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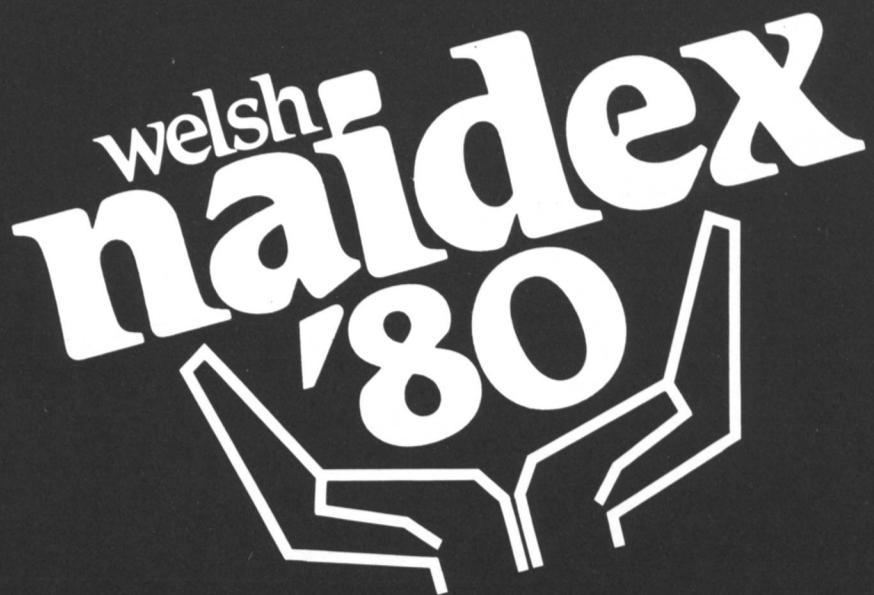
Association for Spina Bifida and Hydrocephalus/ASBAH 15p

Mar/Apr 80



The Prime Minister, Mrs Thatcher, presents Sir John Eden, MP, with his Wilkinson Sword Trophy. Sir John's sponsored swim raised £3,000 for ASBAH. Other MPs, collectively came up with another £10,000. See story Page 18.

Opinion—employment in the City: Special Achievement Awards: RSVP survey: Tests on valves in Hydrocephalus: The ethics of treating spina bifida babies: Aids information sheet—Incontinence pants and pads: Letters: Fundraising plans.



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**8th, 9th, 10th May 1980**

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Association for Spina Bifida  
and Hydrocephalus/ASBAH

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Tavistock Square,  
London WC1H 9HJ.  
Registered Charity No. 249338  
Tel: 01-388 1382/5

**Patron:**  
HRH The Duchess of Gloucester  
**Chairman:** Mr O J Colman  
**Hon Treasurer:** Mr R M Nichols

ASBAH has an experienced staff ready to help with any problems relating to those with spina bifida and hydrocephalus.

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**Young ASBAH Officer:**  
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**LINK Editor:**  
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**IN QUESTIONS of employment, the problems of the disabled are not too hard to identify. The real difficulty arises when it comes to doing something about them.**

But a recent study, carried out under the direction of chairmen of eminent firms in the City of London, gives cause for fresh hope. The study, *Opportunities for Disabled People in the City*, offers a clear understanding of the problems, and makes patently sensible suggestions for change.

Happily matters are not being left there. The working party which drew up the report is still in existence and working on implementing one of the report's major recommendations—a central register of disabled people and jobs.

The study was backed by the Midland Bank, BP, the Central Electricity Board, IBM, the Bank of England and other major concerns.

It recorded a sobering enough situation. Nationally, unemployment among the disabled has been three times the national average. For some categories it rises to 50 per cent. In 1977 a little under £29,000 was paid out of a government fund of £500,000 which had been set up to help employers carry out adaptations to their premises to ease the employment of the disabled.

In the city itself, of 36 firms questioned few of them had any kind of positive policy on employing the disabled. This was not a deliberate decision. Most were simply unaware there was a problem.

So what does the report suggest?

First, employers should have a deliberate and positive policy with the emphasis on what disabled people can do rather than on the things they cannot; that policy should be monitored.

Second, there should be contact with the Disablement Resettlement Officers and organisations representing the disabled; this should lead to the setting up of a register of jobs and applicants, and, ideally, the establishment of a central employment agency.

Third, there should be improved access with more car parking space for wheelchair users, reserved seats on public transport, improved facilities at rail terminals, more ramps at offices and so on; one of the more innovative ideas is for a mini bus service from main rail terminals to specific dropping points.

All this, says the report, should take place against a background of publicity.

There are many other specific ideas which would help create challenging new opportunities for the disabled. But as always, a realistic question has to be—Will it be worth it for the employer?

The report does a valuable service in drawing attention to the quality of disabled employees, the value they place on the opportunity to work and the independence which flows from it. It also quotes one City employer as saying: "In most cases the performance of handicapped employees is equal to, or better than, that of other employees."

So, is it sensible to hope for some improvement in employment prospects? There can be no doubt that the report represents a challenge, not just to potential employers, but also to organisations representing the disabled, central and local government. But the authors do possess undeniable authority and as we all know, where there's a will, there can be a way.

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**READERS will, no doubt, have read in February of the results of a study in which "high risk" mothers were given vitamin supplements before conception and during early pregnancy. It seems possible that as a result there were significantly fewer spina bifida births than would otherwise have been the case. The research was led by a team from the Department of Paediatrics and Child Health, University of Leeds. LINK will report fully on the study in the next issue.**

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The yearly subscription for LINK (UK) is £1.40, which includes postage. While every care is taken to ensure the accuracy of information published in LINK the publishers can accept no liability. Opinions expressed in articles are not necessarily those of ASBAH.

JUDITH STONE, Director of the UK Association for International Year of the Child, wrote in the last LINK about her hopes that the voluntary organisations which had got together for IYC would continue to work together 'with one voice' for the rights of children.

Whatever happens on this front, in the next few issues LINK will be looking at those projects which have resulted from the year which are likely to be of most relevance to our readers.

When IYC member organisations considered the Rights of the Child as they apply to children in this country, they recognised that few knew enough about the law as it relates to children and how best children's interests should be represented. Children's law has not received the specialised attention it needs; the legislation is often confused and remedies offered inadequate. Most lawyers lack experience in this area of law and in particular the law relating to education, youth work and social work.

The Association therefore is setting up a children's legal centre. Such a centre will aim at improving and developing the child's position in the law. It is likely that the centre will conduct test cases to clarify and develop the existing law; advise or represent children's organisations and groups who may have difficulty in obtaining advice or representation elsewhere; produce publications and teaching aids on children's law; undertake research in areas of possible reform; review existing and

## Children's law

proposed legislation and provide information services on children's law and related matters.

Two project workers have been appointed for the first stage of the project—a nine month feasibility study mainly funded by the Department of Health and Social Security. A major part of their work is to consult with individuals and organisations to establish the issues most in need of attention and how best a children's legal centre could deal with them. A questionnaire has been circulated throughout the country seeking views and ideas about the centre.

## Introduction to computers

THERE is a Threshold Scheme in existence to help school leavers who may have no qualifications but who have the right aptitude to enter the computer industry. School leavers aged 16-19 may apply for a Threshold course, and for disabled applicants the upper age limit is more flexible. The 42-week courses are held in colleges throughout the country and include practical work experience. A training allowance is given.

**Details from Careers Offices, or from Threshold Scheme Administrator, the National Computing Centre Ltd, Oxford Road, Manchester M1 7ED.**



KATIE Beever, who has spina bifida, enjoying the beach while on holiday last summer with her sister. See below.

## Katie picks a hymn

BBC television's popular programme 'Songs of Praise' on March 16 was from St Wulfram's Church, Grantham, Lincs. It was a red letter day for eight-year-old Katie Beever of High Meadow, Grantham, who was due to appear on the programme along with other people from the area.

She was chosen to represent her school—Earlsfield Primary. Katie who has spina bifida walks with the aid of sticks and ankle boots. She also has a valve to control hydrocephalus. When interviewed by the BBC she selected 'Glad that I live am I' as her favourite hymn.

## Jill wins a Fellowship

CONGRATULATIONS to Jill Vernon, ASBAH's Aids and Appliances Officer who has been awarded a Churchill Travel Fellowship.

Jill plans to use the Fellowship to look, in particular, at the ways in which the problems of incontinence management and personal training for young people with spina bifida and hydrocephalus are tackled in America and Canada.

She hopes to take the trip in May for four weeks, and LINK will be reporting on her findings later in the year.

