The LincPIN

The Lincolnshire Post-Polio Information Newsletter
Volume 4 - Issue 11 - August 2004

WebSite - http://www.lincolnshirepostpolio.org.uk

From Henry's Desk:

The Great Crippler, Then and Now

The poliovirus is a unique virus. This virus only thrives in humans. It can enter your body by an oral pathway, cause a gastrointestinal illness and leave your body with no apparent residual damage. More people had polio this way and probably never knew it. The other extreme of this

virus was its success as the great crippler of children. It was also a killer of children. This virus could invade a human body and kill in a few days. Death resulted from respiratory failure or from the overwhelming viral invasion of the entire central nervous system leading to coma and death. The observed and later written observations and descriptions of children dying from acute polio are emotionally draining to read. Most of us who experienced polio did so in childhood and many were left with residual damage that set us apart from our peers. The most commonly used word to describe this damage was "crippled." Many larger cities had hospitals for crippled children "Crippled" is a painfully accurate word. The Merriam Webster Dictionary traces "cripple or crippled" to the fourteenth century. It means:

1 : to be deprived of the use of a limb and especially a leg
2 : to be deprived of capability for service or of strength, efficiency, or wholeness

The crippled state of polio survivors could cover a vast range of limitations. It could be something as minor as a visually undetectable weakness in one ankle to a near quadriplegia state

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Lincolnshire Post-Polio Network,
69 Woodvale Avenue, Lincoln, LN6 3RD, UK
Tel: +44 01522 888601 Fax : +44 0870 1600840
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Next LincPIN Newsletter - October 2004
Articles for publication by 15.9.04 by post or - newsletter@lincolnshirepostpolio.org.uk
Founder & Chair - Hilary Hallam - hilary.hallam@lincolnshirepostpolio.org.uk
Treasurer - Denise Carlyle - denise.carlyle@lincolnshirepostpolio.org.uk
Secretary - Di Newman - di.newman@lincolshirepostpolio.org.uk
Membership Secretary - Robin Butler - robin.butler@lincolnshirepostpolio.org.uk
Mar-y-Mail - mary.kinane@lincolnshirepostpolio.org.uk
Committee - Pauline Butler, Mary Kinane, Sheila Dunnett
Phone Team - Leader Di Brennand **-** di.brennand@lincolnshirepostpolio.org.uk
Phone Team - Pat Hollingworth, Margaret Edmonds, Pat Butler
Lincolnshire Post-Polio Network WebSite Administration
Chris Salter - netadmin@lincolnshirepostpolio.org.uk

Editorial by Hilary Hallam.

On the back page of this issue you will find details of Member Derek Paice's new book. Birds, Fools and Angels. It is an action/romance novel with significant autobiographical content, including his time in the RAF in Lincolnshire. Read an article about Derek starting on Page 6.

Last week we received an email from a Polio Survivor in Nottingham seeking information on the newspaper notification about the City Isolation Hospital in Lincoln back in the 50's. See Page 7 for how this looked. This led to a trip to the Library and extended the theme of this issue.

The LincPIN is now produced and posted to you by a team of members. Barry and Olivia Branston pack and post it. Robin Butler gets it printed. Len Van Zyl is going to set it up in a new format next issue. I do the Editorial and will provide Len with the articles - and some of them come from members like Ellen Riddle, our Texas One Arm Bandit. There are still more folks in this team. Can you guess who they are? YOU, the reader. If you have stories, articles, hints tips or bits, gripes, whatever, then post them to our main address or email them to newsletter@lincolnshirepostpolio.org.uk

Phone Team - Firstly on behalf of you all I send healing thoughts to Pat's husband who is in hospital. Secondly I would like to welcome Judy Barter to the Phone Team. She is 65 and had polio as a child which left her with one leg shorter than the other. She is married with two grown up sons, and two grandsons. She is now having problems with PPS and has to wear a brace on her bad leg. She is great fun and is enjoying being on the phone line and has spoken, she says, to some most interesting people!

AGM. Yes it's coming up to that time of the year again. The date is Saturday October 16th 2004 from 10.00 a.m. to 5.00 p.m. and the venue is The Memorial Hall, North Hykeham, Lincoln. See pages 21 and 22 for more information. **Please**, it would really help us if you either emailed us the information - I cannot come/hope to be able to come/can come - or return the Reply Slip.

Offers to help with any of the tasks that are necessary will always be gratefully received. If you think you could spare an hour or two a week/month then why not give us a ring/email us.

Do you find doing more than one thing at once now difficult. Suggested terminology by Len Van Zyl is that we used to multi-stream and now find we are only able to single stream. E.g. If you are watching TV do you notice when someone starts talking in the room before they are half way through their sentence. Can you switch from task to task as easily as you used to? Write and tell us your experiences—more info next newsletter.

