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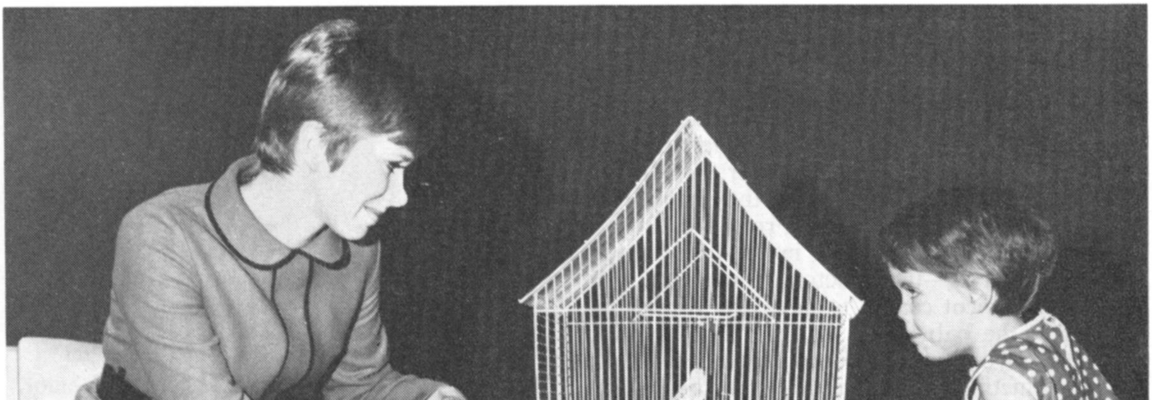
LINK

The Journal of The Association for Spina Bifida and Hydrocephalus Limited (A.S.B.A.H.)

Summer 1969 **One Shilling**



Wendy Craig and little Carol Scripps admiring "Sally", presented to Carol after the recording of the B.B.C. Television Appeal. The Appeal took place on Sunday, the 20th April. Carol's parents are members of the South Mercian Association.

AND THE GREATEST OF THESE ARE . . .

Towards the end of the nineteenth century a very anxious young mother made the journey from Somerset to London with her child. She was distressed and worried because her little daughter was suffering from Spina Bifida, and because at that time it was commonplace for such children to be "written off" at birth as incurable. She was travelling to the London Hospital, Whitechapel, to see a young Surgeon named Frederick Treves, sent there (after much persuasion) by the local Doctor, a man who would not admit defeat, and who had great faith in the young and promising Surgeon. The child was admitted to the care of the Hospital and months later returned to her home.

Back in Somerset the child began to thrive, and as the years passed by she gradually lived a near normal life. In 1917 she married, and in 1921 gave birth to a daughter, but to her disappointment and distress the baby was afflicted with Spina Bifida. From the time of birth the baby was placed in the care of two visiting Nurses—the Doctors concerned with the confinement ceased to have any further interest in the baby. The kindness and devotion of these two Nurses encouraged the parents to hope something could be done for their child. The father in desperation eventually approached another Doctor who was particularly interested in child welfare, and he gave him an urgent letter of introduction to the Hospital for Sick Children, Great Ormond Street, London. The baby was rushed to London, but all hope of the child's survival was dashed to the ground. Its mother was told it could not live, but she protested that she had been successfully operated on for Spina Bifida, so why could not her baby be similarly treated. The Doctors present were inclined to doubt her statement when in desperation she said "I carry with me at all times the evidence to substantiate my statements and am prepared to submit to an examination". Thereupon she was examined, and subsequently the House Surgeon interviewed her husband and told him they were satisfied as to his wife's statement but as far as that Hospital was concerned the operation for Spina Bifida had never been carried out successfully, and he knew of nothing in medical records to prove it had. Much to the sorrow and disappointment of the parents the baby died shortly after admission.

Their Golden Day

In 1922 the mother gave birth to another daughter who was completely free of Spina Bifida, and today that baby has become the mother of three sons and two daughters.

During the years the child taken from Somerset to London has gone from strength to strength. Last year she celebrated with her husband and family their Golden Wedding Anniversary.

This story would not have been possible had it not been for the faith and determination of that country Doctor in Somerset and the young Surgeon who later in life rose to the height of his profession. Likewise had it not been for these two gentlemen I would not now be able to express the view that *my wife* was probably one of the first of Spina Bifida children to be successfully operated on in this country, and at 74 years of age is probably the oldest survivor of such an operation.

A.W.T., Southampton.

