorized chair from the Ohio Bureau of Vocational Rehabilitation. The control that came with the chair was beyond my physical capacity to operate, so Prentke-Romich and technology again came to my rescue. They created a device to operate the wheelchair that was controlled by my chin movement.

The wheelchair has been rewired to accommodate the new chin control. The chin-switch is mounted on a formed orthoplast dickey which is worn around my neck (see photo). Forward pressure on the device moves the chair forward; backward pressure on it puts the chair into reverse; pressure to the left or right moves the chair in the corresponding direction. The chin-switch is simple to operate, very light weight, and reliably responsive. I have as easy a time maneuvering the chair through the narrow hallways and doors of our house as I do in the wide corridors of hospitals, malls, and other buildings.

After eighteen years of being "pushed around," I am now gleefully zooming about on my own power. Thanks to advanced technology, I am experiencing a renaissance in independence. I can hardly wait to see what lies around the technological corner for quads, paras, and others who are physically disabled. Sputnik to Apollo opened the doors of the universe to mankind and the doors to independence for us.

Address: Doris Brennan, 741 East 263 St., Euclid, Ohio 44132.
Communication Devices

New communications boards have been developed by a group of volunteer electrical engineers at the University of Wisconsin: Auto-Com, is operated by holding a magnet over a letterboard. The letters or words appear on a television screen or a typewriter. The magnet may be controlled by hand or foot or mouthstick. Since the system is activated by absence of movement, it is particularly useful with athetoid CP's. Roto-Com may be operated by any momentary contact switch. It consists of a rotating pointer, the switch, and cards printed with numbers, letters or pictures. It is especially useful for multiple-choice tests and with children who cannot spell.

This group of engineers, known as the Cerebral Palsy Instrumentation Group, is also interested in any other communication device or system that can provide communication for the speechless.

"We are looking," said Warren P. Brown, "for ways to interface our devices with other devices. The variety of special switches, special displays, special printers, special screens, etc. are all parts of a puzzle that we are working on. Some of the pieces can be found and put together, some of them have to be made before they can fit into the gaps left by existing pieces. We are doing both. We've found some interesting devices and are developing more. A magnetic switch that does not require precise movement has helped athetoid children. A lightweight printer will make our Auto-Com a whole communication system built into a lapboard!"

We hope that readers will share their ideas. Descriptive brochures of these two products are available from: Cerebral Palsy Instrumentation Group, 2554 Electrical Engineering Building, University of Wisconsin, Madison, Wisconsin 53706.

TVphone. New telephone communications terminal designed for the deaf is an 8-pound unit which integrates a standard typewriter-style keyboard, an acoustic coupler, and associated electronics. When it is connected to the antenna of any household television, the telephone communication is provided by reading the typewritten conversation on the screen. Built-in signal light. Nation-wide telephone answering service for emergencies included in monthly service charge. Free brochures: Phonics Corp., 814 Thayer Ave., Silver Spring, Maryland 20910.

Voice-controlled telephone may be answered by voice or light-pressure level switch. The Tel-A-Command II is described in a free brochure from: SBE Electronics, 1008 W. Shaw, Ft. Worth, Texas 76110.

Party-line telephone can be hooked up with a gadget to make a noise or emit a flashing light to indicate the line is not being used. Free brochures from: SBE Electronics, 1008 W. Shaw, Ft. Worth, Texas 76110.

Low cost electric typewriters. IBM has a generous nation-wide program of selling its used machines to disabled persons. Contact your nearest IBM office.

Correcting typing mistakes. Correction ribbons replace the "red" of a ribbon with a correction portion so that backspacing, using the color selector, and retyping the error make it vanish. Spellright Corp., 6829 4th St. NW, Washington D.C. 20012 makes a ribbon to fit all typewriters. Eaton Allen Corp., 67 Kent Ave., Brooklyn, New York 11211 and Industrial Marker Co., 50 Baker St., London, W.1, England make one to fit all except IBM. IBM, incidentally, has just made a typewriter, the Correcting "Selectric," with a built-in Correcting Key.

Inexpensive remote control. Push-button or ultrasonic whistle controls TV, lights, or appliances. Free brochures: Signal Science, 140 Lowland St., Holliston, Massachusetts 01746.


A system of adaptive equipment has been created by Pasquale Mancino, a special educator in New Haven’s ACES (Area Cooperative Educational Services, comprising 17 school districts). He has modified sixty different types of equipment, ranging from supportive furniture to electronic appliances, and including headgear and other devices for typing, writing, and feeding.

Each child is outfitted individually with the necessary equipment. The system is based on reconditioning techniques, establishing new muscular patterns for movement. As the child develops, the equipment is systematically removed so that he can perform independently.

The apparatus has been successfully used both in school and at home. "A tremendous advantage," according to Mr. Mancino, "is that through the use of the equipment, we have learned that many of the youngsters we work with — formerly considered retarded — are bright. Some have I.Q.'s of 100 or more."

For more information, write: Adaptive Therapeutic Systems, Inc., 36 Howe St., New Haven, Connecticut 06511.
Environmental Control Systems

The Fall 1972 issue of Bulletin of Prosthetics Research (pages 235-6) summarizes the VA research to date:

"Since March, 1972, we have introduced VAPC Environmental Controllers into several VA Spinal Cord Injury Services. We anticipate introducing modified control systems into the home environment to assist those patients following home care programs.

"Although environmental controllers are operated either by microswitches or by solid-state switches, an optimal operational logic has not yet been identified. These devices may be controlled by chin, by breath, or by eyeball movement. Two systems, developed in Great Britain, employ pneumatic control (POSSUM), and optical sensing techniques (Pilot). Here in the United States, Sonotrol employs a positive air pressure sensing device, and the Hayes Sight Switch relies on eyeball motion. The new VAPC system employs pneumatic switches and an operational logic which is different from the others.

"The VAPC approach requires sequential sucking on an air tube to change channels and blowing to actuate the selected channels. Among the actions a patient may initiate are turning TV on and off as well as channel selection, turning radio, lamp, and alarm on and off, calling nurses' station, and operating the three phases of a motorized bed (i.e., head, feet, and bed up and down). The VAPC design makes use of up to 12 channels for use in a hospital. A home use model is being designed.

"The concept of giving a patient control over his environment is being extended to include games and other entertainment devices. Communications systems, including telephone dialing, are also under evaluation."


This biannual publication is an invaluable guide for all who are interested in the comprehensive testing of equipment by the VA.