IN MEMORIAM

Sylvia Dymond
who was a member for many years
passed away on Sunday 8th August 2004.

Marie, her carer for the last six years
rang this week to let us know that
Sylvia after many years of
being cared for at home by visiting carers
decided to go into a Nursing Home
on July 20th.

Sylvia often spoke to Committee Members
on the phone
and was a lively contributor
to late night radio programs
in the South of England.

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requiring the use of a wheelchair or leg braces and crutches. Definition number one above is fairly easy to understand and comprehend. Treating the crippled state of an extremity was often easier to accomplish. Many were fortunate to be able to regain all or almost all of the use of a weakened extremity because of physical therapy and exercise. Of course now we know that undamaged motor neurons were capable of sprouting additional dendrites to innervate more damaged muscle groups and result in increased function of these previously damaged muscle groups. Even when the damage was extensive a well fitted brace would make it possible for a crippled leg to support weight and make it possible for a crippled polio child to get back on his/her feet and return to the world beyond the security of home. Returning to school, socializing with able-bodied friends, going to church, movies, soda fountains, toy stores, and playgrounds were again possible. Many of us are familiar with this pilgrimage.

I am more intrigued by the second part of the definition above. The concept of "wholeness" or a sense of "wholeness" is an important aspect of anyone's development. If that feeling of wholeness is altered by the reality of being crippled, then the developing child and adolescent has to either withdraw from the risks of socialization or find ways to cope and defend himself/herself out in the world. I am convinced that almost all of us chose the second route; that is we engaged the world around us despite the interpersonal risks. The fruits of taking this risk surround us as we read about the accomplishments of polio survivors, know first hand about the courage and perseverance of polio survivors from our own interaction with them in support groups, and from what the able bodied have said about us.

Almost by necessity, most of us compensated for our crippled state, denied the reality of our crippled appearance, and made every effort to be normal in the normal world around us. If crippled in reality and feeling a lack of wholeness, as adolescents how did we cope with the challenges of relating to the opposite sex? Did we feel inadequate or simply uncomfortable in the social undertaking of dating? By excelling in other areas, many of us compensated and sublimated successfully in an attempt to level the social playing field. Since the vast majority of us married and worked productively, we apparently did succeed in our social and employment strivings.

Now as older adults we have had once again to face the second part of the definition above. Many of us are physically weaker, less efficient and less capable of providing service. Some probably feel less whole, and thus we are "crippled" again by Post-Polio Syndrome, the second Great Crippler. Most of us had never even imagined such an intensified decline in our overall functional state, as PPS has forced so many of us to accept. Most of us knew that we would get older, but thought that we would age more like our older family members or people we knew in the senior generation. For so many PPS has aged us prematurely. Those of us who may live alone now realize our vulnerability to losing our independence and having to find assistance in areas that most of our

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able bodied peers are not yet forced to face. Those of us who have able-bodied spouses are discovering that we depend on that spouse for some of the simple tasks of daily living. Our spouses are no longer young and do not always have the energy to carry the extra burden. In simple terms, all of this PPS stuff seems so unfair.

In our initial struggle with the Great Crippler, we were determined, generally optimistic, youthful in spirit, and found our way in the race of life. With this second round with the Great Crippler we are tired, not as optimistic, have to lower our expectations despite our determination, and still find our way at a slower pace in the race of life. We have all read the articles and listened to the lectures by the growing number of PPS experts, most of whom are younger than we are. We are reading more and more about the deaths of old polio survivors in our newsletters. Our numbers will continue to shrink just as the veterans of World War II; the survivors of the Holocaust and members of Tom Brokaw's Greatest Generation will diminish. Hopefully there will be a day in this century when polio and photos of its crippled children will only be recorded in history books and historical medical texts.

We have not finished the race of life. But what is left for us to do? I think we should tell our stories and share our pilgrimage as a result of this disease. If you cannot tell your story, write about it or if artistically inclined, illustrate it. If we do not, future generations will never know. We probably would do well to establish more oral history collections within our respective support groups. I have often thought that we would do well to have a national or even an international magazine or journal that was personal and historical and not just medical and scientific. The Multiple Sclerosis Society has an excellent periodical. For so many people with the same disability, we are relatively fragmented. There are countless PPS newsletters and websites that often publish some of the same articles. To my knowledge the only national publication that serves us is Post-Polio Health International (formerly Polio Network News or Gazette International Networking Institute or GINI). This publication is excellent, but is only published quarterly and is limited in size. I believe that there are many untouched and undiscovered sources of polio witnesses in written form, personal memories, and even in old newspapers. This October I am scheduled to make a Grand Rounds presentation at the Medical College of Virginia (now Virginia Commonwealth University Medical School), the medical school from which I graduated thirty-seven years ago. My topic will be "Polio, MCV, and Me." I will attempt to describe my early experience with polio, the importance of MCV in my life, and a biopsychosocial overview of the disease of polio from my own analysis and the witness of others who will help me with this presentation.