TINA Pitts (Left) was one of the proud winners of an award under the Duke of Edinburgh Scheme. She and other young people from Ivybridge, Devon, received their awards at a special ceremony at the town hall.

Tina who has spina bifida and is a pupil at the Dame Hannah Rogers School in Ivybridge gained a Bronze Award.

Able bodied and handicapped youngsters in Devon worked alongside each other to compete for the awards.

**THE NAMES** of more than 700 children were sent in for the Spastics Society's International Year of the Child Special Achievement Award.

From these, 10 children who had 'fought terrible disabilities with outstanding courage and determination' were selected to travel to London in January for the presentation of prizes and a celebration lunch.

Four of the children had spina bifida and hydrocephalus and one child had spina bifida alone. They were presented with special commemorative medals.

LINK sends its congratulations to the five:

## Something special

most progress in walking. He swims, washes himself, and tries to be as independent as possible.

**Stuart Huckerby**, 12, has also been battling away all his life. He is very keen on sports—swimming, judo and football, and has received the Chief Scout's Commendation for Meritorious Conduct in recognition of his courage, determination and enthusiasm for scouting. He has both spina bifida and hydrocephalus.

**Lee Nash**, from Birmingham, has spina bifida and is paralysed from the waist down. He has undergone five operations including the removal of a kidney and his eyesight is bad. Despite all this he works hard at school and has started shorthand and typing

lessons. He won three events at a regional junior games, run by the British Sports Association. His father died suddenly of a heart attack, but Lee does not grumble, and is popular at school

**Joanne Tilley**, 14, of Windsor, Berks is confined to a wheelchair. She has undergone thirteen operations but remains cheerful and enjoys life. The Girl Guides' Star of Merit award was given to Joanne for 'coping with difficulties beyond most ordinary people'. Despite having spina bifida and hydrocephalus, Joanne has won numerous prizes for sports and is a member of Windsor Archery Club.

**Catherine Turner**, of Skelmersdale, Lancs. has both spina bifida and hydrocephalus. Catherine, aged 8, was at one time timid and withdrawn, but has now adjusted completely to life at an ordinary school. She participates in all aspects of the school's curriculum.

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# MOBILITY

## Why specialised vehicles are still needed

**THE RESULTS** of a survey among three thousand severely disabled people, conducted by RSVP (Replacement Specialised Vehicle Project), were announced in February.

They showed that an overwhelming number of disabled people felt that they would lose their independence and freedom and probably the chance of employment if they didn't have a specialised vehicle.

RSVP was formed in February 1979 to focus attention on the problems of providing suitable and safe independent means of transport for severely disabled people.

It says a large number of people who had a measure of independence through their invalid tricycles cannot drive the sort of adapted production vehicles capable of being financed through the Motability Scheme.

Equally, the Mobility Allowance does not provide for a replacement for the invalid tricycle. Some severely disabled people have thus "lost their wheels" and have been left helpless between the two new forms of provision; a drive to solve one problem can be seen, unfortunately, to have created another.

After the Press Conference announcing the results, three members of the RSVP Committee went along to the Houses of Parliament to talk to members of the All Party Disablement Committee.

Pat Crichton Chairman of RSVP said: 'RSVP is fighting for the restoration of independent mobility for severely disabled people: the vehicle they require is more a prosthesis than a motor car and this must be made available, free of charge, through the Health Service—as indeed it was for the 28 years between 1948 and 1976.'

1981 is the International Year of the Disabled Person: may justice be done before the first day of that year dawns'.

Everyone who answered RSVP's questionnaire will be receiving a letter telling them of the results and urging them to write to their MPs.

## Motability cuts running costs

ALTHOUGH there has been, and will no doubt continue to be, criticism about the schemes operated by Motability, figures produced jointly by the AA and Motability show that Motability is cutting overall motoring costs by almost a quarter for disabled people.

By leasing through Motability, disabled people can cut car running costs by 21 per cent for a car of 1000 cc or under. The costs have been calculated by the AA, at current Motability leasing scheme rates over a three to four year period, and include servicing, repair and parts costs together with protection against rises in the rate of interest.

Full details of the Motability Leasing schemes and the Hire Purchase scheme, are included in RADAR's Guide to the Mobility Allowance.

It is worth noting that anyone in receipt of a mobility allowance is entitled to apply for help under the Motability Leasing scheme, and the Hire Purchase scheme.

## MSC promises protection

ALTHOUGH the Manpower Services Commission is having to cut back on its staff and on its spending during the next four years, it has stated that 'services for disabled people will be largely protected'.

In a Press Notice issued at the end of the year it announced: "Experiments already planned will go ahead whereby disabled people who do not need specialist help in getting jobs will be dealt with by the general Jobcentre service, and D.R.O.'s will concentrate on those with greater difficulty . . .".



'Does he take sugar?' is a programme for disabled listeners. It can be heard on Radio 4, 1500 metres long wave at 15.30 on Saturdays and is regularly presented by Marylyn Alan (above). The programme aims to inform handicapped people about their entitlements in any sphere—benefits, access, mobility, aids, housing, holidays and leisure.

## Films look at mental handicap

'Accident of Birth' is the title of a series of six short documentary films about the nature of mental handicap to be shown on BBC 1 on Sundays at 10.25 am from March 30.

The original 'Accident of Birth' was a 50-minute documentary which preceded the 'Let's Go' series as an introduction, for the general public, to the nature of mental handicap. In the making of the documentary a great deal of extra material was filmed which was too specialised for that general audience. It is this material which forms the basis of the new series.

It will include a look at long-stay subnormality hospitals, special schools and training centres, the care which has been developed in Sweden and a look at the future.

A paperback of the same title is also available.

## Eastbourne shows the way

EASTBOURNE Council in Sussex have begun a 'clearway' scheme for the disabled. Key routes through the town will be fitted with lowered paving stones; access ramps; and textured paving as a guide for the blind.

## Holidays

The 1980 edition of *Holidays for the Physically Handicapped* is available from RADAR, 25 Mortimer Street, London W1N 8AB price £1.50 including postage and packing; or from main branches of W H Smith & Son price 50p.

*"Where to Stay—What to Do, A Guide to Southern England for The Disabled 1980"* available from the Southern Tourist Board, Old Town Hall, Leigh Road, Eastleigh, Hampshire SO5 4DE, price 40p.

## Transport

*"Starting Up"—how to run a community minibus scheme—a comprehensive guide'* available price 30p + 10p p&p from "Starting Up", Community Transport, 31 Portland Street, Ancoats, Manchester.

*British Rail and Disabled Travellers* is an excellent new leaflet giving information about the facilities offered to disabled people on the railways. Available from all stations.



### International Year of Disabled People

THIS DESIGN has been chosen by the United Nations as the official emblem to be used in connection with the International Year of Disabled Persons—1981. The emblem represents two people holding hands in solidarity and support of each other in a position of equality. It is based on an original design presented by the French National Commission for IYDP. The leaves around the symbol are part of the emblem of the United Nations. The UK's official title is the International Year of Disabled People.

## ASBAH'S new Information Sheets

THE AIDS and Equipment booklet which came out at the end of 1976 is now out of date, and it has been decided to replace it with separate information bulletins covering different types of equipment. This will be more practical and more economical than producing a new booklet which would be difficult to keep up-to-date.

These information bulletins will appear in LINK—the first one covering Pants and Pads is in this issue—beginning on Page 9—and separate copies of the bulletin will be printed and be available from national office at a small charge.

Jill Vernon, Aids and Appliances Officer is preparing these bulletins, and will be happy to answer any queries about them.

## Castle Priory courses for Spring and Summer

THE CASTLE Priory College, at Wallingford in Oxfordshire has announced a programme of courses for Spring and Summer. The college is maintained by the Spastics Society but ASBAH officers participate in a number of the courses.

The following are likely to be of special interest :

**May 27-30:** Parents as Partners—the special needs of handicapped children. This is of course for those involved in the counselling of parents.

**June 13-15:** Youth leaders week-end. This course is designed to help youth leaders accommodate the handicapped among the members of their various organisations.

**July 7-9:** Sexual Counselling for the Handicapped: This course is open to those who work with the handicapped.

**July 19:** Activity Day—A shared learning experience. This day course will give handicapped children and adults, parents, brothers, sisters and friends the opportunity to share in various activities, such as painting, collage modelling etc. The aim will be to increase skills and develop ideas for further work.

**July 21-24:** Play Activities for Young Children with Handicaps. This course is open to professional and voluntary workers.



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Patent applied for in UK, Commonwealth Countries, USA, Canada

**Standard model** for children 1-5 years: £20 plus carriage.

**Large model** for children 5-10 years: £25 plus carriage:

Overseas prices on application

Produced by Southampton and District ASBAH

All enquiries to: Mrs K. Charrett, 46 Tillbrook Road, Regents Park, Southampton.