Breath-operated wheelchair. MED Sip 'N' Puff enables a person to drive his chair with sips and puffs on a tube. MED-A-Cliner lowers and raises back and leg rests with breath controls or a joy stick. Both systems were developed to use on a 34-style Everest & Jennings motorized wheelchair and they are priced and sold separately. Free brochures: Medical Equipment Distribution, Inc., 1215 S. Harlem Ave., Forest Park, Illinois 60130.

Wheelchairs and Accessories

Seat-raising cart. Motorette-Capp Cart Model 1400. In driving position, the seat is 18" from the floor; can be raised to 27" under power. May be guided by a chin control. Can be used by small people with or without limbs; footrests may be attached. 12-volt battery; travels up to 4 MPH. Weight limit: 125 pounds. Free brochures: Motorette Corp., 6014 Reseda Blvd., Tarzana, California 91356.


Stair-climbing wheelchair. The "StairCat" is being actively worked on; it will be lightweight, portable, folding, and manually operated. It will roll easily on level ground and climb with minimum effort. Free brochures: Malcolm C. Winsor, Altamont Corp., Pond Rd., Mont Vernon, New Hampshire 03057.

Cross-country mobility. This Scottish Wildcat, a mobile shooting and fishing platform, can be easily adapted for paraplegics or amputees. Free brochures: Aimers McLean & Co. Ltd., Waverly Ironworks, Galashiels TD1-3BB, Scotland. SKI-TOW Mfg. Co., Inc., 3301 Phillips St., Elkhart, Indiana 46514 also makes an all-terrain vehicle.


English powered wheelchairs. The Cheshire Smile (summer 1972) published a comprehensive
summary and evaluation. Written by Paul Driver and Norman Whiteley, it included the following:


Wheelchair designer. "I am trying to design a 'better' wheelchair. I am aware of several of unique design, such as the Overly-Bressler, the StairCat, and the Anderson chair at Berkeley. I would like to know of other creative wheelchairs. I would like to hear from people who are working in this area." Kenneth P. Hawkins, 1259 Sunny Ct., Apt. 1, San Jose, California 95116.

Overly-Bressler Stand Up Chair. Permits most users to stand or sit, using natural body motions, without any assistance. Patented system of springs and gears acts as a sort of external muscular system. Gay colors! 28" wide. Free brochures: Scientific & Medical Equipment Division, Overly Manufacturing Co., West Otterman St., Greensburg, Pennsylvania 15611.

Orthopedic leg support converts wheelchair to a fracture chair. Light-weight and adjustable. Invented by a disabled veteran, George H. Schultz, 8321 Carl Ave., Jennings, Missouri 63136.


Finnish exercising and tipping device. Aluminum and chrome steel tubes fit into all chairs with detachable armrests. Facilitates backward tipping to negotiate steps and curbs; serves as parallel exercise bars. Write: Oy Suomen Vanuteldas - Finnwaid Ltd., Aleksanterinkatu 48A, 00100 Helsinki 10 Finland.


Lift-Aid, Trans-Aid, and Mark II lifts made by Itron-Dynamics Corp. are now available from Trans-Aid Corp., Tajauta at Del Amo Blvd., Carson, California 90744.

Stair lift. Platform carries person in chair up and down stairs, inside or out. Free brochures for lift and elevators: Earl's Stairway Lift Corp., Highway 218 North, 2513RG Center St., Cedar Falls, Iowa 50613.

Wheel-a-Desk. Attaches to chair. Fits without any tools. Folds compactly. One model holds a typewriter; another is a side-arm type. Free brochures: Multiple Equipment, 1104 Mercer St., Seattle, Washington 98109.

"I have an electrical inverter on my battery-powered chair. This is for converting DC to AC so that I may operate an alternating air cushion when away from an electrical outlet." Harry Wilkey, Sterling, Kansas 67579.


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REHABILITATION GAZETTE
Mouthstick Controls for Wheelchair and Gurney

by Betty Hicks

In 1961 I was in an accident and my spinal cord was injured at C-3, 4, & 6. I also have myasthenia gravis. I have a Bennett MA-1, a Huxley, and 2 Monaghan 170C's. I use positive pressure, shell, and pneumobelt. With the combination of flogging and the pneumobelt I can sit up all day. I would like to get an inexpensive used Thompson Bantam; I have not been able to go to a movie for twelve years because of the noisy Monaghan.

I have a motorized gurney and a wheelchair that I control with a mouthstick. My husband manufactures mouth and foot controls. We also manufacture a variety of mouthsticks for all kinds of uses. I won four medals at the California Wheelchair Games, thanks to my mouthsticks.

About driving a car with a mouthstick: I have had two accidents caused by failure in the controls so I no longer recommend it for high level quads. It was a real ego building experience, but it wasn't worth it. The adaptation can only be done on a Chrysler New Yorker or Imperial.

We are still working on the electronic rocker feeders. I will be glad to correspond with anyone who needs help with equipment. Write: 2888 23rd St., San Francisco, California 94110.

Motorized Elevating Cart

The two-year friendship that evolved between Shirley Kopecky, a respiratory polio quad, of St. Louis, and Jim Tanner, a prisoner at San Quentin, resulted in his creating a special cart which Shirley can operate from a horizontal position. With its remote controls she can raise and lower the cart, position the mirror, as well as drive around. The stretcher, with a foam rubber mattress, detaches from the cart. Similar custom-made carts will be made by Advanced Wheelchair Co., 3505 Haven Ave., Menlo Park, California 94025.

Desk for a Wheelchair User with Poor Eyesight

by Gay Blackford, R.N.

The 16-foot area provides useful work space. The extra large empty space beneath the desks gives easy wheelchair maneuverability, and the extra shelf on the right desk gives more filing space.

The desk was designed for a person with poor eyesight because of multiple sclerosis. The dark-colored surface makes reading easier. Two drafting lights furnish extra lighting. Two-inch risers on the back and sides stop falling objects. All items are within finger-tip reach. A place for everything saves time, energy, and frustration. The wide desk surface prevents item misplacement.

Organization is the main emphasis behind this desk. The needs of the user were analyzed and they dictated the form of the desk. The use of full extension drawer slides allows a total view of the contents of the six drawers and finger-tip ease of opening and closing.

Construction techniques reduced building costs to $200 for parts and labor. The desk was built with 3/4" plywood and 2/3" particle board. Edges were faced with solid wood stripping to prevent splitting.

Curb-Jumping

by Susanne Owen

A quick tilt back to balance on the rear wheels, over the curb edge and down. Then across the street, back again on the rear wheels, and up over the curb to the sidewalk. That's how you "jump" curbs!