The race is not over. Slow down and share your story. If necessary, get someone else to help you share your story. People will listen or will read. Stories from polio survivors are not fiction. They are real. *The Diary of Anne Frank* has done more to preserve the memory of the Holocaust than perhaps any other single publication. This was a simple but brilliant diary by a teenage girl who told her story as it happened. Time is growing short. Tell

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your story of human suffering, of your splendor in the grass, and your faith that looked past death. William Wordsworth wrote it much better than me.

INTIMATIONS OF IMMORTALITY FROM RECOLLECTIONS OF EARLY CHILDHOOD

Then sing, ye Birds, sing a joyous song!
And let the young Lambs bound
As to the tabor's sound!
We in thought will join your throng,
Ye that pipe and ye that play,
Ye that through your hearts to-day
Feel the gladness of the May!
What though the radiance
which was once so bright
Be now for ever taken from my sight,
Though nothing can bring back the hour
Of splendour in the grass,
of glory in the flower,
We will grieve not, rather find
Strength in what remains behind;
In the primal sympathy
Which having been must ever be;
In the soothing thoughts that spring
Out of human suffering,
In the faith that looks through death,
In years that bring the philosophic mind.

Henry Holland—Henry4FDR@aol.com

Article about Derek Paice written by Rick Mendosa.

http://www.mendosa.com/index.html

All people with diabetes stand to gain from the Derek Paice's LOSS. A 71-year-old research engineer who was diagnosed with diabetes 11 years ago, Derek applied engineering principles to determine how inputs--food--related to outputs--his blood glucose levels.

The result was his Low Sugar Score (LOSS) Diet. This way of eating, neither low nor high carb, leads not only to lower blood glucose levels but also helps to reduce weight, he says.

He did find that carbohydrates had a rapid and major impact on his blood glucose levels. Protein had a smaller and much slower effect. In fact, carbohydrates increased his blood glucose level from 3 to 20 times faster than protein, depending on the glycemic index of the carbohydrate. Fat didn't seem to have any direct effect on his blood glucose level. And fiber slowed down the rate at which his blood glucose increased.

Derek's LOSS diet avoids those carbohydrates that are quickly broken down in the intestine, causing rapid increases in blood glucose levels. These carbohydrates have a high glycemic index.

"I find that low glycemic index foods (such as high fiber cereals and soy flour bread with cheese) give me the best control," Derek says. "I handle breakfast and lunch that way every day, but I like to vary dinner, and that's more of a challenge. For me the best approach is simply to stay away from substantial amounts of high GI foods."

After hundreds of experiments on himself and thousands of fingerstick tests over the past six years, Derek developed an extension of the glycemic index that he calls the "substance glycemic index." or SGI. You don't need to know the composition of the food, only how much it weighs.

He describes his results in a 51-page booklet, "Diabetes and Diet: A Type 2 Patient's Successful Efforts at Control." The SGI provides a means to select foods or meals having a defined effect on blood glucose on a day-to-day basis. "That's how I control my type 2 diabetes," he says. He also uses it to estimate his hemoglobin A1c measurements, which reflect long-term average blood glucose levels. "Using the test results in my booklet, I reduce my hemoglobin A1c from 9.0% in October 1993 to 5.4% in September 1997," he says.

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CITY HOSPITAL

Today's report on patients in Fever Wards; Ill, (relatives may inquire by telephone); 349, 262, 9, Making satisfactory progress: 268, 61, 86, 97, 132, 137, 143, 146. All others convalescent.

Dug up from Archives

Our email info line brought in a request from a Nottingham Polio Survivor looking for newspaper cuttings regarding the people in the Lincoln City Isolation Hospital back in the 50's.

A search at the Library and other material we have filed follows.

DIGBY VILLAGE LINCOLNSHIRE

Courtesy of the Sleaford Standard

Thursday July 27th 2000
page 15

PAINFUL MEMORIES OF A POLIO EPIDEMIC

Some of you may be afraid of needles when you got to the doctor to have your jabs, or may find it a painful chore – some may even mistrust inoculations after hearing bad stories about side effects. But it can only be a minor irritation compared to the horror and heartbreak which such diseases could bring.

Half a century ago the village of Digby was fatal proof when it was hit by the worst disaster since the plague*. This summer marks the 50th anniversary of the village being stricken by a polio epidemic.