LINK

SUMMER Vol. 1 No. 11

Contents

EDITORIAL

Three months ago I had never heard of Spina Bifida and Hydrocephalus and now I am Editor of LINK!

For the past thirty years I have been a Publisher of Trade and Technical Journals — ten of them, with vast circulations, some weekly some monthly, but never before have I been an Editor. Over two hundred people worked for me, some writing, some selling advertisements (this is where the revenue comes from, not the cover price), some making up the papers and some printing and selling the Journals to wholesalers, retailers and subscribers. My job as Managing Director was to see that the Company made a good profit thus keeping the Shareholders happy.

At the end of 1968 I took an early retirement because of ill health. I was told by my Doctors that this was essential. Fleet Street although fascinating is very demanding these days—seven years minesweeping during the war was comparatively peaceful—and I was looking forward to gardening and fishing, my two main hobbies.

In February of this year I was offered the Editorship of LINK working from home part-time and this issue is the first I have produced. I hope readers will bear with me in my ignorance of the subject—although I am learning as fast as an old dog can.

Already I have become absorbed in the work of the Spina Bifida Campaign and I do ask all readers to let me have as much editorial material as possible, typed if you can, although this is not absolutely essential; photographs of interest are also welcome — they should be as sharp and clear as possible for reproduction.

In my short term of office it is very evident to me that readers of LINK are avid for information—my job is to pass it on.

H. L. Parsons, D.S.C.,
Editor.

THE ORTHOPAEDIC SURGEONS' PROBLEMS IN SPINA BIFIDA

PROFESSOR J. I. P. JAMES, EDINBURGH

For several reasons many more children born with spina bifida now survive compared to 15 years ago. The most obvious reason for this is our ability now to provide early skin cover for the raw wound which covers the lower end of the spinal cord and which often led to a fatal infection. Special valves developed in recent years allow hydrocephalus to be controlled. Finally voluntary control of the bladder does not function normally and this led to kidney infection from which the child often succumbed. We now look out for these infections and treat them with effective drugs. For these reasons a large number of children are now surviving, and are presented to the orthopaedic surgeon at the age of 1 or 2 years, or older, with an ability to walk and with deformities.

I will discuss what the orthopaedic surgeon may find and what are the problems he has to try and solve. Because of the original congenital abnormality, by which the lower end of the spinal cord (which develops from an infolding of the skin) is not completed, there is a failure of development of the lower part of the spinal cord and the nerves to the legs. Such nerve tissue as has formed in the lower spinal cord to control the legs may be intact but is disconnected from the higher centres by an interruption of the spinal cord through which all messages pass from brain to limb.

The effect of such an interruption of nerve supply to the legs is that the muscles are weakened, either completely or partially, widely or locally. Paralysis of this type is a little more complicated than some other patterns. If there is destruction of the nerve cells within the spinal cord there is what is called a flaccid paralysis, a complete paralysis of the muscles. This is very comparable to the situation that occurs in poliomyelitis where the virus attacks the nerve cell within the spinal cord, the cell which sends a nerve fibre out to the muscles in the limbs.

If there is a complete or partial flaccid paralysis of the muscle and an opposing muscle is stronger, deformities will occur. For instance, the muscles that flex the hip are commonly intact, whereas the muscles that straighten the hip, the buttock muscles (which receive their nerve supply from the lower spinal cord) are often paralysed. There will, in consequence, be a contracture, in the flexed position, of the hip. This can lead to dislocation of the hip. This exemplifies the principle that when there is imbalance of muscle power around a joint in a growing child, deformity develops as the child grows. Thus a child who is born without deformity but with varying paralyses may well deform in time as the effect of the muscle imbalance takes action on the growing limb.

There is a complication which we are beginning to appreciate and which is commoner than was previously supposed. This is a different type of paralysis. When the nerve cell in the spinal cord which sends its nerve fibre to the muscle is paralysed, the muscle fibres are totally inactive. The nerve cell in the spinal cord receives its voluntary control from a nerve cell in the brain which sends its nerve fibre down the spinal cord to wrap itself round the nerve cell body, which in the case of the legs is in the lower parts of the spinal cord. If the spinal cord is interrupted above this lower limit, the tail end of the spinal cord and the nerve cells are intact but disconnected. This leads to spastic weakness. This is the type of weakness that is much more commonly seen in children affected with cerebral palsy. In this the muscle is weakened in the sense that it is out of voluntary control. It still continues contracting by reflexes through the spinal cord, which are not inhibited, because there is an interruption in the nerve pathway for voluntary control. In spina bifida most of the paralysis is like that of poliomyelitis, but there are a number of children who have important spastic weakness. This may cause deformity in a different and more difficult way, since the muscles are in constant spasm.