With this ability those curbs that have been such a hassle for a wheelchair are no longer insurmountable if you have two good arms, two wheels with tight spokes, and an adventurous spirit. And those aggravating little changes in level about your house and yard will no longer cause you to gnash your teeth in frustration.

This transformation in your life can be brought about in the relatively short period of a couple of months if you are willing to spend a little while each day in practice.

If the following description makes you curious to try curb-jumping yourself, go to your local physical therapist for assistance in learning. A reliable friend can take the place of a therapist providing he stays behind you until you are fully confident of your ability.

I was taught by John Benson in the Physical Therapy Department at Rancho Los Amigos Hospital, Downey, California. The night I came home and announced to the family that curb jumping was possible, my 15-year-old son, Steve, learned to balance back on the rear wheels of my wheelchair in less than fifteen minutes. It's the same technique used by many young bicycle riders when they "pop a wheelie" by riding on the rear wheel.

It's really not hard. I knew, of course, that this was done by the spirited young, but I had never even considered trying it myself. That first night, with Steve rocking me back and forth on my big wheels, I sensed the vague feeling that somewhere there was a balance point. A few sessions later that point had become definite and I was able to maintain it for a short time.

When I had gained a good feel for balancing the chair I began trying to "pop up" myself, with Steve behind me, of course. A firm grasp on the wheels as far back as you can reach and a sudden roll forward, together with a push back with your body (more mental than physical) will do this. Don't make the mistake that I did of rolling backwards a little first. It is easier to pop up that way, but it can't be done in curb-hopping, so don't form the habit.

Soon you will find yourself able to pop up with little effort right on the spot. Your hands should be at the 12 o'clock position on the back wheels when you are balanced; in other words, just a fraction of a turn is enough.

Once this is accomplished with ease, try moving slowly forward and popping up. This is a little hard to do and requires a little more practice but is necessary for curb-jumping. All this time you should be practicing balancing once you are up-moving forward, backward, just standing still. This can be done while you watch that TV show you don't want to miss. Just sit and watch on your back wheels, all the time getting better and better until you can sit perfectly still and perfectly relaxed, with only a touch of the wheels required to balance.

Now look for a small rise you have never been able to negotiate alone. Roll slowly forward, pop up just as you get to it and quickly take a fresh grasp on your wheels as far back as you can reach. As your front wheels reach the top of the rise, throw yourself forward all the way and bring your big wheels after you.

This requires many sessions of practice but when you learn to coordinate all this into one graceful leap you will be amazed at the ease with which it can be done. The height of the curb you will eventually be able to negotiate is somewhat dependent on your height, as a tall person is able to exert more leverage than a short one. I am 5'3" and am able to get up six-inch curbs.

There are two methods for going down a curb—one for the conservative, one for the radical. Anyone can be a conservative. Simply back up to the curb, lean all the way forward, and ease the chair backward over the edge and down. Try this on your littlest curb first, then move on to the bigger ones. You will find that your trusty chair is stable even on seven-inch drops.

You have already been introduced to the radical approach. As you near the curb edge slowly, pop up on your back wheels and simply go down balanced all the while. You can do it because I, a paraplegic, am doing it at age 53. The big bang you get will be more inside you than outside because you will suddenly find that your youthful spirit is still alive.

Believe me, I am not advocating the overthrow of organizations dedicated to barrier removal. There are many for whom curb-jumping is impossible. However, for those of us who are able, curb-jumping is really worth learning. Start today!

Address: Mrs. Robert P. Owen, 412 Woodward Blvd., Pasadena, California 91107.
How to Play an Organ With Minimal Leg Musculature

by Maurice E. Becker, Ph.D.

Dr. Maurice E. Becker is Chief of the Virology Division of the Michigan Department of Public Health in Lansing, Michigan. He was hired by the State Health Department in 1960 to develop a diagnostic program for Michigan, after having spent six years at the Maryland Health Department, where he set up a similar virus laboratory for that state.

In 1952, after working for one year on his doctorate in microbiology at Purdue University, he was stricken with spinal bulbar polio, and was hospitalized for nine months. He then returned to Purdue and completed his degree in 1954. He had received his bachelor's and master's degrees in microbiology from Cornell University, where his studies were interrupted from 1943 to 1946 because of the Second World War. His leg paralysis is due, in part, to injuries suffered as an infantryman in Germany.

In 1947, he married Jean Wilkin who was working as a commercial artist at Cornell. She is now in college studying for an advanced degree in clinical psychology. Two of the Beckers' four children are also in college.

Maurice has many avocations. He has always had a special interest in biological sciences. He is now active in the Michigan Botanical Society, frequently taking field trips to study and photograph local flora. He has been active in many organizations, including the church, membership on the school board, civil rights groups, Indoor Sports, etc. He also enjoys oil painting, photography and playing the organ, piano, and accordion. He continues to further his formal education by taking night courses at Michigan State University in topics ranging from electron microscopy to Spanish.

Ever since I was paralyzed by polio in 1952 at the age of 31, I have had a strong desire to learn to play the organ. A combination of World War II injuries and, later, paralytic polio, had left me with ample arm and hand muscles to play the keyboard, but residual trunk and leg musculature was far too weak to permit operation of organ foot pedals. Even though by 1954, enough function has returned to my left foot to permit limited depression of a piano pedal, the complex foot movement required for manipulating volume and bass pedals of an organ seemed completely unattainable.

Recently, however, after watching a demonstration of some of the newer Conn and Hammond organs, I vowed I would purchase one and find some way to modify it so I could use the volume and bass pedals. The model I purchased was a Hammond N-300 which has the delightful instrumental and rhythm tabs. This, with the modifications that I shall describe, is the instrument that has permitted me to fulfill my musical urges. I shall refer to the attachments to this organ as "leg controls" because they mechanically translate the action of a very few weak leg muscles into the rather complex movements normally required to manipulate foot pedals and volume control. Since these controls are designed specifically for a person with paralysis similar to mine, another person would necessarily have to make slight modifications depending on his own residual musculature. I have no musculature below the right hip joint except for the abductor which, though rated "poor," is capable of pushing outward against the resistance required to depress volume pedal via a pulley system. The left leg is only slightly better. However, there is sufficient strength in the ankle to depress the individual base pedals. Though this muscle is only a "poor," it is mighty important for the modification described. Actually, to play the organ, even with leg controls, I must remove my leg braces, since the muscles will not work against the friction of the braces.