During the outbreak, 97 cases were diagnosed and there were 13 deaths, some adults but mostly children. Many who recovered were crippled and at one point even the village doctor, Thomas Smallhorn of Ruskington, contracted the disease.

By the time the epidemic subsided it had spread to Sleaford.

Poliomyelitis, or infantile paralysis, is inflammation of the spinal cord and struck with deadly speed in the days before systematic vaccination in schools.

So serious was the 1950 outbreak that schools were closed, premises disinfected with 'fog balls'* and an all out attack was made on the insect population by spraying insecticide on ditches and rubbish.

Flies

No-one really knew where the epidemic had spread from but it went on for 11 weeks. The summer was hot and flies were everywhere, but it could have been carried in the water.

"It was almost like a plague," said the Rev. Cyril Clarke of Digby in an old newspaper cutting. "Most of the young children were affected. Many of them were partly disabled."

First fatality was little Frederick Beddall, of the Pinfold in Digby, and the number of cases rapidly snowballed. Any aches and pains were suspected, but many people probably had a mild dose and never realised it.

Villager Linda Burden has been researching the village's history and discovered that when the plague carried off a quarter of the village population in 1604 the victims were said to have been buried on The Pinfold (then known as common land). It is ironic then, that a concentration of polio cases should have affected that newly built 32 house council estate on the same plot centuries later.

On July 9, 1950, four year old Joan Greetham, living at number nine in the Airey houses complained of "Feeling funny". Her mother put her to bed. On July 10, Mrs. Skelton, of number 15 noticed her five year old son, Keith, was feverish and sweating. She put him to bed and sent a message to Dr. Smallhorn thinking it was measles. Over the following days older children on the estate "felt funny" and Dr. Smallhorn officially and calmly declared the outbreak of polio.

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Painful memories

For those who survived and still remain in the village, it still holds painful memories.

One woman who escaped the disease but remembers the days when the village had to be quarantined, preferred not to be named out of respect.

She said, "Every day you wondered who you would hear had gone down with it next. Dr. Smallhorn was a marvellous man. We had a residential nurse too who lived here and was not allowed to leave and only tended to the polio victims, she luckily didn't get it."

She knew of case on The Pinfold estate and North Street. The new cases held most of the young families, whereas the old part of the village housed the older people – but the epidemic brought solidarity as fathers and sons were going down with the bug from the estate. There were two deaths in Rowson within a week – a father and son – and it reached Kirkby Green too.

Provisions

Digby was voluntarily isolated as a precaution and the milk was delivered in waxed packets rather than glass bottles to avoid contact with the 375 villagers and possible spreading, all other provisions were left at the edge of the village or at a garden gate for collection too. Medical boffins had all glasses and bottles checked for adequate disinfection and a system for screening the sewage from the concrete cladded "Airey houses" on The Pinfold was set up. It was discovered that personal contact was the main danger of infection. When the water was suspected fresh supplies were carried in from Sleaford. The fish and chip van and mobile cinema were asked not to come and two local bus drivers and a conductor living in the village were given time off work.

Attacks

In a 20-mile ring around the village, swimming baths were closed, telephones were cleaned and every possible hospital operation was postponed, for polio often attacks people convalescing.

Our veteran village remembers the first public meeting called by Dr. Smallhorn and fellow doctors. They stood around the village cross in the open air to cut down possible infection. He warned people of the disease and explained not to be frightened unduly.

The county's top medical experts were drafted in and had it in check by mid August using the isolation methods. Villagers just carried on working in the nearby fields – luckily the community was largely self-contained.

"Everyone did what they could to help the victims and the ambulance were going daily taking people for treatment in Harlow Wood Hospital near Mansfield" remembers our villager. Isolation hospitals in Grimsby and Lincoln were also used and staff worked 24 hours a day on the Digby crisis.

Great relief.

She remembered Annie Hanson of Church Street would travel in the ambulances comforting the sufferers. "It went on for months and months and it was a great relief when it ended. It was a very frightening time."

Some had to be in hospital for weeks and were left wheelchair-bound or with affected limbs, some needing wires on their boots and special slings for their arms to get about such as Ken Skelton.

A Mrs. Gresswell of North Street, who was 90-years-old, was never told of the epidemic as people didn't feel the need to bother her!

A newspaper reporter visiting after the all clear asked a housewife how they would celebrate now they were out of danger.

"There's nothing to celebrate," she said. "No time for celebrating anyway. Got to get my husband's supper."

A television company is now considering making a documentary on the subject.

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Now we go back in time to the papers of the 1950's….

Sleaford Gazette

July 1950
Paralysis cases in Digby Area

The following statement has been made by the East Kesteven Medical Officer of Health, Dr. J. W. Scholey: As most people are aware, there have been one or two cases of "Infantile Paralysis' in the Digby area' but the infection appears to be under control. There is no cause for alarm.