The orthopaedic surgeon is faced with the problem of making a child walk on limbs that have paralysis, partial or complete, flaccid or sometimes spastic. There may well be deformities and dislocation of the joints as a result of the unbalanced muscle pull.

Finally, and this can be a very serious problem, there is no feeling, no sensation in the skin and it is almost impossible to prevent pressure sores from the use of plasters and splints which are the normal methods of curing and controlling deformity.

When the surgeon sees a child with spina bifida he examines the legs to see how much deformity there is in the feet, ankles, knees and hips, and how fixed these are. He tries to estimate the power of each muscle in each leg. In a newborn baby this is easier than one might expect because one can make such a young baby respond by touching the feet, or watching it cry, when it uses many muscles. It is much harder in a child of 1-3 years of age because they will often be too shy to co-operate and may refuse to use any muscles!

If there are deformities it is necessary to decide how to correct these, by plaster, by splints, or operation. Operations may be performed to divide a shortened, weak but deforming muscle, or it may be possible to move the muscle to another position where it has a useful effect and does not deform a joint. This type of reconstructive surgery was developed with wonderful results in infantile paralysis but for the various reasons I have outlined, in spina bifida the situation is often not so satisfactory.

By correction of deformity, by prevention of deformity, by transplanting of muscles, by replacement of joints into their sockets if they are dislocated, one can almost invariably produce legs that are straight or nearly so. Even if paralysed the orthopaedic surgeon can provide instruments to help the child walk. If the child has no thigh muscles it is necessary to give what are called long leg calipers. The purpose of these is to hold the knees straight so that the child's legs do not collapse. At a later age a locking joint on the caliper at the knee is made so that the child can when sitting, particularly in a bus, cinema etc. bend the knee but lock it straight when he wishes to walk. It may be sufficient to provide calipers below the knee when the thigh muscles controlling the knees are good but there is paralysis of the feet.

One of the most difficult problems for the spina bifida child to overcome is the loss of the buttock muscles. These muscles are extremely strong and very important in holding us upright. Without these muscles we jack-knife forward, bending at the hips and falling forward. There is almost no instrumental substitute for these muscles. Fortunately, however, walking sticks, crutches or a walking machine with the power of the arms is sufficient to keep the child upright, though it may take time to learn.

Unbalanced muscle pull may dislocate the hip in spina bifida by the same mechanism as it may cause deformity elsewhere. Because the level of the spinal cord from which the nerves to the muscle that flexes the hip arise is above the usual spina bifida damage and the nerve to the muscle that straightens out the hip is below and therefore paralysed, we often get a deformity in which the hip is drawn into the sitting position. From this it dislocates because the ligaments are weakest behind.

Mr. Sharrard of Sheffield by variation of an operation devised by Dr. Mustard of Toronto for infantile paralysis has transplanted the muscle by detaching it from the femur, making a hole through the side of the pelvis and turning this muscle into a useful supporting muscle for the hip and removing it from its deforming situation. The value of this muscle as an active transplant remains doubtful but there is no doubt that removal of deforming power is beneficial.

When the child has finished growing it may be possible to do operations on paralysed feet to get rid of instruments. By and large, however, most of the surgery in spina bifida which the orthopaedic surgeon undertakes is for the cure or prevention of deformity at an early age.

One final word about a special problem. Because there is a loss of sensation, particularly in the feet and toes, sometimes only on the outer border of the foot and the 4th and 5th toes one is liable to get infected blisters if the foot is injured. If a blister occurs on such a foot or the skin is cut when the toenails are trimmed or in any way damaged, infection may get into the small wound. Because there is no sensation in the skin this will not be painful and the child will still walk, whereas a normal child would find it extremely painful to do so. In consequence, infection may break into the small joints or into the bone of the toes and cause great difficulty. Immense care must therefore always be taken if any small wound or blister occurs in the feet to prevent it becoming infected, or if it does, to rest this child until it has healed.

SOLVING THAT BIG PROBLEM OF THE NAPPY

Arrange nappy around baby's form, leaving ends free

Lewis Woolf Griptight Limited are pleased to announce that the special reductions to A.S.B.A.H. members of their Sof'down nappies and Tie Pants are to be continued.

ORDER FORM

Name ....

Address ....

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Please send me:— (Fill in and delete as necessary.)