Before beginning work on these attachments, I approached an organ repair technician about the possibility of electronic controls. Though he felt that such controls might be possible, he spoke in terms of hundreds of dollars. His price estimate dulled my enthusiasm. Moreover, such controls would probably interfere with a normal person's playing, so I would suggest that electronic controls be considered only as a last resort. If one has absolutely no leg muscles, he can still operate the volume control. For example, in preliminary experimentation, I found that by attaching a cord from a band around my head, through a couple of pulleys to the volume pedal, I could vary the volume by forward and backward movements of the head. A paraplegic thus could still have a lot of fun playing the organ with volume control only, but playing an organ with neither bass pedals nor volume control is like taking a shower in a raincoat.
Hammond Electric Spinet Organ, Series N-300, with controls attached and aluminum track running full length of front of organ. All controls except track are readily removed by merely lifting left leg suspension assembly from track and unfastening 3 hooks. Note the lead-filled juice can suspended from pulley at right side of organ for left leg control and cord from volume pedal to belt girdling right leg.

After crystallizing a few of my own thoughts on the project, I approached an old friend who, until he was recently disabled by an accident, was a carpenter and cabinet maker. To this person, Mr. George Cox, I am deeply indebted for his keen interest, encouragement and novel ideas which led to the simple, economical, yet effective adaptations herein described.

I shall now describe the construction and operation of the "leg controls." The reader should refer to the three photographs and drawing for details. These controls require no particular expertise in carpentry or mechanics and materials cost no more than $10.00 to $12.00.

Controls for Operation of Bass Foot Pedals. Since I have no hip flexor muscles to lift my leg, I suspend it from a pulley-track system. Aluminum track of the type normally used for closet doors was cut to the length of the organ and installed parallel to the front edge just underneath the keyboard. Two nylon pulleys were rigidly attached about 6" apart, to an iron bar hanger commonly used by electricians in positioning light fixtures between rafters. (See drawing). The left leg is suspended from this bar by means of an old Canadian crutch armband. For comfort, it is absolutely necessary to use a rigid type band rather than a belt. Through the use of triangular hangers made from old coat hangers, and S-hooks, one can suspend the leg at just the right distance from the pedals so that the foot will clear them but not so high as to prevent depression of the pedals with a minimum of ankle or toe movement.

The problem of moving the leg over the full range of the bass pedals was solved with a weight and pulley. With my weak abductor muscle, I can move the leg outward only. However, with the weight and pulley attachment, the leg is brought back toward the right (inward) as soon as the abductor muscle is relaxed. The weight is attached to the bar via a length of clothesline. With trial and error, one can find the optimal weight which will effect rapid inward movement without unduly overburdening the action of the abductor in its outward movement, thus allowing for relatively fast lateral foot movement over the full range of the bass pedals. Simple weights can be devised from sand bags, or juice cans filled to the desired level with molten lead. I use two cans of lead interchangeably, one weighing 6 lbs., the other 8 lbs. When I play in the key of C and am using chiefly pedals to the far left, I use the lighter weight so as to put minimum strain on the leg muscle. When playing mostly the pedals on the right side, i.e., key of B flat, for example, I use the heavier weight.

Controls for Operations of Volume Pedal. Having completed the left leg bass pedal control, we now go to the much simpler volume control attachment for the right leg (see photo). Again, abductor muscle action (outward movement of leg) must be used to effect the desired pedal action. A small spring is first attached to the upper end of the pedal so as to maintain it in the "quiet" position. To the other end of the pedal, nearest the floor on the opposite side of the fulcrum, I attach a 1/16" cord and passed it through a pulley underneath the keyboard to the right leg just above the knee. I fasten the cord to the buckle of an old belt which encircles the leg.
When the right leg control is correctly attached, outward movement of the leg will pull on the cord, thereby depressing the pedal to increase the volume. When the abductor muscle is relaxed, the spring brings the pedal back to the normal "quiet" position. Both the amount of tension on the spring as well as the distance of attachment of spring and cord from the fulcrum are critical in producing smooth, controlled volume changes.

I have now been using the leg controls as described in this article for over 6 months and find that with practice and innovations, I have been able to accomplish far more than I had ever expected. Several problems, however, prevent my ever attaining the dexterity of an accomplished organist. One of these is slow "footwork." It is true that the heavier the weight, the more readily the left leg will be carried toward the right, but the amount of weight that the muscles will tolerate without tires after a short time must be determined by trial. I can't depress bass pedals more often than once every one or two measures of music, so fancy footwork is "out." However, by anticipating the next note and prematurely releasing the last pedal with a slight "shove," I have ample time to hit the next note in rhythm. This is especially necessary when moving the foot from the lowest notes to one of the higher notes. I have tried using springs in place of pulleys and weights, but find that the spring tension varies too much with degree of stretch, thereby making movement intolerably slow when the spring is nearly compressed.

In addition to the difficulty of rapid movement there is the problem of muscle fatigue. Even playing with braces removed, I must rest my left leg at short intervals. I know of no remedy for this.

A third problem is the exact positioning of my body so that my legs can function optimally with a minimum of stress and discomfort. Without careful exact body positioning, I can't reach and play all the bass pedals. For example, to play the "black keys" of the bass pedals, the foot must somehow be pushed forward toward the organ a couple of inches. Since I have no such muscle action (quadriceps), I position my foot over the black keys by adjustment of my chair and the arm bands slightly higher on my leg. With the "trace" of muscle in my left knee flexors (biceps and hamstrings), I am then able to bend the knee the inch or two required to touch the "white" keys. Also, when playing in different key signatures, I must slightly reposition my caster chair.

My leg musculature is essentially "non-functional," i.e., unable to work against gravity and I must wear full length braces. To use the controls I have described, I feel one must have at least minimal abductor action (though one might possibly substitute external rotators), plus at least one muscle which will effectively depress the big toe or toes, or foot.

In summary, may I suggest that if you would like to play an organ and have the means of buying one, but have only minimal musculature, try these controls or modifications thereof, and you'll never regret it. For those of you who might seriously consider constructing the modification herein described, I will be glad to send more detailed instructions and pertinent portions of my 1972 muscle grading chart if you will remit 25¢ to cover postage and printing costs. I welcome any inquiries from readers and hope I can be of assistance in enabling others to enjoy playing the organ as I have.

Address: Maurice E. Becker, Ph.D., Chief, Division of Virology, State of Michigan Department of Public Health, 3500 N. Logan, Lansing, Michigan 48914.