'A certain number of cases' invariably occur during the summer months and parents are advised to take the following precautions They should, as far as possible, avoid crowded places of entertainment.

"Also they should prevent their children from over exerting themselves and becoming unduly fatigued. If the child is off colour and runs a temperature, particularly with an associated sore throat or abdominal pains, then it is advisable to call in their doctor for his advice.

"If these simple precautions are taken there is every chance of the infection being kept under control and the patient making a full recovery with little or no resulting disability".

August 1950
51 Paralysis Cases – Two in Sleaford.

Four deaths,. But some patients cured already.

Dr. J. W. Scholey, Medical Officer of Heatlh for Sleaford and East Kesteven, in a statement yesterday (Thursday) said:-

"Several more cases of Infantile Paralysis (Acute Poliomyelitis) have occurred in East Kesteven during the past week and there have, unfortunately, been more deaths from this disease.

"Since the infection commenced in this area there have been a total of 51 notified cases although, of course, many of these have made full and complete recoveries.

"A week ago there appeared to be a definite tendency for the infection to show signs of subsiding and the cases which were occurring appeared to be less severe, but unfortunately several recent cases have been particularly virulent.

"All steps are being taken to combat the disease and the public are once again asked to carry out he previous requests regarding personal cleanliness and hygiene. There are also available in the General Post Office pamphlets which give guidance on what preventative steps the public may take.

"People living in areas where cases are occurring, particularly if they have been in contact with cases, are requested not to travel into other 'clear' areas except on journeys which are really necessary.

"Similarly people in 'clear' areas are advised not to visit infected areas unless their journey is necessary.

"By doing this it is hoped to limit the further spread of the disease.

One week later

Schools to stay closed: Precaution.
Fewer New Cases – But No Relaxation Yet

It was announced this week by Kesteven Education Committee that some of the schools in the County are to remain closed beyond arranged dates for reopening, and it was added that the action was taken purely as 'A precautionary measure in view of the cases of infantile paralysis that have occurred during the last few weeks."

Now 57 Cases.

With six new cases during the past week, the incidence of poliomyelitis in East Kesteven reached a total of 57 cases during the present outbreak, although some of these have been discharged from hospital.

In an official statement yesterday (Thursday) Dr. J. W. Scholey said: I am pleased to be able to say the past week

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has seen considerable decrease in the number of cases of Infantile Paralysis notified and I understand there are also less cases under observation.

"I can only hope that the general situation will continue to improve but we cannot afford to relax at all yet.

"People are still asked to adhere to requests which have previously been made and they can rest assured that as soon as medical authorities are satisfied they will remove any restriction which are at present being observed.

"As a precautionary measure it has been decided after consultant with the Education authorities that local schools will not open on the appointed day.

"Notices will appear in the local press from time to time and parents are asked to look for further announcements regarding the opening date of their particular school".

Sleaford S. Denys Sunday School, it has been announced, is also to remain closed until the Sunday after schools restart.

At Lincoln Isolation Hospital a five year old Cranwell girl was admitted during the weekend for observation, and later in the week was diagnosed as suffering from the disease.

Two teen age patients, one from Aisby – a girl – and the other from Scopwick – a boy – were found not to have the disease and were discharged and a girl from Metheringham was discharged during the weekend.

On Monday four observation cases were admitted at Lincoln, none of them from this district. The following day a Sleaford patient and a four year old girl from Digby were among those discharged, having been suffering from the disease, while a boy of two from Cranwell was admitted for observation.

In cases where children live in the affected areas but attend schools outside them, parents are being asked not to send them back to school, until further notice, which will appear in this paper.

Primary schools were due to open next week and Carre's and Kesteven and Sleaford High School the following week. The decision was taken after consultant with the medical authorities.

A week later….. Infantile Paralysis. Very Marked Improvement.

"A VERY marked improvement" is reported by the Medical Officer of Health, Dr. J. W. Scholey in the Infantile Paralysis outbreak.

In a statement yesterday (Thursday), he said:

"I am pleased to be able to report a very marked improvement in the number of confirmed and suspected cases of Infantile Paralysis in the East Kesteven area.

"One or two sporadic cases as expected are still occurring but fortunately they have been relative mild.

"It is expected that schools throughout the area will re-open on September 18 but this, of course, will be open to further review in the case of any fresh outbreak and further information regarding this will be announced in the local press.

Three cases reported this week have taken the toll to 60. All three cases were in East Kesteven and none in Sleaford.

Two other items of interest from 1952 were

Polio Girl's Archery Thrills Crowd.