Small Size Sof'down Nappies

......Cartons of nappies, 10 packets of 20 nappies per carton (4 weeks supply approx.) *at 32/- per carton* (usual price 40/-).

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PLEASE NOTE: We regret orders cannot be accepted *without payment in advance.*

Delivery: Approximately 14 days from receipt of order.

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DIRECT SALES DEPARTMENT (A.S.B.A.H.),

Lewis Woolf Griptight Limited,
144 Oakfield Road, Selly Oak, Birmingham 29.

OUR READERS WRITE

I'm fine—how are you?

Dear Editor,

Please may I request information from members who have hydrocephalic children of twelve or older?

Our daughter, Jane, is nearly three years old and fortunately for us is a very bright, talkative child with a valve that so far has caused us no serious trouble. She has just started to attend a play group with the other children in the village and is coping well.

We have been advised that there is very good reason to think she will go to ordinary schools and it is this that has made us wonder how far her hydrocephalus will prove a handicap. Do the older children take part in gym, climbing, riding ponies, etc.? Do they have headaches often and are they always a sign of some snag developing? Is there a good statistical chance that her valve may prove efficient for twelve years or more? Are there any hidden snags which separate these children from their contemporaries?

Yours faithfully,

JILL PENROSE,
Hill Farm,
Elmsett,
Nr. Ipswich,
Suffolk.

Dear Sir,

I should like to write and tell you of the great joy my Spina Bifida daughter Annette, aged twelve, experienced last year.

My elder daughter was to be married, and when we started to get down to details her first words were, "Of course, you will be my chief bridesmaid, Annette".

Oh, the thrill of being able to prepare her, and the heartfelt gratitude I felt to my elder daughter for giving Annette this wonderful day to remember!

I must say she looked delightful in her long white and lemon gown, and her floral bouquet made into a ball of carnations hanging from her arm with white ribbon. This enabled her to use both her sticks (which we had suitably covered with white nylon) and still carry her flowers. We used silver spray on her boots so that they would not seem out of place. I shall never forget the feeling when I saw my two daughters enter the Church for the wedding, I was more than proud of them both.

Annette attends Bitterne Park Secondary Modern School and has done so for the past eighteen months. At first I was a bit worried as to how she would settle in, but very soon I found I really had no cause to worry as the staff and pupils accepted Annette as just another member of the school, and seemed not to notice her disabilities. Except when the occasional helping hand is needed she has learned to cope with the stairs with amazing skill, and only uses her chair when lengthy corridors on the lower level of the school are involved when changing class rooms.

At first I brought Annette home in her chair at mid-day for a meal and so that I could check her float bag, etc., but for the past two terms she has stayed to school dinners and copes very well indeed.

I am most grateful to the Head Master and Deputy Head Mistress of Bitterne Park School for deciding to allow Annette to attend this school and for all their help in this matter.

I am,
Yours sincerely,

ADA BRAYLEY,
94 Hillside Ave.,
Bitterne Park,
Southampton.

OUR READERS WRITE—continued

Dear Editor,

I feel I have little to offer to *Link* in the way of a written contribution, my husband and I being very inexperienced parents. However, I must say how very much I agree with your Editorial in *Link* No. 8 when you talk of lessening the blow to new parents. We avidly read each edition of *Link*, and in fact *any* literature we can lay our hands on. We have received copies of "Your Child with Spina Bifida" and the similar publication on Hydrocephalus. We are also members of the Sussex Association and find it a considerable comfort to know of and to meet others in a similar position.

Our baby son Jeremy was born on May 22 and is now 6½ months old. After his birth at Cuckfield Hospital he was immediately taken to the Royal Alexandra Hospital for Sick Children at Brighton where his back was closed when he was twelve hours old and his valve inserted five days later. Since then he has been in hospital twice and now has his third, and we very much hope final, valve. Despite the total of nine weeks which he has spent away from us he is an extremely happy and loving baby, as you can see from the photograph taken when he was 5½ months.

The future seems very uncertain for us, but above all is the fact that we dearly love our baby and only wish for his happiness.

How I wish that the two booklets by Dr. John Lorber had been published when Jeremy was born. I was told nothing at all of the implications of Spina Bifida and Hydrocephalus, only that the baby had a small abnormality on his back and some excess water on the brain. My husband was interviewed by a doctor, but unfortunately this doctor was foreign and my husband was only able to understand some of his comments. Strangely enough we really learnt of the full implications from Mrs. Cotsford on Woman's Hour on May 27 when Jeremy was 5 days old. No doubt anyone who heard this broadcast can appreciate just how we felt.