ED: A piano pedal coupling device was described by Margery Halford of 1641 Marshall, Houston, Texas 77006. "Mr. Hiram W. Harting, a member of the Piano Technicians Guild made it possible for me to use the pedal after I had found successful solutions to all the other piano-playing problems which respiratory polio had left for me to cope with. I have some limited motion in each ankle and foot but insufficient strength in either one to operate the pedal alone. His simple but effective device of combining the strength of both lower extremities by coupling the soft pedal with the damper pedal and using them in tandem has proved quite satisfactory." The three-page instructions are too long to include here but we will photocopy them for 25¢. Both Margery and Mr. Harting have offered to provide additional advice.


Lorraine B. Erickson, author of the Gazette's 1972 article, Keyboard Fun for Quadriplegics, is having videotapes made of her teaching methods and devices. For purchase and rental prices and details, write to her at 2635 Dartmouth Avenue, Boulder, Colorado 80303.

should be attached with angle brackets and automotive heater hose clamps. No holes should be drilled in the crutch since they will weaken the crutch. The perch must be braced to the crutch underneath.

Information and help will be freely given to those interested. Our intent is not to sell perch crutches. What we are interested in is telling others about it so they might make one for themselves or encouraging new amputees into the realization that they can still swing in life. Barb works full time at the Racine Police Department and studies art, key punch, and computer programming in the evenings.

Address: Charlie Conrad, 7205 Linwood Road, Racine, Wisconsin 53402.

ED: The Conquerers Association of America, an organization for amputees, has been active since 1942. It meets at the Rehabilitation Institute of Chicago, 401 East Ohio St., Chicago, Illinois 60611. "We are a friendly group, meeting for the purpose of helping amputees to help themselves. Mutual problems are discussed which may help to build the morale of new amputees. If we can be of service or if you know anyone who would benefit from our discussions, please contact: Lena Giorango, 1145 S. Wesley Ave., Oak Park, Illinois 60304 or Bette Haggland, 1635 Granville, Chicago, Illinois 60626."

The Amputee Society of Allegheny County was founded this year to bring hope and promise to recent amputees. Any amputees wishing to join or volunteer services should contact the president, Kathleen Muldoon, 131 Roup St., Pittsburgh, Pennsylvania 15206.

A service manual for upper and lower extremity amputees is being published by the University of Michigan School of Public Health. The particular area of interest is in sports and recreation for all levels of amputation. If you would like to share your experience or order a copy, write to: Lyla M. Spelbring, OTR, M5053 - SPH II, Ann Arbor, Michigan 48104.

The Bulletin of Prosthetics Research should be required reading for every user of any kind of artificial limb. It is published in the spring and fall by the VA's Prosthetic and Sensory Aids Service. It is a treasurhouse of information! Get as many back issues as are available! It is $2.35 per copy from: Superintendent of Documents, U. S. Government Printing Office, Washington, D.C. 20402.

Odd Shoe Exchanges. The following range from free to a $5 membership: Ruth Rubin Feldman, 1415 Ocean Front, Santa Monica, California 90401; Helen's Shoe Service, Route 4, Red Wing, Minnesota 55066; and Mrs. Richard Wainerdi, 1115 Langford Dr., College Station, Texas 77840. Mrs. Wainerdi also exchanges gloves.

Custom shoe maker: Iowa State Industries, Iowa Department of Social Services, Fort Madison, Iowa 52627.
Miscellaneous Equipment

Electrified plumbing. Temperature and flow are controlled by a hand or foot-operated switch. Free brochures: Tempflow Manufacturing Co., Box 187, Prairie Grove, Arkansas 72753.

Inexpensive water mattress. Metamorphosis of a Camping-Air Mattress into an Effective "Decubital Preventive" Water Mattress at a Most Reasonable Cost, by T. F. Coyle, M.D., and E. Bulmer, R.N. "At the present time," Dr. Coyle states in this report, "approximately 30 water mattresses are used in this 500-bed general hospital..." There definitely seems to be a reduction in time needed to heal decubiti from generally more than three months to slightly more than a month... The mattresses we have employed have been purchased from Sears, Roebuck & Co. at a cost of under twenty dollars. They are simple camping air mattresses which are filled with water at approximately 98° (bath thermometer used) in lieu of air. Tec Williams model - rubberized nylon." A six-page reprint containing complete details is available from: Thomas F. Coyle, M.D., Medical Director, The Easter Seal Rehabilitation Center of Eastern Fairfield County, 226 Mill Hill Ave., Bridgeport, Connecticut 06610.

Self-operated rocking bed. "I'm now able to raise the head or foot sections entirely on my own, and how I love it! My friend, Bob Glatte, put a pile of time, sweat and tears into this, doing it in his spare time. If anyone else would like one, get in touch with Carl Almquist (2730 Carnegie Rd., York, Pennsylvania 17402). His brother-in-law made his bed work like mine and he would do it for others for about $600." Betty O'Leary, 202.12 Mercedes Ave., Rocky River, Ohio 44116.

Left handed? You've had plenty of company over the years: Leonardo da Vinci, Raphael, Picasso, Charlemagne, Napoleon, Harry Truman, and Babe Ruth. You can find tools and aids to make it easier to cut with scissors, open cans and bottles, cat and drink, serve, write, knit and work at hobbies by sending one dollar for an imaginative and attractive catalog to: The Aristera Organization, 9 Rice's Lane, Westport, Connecticut 06880. There's a shop for southpaws in Soho which has a catalog of portside merchandise. Write to: Anything Left Handed Ltd., 65 Beak St., London W1, England.

Techniques in doing things. "I find tying strings on lights and the refrigerator door helpful. I can open a doorknob much easier if I put an elastic around it and put the knob (inside) between my index and middle fingers - palm outward. I turn on faucets by hanging them with the end of my extension brake. I can cook simple things right on the table by using a heating coil (49¢) hooked into an extension cord with an on/off switch (cook eggs, instant potatoes, soup, rice, oatmeal, etc.)." Dottie SantaPaul, 1027 R Washington St., Gloucester, Massachusetts 09130.

Non-slip pads, trays, and material. "Dyccm" is as stubborn as a Missouri mule: anchoring phones, typewriters, mixing bowls, writing paper, arms on armrests, dishes on trays, cushion in place, and feet for transfers. Useful as a lap cover; pieces help grip jar lids and doorknobs. Free brochures: AAMED, Inc., 1215 S. Harlem Ave., Forest Park, Illinois 60130.

Tooth paste dispenser. "Dent-A-Matic dispenser sold by Miles Kimball Co. of Oshkosh, Wisconsin 54901 is marvelous for people like me, who have difficulty squeezing a tube. This dispenses tooth paste automatically with the push of a lever." Mildred Levenson, Apt 6B, 185 E. 162 St., Bronx, New York 10451.