**PARENTS OF children with hydrocephalus are often concerned about blockage of the valve system that has been inserted to drain the excess fluid (CSF) from the head. When the valve system is completely blocked, the child develops lack of concentration, blurred vision, headache and vomiting.**

However, parents and doctors become confused because the other problems, that affect spina bifida children may also cause these symptoms, for example, urinary infection, and infections in the nose, ears or chest. Some children get "fits" when the valve is blocked, but this is not helpful when the child also suffers from epilepsy.

Some parents are taught to feel the pumping chamber of the valve and others are told that the valve should be left well alone, for a lot of unnecessary pumping of the valve may cause the upper drainage tube to become blocked by the peculiar membrane which lines the CSF cavity of the brain.

A few parents become very skilled at checking the valves of their own children, but this can be a difficult skill to acquire, and even doctors specializing in the treatment of these children are frequently wrong in their assessment of the state of the valve as judged by its pumping chamber. For this reason, and because the symptoms of blockage of the valve system can be so confusing, various tests have been developed to assess the working of the valve systems.

In babies, the soft part of the skull between the centre of the top of the head and the forehead (the "fontanelle") bulges when the valve is blocked, and with a little training, the tension of this area can be assessed, so giving an idea of the pressure inside the head. However, when the valve is working, the soft spot often sinks in when the baby sits up or feeds and then becomes tense and bulging just because the baby is crying. In some hospitals a special instrument called a "tonometer" is placed on the fontanelle to measure the pressure.

Some surgeons, especially in the London area, advocate that older children should have an artificial window or "fontanelle" constructed in the skull so that the parents can see whether or not the valve is working. In theory, the artificial fontanelle should be soft and flat when the valve system is working and change to being hard and bulging should the system become blocked. Many parents find this helpful, but some find it confusing and are needlessly anxious about the soft spot in the head.

Until a few years ago, the only other way to test the working of the valve system was for the child to come into hospital and to have the pressure of the CSF measured through a special needle put inside the head. Especially in the area around Liverpool, surgeons have recommended the inclusion of a special reservoir in the valve system, and then the child may have this "button tapped" with the needle.

Occasionally, when the results of these tests are in doubt and more information is needed, special dyes may be injected into the valve so that the flow of

## Tests on valves in Hydrocephalus

**R. J. BRERETON**

Dept of Paediatric Surgery  
University of Sheffield

fluid (CSF) through the system can be seen on X-rays—a so-called "valvogram". A few specialists inject the special dye into the blood vessels going to the head and test the valve by means of the resulting "angiogram".

In just a few hospitals, tiny doses of radioactive material, not sufficient to cause any danger to the child, are injected into the CSF and the circulation of the "isotope" is then scanned by a special camera which makes pictures from the tiny amount of radioactivity.

Especially in continental hospitals, and some in the U.S.A., fluid may be dripped into the child's back and the resulting pressure changes recorded from the "button" in the valve system. This is an "infusion test".

In Holland, an ingenious method was invented using special, extra-sensitive electric thermometers to measure the changes in temperature along the valve system caused by placing an ice cube against the valve. This test is not widely used in this country.

All of these tests are a little unpleasant and doctors are searching for better tests all the time. The recent British invention called the "CAT scanner" can be used to take special X-rays of the fluid chambers inside the brain. Unfortunately, young children who cannot lie perfectly still for fifteen to twenty minutes need an anaesthetic for this test. Because of this, and because the machines are very expensive and in short supply in the N.H.S., the CAT scanner is mainly reserved for special, difficult, cases in which the other tests have not been helpful.

In the last year or two, attempts have been made to listen to the flow of CSF through the valve system using a "Doppler" machine. This works by virtue of the fact that moving fluid alters the pattern of its ultrasound waves—resembling the "pinging" of the "sonar" equipment that was used to detect enemy submarines during the war.

At present this form of testing is still in the experimental phase and only available in a few hospitals. However, the early results are very encouraging so the machines will probably become more widely available during the next few years. This test has the advantage that it is painless, takes only a few seconds, and the equipment is portable, relatively inexpensive, and can be used for other purposes also. The sonar equipment was another British development, but many of the machines are now manufactured in America!

A special  
ASBAH  
information  
sheet

SPRING 1980

**... the role  
of the NHS**

THE National Health Service has a responsibility to provide aids for the management of incontinence for patients both in hospital and at home.

- *General Items* such as pants, pads, urinals, etc., are available free of charge from your Area Health Authority, and you should contact your G.P., Health Visitor or District Nurse for information about what is available. Supplies are issued for an incontinent child from the age of two years.
- *Urinary Appliances* should only be used on the recommendation of a medical consultant, and further supplies of appliances are then available on a doctor's prescription.

- For further information concerning anything in this supplement, or for help with any other matters connected with incontinence, please contact:  
**The Aids and Appliances Officer,  
ASBAH,  
Tavistock House North,  
Tavistock Square,  
London WC1H 9HJ.  
Tel: 01-388 1382.**

Help with...

# PROBLEMS OF INCONTINENCE

## 1 The supply of pants and pads

IN THEORY, the Area Health Authority should supply the most suitable type of pants and pads for a particular individual's needs. However, in practice, some authorities only issue a very small range of items. Some parents and adults prefer to buy privately, but obviously, when dealing with severe incontinence, this can be very expensive. Some people use the pads supplied free, but like to purchase their own pants, and vice versa, and in some areas local ASBAH groups purchase in bulk for members.

Spina bifida children and adults are of very varied shapes and sizes, and suffer from different degrees of incontinence. You may like to purchase items privately to experiment to find the most suitable types, and then work with your local ASBAH group or field workers or nurse to try to persuade your local authority to issue these particular items.

## 2 Choosing the most suitable items

### Degree of Incontinence:

- are you coping only with urinary incontinence?
  - or with double incontinence?
  - How severe is the incontinence?
  - are you using pants and pads all the time, or just at night?
- For mild incontinence, or for someone who only has occasional 'accidents', stretch pants and a pad with a waterproof backing may be sufficient, or pants with only a central waterproof panel.

For more severe incontinence, pants may need to be completely waterproof.

### Mobility:

- can you stand to change pants and pads?
- or do you have to sit or lie down?
- can you change yourself?
- or do you need help?

Side, opening or drop front pants are easier for those who cannot stand, or for those wearing thigh-length calipers.

### Choosing the right size:

- are you an awkward shape
- are you paralysed — do you have feeling around your thighs?

Pants should be tight enough to prevent leakage, but not too tight or they may cause pressure sores. If there is a kyphosis or lump on the back, you should take care that the waistband does not rub this. Local chemists stock pants for young children. Larger sizes may only be available on mail order.



**Choosing the most economic pants:**

- how expensive are the pants?
- how long will they last?

Some of the cheaper plastic pants may tear easily or become very hard after laundering. Some of the more expensive types may be lined and made of softer plastics, and so will have a longer life.

## 3 Incontinence pants



Moltexal Inco-pants

### BREVET HOSPITAL PRODUCTS

**Moltexal Inco-pants** Open mesh material with waterproof panel. Side opening with press-stud fastenings. *Hip sizes: 26" - 56" in 2" graduations. Also, pull-on vinyl pants, and one-size stretch pants.* **Bulk orders:** Brevet Hospital Products, 2b Amity Road, Reading, Berks. **Tel:** Reading 67688. **Retail Sales:** As above.



Polyweb Dry Care Pants

### SMITH & NEPHEW—SOUTHALLS LTD.

#### Polyweb Dry-Care Pants

Elastic mesh material—must be used with pad with waterproof backing. Drop front with velcro fastenings. *Hip Sizes: 24" - 50"* Six sizes available. **Bulk Orders:** Smith & Nephew—Southalls Ltd., Alum Rock Road, Birmingham B8 3DY. **Tel:** 021-327 0204. **Retail Sales:** On request from local chemists via Vestric wholesalers.

*There are now many items manufactured and the following gives information about a selection of these. For leaflets and up-to-date prices contact the manufacturer or the Aids and Appliances Officer at ASBAH.*



Nupron Pouch



Nupron Drop Front Pants

### DOWNS SURGICAL LTD.

#### Nupron Drop-Front Pants

Soft waterproof pants with inner and outer linings. Side opening with press-stud fastenings. *Waist sizes: 20" - 48" smaller sizes in 2" graduations larger sizes in 4" graduations.* Also, "Nupron Pull-on Pants" "Nupron Pouch"—for dribbling incontinence in men. **Bulk Orders:** Downs Personal Products, Church Path, Mitcham, Surrey. **Tel:** 01-640 3422. **Retail Sales:** As above.