Yours faithfully,

MRS. ANNE BARLOW,
11 Highfields,
Forest Row,
Sussex.

Mrs. Barlow and Jeremy laugh together

Dear Editor,

Reading in the latest edition of *Link* about the mother who knew there would be something wrong with her baby reminded me of when I was expecting my child two years ago. My husband and I were thrilled when we found out we were going to have our first baby as we both adore children. When I was three months pregnant I had a feeling there would be something wrong with my baby. I was not a little bit surprised when the doctor in the maternity home told me that my baby boy was badly deformed and they would have to take him to Sheffield. He is now two years old and is a beautiful boy. At present he is in Sheffield Children's Hospital having his hips treated. I do wish the doctors in maternity homes knew more about Spina Bifida. I was told my baby had a lump on his back and it had affected his legs. You can imagine my shock when I went to see James for the first time and I asked the sister about his legs and she said, "We are not worried about his legs, we are worried about his head".

When I came home from Sheffield I prayed my baby would die. Fortunately James does not have Hydrocephalus, but I am pleased my prayer was not answered. I thought these children were mentally handicapped as well as deformed.

Yours sincerely, AUDREY PICKETT,
99 Cromwell Road, Grimsby, Lincs.

GENERAL SECRETARY'S REPORT

It is now eight months since I joined the Association and during this time it has continued its pattern of development and growth. The launching of the National Appeal last March at the Royal College of Surgeons, the World in Action Film " Below the Belt ", the I.T.V. Appeal and the publishing of Dr. Lorber's booklets have all been milestones in making the general public aware of Spina Bifida and Hydrocephalus and the consequent problems involved. The B.B.C. Television Appeal on Sunday, 20th April, will again focus attention on the subject as well as bring in much-needed funds.

During the last few months I have paid many visits to Local Associations and have had the pleasure of meeting some of you. I would like to thank people for the warm friendly way you have received me and the hospitality given.

Other readers have written letters about their children and their problems and I hope we have been of help to them. Only parents know the heartbreak and difficulties that have to be faced in the bringing up of Spina Bifida children. The frequent stays in hospital, visiting, partings, perseverance with calipers and walking aids and the everlasting patience that has to be shown when one is physically exhausted are all part of everyday life.

I can only say what wonderful children they all are. They have courage, patience, cheerfulness and a tremendous sense of wanting to achieve things that are difficult for them. To be able to help achieve better conditions for them is a privilege and I hope that public sympathy will soon be aroused so that more help and understanding of the problems involved will soon be on the way.

THE SHASBAH TROLLEY FOR HANDICAPPED CHILDREN

PATENT APPLIED FOR IN
U.K., Commonwealth Countries, U.S.A., Canada.

This Trolley was designed by Mr. Ken Charrett of Southampton for his daughter who was born with Spina Bifida. It was soon found that here was a chair that would enable a child paralysed from the waist down, to become mobile.

The Trolley weighing only 14lb. is strongly constructed completely manoeuvreable and easily propelled by the child. Due to the low centre of gravity and rear castor action it is virtually impossible to be overturned.

The Trolley is finished with foam upholstered durable vinyl and comes in a wide range of attractive colours, this is to give the child the impression it has a toy. The child soon learns to use the Trolley, and adds much happiness to the child's life.

Is suitable for children from one to five years old. Cost £6 10s. plus postage approx. 9/-.

Produced by the

Southampton and District Spina Bifida and Hydrocephalus Association

We should like to acknowledge the help of Tatchbury Mount Hospital, and voluntary work of the members of Southampton and District Spina Bifida and Hydrocephalus Association to make this Trolley.

All enquiries to:—Mrs. K. Charrett, 2 Marchwood Road, SOUTHAMPTON. Telephone enquiries TOTTON 3365 (Mr. Mortimer)

NEWS FROM THE GROUPS

Don & Dearne Branch

This branch held a Xmas Draw and raised £200.

A talk by Dr. Zachary brought an audience of over 150 Midwives, Nurses, Social Workers and parents of Spina Bifida children, on this occasion two films were shown, "The Will and the Way", which deals with life in the new Girls School of the Lord Mayor Treloar Trust and the Boys college, and one borrowed from the Spastic Society which dealt with life at home with a handicapped child. The event brought some new members and a lot of goodwill was spread throughout the medical centres. The M.O.H. was present and has since proved very helpful.