Doorway-widening hinge. Can add 2" by allowing door to lie flat against wall. AAMED, Inc., 1215 S. Harlem Ave., Forest Park, Illinois 60130.

Long-reach lipstick holder. "My arms are very short and while I have some use of them in my lap, I cannot raise my arms to my mouth. So I found an expandable ball-point pen in a gadget catalog and an ingenious handyman used it as the base for my lipstick. He removed the pen from the 'wand' and soldered the stem of a tire valve in its place. He then soldered a small sample lipstick to the valve cap and soldered a hair clip to another valve cap so I can change tips by just screwing one off and the other on." Barbara E. Schleich, 301 W 32 St., Hays, Kansas 67601.

Headband. "I'm a cerebral palsied quad, and I'm trying to be a free-lance writer. Instead of a mouthstick, my dad's friend at Hughes Aircraft Company designed a device called a headband. It is a band that some doctors and welders wear, with a stick attached to it. A rubber eraser is taped at the end, so I can type, turn pages, play an organ and do many other things with it." Rick Hohn, 3829 Lyceum Ave., Los Angeles, California 90066.


Ice-gripping cane. Rubber-tipped. Made with six steel studs that can be retracted or extended by operating a trigger on the handle. Free brochures: Sales Division, Safety Walk, Inc., 130 S 10th St., Minneapolis, Minnesota 55403.


Doorknob helper. Inexpensive rubber device stretches over round doorknobs to give more leverage. Send for free catalog: CLEO Living Aids, 3957 Mayfield Rd., Cleveland, Ohio 44121.

Swimming pool for wheelchaired. "We had our swimming pool built 2' above patio level so I can slide over the pool wall from my chair. The extra cost involved was the same as a lift or hoist. The pool is 6' deep at one end (4' in the ground, 2' above) and 3' deep at the shallow end." Larry Schneider, 450 E. Boca Raton Rd., Boca Raton, Florida 33432.

Gardening. The Easy Path to Gardening, a charming and informative book, is the culmination of eight years of work by Lady Hamilton's Disabled Living Foundation.

This 90-page book covers tools, garden plans, trees, shrubs, vegetables, flowers, lawns, watering, house plants, and attracting birds. It also includes a section on gardening as therapy.

It is aimed to help those who garden from a wheelchair or with crutches or a cane, as well as with one hand or arthritic hands. It is an exciting book for all gardeners.

Published by the Reader's Digest Association in 1972, it is available from: Disabled Living Foundation, 346 Kensington High St., London W14, England. Price: £1.25 (send $3.50 to cover postage).

Pratt taxi. We would appreciate having information about this as a vehicle for the disabled.

Fireproof ashtray. "The American Foundation for the Blind, Dept. C, 15 West 16th St., New York, New York 10011 put out a catalog with all sorts of items. I am spastic and I particularly like the lidded ashtray that won't spill out on your lap or bed; you just close the lid." June LaManco, 4322 Lyons View Park, Woodside, Knoxville, Tennessee 37192.

un lector nos a escrito acerca de otra agrupación española, Asociación Internacional para la Promoción Social y Cultural de Enfermos de Larga Curación y Disminuidos Físicos, Apartado 12056, Barcelona.

Un cierto número de nuestros lectores de Latinoamérica nos han expresado su deseo de constituir el mismo tipo de organizaciones de lisiados con el fin de intercambiar información y trabajar juntos. En Cuernavaca, Gabriela Brimmer, Lourdes Chacon, y Arturo Gomez están buscando otros jóvenes lisiados que se unan a ellos. Escribir a: Madero 402-404, Col. Miraval, Cuernavaca, Morelos, México.

En Guadalajara, Arturo Heyer, un cuadriplégico C3-4, y algunos otros lisiados han organizado un grupo y están trabajando con miras a una versión española de Gazette. Ellos quisiéran saber de todas aquellas personas interesadas en obtener ejemplares de esta versión española de Gazette para poder tener una idea aproximada de la eventual demanda. Su dirección: Asociación de Lisiados de Jalisco, A.C., Escorza 442, Guadalajara, Jalisco, México. Teléfono: 15-74-81.

Traducción española de Gazette
Durante el año pasado, Marion Greene de Cuernavaca, México, ha trabajado preparando una edición de Gazette en español. Marion, buena amiga y beneficiaria de Gazette desde los años 50 en Chagrin Falls, ha tomado contacto con varios funcionarios en Ciudad de México. Hizo traducir recientemente Gazette de 1971 al español. Ahora queda el problema de la publicación. También, antes de publicar la edición de 1971, quisiéramos complementarla con artículos sobre arreglo personal y vestidos, escritos por lisiados hispanohablantes. ¡Serían bienvenidos los artículos en español!

"Cassettes" en español de Gazette
Gazette tiene un nuevo y valioso colaborador ad honorem Charles E. Barrow. Durante 25 años "Charlie" vivió en México y America Central, trabajando como ingeniero en la industria cervecera, adquiriendo un español rápido y pintoresco.

Desde su retiro, trabaja como voluntario tiempo completo, grabando en cinta magnética, libros de texto para Talking Tapes for the Blind (Libros hablados para los ciegos). Contemporáneamente con la grabación de los libros de texto está traduciendo Gazette de 1972 al español y grabándola en "cassettes." Cuando esta tarea se termine, tendremos varios juegos de "cassettes" para prestar a quienes estuvieran interesados. Los toques de humor de "Charlie" y su voz vibrante animarán la versión castellana de Gazette para los lectores de habla española. Ellos pueden escucharla mientras ven las ilustraciones y siguen el inglés escrito.

Partners of the Americas

Bibliografía española de rehabilitación
Rehabilitación Internacional ha publicado una bibliografía y guía de referencia en un intento de identificar la literatura de rehabilitación que se haya publicado en idioma español y las fuentes donde se la puede obtener. Algunos de los títulos son: Tratamiento de pacientes hemipléjicos, Parálisis cerebral—su alcance y manejo, y Como ayudar a su hijo impedido. Para obtener más información, póngase en contacto con: Rehabilitation International, 219 East 44th St., New York, New York 10017.

Libros Parlantes
La División para Ciegos y Físicamente Incapacitados de la Biblioteca del Congreso ha preparado una colección de discos y libros en braille en español para ciegos e incapacitados hispanohablantes. Los discos o libros parlantes se ofrecen en forma gratuita a los residentes en los Estados Unidos o en sus territorios y posesiones o a los ciudadanos estadounidenses que vivan temporalmente en el extranjero. Póngase en contacto con: Library of Congress, Division for the Blind and Physically Handicapped, Washington, D.C. 20542.
Architectural Barriers

ED: We had planned to summarise the efforts to eliminate architectural barriers, listing the bills and ordinances and those responsible for them around the country. We found that, although many laws had been enacted through the determined efforts of individuals and groups, many more were in the process. Therefore, we decided to postpone the article until the next issue. Meanwhile, here are two sources of current information. (Check the 1972 Gazette for others.)