Overnight from London to the Lincolnshire individual archery championships at the Lindum ground on Saturday came 22 year old Betty Osborne. Friends may now call her Betty "Robin Hood" Osborne.

For along with other polio victims of Grimsby she had been exhibiting the technique of archery before thousands at the South Bank as part of the Festival of Britain programme.

And Betty, while there, did the Robin Hood feat of splitting an arrow in the gold.

"The crowd went wild over her", said 24 year old Malcolm Smith, secretary of the Grimsby Polios Club.

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Betty fired for the gold, hit it plumb in the centre. Then with her next arrow she split the end of her first. It stick there quivering and thousand of spectators roared.

Then just to prove that she had been trying Betty, who walks with the aid of sticks, put four more arrows in the gold.

When the exhibition was over, the Polios started off on the night journey home to get to the Lindum Ground for more archery.

Lincolnshire beat Nottinghamshire by 2,933 points to 2,919 points. Individual champions of Lincolnshire decided on Saturday , were Mr. J. H. Arch of Grantham and housewife Mrs. M. Gillott of Scunthorpe.

They were each presented with a Festival of Britain trophy as well as the normal cup, by the deputy Mayor, Councillor, Mrs. E. I Cowan.

…. Best Polio score. Mr. P Leadham.

….. with a 38m.p.h. cross wind, yesterday, the bowman had to aim off as much as two feet.

Sport sign: There were more spectators for the archery than for the cricket match at the same ground.

May 26th 1952
The Lincolnshire Echo.

I.P. VICTIMS FORM FELLOWSHIP.

Two years ago the people of Lincolnshire were made unpleasantly aware of the existence of Infantile paralysis. On Saturday Lincoln's first Infantile Paralysis Fellowship Group was formed at a meeting in Hannah Memorial schoolroom.

Describing the formation of the I.P.F. in 1939. founder secretary of the national organisation, Mr. F. Moreno said that he was most grateful to the medical profession for the way they had associated with the I.P.F. from the very day of its foundation.

The medical profession he said were generally very conservative towards anything news. But their attitude towards polio had not only been one of deep understanding from the physical aspect, but hey had given much thought to the mental problems that arose as a result of the afflicted person's inability to travel and meet people.

Whenever the fellowship had sought help they had found it in abundance. But their primary aim was to be as independent as possible. They were essentially an organisation run by the disabled for the disabled.

"Don't Cut Them Off"

Mr. Morena, however, did not wish the able-bodied helpers to back out. In fact, he emphasised that the polio was glad to have the opportunity of making the ordinary human contacts.

They did not want to be cut off from the outside world, spending their lives tucked away in a corner of a room. And it was the aim of the fellowship to prevent this state of affairs.

Mr. Morena went on to say that the greatest deterrent to the cause of the fellowship was pity. Polios did not want pity, in the worst sense of the word, or the incessant incantation of "You poor thing."

Hated Word

"We hate the word "cripple," he added. "We have a physical handicap but that handicap does not extend as far as our friends."

Just as the British health service was envied by other nations, so the Paralysis Fellowship would one day, be envied, forecasted Mr. Morena. "The fellowship" was not founded by a Government department but had grown and strengthened out of the efforts of enterprising groups of polio sufferers. The rate at which the organisation had grown since it was founded in 1939, he said, was indicative of its success in the future.

Mayor as President.

Mr. Morena went on to speak of the services rendered to the polio sufferers by the various activities organised by the I.P.F. People afflicted in adult life were taught new trades and shown how to overcome their disabilities. He also in formed the meeting of an hotel at Worthing, Sussex, where polios could spend holidays at

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very low rates, or in some cases, free of charge. [Editors note—Sadly The Lantern Hotel is now to close later this year—information from the British Polio Fellowship Bulletin]

Proposing the inauguration of the group, and accepting the presidency, the Mayor of Lincoln, Councillor J. W. Giles, said he was particularly gratified that his first duty as Mayor had been to lend a helping hand to the polio sufferers of Lincolnshire.

Chairman of the National Fellowship, Alderman Reneson Couches, of London, described polios as being blessed, as a result of their suffering, with added qualities of mind and soul. They had developed a determined outlook and were willing to go to all lengths to become useful citizens.

Sleaford Gazette, August 18th 1950

For the first time in this Country, a method known as TIFA was used in the fight against Infantile Paralysis at Cranwell on Tuesday and Digby on Wednesday. TIFA stands for Todd Insecticidal Fog Applicator.

The cinema at Cranwell was treated in 12 minutes, being filled with hot fog at the rate of 1;500 cubic feet per minute. By a regulator on the machine it is possible to select a different size of fog globule, appropriate to the task."