Maxi-Plus pants



Maxi-Snibb Tie pants

### MOLNLYCKE LTD.

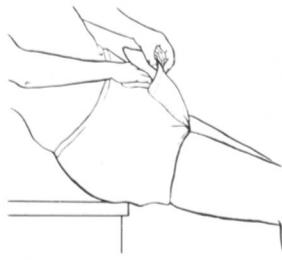
**Maxi-Plus Pants** Pull-on pants made of open mesh elastic material—must be used with pad with waterproof backing. One adult size.

**Maxi-Snibb Tie Pants** Soft plastic material, ties on the hips. One adult size. **Bulk Orders:** Molnlycke Ltd., Hospital Division, Sancella House, Station Approach, Harpenden, Herts. **Tel:** 058-27 68111. **Retail Sales:** Medimail, P.O. Box 12, Bishops Stortford, Herts.

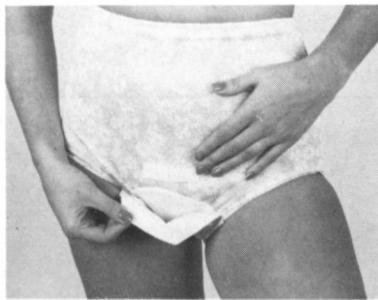
### LEWIS WOOLF GRIPTIGHT LTD.

**Sof-Down Tie Pants** Soft plastic material, ties on the hips. (Similar to Molnlycke Maxi-Snibb Pants). Infant, Junior and Adult Sizes. **Bulk Orders:** Lewis Woolf Griptight Ltd., 144 Oakfield Road, Selly Oak, Birmingham B29 7EE. **Tel:** 021-472 4211. **Retail Sales:** As above. **Retail Sales (Infant size):** Available from local chemists.

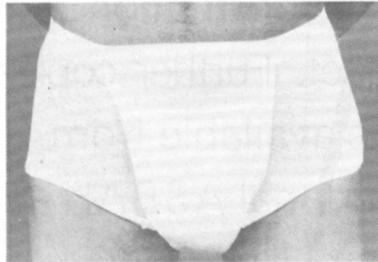




Kanga Pants



Kanga Fancy Pants



Kanga Male

#### KANGA HOSPITAL PRODUCTS LTD.

**Kanga Pants** Knitted polyester pants with waterproof outside pouch to hold pad. Pad can be changed without removing pants. *Side opening version available with velcro fastenings.* *Hip sizes: From 20"*

**Kanga Doublet** Strong stretch pants, side opening with velcro fastenings. Must be used with Doublet pad with waterproof backing.

**Kanga Fancy Pants** Attractive polyester pants—standard and bikini styles—with small waterproof pouch to hold pad. Only suitable for mild degree of urinary incontinence. *Hip sizes: From 32"*

**Kanga Male** Knitted polyester pants with fly opening and waterproof pouch to hold pad. Suitable for mild degree of urinary incontinence. *Hip sizes: From 20"* *Bulk Orders:* Kanga Hospital Products Ltd., P.O. Box 39, Bentinck Street, Bolton BL1 4EX. *Tel:* 0204 46226.

*Retailing Sales:* Home Nursing Supplies, Headquarters Road, West Wilts Trading Estate, Westbury, Wilts. Hub Marketing Ltd., Castle Street, Bampton, Devon.



Sandra Duralite Pants



Sandra Super Pants

#### HENLEYS OF HORNSEY LTD. Sandra Drop-Front Pants

Drop-front plastic pants, adjusted and tied with tapes. *Hip sizes: From 26"*

**Sandra Duralite Pants** Bonded nylon/plastic pull-on pants. *Hip sizes: From 34"*

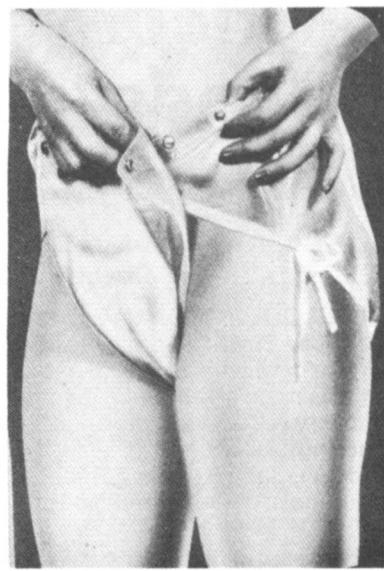
**Sandra Super Pants** Nylon pants with waterproof plastic lining. Drop front with velcro fastenings. *Hip sizes: From 32". Bulk orders:* Henleys of Hornsey Ltd., Alexandra Works, Clarendon Road, London N8 0DI. *Tel:* 01-889 3151. *Retail Sales:* Home Nursing Supplies, Headquarters Road, West Wilts Trading Estate, Westbury, Wilts. *Tel:* 0373 822313.



Drop-Front Pants

#### CHARLES S. BULLEN LTD. Drop-Front Incontinence

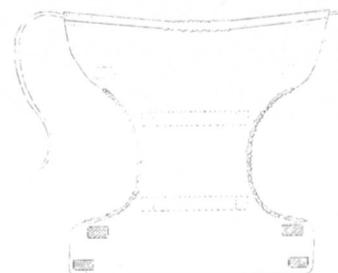
**Pants** Knitted nylon pants with waterproof plastic lining. Drop-front with velcro fastenings. *Waist sizes: Child and Adult sizes to order. Also, similar pull-on pants. Bulk Orders:* Charles S. Bullen Ltd., 3/7 Moss Street, Liverpool L6 1EY. *Tel:* 051-207 6995. *Retail Sales:* As above.



Incō Drop-Front Pants

#### ROBINSONS AND SONS LTD.

**Incō Drop-Front Pants** Plastic pants with tapes to adjust size. Drop-Front with press-stud fastenings. *Hip sizes: From 20". Also plastic pull-on pants. Bulk orders:* Robinsons & Sons Ltd., Marketing Services, Wheatbridge, Chesterfield. S40 2AD. *Tel:* 0246 31101. *Retail Sales:* Boots and local chemists.



IPS Drop-Front Pants

#### I.P.S. HOSPITAL SERVICES

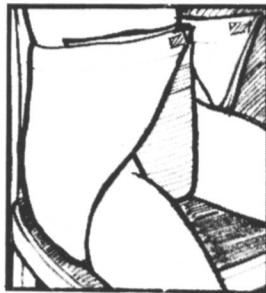
**I.P.S. Drip-Front Pants** Plastic pants with elasticated legs and waist tapes. Drop-front with velcro fastenings. *Hip sizes: From 26". Also, plastic pull-on pants. Bulk orders:* I.P.S. Hospital Services, Victoria Mill, Lower Vickers Street, Manchester M10 7LY. *Tel:* 061-205 3772. *Retail Sales:* As above.



## 4 Incontinence pads

Most of the manufacturers already listed also supply individual absorbent pads, or rolls, which can be cut as required. Some pads are available with a waterproof backing.

**GELULOSE PRODUCTS LTD.**  
**Gelulose Pads** Contain substance which 'gels' when wet—approx. 3 times more absorbent than ordinary pads. Waterproof backing. *Bulk Orders:* Gelulose Products Ltd., 91A King Street, Southport, Merseyside PR8 1LQ. *Tel:* 0704 34518



### Towelling Nappies

Small nappies are available from local nursery shops. Larger nappies may be obtained by mail order.

#### **NEWTON AIDS LTD.**

##### **Large towelling nappies.**

*Sizes:* 30" square and 36" square. *Bulk Orders:* Newton Aids Ltd., Unit 4, Dolphin Industrial Estate, Southampton Road, Salisbury, Wilts. *Tel:* 0722-20441. *Retail Sales:* As above.

Pull out and keep this information sheet. Further copies are available from National ASBAH at a small charge.