The photograph shows children who went to see Hughie Green. Hughie made quite a fuss of them and bought them Ice Cream in the interval. Opportunity Knocked for them that day. Of course the event had its human story.—Little Alec Buckley was having difficulty in walking down to his seat. We offered to carry him; about half way down he asked where we were going. "We are going to the Theatre." Alec immediately cried, "Oh no, not another operation". He had never heard of the other kind of theatre.

Lincolnshire Association

Our own Xmas card effort was again a most successful one and we sold over £1,800 worth at cost. Special mention should be made of Mrs. Adams of Yaddlethorpe who sold around £250 worth. Our Bring and Buy effort which has been open since Friendship Week raised over £600. We have now had to relinquish the use of these premises.

The Committee wish to thank all our Members and friends for their kind co-operation in making both these efforts so successful.

On behalf of those children who have received the Chariots we would like to express thanks to ASBAH. The Chariots have already given these children so much pleasure.

Mr. J. Wright has again taken on the duties of Secretary, so will all Members note.

Halifax & District

Whilst it was inevitable that a group would be formed in Halifax sooner or later, the timing to a certain extent accidental, and thus on one hot (the only one) Saturday afternoon last August a meeting was held in a room far too small for the assembled parents. However the discomforts were overcome and a group was formed. From an original list of nine cases we had found a further fifteen. At the time of writing we have over fifty members including associates. Members range from the parents of young babies to a lady of forty-eight with Spina Bifida who has four children and is a grandmother.

Two days after being formed a local Working Men's Club held a Charity Concert on our behalf and at the end of a first class evening we were presented with a cheque for £95. Further concerts and a Toy Fayre which raised £85 has helped swell our funds.

We have just held our first Children's Party which proved a great success especially when Father Christmas paid a belated visit.

One event scheduled is a Dinner-Dance which we are sharing with the Huddersfield and Spenborough Groups.

On the more serious side Mr. Zachary and Dr. Lorber have found time to speak to our group and it was gratifying to see so many members of the local hospital staff present.

Page eleven shows National Television Personality Hughie Green with children from Don & Dearne Branch.

The Children are from left to right, Alec Buckley, Nigel Brown, Anne Murphy, Simon Spurr; and holding Hughie's finger, little Beverley Davies.

NEWS FROM THE GROUPS—continued

Leeds & District Branch News

During 1968 members of this Group have worked hard to raise funds and at the same time gain publicity for the cause. The largest event was a Bazaar held for a week in a central position in the City which raised about £500. Out of this sum £100 was given to Sheffield University for research, £25 went towards the cost of a Guide for handicapped people of the City of Leeds and to make provision in public buildings for the easy access of wheelchairs, £50 to ASBAH Ltd. towards the cost of the production of the publicity film and £100 to Mr. Myles Gibson, F.R.C.S., of the Leeds Infirmary Spina Bifida Clinic to buy the most up-to-date books on Spina Bifida for use by any Doctor requiring them. A Christmas Draw raised £100 and Mr. A. S. Mitchell the Secretary has given talks to several organisations usually resulting in donations being given.

Southampton & District Spina Bifida Association

A Christmas Party was held at the Shirley Warren Working Men's Club on January 25. The children were entertained with a Marionette show, after which Father Christmas presented each child with a gift. On leaving the Party each child was given a bag of fruit and chocolate, a gift from the Shirley Warren Club.

On February 15 a party was taken to Wembly Ice Show. This was organised by Mrs. Cox.

Trolley production continues to expand, and the fact that these trollies bring mobility to so many children is a great thing and gives great satisfaction.

Walthamstow Branch

We now have a hall for our meetings and we shall change the day from Thursday to Sunday afternoon. Every second Sunday in the month from 3-5.30 p.m. at St. Andrew's Church Hall, Poppleton Rd., Leytonstone, E.11. This will

Continued on page 12

NEWS FROM THE GROUPS—continued

Victoria Beken

Dear Mrs. Skellon,

I am writing to thank the association for the trolley sent for Victoria.

She is delighted with it and is just beginning to use the wheels. The photograph was taken on her first birthday and I thought you would be interested to see how well she likes the trolley.

Many thanks,
Mrs. G. M. Beken,
6 Rectory Close, Stanwick,
Wellingborough.

Salisbury and District Group

Requests for S.B. Badges should now be addressed to Mr. K. M. McKenzie, Ballard Down, Gomeldon Road, East Gomeldon, Nr. Salisbury, Wilts. Price as before, 3s. 6d. each plus stamped addressed envelope to individual members or 2 guineas per dozen plus postage to Group Secretaries. Mr. McKenzie has now undertaken to be Badge Secretary for Salisbury and District Group.

mean a new lease of life to our group, we hope, we thought we would have to close it down because of lack of interest and lack of members.