At Cranwell many local health officials gathered to watch the village pond being treated. On Wednesday, the machine visited Ruskington and the Council refuse tip behind the Lincolnshire Bacon Factory was treated. The ancient Saxon church of Thomas-a-Beckett was one of the buildings treated in Digby, and others were the Chapel, the School and the Village Hall, while the Beck and sewers were also treated.

Surviving a Move with PPS

By the Texas One Armed Bandit
Ellen Riddle
Moonshadow@lonellen.com

As I sit here to write this article it is three weeks and two days since the move took place.

So much for moving gradually during the month of July with the movers coming either the last weekend of July or the first in August.

As usual life stepped in and the best plans get changed, tossed around and moved up.

So I'm now sitting back and tallying up how well I did in terms of what I now know about PPS, pacing, stress and so on.

Here are the things that did work well for me:

1. Starting packing early. I actually got started before we had even found our new home. We were going to move sometime between August and September. So by the end of June I had already started packing up all those things that were totally non-essential. Amazing how much can fall into this category.

2. Sticking to packing only two (ok a few days I cheated and did 3 or 4 but they were small boxes <Grin>) boxes each day.

3. Leaving the boxes where I packed them and letting Lon move them to the 'stacking areas'. It was so tempting to just push, shove them around but I did succeed in resisting this temptation.

4. Using packing tape and lots of it. In years past I would do the tuck the four corners of the top of box in when do-able to 'save' on tape. Not once did I struggle with this 'old way' of packing learned way back in my early work days in retail stocking.

5. As the move got closer and the closing date kept being changed (ended up we closed on Friday night and moved in on Sunday! I already had scheduled the

(Continued on page 13)

movers!) I found that the added stress, excitement, etc were making it more difficult to sleep so I upped my trazodone by half and got my good 6 hours in each night. (Thanks are owed to a fellow pps-er who shared this tip with me from her doctor. Yep, it never once occurred to me to call mine and ask!)

6. Sticking to my high protein, low carb diet for as long as possible. I managed to do this until the week before the move and only a few days after the 'big move'.

7. Obtaining the keys to the house early to be able to 'clean' while we all knew I had Lon load up the van with packed boxes and had him distribute these to the closets of the rooms where the items would go and we both unpacked the entire kitchen. This meant when we moved in the kitchen was ready to be used.

8. Did the same with the master bathroom.

9. Packed up a small suitcase with needed clothes to take care of the three to five days after the move. This way I could take my time unpacking our clothes and getting them into the right drawers, neatly.

Now for the things where I did fall short and if I have to move again down the road (sincerely hope not!) I would have to change.

1. Not taking enough small, mini breaks. I started out doing this along with my longer morning and afternoon rest but the week and half before the move and the week after I allowed my type A-ness to win and skipped more mini breaks than I should have.

2. Giving into carb/sweet cravings as we started eating more meals out or brought in. This was only for about five days... but it was three too many. I really felt sluggish, and felt the difference even though I miraculously didn't gain any weight.

3.Kept unpacking when I didn't need to get it done as fast as I did.

4. Didn't balance packing with laundry and cooking. Pushed the limits of my 'saved energy token account' to the dangerous point before….

I hit payback time.

This was last week; the beginning of our second week here. I got up on Wednesday morning. I awoke feeling ill, fatigued, and unable to do anything. So from then until Monday of this week that is precisely what I did... next to nothing. It was payback time and I think it goes in the plus column that I accepted it and let my body rest as long as it needed.

I'm still in 'minor' payback mode this week. I find I am just doing a few things in the morning... with rest breaks. And even fewer in the afternoon. You'll find me in my recliner watching TV from around 2 onwards. Dinners are good ones, but the easy make ones. Yesterday I made a large 3 lb meatloaf which we will enjoy for the rest of the week. Each evening we will enjoy this with a different frozen or canned veggie… and an easy tossed salad. The latter is easy as it is a mix of Salad express romaine... and baby spinach leaves... pre-washed and pre-cut... chop up one green onion between us, a half a green pepper and toss on a few cherry tomatoes... lovely on a nice plate... oh and sprinkle some herbs and pre-grated cheese on top.

Thanks to everyone who has shared tips over the many years I've been on the various email lists and receiving the various newsletters and web site hopping… I know left to my own devices I would be a lot worse off.

Oh... and since this home is truly accessible I'm enjoying running my wheels from one end to the other! Now I don't worry about pre-thinking what I need as I go to the office, the kitchen, family room and master bedroom.

Gentle hugs
Ellen Riddle

Some Humour

A new inexperienced waitress said she was concerned about being able to carry the heavy trays and serve from them. A co-worker explained that there were tray stands placed throughout the restaurant.