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 Also:- **NIGHT DRAINAGE AND LEG DRAINAGE BAGS BY:- ALDON, BARDIC, CHIRON, SETON, SIMPLA, THACKRAY, WALLACE, PORTEX, MEREDITH.**
- We also carry a comprehensive stock of Catheters and Incontinence Sheaths.
- \* Post free postal service—Orders by return of post
- \* OFFICE OPENED DAILY FOR PERSONAL CALLERS

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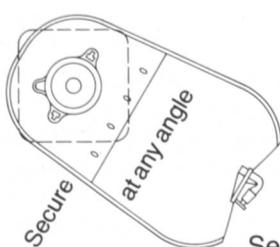
**THE RELIABLE SOURCE OF SUPPLY**

# New for Urostomy!

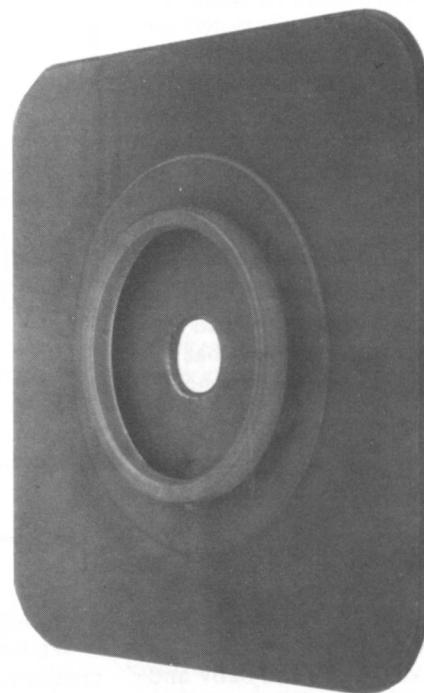
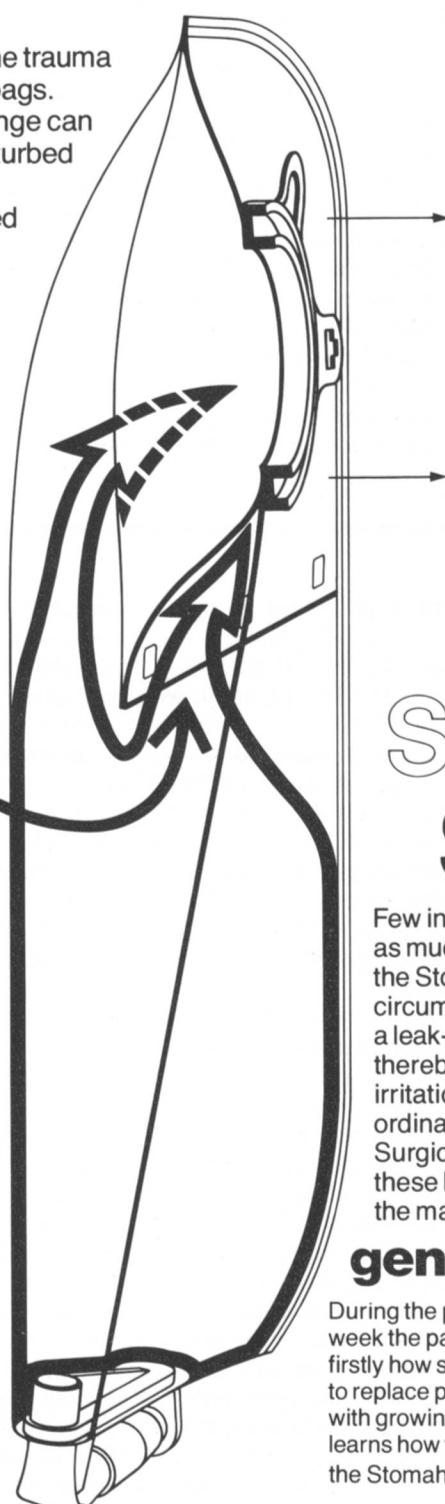
## a new standard of comfort and security

Surgicare™ System 2 saves the patient from the trauma of peeling off adhesive bags. The Stomahesive™ Flange can be left on the skin undisturbed for several days whilst the pouches are replaced as often as necessary.

The non-return valve permits easy access of urine to the lower part of the pouch and efficiently prevents the return of urine to pool in the area of the stoma thus the Stomahesive™ wafer is protected from the breakdown effects of urine and therefore remains secure and leak-free for several days.



Secure closure: easy drainage

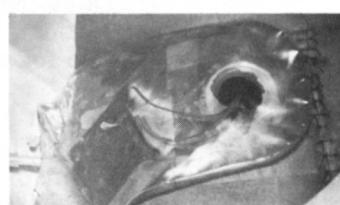


## SURGICARE Trademark **System 2**

Few innovations in the last decade have contributed as much to stoma management as the introduction of the Stomahesive™ wafer. Even in the most adverse circumstances, the Stomahesive wafer makes possible a leak-free attachment of appliances to the skin thereby providing a unique degree of comfort free of irritation and soreness often associated with ordinary adhesives. Surgicare™ System 2 takes full advantage of these benefits which are particularly evident in the management of urostomies.

### generates confidence

During the post-operative week the patient learns firstly how simple it is to replace pouches, then with growing confidence learns how to prepare and apply the Stomahesive™ Flange.



### kinder to the skin

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Address your envelope to Squibb Surgicare Limited, Freepost TK 245, Twickenham TW1 1BR

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Address

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I WILL start this chapter on the ethical aspects of the treatment of spina bifida by pointing out that we can only discuss treatment of an infant who has been born. At present, the treatment of spina bifida with the baby still inside the uterus is quite impossible.

It is also not until the baby has been born that we can form an opinion of how seriously the baby is afflicted. The extent of the disability is thus still a secret until birth—even if an antenatal test has revealed that the baby will be born with spina bifida.

Let us now say we are faced with a spina bifida baby. What shall we do? Should we kill the child? Let it die? Or try to save it?

The immediate consideration must be the results of an examination by an experienced doctor. It must be determined how serious is the disability—the extent of the lesion. I think all of us would accept that if the lesion is not so serious every effort must be made to take care of the baby and improve its situation.

I will therefore concentrate on serious cases of spina bifida. By this I mean an infant who is born with a protruding sac filled with cerebrospinal fluid and containing a defective spinal cord. The sac is not usually covered by anything resembling normal skin and may leak fluid. As a rule the child is paralysed below the level of the lesion which occurs most commonly at the small of the back.

There is a loss of bladder and bowel control and both legs are often paralysed. There is usually impairment of the normal circulation of cerebrospinal fluid, leading to an accumulation of excess fluid in the brain which can result in mental retardation.

Now, what can we do for such an infant?

I said a moment ago that if the lesion is not severe, every effort must be made to take care of the baby and to try to improve its situation. Consequently, and logically, this statement leads to the conclusion that we should not make every effort if the baby is seriously afflicted.

Now I think we all revolt at this last conclusion. We want to say it undermines the sanctity of life. It's a violation of the principle of the

# A QUESTION OF

THIS IS the second of two articles dealing with some of the ethical problems connected with spina bifida.

The first article, which appeared in the last issue of LINK, dealt with antenatal diagnosis and the possibilities which follow from it.

This article considers the question of how far we should go in the treatment of spina bifida babies.

Both articles are based on a lecture given by Stig Melander, to the International Spina Bifida Conference in Stockholm in the Autumn of 1979. Stig Melander is an eminent gynaecologist/obstetrician with 25 years experience.

In his lecture he stressed he was not representing any official authority, nor did he wish to be dogmatic about his views. His aim was to stimulate awareness.

equal worth of all human beings.

We have come here to the crucial point. We have three possible lines—to kill the baby; to let nature take its course, say, by not treating an infection; to attempt to cure the lesion and improve the baby's life.

The principle that it is wrong to kill a human being is so widely accepted that we can draw a line through the first proposition. But what of the second—to let nature take its course.

Ten to 15 years ago few physicians were enthusiastic about treating children with grave spina bifida. But then a team from Sheffield, which had had a great deal of experience of spina bifida, created increasing interest in the early, vigorous and comprehensive treatment of all severe cases.

But later, Dr. John Lorber, a member of the Sheffield group, after careful analysis, stated that not all children with spina bifida should be treated. He proposed that the worst cases should not be treated and presented a list of criteria to be used in making the selection. This proposal has been criticised, but many people think that it is not ethically justifiable to treat the worst cases.

I should add, in order to avoid misunderstanding, that this does not mean that the baby should be denied ordinary care. Such a baby must not be left without

supervision, starving to death in its own urine and excrement. It should be given ordinary care, but not operated upon or perhaps treated for an infection.

In his studies, Dr. Lorber reported that 60–80 per cent of untreated babies died within the first year of life. This can be interpreted in different ways. One is that they do not die quickly. Twenty to forty per cent of the untreated survived for years but lived a pitiful life.

## UNIQUE

The dilemma then lies between treating all children with spina bifida—and so increasing the number who survive with severe handicaps—and not treating some of them—and so allowing nature to take its often long and lingering course.

I find it impossible to give an absolute answer to this. I think every spina bifida baby must be looked upon as providing a unique situation.

And remember we do not have to deal only with the fate of one person, but of many. Besides the baby there are the parents, relatives and so on.