The President’s Committee on Employment of the Handicapped, Washington, D.C. 20210.

Another pioneer. Write to the Committee on Barrier Free Design and request current and back issues of the Newsletters as well as the latest Survey of State Laws to Remove Architectural Barriers. Both are free.

College Lists

The 1972 Gazette listed U.S. colleges adapted to students in wheelchairs. Add the following:


Equipment

ICTA Information Centre, Fack, S-161 03, Bromma 3, Sweden. Valuable information service in English, French, German, and Spanish, including technical data, prices, and manufacturers. For $5 a year, about 20 information sheets and several comprehensive booklets; set of previous publications is $12.

Aids for Children: Technical Aids for Physically Handicapped Children. 87 pages. 300 items of equipment of daily living, locomotion and transport, reading and writing, and chairs and tables, as well as bibliography and manufacturers and suppliers. In English. 1972. $2.


Functional Aids for the Multiply Handicapped by Isabel P. Robbins, Ph.D. Harper & Row, 1973. $10. Encyclopedic, handsome, and beautifully organized. Should be in the library of every therapist, doctor, or institution dealing with disabled children or adults. 256-page treasure of information on devices as well as sources of aids and information. Parents of CP’s particularly will find ideas and encouragement.

Equipment for the Disabled, National Fund for Research into Crippling Diseases, Vincent House, Vincent Sq., London SW1P 2NL, England. Looseleaf volumes begun in 1960 have evolved into attractive, helpful publications such as Wheelchairs and Outdoor Transport, Communications, and Clothing & Dressing for Adults. Issued at intervals. £1.05 each (send $5.50).


The National Easter Seal Society
for Crippled Children and Adults. Education and Information Services, 2023 W. Ogden Ave., Chicago, Illinois 60612. Goldmine of information for small prices or free. Write for complete list, which includes: Sources of Information on Self-Help Devices for the Handicapped, 1972; Home Care of the Stroke Patient, 1972; M.S. is a Family Affair, 39-page booklet in large-size type, full of useful ideas. $1.


Sports & Recreation


One-handed fishing. Get brochure on Handi-Gear from The Garcia Corp., 329 Alfred Ave., Teaneck, New Jersey 07666. See the article, "Fishing as Therapy" by Norton Sanders in the August 1973 issue of Outdoor Life. Norton, who had a stroke in 1962, is a skilled one-handed fisherman; he will help others who need his advice. Write: 701 Westgate, University City, Missouri 63130.


Tapes & Films

Quadriplegic activities of daily living. Four films, ready this fall, in areas of dressing, showering and grooming, driving, and bowel and bladder management. 16 mm color. For student nurses and quads during rehabilitation. Write: Patricia McLean, OTR, Asst. Prof. and Supervisor of OT and Prosthetics, University of Illinois, Rehabilitation-Education Center, Oak St. @ Stadium Dr., Champaign, Illinois 61820.

Stigma I and II. Two radio documentaries about physical disabilities produced by the Center for Independent Living, Inc., 2725 Haste St., Suite 207, Berkeley, California 94704. The first, a frank and informal discussion of living and loving. The second emphasizes the importance of organization by the disabled. Copies: $10.25 to the non-disabled; $3 to the disabled.


Cinema Pictures, Inc., Robert G. Dicus, 10212 Noble Ave., Mission Hills, California 91340. Free list of medical-educational films, including films on trauma, transfer, and driver training of quads.


Travel

Special Tours for Disabled. Request latest brochures from the following travel agencies:

- Handy-Cap Horizons, 3250 E. Loretta Dr., Indianapolis, Indiana 47227.
- Pan American World Airways, Larry Chadwell, Sales Coordinator, 1219 Main St., Houston, Texas 77002.
- Rambling Tours, Inc. 7756 Harbour Blvd., Miramar Park, Florida 33023.
- Travel Headquarters, 148 W. Bridge St., Owatonna, Minnesota 55060.


Miscellaneous


How to Organize an Effective Parent Group & Move Bureaucracies. $1.64. Your Rights as
Parents of a Handicapped Child. (Available in Spanish and English). 60¢. Both of these booklets are treasures! Invaluable guides!


Director of Organizations Interested in the Handicapped. Write: People-to-People Program, 1146 16th St., N.W. Washington, D.C. 20036.

Centre on Environment for the Handicapped, 24 Nutford Pl., London W1H 6AN England. Provides advice and information on design for architects and city planners.

Free Information Services

American Association for Handicapped, 1201 16th St. N.W., Washington, D.C. 20036, has received a three-year grant from HEW to develop and operate an Information and Research Utilization Center in Physical Education and Recreation for the Handicapped. Dr. Julian U. Stein, Director. Center wishes to be informed of programs, individuals, and organizations.


Human Needs Design Center, California Institute of the Arts, Valencia, California 91355. Non-profit center to develop solutions to problems in areas of health, safety, education, and preservation of the environment. Wishes to be informed of specific products or equipment which are needed.

National Center on Educational Media and Materials for the Handicapped, John C. Bellard, Ph.D., Director, 220 West 12th Ave., Columbus, Ohio 43210. Will generate instructional materials for the teaching of the disabled, serve as a regional coordinating center, and create a nationwide telephone information system.

National Center for Law and the Handicapped, Inc., Joseph W. Knunz, Ed.D., Executive Director, 1235 N. Eddy St., South Bend, Indiana 46617. Established with grant from HEW. Staff includes faculty and students of University of Notre Dame Law School. Primary functions: public education and legal technical assistance. Periodic newsletter. Course in Handicapped and the Law developed during 1972 spring semester and repeated on regular basis; material from course available to other individuals or law schools.

S.341. A bill to provide for the establishment of the National Information and Resource Center for the Handicapped. Introduced by Senator Bob Dole on January 12, 1973, the bill was referred to the Committee on Labor and Public Welfare. The Center would coordinate information in the following areas: medical and rehabilitation facilities and services, day care, education, vocational training, employment, transportation, architecture and housing, recreation, and related public or private programs.

REACH Unlimited. Non-profit organization being formed by retired persons to work with disabled in their homes to provide information about adaptive equipment. Write: Bob Glover, 99 Bennett Rd., Carmel, Indiana 46032.