The Warwickshire Association

The A.G.M. of the branch was held on March 23rd. There were no nominations for Secretary or Treasurer so our two stalwarts Ivor Jones and Don Henman were of course re-elected. There were, however, two new faces elected to the Committee to add fresh ideas. The Chairman Dr H. M. Cohen, C.B.E., M.D., D.P.H., has consented to carry on in this position. After the business of the A.G.M. was concluded a short discussion was held with a lady of 47 who was born with Spina Bifida and is now married and has a perfectly normal 11 year old son. It was most enlightening.

Since the last notes a cheque for £500 has been received from The Edgbaston Round Table Ball, £500 from The Birmingham & Midland Operatic Society, £216 from The Sutton Coldfield Ladies Circle who ran a Christmas Grotto, and £47 10s. from a dance organised by The Bearwood Corks Social Club. Our sincere thanks go to these and others who are helping to swell our funds.

OUR READERS WRITE—continued

Dear Editor,

I feel I should reply to the Editorial in the Spring edition, " Let's pull together ".

It would be a wonderful thing if more money could be sent for research, but as a central figure in a newly organised group and as a previous member of two other groups over the past six years, I think I have learned enough to realise that we cannot do much more without spending locally.

I refer mainly to paragraph five. I quote: "But what good is served in providing a child with a more streamlined baby bouncer or a better seat at the circus if we neglect the vital research which will ensure his survival or the structure of family life is falling apart for want of support in the home."

I believe that the priorities really do lie in research and I am willing to work for nothing else. I am sure many other people think the same as I do, but how many will really work hard for research without being given local incentive.

It is only human nature to want to see some immediate result for what they are working for.

The South Mercia Association have proved this by providing their members with a holiday caravan. Would they have raised their £500 for medical research as easily if their members had not been given this wonderful incentive?

I strongly believe that by providing local incentive you can get everyone in your group to work in fund raising, which obviously means that research will benefit in the long run. Take away this incentive and you will be left with just a handful of keen members working like mad to raise much less.

Yours faithfully,
ANTHONY WOOD.
Anthony Wood, Hon. Treasurer,
Halifax and District Branch.

SCOUT CAMP FOR HANDICAPPED BOYS

The Scout Association for Bucks, Berks, Beds, Herts and Oxon, will be running another Summer Camp for boys with a handicap this year at Hill End Camp, Oxford, from August 16th-23rd.

Full details are available from:— The Camp Leader, George Montague, ACC, 210 Burnham Lane, Slough, Bucks.

Dear Editor,

Here are two ideas which have helped me tremendously and may I hope, be of assistance to other mothers of children with Spina Bifida and Hydrocephalus.

An upholstered car seat permanently fixed to the back seat of the car and fitted with safety straps will be of use until your child is about seven. The car seat is available from cycle or car accessory shops in most towns. My boy Robert loves it as he is out in the car every afternoon.

Robert Brookes-Parry

Nursery rhyme records have played a tremendous part in Robert's life. Why not try your baby with music if he is feeling uncomfortable or bored. The rhymes may also encourage a child to talk more. In any case, suitable music will always bring a smile and doing actions to nursery rhymes is a great help.

MRS. JO. BROOKES-PARRY,
White Gables, St. Asaph Street.
Rhyl, N. Wales.

THE IMPORTANCE OF FAITH

I am indebted to Miss Dorothy Brown for the following passages quoted from her article in "FOR HEALTH AND HEALING", Jan./Feb., 1966 (the magazine of the Guild of Health). They express so well what I feel on the subject, from experience, and I hope they may help others to the fulfilment of personality and sense of security which my own religious faith has brought me through over thirty years.

"As a chairbound member of the community I have experienced many difficulties common to the disabled . . . but there is lasting satisfaction in accepting a challenge, and winning through. All right, so I can't walk and get about under my own steam, but I can still speak, see and hear, and I can put the experiences so gained to good use. I don't believe in luck as such, although many would say I have been lucky, but I believe everyone is given a chance if only he can recognise it and, more important, learn to use the opportunities which arise. One can use one's opportunities to further the integration of one's personality . . . Faith is important. I do not necessarily mean religious faith . . . I think faith in oneself is important, faith that you will win through if you strive hard enough, faith that there is a purpose in living, and by believing in these one may gain faith in God without realising it. . . . Now I have a deep faith in God and His purpose for me. . . .