Nor should we forget the effect upon the community and the responsibilities of the community. In a community which is not aware

# ETHICS

## How far should we go in treating spina bifida babies

of the extent of the problem and which has not provided the baby and its relatives with all the help possible, the life of the baby and its relatives can be very hard.

In this context, I recall an essay by Karen M. Metzler. It was entitled *Human and Handicapped* and gave a personal account of living with birth defects, including spina bifida. Karen asks the question: Am I human? Am I less human because my body is not like that of other humans?

Karen had grown up almost entirely in hospital; had an estimated 58 operations, including amputation of her right leg at the age of 16. Imagine what an emotional stress it must have been to her to think of the impending loss of her right leg, having already been handicapped from birth.

But now she has graduated in psychology. Indeed, she has a truly personal and special perspective on the psychological and social responses to handicapped people.

In her essay she tells how at an early age she learned to smile—always to smile—in order to be accepted. And how she was praised for her attitude, admired by others for being strong. But all the time she kept to herself the negative aspects of being handicapped, because, she felt, society had to deny them in order to be free of discomfort.

I think it was the great Dostoevsky who once wrote that the difference between animals and human beings was that man could adapt to practically any kind of situation or living conditions. Man has an unlimited capacity to adapt.

But, if so, it seems to me that one must ask if this ability of man to adapt is an ethically valid reason to permit any kind of overwhelming strain. Should we try to save every gravely afflicted spina bifida child and let its family be severely overstrained by the care of such a child only because those involved ultimately adapt themselves to the situation?

Only those of you with personal experience of the situation can tell me if it may be an overwhelming strain to be a spina bifida person and the family of such a person.

### PRINCIPLES

I myself, will take refuge in the guiding principles given by the Ethical Delegation of the Swedish Medical Association concerning the treatment of infants born with neural tube defects. Here are some of them concerning the treatment of spina bifida infants:

- No strict rules can be set down as to how a doctor should act when confronted with a defective newborn infant. In the gravest cases, where the situation is hopeless, nothing can be done. In easier cases it is natural to do all that can be done. In borderline cases the decision is extremely difficult and still more difficult if we try to take into consideration such a hard concept as quality of life.

- The situation of a defective infant is quite different from that of an adult. The infant cannot understand its situation, nor can it assert its opinion. And no informed consent can exist when the patient is a minor, especially newborn.

- The basic principle must be, however, that the parents must be given information and help to make the difficult “quality of-life decision” involved in what to do with the baby. The opinion of the parents must be given careful attention and the physician should try to maintain close contact with

them. Another authority should be brought in when the physician disagrees with the parents’ decision.

- The development of modern medicine has now reached such a level that uncritical use of all possibilities of treatment can lead to unacceptable consequences. As the situation is now it cannot be regarded as conflicting with Christian ethics nor medical tradition to withhold treatment in certain cases.

I will end these articles by pointing to a concept introduced by Jeffner (1976). In a symposium on the ethics of abortion he coined the term Ethical Laziness. By this he meant the tendency to solve all hard moral problems by totally rigid dogmatic rules without paying attention to the consequences—that is rules without exception.

The way of Ethical Laziness is convenient and it can create security. It can also create insufferable acts of inhumanity.

It is much more proof of fortitude to try to solve ethical problems by considering several aspects and then trying to accept a compromise.

As I see it, the problem of antenatal diagnosis of spina bifida must be a compromise in that way. The couple who have created the new life must decide if they will use antenatal diagnosis and how to handle the situation if spina bifida is diagnosed. If their decision is conclusive, as in Sweden, they must decide whether to terminate the pregnancy or not.

Likewise, what to do with a baby born with spina bifida must also be a compromise.

*In a personal footnote to his speech, Stig Melander departed from his rigorous dissection of the issue. He said: “I want to add that I do not have to perform any intellectual or rational analysis to be sure that you all—my handicapped fellow-beings—have the same human worth as I imagine I have.”*

# HYDROCEPHALUS

## ... our feeling of being isolated

**IT WAS** with great interest that I read the letter from Mrs Jill Penrose in the Nov/Dec issue of LINK.

We adopted our eldest son, Stephen, after fostering him for two years, at the age of six. Stephen has hydrocephalus . . .

During the four and a half years we have had Stephen he has had five operations, three of these connected with his valve and we have been told by the neuro-surgeon that unfortunately Stephen will always require surgery for his shunt and he depends totally upon it.

Many, many times we have been asked by members of the medical profession whether we knew about Stephen's hydrocephalus when adopting him, and always they have shown amazement that we have voluntarily taken a child into our home with this condition.

However, like Mrs Penrose, we have felt isolated as we have never been able to find any information on hydrocephalus since taking LINK. We joined the local branch of ASBAH, but all the meetings relate to spina bifida and its problems.

We are very concerned for Stephen's future and have had a hard fight to get him into and keep him in a normal school—not because of any lack of intellect on his part but because the staff were not keen to accept the responsibility for him in case of accident etc. while in school.

My husband and I would very much welcome Mrs Penrose's points being tackled by LINK and look forward to hearing what you have to say.

HILARY CHELLINGWORTH  
Hall Green, Birmingham.

## ... brain scan facilities

*Jon and Julia Calthrop also wrote commenting on Mrs Penrose's letter:*

**IT IS** entirely understandable that LINK should devote itself primarily to people with spina bifida, but please do give the matter of hydrocephalus some attention.

Rebecca was our first child and we had no idea whatsoever about this condition. It is only in the last 18 months that we have found out about ASBAH.

For the benefit of other parents . . . it is worth knowing that some Health Authorities outside London now have Brain Scan Facilities. A scan should show exactly what the problem is. If your

Area Health Authority hasn't one, ask your Doctor if a neighbouring Health Authority has one. If necessary arrange to have one done privately, if there is no other way.

We were not told a scan was possible until our child was about four . . . it would have helped to have known the true facts from the start.

We do not have private health insurance, neither do we have unlimited means. We do feel, however, that our daughter must have the best medical advice, whatever financial sacrifice we have to make!

**JON and JULIA CALTHROP**  
Cropwell Bishop, Notts.

## ... boost to morale

*Another mother writes:*

**AS THE** mother of a 15 month old girl with hydrocephalus alone, I was delighted to read the letter from Mrs Penrose.

I try not to think too far ahead and just enjoy each stage Katie reaches alive and well. Reading about Jane (Mrs Penrose's daughter) doing so well at the age of 13 gave a tremendous boost to my morale. Perhaps we could hear more in LINK about older children with hydrocephalus and how they have coped . . .

I should be very pleased to meet or correspond with anyone else who has a similar child and suffers from the same sense of isolation that Mrs Penrose mentions.

**MRS LESLEY DIBBEN**  
25 North Road, Broadwell,  
Coleford, Glos.

*The letter from Mrs Penrose prompted quite a lot of correspondence from parents of children with hydrocephalus. LINK 'has got the message' and makes a start on answering some of your queries with an article on 'Tests on Valves in Hydrocephalus' on page 8.*

## 'Active' Conference

'Active', an organisation dealing with the provision of learning and leisure aids and equipment for disabled people, will be holding its annual conference and A.G.M. at Sheffield Polytechnic on Saturday, April 12th 1980. Further details from Brenda Lockley, The Family Centre, Union Road, Nether Edge, Sheffield 11.

***It's a Great Life***

by Dorothy Baldwin

Price £1.10, plus 70p postage from BBC Publications, 35 Marylebone High Street, London W1M 4AA.

IT'S A great 'think-in' book for teenagers; a sympathetically written, well-designed and beautifully illustrated book that encourages readers to think through problems on their own.

It is written primarily for young people on the threshold of grown-up life and charts the sometimes perilous, stormy waters of adolescence. The reader is lead through courtship, relationships with others, marriage, and how to face up to various problems and difficulties. Throughout it offers practical advice. It's a book to help *all* young people, including those who have physical and mental handicaps.

This is a BBC publication, written in association with National Children's Homes and published along side the BBC Television series *It's a Great Life* transmitted on Sundays on BBC1 from January 6.

***Intercommunity***

a magazine published three times a year by the Central Bureau for Educational Visits and Exchanges, 43 Dorset Street, London W1H 3FN.

Subscription: £1 per year (30p per issue to include postage).

THIS IS very good reading for any young person interested in travelling abroad—perhaps an exchange holiday, study tour, education visit etc. It also carries news about travel and exchange opportunities for the disabled.

***Film: Access for Disabled People***

16mm, optical sound, colour. 6½ minutes. Catalogue Reference No: UK 3382. From Central Film Library, Government Buildings, Bromyard Avenue, Acton, London W3 7JB.

Hire charge £5.50 plus VAT.