Periodicals Around The World
Of Special Interest To The Disabled

The REHABILITATION GAZETTE is on the exchange mailing list of over 200 periodicals, from many countries, in several languages. Of these, the editors have selected the following as being of special interest to GAZETTE readers.

It is no problem to pay for subscriptions for overseas publications. For instance, we list those of the British Isles in pounds and pence; figure a pound at $2.50 and a penny at 2½¢ or call your local library or check your newspaper for the current exchange rates. You can send cash, international postal money orders, or personal checks. Round the exact amount upwards to the nearest dollar to cover postage. If there is no subscription price, the publication may be included in membership dues. If you want to sample the publication, send a one dollar bill.


The Library of Congress, Division of the Blind and Physically Handicapped, Washington, D.C. 20540, has the following publications free on Talking Books: ACCENT ON LIVING, BULLETIN OF PROSTHETICS RESEARCH, PARALEGIA NEWS, PERFORMANCE, and REHABILITATION GAZETTE.

ASIA


AUSTRALIA

Australian Paraplegic. Journal of the Australian Paraplegic and Quadriplegic Council. 833 King George's Road, South Huntersville, New South Wales, 2221. Monthly. 15¢ per copy.


Progress. The Official Publication of the Wheelchair and Disabled Assoc. of Australia. 49 Backbutts Rd., Belrose, New South Wales. Semi-annual. $1 per year.


BRITISH ISLES


Multiple Sclerosis News. 4 Tachbrook St., London SW1V 1SJ, England. Quarterly.

Paraplegia. The Official Journal of the International Medical Society of Paraplegia. 43-45 Annandale St., Edinburgh EH17 4AT, Scotland. Quarterly. £5.25 per year.


Wider Horizons. 69 Downs Park East, Bristol, BS6 7QG, England. Bimonthly. 50 pence per year.

CANADA

Caliper. Canadian Paraplegic Association, 153 Lyndhurst Ave., Toronto 178, Ontario. Quarterly. 82 per year.


Rehabilitation Digest. Canadian Rehabilitation Council for the Disabled. 242 St. George St., Toronto, M5R 2N5,

1973, Volume XVI
Ontario. Quarterly. $3 per year.

Rehabilitation in Canada. Dept. of Manpower and Immigration, 305 Rideau St., Ottawa, Ontario K1A 0J9. Quarterly.

ISRAEL

Israel Rehabilitation Annual; Newsletter. Israel Society for Rehabilitation of the Disabled. 10 Lab Gviroh St., Tel-Aviv.

UNITED STATES

By the Physically Disabled

Accent on Living. Box 726, Bloomington, Illinois 61701. Quarterly. $2.50 per year.

Achievement. 925 N.E. 122nd St., North Miami, Florida 33161. Monthly. $1 per year.

COPH Bulletin. 7611 Oakland Ave., Minneapolis, Minnesota 55403. Quarterly. $2 per year.

Handy-Cap Horizons. 3250 E. Loretta Dr., Indianapolis, Indiana 46227. Quarterly. $3 per year.

The M.A.P. Newsletter. Massachusetts Association of Paraplegies, Inc. 20 Wildes Rd., Chelmsford, Massachusetts 01824. Monthly. $2 per year.

NAPH Newsletter. 2 Meetinghouse Rd., Reedsferry, New Hampshire 03076. Quarterly. $1 per year.

National Hookup. 9536 Mason St., Riverside, California 92503. Monthly. $1.50 per year.

Paraplegia News. 935 Coastline Dr., Seal Beach, California 90740. Monthly. $3 per year.

The Spokesman. Western Disabled Alliance, Inc., Box 444, San Lorenzo, California 94580. Quarterly. $1 per year.


By Rehabilitation Organizations

American Journal of Art Therapy. 6010 Broad Branch Road, N.W., Washington, D.C. 20015. Quarterly. $6.50 per year.


Rehabilitation Literature. 2023 W. Ogden Ave., Chicago Illinois 60612. Monthly. $10 per year.


By the Government


About the Mentally Impaired

Exceptional Children. Jefferson Plaza Suite 900, 1411 S. Jefferson Davis Highway, Arlington, Virginia 22202. 9 issues per year. $10 per year.


The Pointer. Box 131, Syracuse, New York 13210. 3 issues per year. $4.50 per year.

PERIODICALS IN OTHER LANGUAGES

In French


G.I.H.P. Organe official du Groupement des Intellectuels Handicapés Physiques. 8, Allée des Myosotis, 8, 54. - Vandoeuvre, France. 4 numéros. 12 Francs.

Gazette Internationale. L'édition française de "Rehabilitation Gazette." Case postale 49, 1012 Lausanne, Switzerland. Abonnement ordinaire: 5 Francs F., 4 Francs S., 47 Francs B.


Rouge Et Or. La Revue des Polio et Handicapés, 36 Avenue Duquesne, Paris VII, France.

Readaption, 3, rue Turbigo, Paris 1er, France.

In German

Leben Und Weg Der Körpertbehinderte. Sozialhilfe- Selbsthilfe-Körperhindertn e.V., 7109 Krautheim/Jagst, West Germany.

Europäische-Brief-Büroche. Briefgemeinschaft für Körperbehinderte, 7418 Metzingen, Benstrabe 2, West Germany.

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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.

1962. Volume V, Number 1
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 Voicepondence Club.

Attendants — some new approaches.

1962. Volume V, Number 2
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.

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, Australia, 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.

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.

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.


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.

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.

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 wheelchair with severe arm involvement compiled from actual experiences and publications in the areas of cooking, cleaning, and home planning.
Home-Based Business — 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.

1969. Volume XII

Quadruplegic 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.

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 — Correspondence Club, one-armed fishing, chess by mail, bowling.

Travel — Group tours, Mexico, Japan.

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.

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.


Travel. Sports And Recreation.


1973. Volume XVI

Sex And The Disabled — with annotated bibliography.

1973 Changes In Social Security And Medicare.

Equipment — vans, lifts, and driving controls, medical technology, communications, wheelchairs and accessories, curb-jumping, mouthstick controls, music.

Family Reactions To Quadness — stories from two families.

Writing As A Career — advice from a talented quad writer.

Yoga, Zen, and Sufism — Alpha-wave feedback.

Periodicals Around The World Relating To Disability.

Recent Publications — architectural barriers, college lists, equipment, sports and recreation, tapes and films, travel.

Housing & Home Services For The Disabled In The U.S.A.

Veterans. The Gazettes in French, Japanese, and Spanish.

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