"Having to live with a disabled person can be a maturing experience and can encourage true feelings of friendship and compassion for other disabled persons in the community if it is managed with due consideration for all concerned.

"Friendship has always been a great source of strength to me. . . . Sincere friendship can often be the elixir of life to the physically handicapped person. . . . The aim must always be that of acceptance on both sides, of the individual for what he is, and is capable of doing, the building-up of mutual confidence based on these capabilities and limitations must be fostered. . . .

"Friendships . . . in the case of life-long incapacity are some of the threads of life itself. The broken shell is no indication as to the kernel, and just because the shell has been broken it does not follow that the personality and spirit have suffered irreparable damage, in fact they may have been strengthened by coming to terms with the disability.

"I am now able to take part in Church affairs, and the organisation of a Club for the physically handicapped. I claim no achievement other than that of, at last, taking my rightful place in the community into which I was born. I have not been given these opportunities simply to disregard them, they must be used. I hope that others like me will be able to grasp at life, and make it theirs. It is only by doing this that we can prove to those about us that we do recognise how much we have, and how grateful we are for their part in this."

I do hope the above will help others as much as it helped me; I felt the chance to send it was one of the opportunities mentioned that should be used.—Miss R. M.

STARTING A PLAY GROUP (Part I)

By MRS. SANDRA WOODS

I hope that the following account of my experience in starting a pre-school playgroup for children suffering from Spina Bifida and Hydrocephalus may be helpful to other Associations. My husband and I joined the local branch of ASBAH when it was formed last year, six parents were interested in the idea of a playgroup so we decided to try to start one.

Registration and Insurance

The basic needs are a hall to hold playgroup sessions, registration with the local Medical Officer of Health, Insurance and some equipment. We were very fortunate as my own Church has taken an interest in our Association, and apart from offering the branch a room for meetings, they also gave us the use of their large hall once a week for two hours. This hall was ideal as it has a nearby kitchen and toilet and the Church house is close by in case we need a telephone quickly. We decided to meet on Tuesday afternoon and I wrote to the Medical Officer of Health regarding registration of the premises in accordance with the 1948 Nurseries and Child Minders Act and the Health Services and Public Health Act 1968. After completing a simple questionnaire, an interview was arranged for me with a Medical Officer at the Church hall. At the interview I discovered that the premises had to fulfil the following requirements: space for each child between the ages of 2 and 5 years should be 25 square feet, the doctor advised how many children we could take on this basis. Radiators should be protected if they are within easy reach of the children; one of the parents kindly made wooden frames for our six radiators and covered them with close mesh wire netting. The doctor advised one helper for two children, this seemed a lot at the time but experience has proved otherwise, helpers have to undergo a chest X-ray at three-yearly intervals, appointments were arranged by the Health Department. Records must be kept of the child's attendances and his name, address, date of birth, vaccination and immunisation details, a telephone number where the parents can be contacted in an emergency and the name, address, telephone number of the general practitioner. I use an ordinary exercise book for this, recording the attendances in the front and keeping records in the back. Planning permission also has to be obtained if the playgroup activities involve a change in the normal use of the premises which, of course, it did in my case. However, this only involved completing forms which the Medical Officer arranged to be sent. The doctor reported the results of our interview to the next meeting of the local Council's Health Committee which were approved and we became registered.

We found a very helpful Insurance broker and obtained a Public Liability policy which covers all the activities of our branch of ASBAH such as Dances, Fetes, etc., including the playgroup, for an annual premium of approximately £4 10s. 0d.

Equipment and Activities

Having got the Registration and the Insurance, all we needed was a variety of equipment and some activities and amusements, after reading and finding out as much as I could on the subject of playgroups, the following are useful ideas which my friends and I have found helpful, although we have not had enough sessions to use them all.

I decided, for safety, that it would be best to sit the children on a carpet. Luckily the Beginner's Department of the Church has one which we can borrow, on cushions made from a large piece of foam about 1½ inches thick, which I obtained for £1 from a market stall. This made twelve cushions which we covered with polythene and fabric cushion covers, made from oddments of material and tied with tapes. We use the Hall's stage as a back rest for children who find balancing difficult, a baby's chair with a tray which we were given has also proved useful for this. Two tables were made, with screw-in legs, by one of the parents so that they stood about 12 inches high. The table tops are protected with brightly coloured plastic table cloths which I fixed round the edges with Copydex adhesive. Our simple First Aid equipment consists of cotton wool, antiseptic cream, waterproof plasters and tweezers.

To be continued

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