A SHORT film illustrating the access difficulties faced by disabled people is now available for hire. It is narrated by Richard Baker and has been produced by the Silver Jubilee Committee on Access.

***Financial Assistance for Disabled Students***

available from the National Bureau for Handicapped Students, Middlesex Polytechnic, All Saints, White Hart Lane, London N17 8HR.

Price 20p per copy.

THIS UPDATED leaflet includes sections on special allowances for disabled students, entitlement to supplementary benefit during term time and holidays.

***Directory for the Disabled***  
compiled by Ann Darnbrough and Derek Kinrade, and published by Woodhead-Faulkener in association with RADAR.

Price: £3.60 paperback; £8.25 hardback.

THIS second edition of the directory has been updated and expanded, and now includes information on subjects ranging from statutory help, education and employment to aids and leisure activities. There is also a list of useful names and addresses.

# Growing Concern?

Your concern - and ours - is to help incontinent youngsters and adults maintain their confidence.

Incontinence is a problem, but it can be solved in a word - **INCO**.

The combined range of **INCO** products offers complete protection which aids both the wearer and the family at home.

**INCO garments** - made from supple PVC with a drop-front for easy changing, are available in seven adjustable sizes to ensure a perfect individual fit.

**INCO pull-on pants** - especially suitable for more active patients. Made in five sizes, the elasticated legs and waist give the wearer complete protection.

Both garments are washable, waterproof and suitable for either sex.

**INCO Roll** - made from highly absorbent cellulose, soft cotton wool encased in a knitted tubing, gives maximum protection, and may be used with either INCO garments or pull-on pants.

***INCO Garments & Rolls for comfort and confidence***

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# Mrs Thatcher hands Sir John his sword

1980 HAS begun with a vengeance as far as fundraising plans for ASBAH are concerned and all of us in the national appeals office will be doing our very best to ensure that this will be a bumper year for the Association.

A good note on which to start was the news that the Prime Minister agreed to present the Wilkinson Sword Trophy to the Member of Parliament raising the most money in the Parliamentary Sponsored Swim. This ceremony took place in February in the Jubilee Room at the House of Commons.

The winner was Sir John Eden, who collected a staggering £3,000 towards our work. Mr. Jim Spicer, Chairman of the event, came second with £1,750 and Mr. John Prescott, covered a distance of nine miles, raising an excellent £1,560.

Altogether the Swim raised more than £13,000.

Not resting on our laurels, Barry Mishon arranged yet another of his spectacular evenings—this time a Gala Dinner and Ball at the Metropole Hotel in Brighton on March 23.

The Syd Lawrence Orchestra was engaged—an attraction in itself—and the theme and decor of the ballroom was to be a Hollywood "40s style" film set. For this Barry had the close support of Pinewood Studios, Theatre Projects, Thames Television and Warner Bros. Pictures. A Brighton florist agreed to provide special floral displays and a firm in Edgware, a rock water garden and fountain!

As the event was being planned it was anticipated that many celebrities would be supporting Barry, yet again, to add glamour and excitement to the event. Those who had already indicated their willingness to attend included Ava Gardner, Christopher (Superman) Reeve, Melvyn Bragg, Peter Egan, Shaw Taylor, Pete Murray, Ursula Howells, Francis Matthews and

Angela Browne, with additional promises subject to availability from Joan Collins, Bryan Forbes, Nanette Newman and Bianca Jagger.

Comedy was well taken care of by the agreement of Mr. Rowan Atkinson to attend. He is one of the bright stars of the 1980's already seen in BBC's "Not the Nine O'Clock News" and in the Amnesty Concert held in Her Majesty's Theatre during the latter part of last year.

Next comes the major social event in ASBAH's calendar, the Crown Jewel Ball at the Dorchester Hotel, which will be held this year on April 16. Sadly, our Patron will not be able to be with us, but we are to be honoured by the presence of Prince and Princess Michael of Kent, but I am sure the evenings will prove to be a memorable one and we hope to beat last year's result of £8,000.

Many other new and interesting ways of attracting income for ASBAH are in the pipeline and will be announced in LINK in due course. However, jumping to the end of the year, as a result of various discussions with local association members around the country, you may be interested to learn that ASBAH has decided to follow the established lead in transferring the Christmas card campaign to Webb Ivory Ltd.

There have, in the past years, been various criticisms of the limited range offered by J. Arthur Dixon and, while we appreciate all that they have done for the Association in the past, the time has come to pursue a larger profit for the trading company and to this end I hope that the increased range of cards and small gifts which we will be offering through Webb Ivory next Christmas will be worthy of your consideration. We shall be able to offer you a better percentage through the head office than is available from their general brochure.



## Denise cashes in

WINNER of £1,000 in the Cashcade for Charity lottery, Denise Benstead, flanked by snooker player Tony Meo (left) and Paul Went, Leyton Orient footballer.

Denise, who has spina bifida, bought the winning 25p ticket from a shop in Ilford.

Mr H. D. MacFarlane ("Mac") of ASBAH presented Denise with her cheque at the Woodbine Centre, Ilford, where she is a member. She is keen on sport, particularly snooker, and had the chance of meeting well known snooker player Tony Meo, and Paul Went of Leyton Orient.

Cashcade for Charity benefits ASBAH and seven other major charities. There are £50,000 in prizes every week ranging from 25p to £1,000. Tickets are available through a network of over 8,000 retailers.

It is an added bonus that Cashcade—while helping ASBAH's work—has already benefited someone with spina bifida on a direct personal level.

**Photo: The Ilford Recorder.**

May I take this belated opportunity of wishing you all a very Happy New Year and indeed a prosperous one in all your undertakings, particularly on behalf of ASBAH.

**JUDY KAY**  
Director of Appeals

# CLASSIFIED 'ADS'

The advertising rate is:

£1.50 for up to 30 words. £2.50 for 30-45 words.  
£3.50 for 45-60 words.

Please send remittance with your advert. You may like to pay for a whole year's advertising in one go.

Adverts for the next LINK (May/June) should be in by April 5. Send to the Editor Mrs Susan Gearing (or telephone her on Langton 3351).

## HOLIDAY ACCOMMODATION

**BURTON BRADSTOCK, Dorset:** Luxury 6 berth caravan. Details: Mrs. C. Bugden. Tel: Southampton 444921.

**CAISTER-ON-SEA:** 6-berth caravan. Mains electricity, gas, shower, TV. Details: Mr. L. J. Fletcher, 48 Humes Avenue, Hanwell, London W7 2LP. Tel: 01-579 2623.

**GOLDEN SANDS, VORRYD, RHYL, N. Wales:** 8-berth caravan. Mains water, electricity, gas, shower, television. Every facility on site, right by sea. Details: Mr S. Foster, 84 Elmwood Drive, Blythe Bridge, Stoke-on-Trent. S.a.e.

## ASBAH booklets etc . . .

<i>Your Child with Spina Bifida,</i> by J. Lorber, MD, FRCP	... ... ...	25p
<i>Your Child with Hydrocephalus,</i> by J. Lorber, MD, FRCP	... ... ...	20p
<i>Children with Spina Bifida at School,</i> Ed. P. Henderson, CB, MD, DPH	... ...	30p
<i>The Care of an Ileal Conduit and Urinary Appliances,</i> by E. Durham Smith, MD, MS, FRACS, FACS, and others	... ... ... ...	15p
<i>Aids and Equipment</i> ...	... ... ...	*60p
<i>Sex and Spina Bifida</i> by Bill Stewart ...	... ...	*£1

(75p to LIFT members)

<i>The Handwriting of Spina Bifida Children</i> by Joan Cambridge and Elizabeth M. Anderson	... *	£1
Information leaflets	... ...	100 for £1.30

All available from ASBAH, Tavistock House North, Tavistock Square, London WC1H 9HJ. (Special rates available to Local Associations.) Please note that postage is extra. Allow minimum of 12p per booklet.

\*Postage—17p.

### Scottish Spina Bifida Association Booklets

<i>Growing up with Spina Bifida</i>	... ... ...	30p
<i>The Spina Bifida Baby</i> ...	... ... ...	30p
both by O. R. Nettles, McSP, ONC.		
Available from: The Scottish Spina Bifida Association, 190 Queensferry Road, Edinburgh EH4 2BW (at special rates for bulk orders).		

### FUND RAISING AND PUBLICITY MATERIAL

#### Posters

<b>Best Foot Forward 20 x 30 in.</b>	... ... ...	10p each
<b>Best Foot Forward 15 x 10 in.</b>	... ... ...	10 for 40p
<b>For local publicity 15 x 10 in.</b>	... ... ...	10 for 40p
<b>Car Stickers</b>	... ... ...	2p each
<b>Plastic Lapel Badges</b>	... ... ...	3p each

All available from Appeals Dept.—postage extra.

**Film 'Appeal for ASBAH' 10 mins** ... ... ..£4 Hire  
**16 mm Colour/Sound** ... ... ..£4 Hire

The Appeals Dept. carries a range of fund-raising items, i.e. pens, key rings, kits, games, etc. Send for list and order form.

**Flag Day equipment** can be obtained direct from: Angal, 48a Holmbush Road, London SW15 3LE (01-788 5464).

**HEYSHAM**, Nr Morecambe: Purpose built 6-berth fully equipped mobile home. Convenient and accessible for the largest wheelchair. Large bathroom. Details: Mrs H. Campbell, 9 Belton Road, Whitchurch, Salop. Tel: Whitchurch 3691.

**MABLETHORPE**, Lincs.: 2 well-equipped 6-berth chalets, self-contained, at Mablethorpe Chalet Park, Links Road. Details: Mr. B. Guest, 57 Bloxwich Lane, Walsall. Tel: Bloxwich 31725.

**MABLETHORPE**, Lincs.: Well-equipped holiday chalet, sleeps 6. Colour TV. Details (s.a.e. please): Mrs. G. Foster, 47 Almond Avenue, Lincoln.

**MILLENDREATH**, Nr Looe, Cornwall: Well-equipped holiday chalet (sleeps 6). Easy access. Details (s.a.e. please): Mr T. Gardiner, 72 Dale Valley Road, Oakdale, Poole, Dorset. Tel: Parkstone (0202) 744873.

**MILLENDREATH**: 1½ miles from Looe, Cornwall. Holiday chalet, sleeps 6. Well-equipped. TV. Club facilities. Easy access to beach. Details: K. B. Jackson, c/o Naylors of Plymouth Ltd., Valley Road, Plympton, Plymouth PL7 3RL. Tel: Plymouth (0752) 336683.

**NEW FOREST**: Well-equipped 4/6 berth chalet. Swimming pool, paddling pool, restaurant, playground and shops on site. Details: Mrs M. Nuttall. Tel: Horndean 593996.

**SELSEY**: Well-equipped mobile home, 6-berth, Especially designed for the handicapped. Site amenities. Details: Mrs. C. Bugden, Tel: Southampton 444921.

**WESTWARD HO, North Devon**: Chalet bungalow. Sleeps 6. Excellent site facilities. Details (s.a.e. please): Mr. G. Oakley, 52 Avenue Road, Coseley, Bilston, West Midlands.

**WINTERTON-ON-SEA**, Nr Gt Yarmouth: 6-berth chalet. Indoor swimming pool, shop, play areas. Details: Mr R. Morris. Tel: High Wycombe 32184.

**WITHERNSEA**: Well-equipped 6-berth chalet at Golden Sands Chalet Park. Shop, licensed club, play areas, amusements on site. Details (s.a.e. please): Mrs. P. O'Callaghan, 14 Dyer Lane, Wheatley, Halifax. Tel: 0422 56402.

## FOR SALE

**Leisure Wear**: White cotton Tee Shirts with green Family symbol and words 'Support Spina Bifida' £1.60 each size 22"-30", £1.85 each small, medium, large. Also quality

**Sweat Shirts** with reverse colours in all sizes including extra large adults. All at £4.50 each plus postage. From Mrs M. Humphreys, 27 Orchard Way, Holmer Green, Bucks.

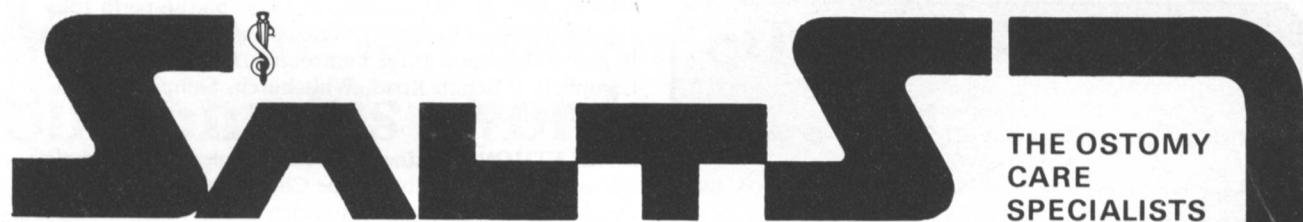
**Braun Battery Car**: As new £400 or nearest offer. Please contact Mr. Broadstock, 116 Ridgeacre Lane, Quinton, Birmingham. Tel No. 021-422 0720.

## Local Associations changes

THE FOLLOWING changes of Honorary Secretaries have taken place since the last LINK. A full list of Associations will appear on the back of the next issue:

**BUCKS & E.BERKS**  
Mrs M R Humphreys,  
Priory Centre,  
11 Priory Road,  
High Wycombe, Bucks.

**NEWRY & MOURNE** -  
Mrs P Rushe,  
261 Bancroft Park,  
Newry, C.Down.



THE OSTOMY  
CARE  
SPECIALISTS

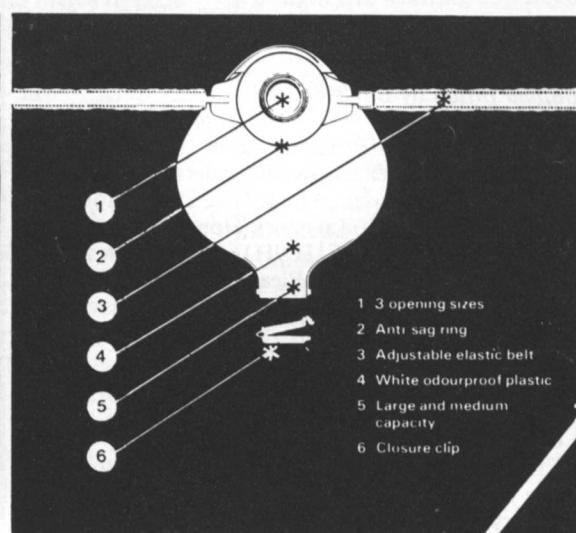
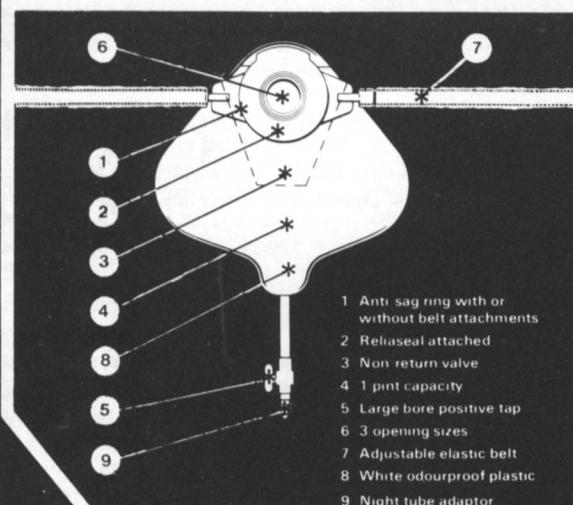
# offer something extra

In addition to the finest ostomy equipment, a service throughout the country which is designed to care for ostomists. Qualified stoma fitters and ostomy appliance advisors are available to help with any problem associated with the wearing of appliances. These services are free from charge, and are without obligation. Troubles with leakage, odour, soreness around the

stoma, skin excoriation, and allergy, are effectively dealt with every day. Home visits can be arranged if it is impossible for an ostomist to visit one of our many stoma centres throughout the country. Please write or telephone Salts if you have problems and help will be forthcoming. The appliances shown below can be tried by you, free from charge and without obligation.

## LW URINARY POUCHES

are complete appliances and can be worn without any additional accessories, though some ostomists prefer the added feeling of security which LW accessories can provide. LW is disposable, is odourproof, is soft and rustle free, is self-adhesive, and can be worn for up to one week before changing. Cotton bag covers can be provided, and alternative adhesives are available for use with pouches without Reliaseal attached. 3 opening sizes available: 1", 1½" and 1¾".



If you would like to try either of the above appliances, please complete the coupon opposite and post to the address below. NO STAMP IS REQUIRED. You will then receive a sample of the basic appliance free from charge and without obligation.

### IMPORTANT

To obtain the best result, please state the diameter of your stoma. If you cannot measure accurately please ask Salts for a stoma measurement guide.

**SALT & SON LIMITED,  
FREEPOST, BIRMINGHAM B4 6BR**

L/78/U/1

NAME .....

ADDRESS .....

TYPE OF APPLIANCE ..... OPENING .....