The nervous beginner served all her lunches successfully and afterwards asked a table of two if everything had been all right, "It was fine, love, but my friend and I have to leave now. Could I please have my walker back?"

- o -

This particular disabled Wizard worked in a modern factory. Everything was satisfactory except that certain miscreants took advantage of his good nature, and would steal his parking spot!

This continued until he finally put up the following effective sign.

This parking space belongs to the Wizard
Violators will be toad!

- o -

I walk with a decided limp. My husband and I were together at the Mall. We always hold hands. A stranger came up to us and tells my husband he is so nice to be helping me. He tells her he HAS to hold my hand otherwise if he lets go, I shop!.

- o -

Two men are approaching each other on a sidewalk. Both are dragging their right foot as they walk. As they meet, one man looks at the other knowingly, points at his foot and says, "Polio, 1950."

The other hooks his thumb behind him and says, "Dog Poop, 30 feet back."

"Doctor, my leg hurts. What can I do?" and your doctor says, "Limp!"

You tell your doctor,
"Nobody here listens to me!"
and the doctor says, "Next."

Your doctor gets angry and says
"You're crazy!"
You shout back, "Oh, yeah?!
Well, I want a second opinion."
And he says, "Okay, you're ugly too!"

Doctor, I have a ringing in my ears."
and his advice to you is,
"Don't answer."

You hear the nurse say,
"Doctor, the man you just gave a
clean bill of health to dropped dead
right as he was leaving the office!"
The doctor tells her,
"Turn him around,
make it look like he was walking in."

Courtesy of the Roosevelt Warm Springs Institute for Rehabilitation, Georgia, U.S.A. This is one of a number of cartoons done by two polio survivors many decades ago. Librarian Mike Shaddix has offered to dig up some more interesting material from the past for future newsletters. Thanks Mike.

THIS MORNING FACT SHEET
Medical Mixtures and Health

Transmitted on Granada Television's This Morning Programme—23rd June 2004. Fact sheet from Adult Education Department, Granada Television, 17 Hatfield's, London SE1 8DJ

Grapefruit juice, garlic and herbal remedies are all harmless, but when taken with some prescribed medicines they can be potentially dangerous. Dr Chris joined us with medical mixtures that could be doing you more harm than good.

Are you at risk?

1 in 20 people put themselves at risk by taking potentially dangerous combinations of complementary and alternative medicines (CAMs) with prescription medicines according to new research. The research, carried out by the Department of Pharmacy at Kings College, London, found that the majority of those surveyed (62%) were taking one or more unreported CAMs when they collected a prescription from a pharmacy. The researchers found that even when respondents were asked what medicines they were taking a staggering 41 %.did not mention CAMs, as they did not categorise them as medicines.

Of these, about 1 in 20 were taking potentially dangerous combinations of CAMs and prescription medicines. The most common herb drug interaction in the study was St Johns Wort with Selective Serotonin re-uptake Inhibitors (SSRI's) (30%). St John's Wort is taken for mild to moderate depression and should not be taken with prescribed antidepressants.

Key mixtures to watch out for-

1 - GRAPEFRUIT JUICE WITH DRUGS FOR BLOOD PRESSURE/ CHOLESTEROL/AIDSTREATMENT/ VALIUM/TRANQUILISERS.

Many people have been attracted to grapefruit juice because of its cholesterol-lowering abilities and its reported benefits against cancer. However, what is not known, is the possible interaction of grapefruit with many prescription medications. Grapefruit interacts with many cholesterol-lowering drugs, antihistamines and psychiatric medications. In some cases, the results are fatal.

The victims may suffer from severe, elevated reactions that are not normally observed when the drug is administered in prescribed doses. If you are taking any of the "statins" or cholesterol-lowering medications, beta-blockers or calcium channel blockers for blood pressure; grapefruit juice is off limits. Some hospitals have even eliminated grapefruit juice as a beverage option to eliminate the risk.

The grapefruit juice can stop the break down of drugs, so for example if you are taking tablets for blood pressure, grapefruit juice can block the break down of drugs so that higher levels of the drug end up going into the bloodstream and can result in a dangerous increase in the side effects.

If you are taking any of the drugs for the conditions below then you should not drink grapefruit juice. Blood Pressure, Angina, Cholesterol lowering drugs, Transplant drugs, Rheumatoid Arthritis drugs, Severe psoriasis and eczema, HIV/AIDS drugs, Tranquillisers/Valium, Epilepsy, Phobias, Insomnia, Depression, Pre-op drugs, Heart Rhythm drugs, Viagra and Viagra me-toos.

This does not just apply to the juice but the grapefruits themselves as well. Also Seville oranges. Other citrus fruits are fine.

2 - CRANBERRY JUICE WITH ANTI-COAGULANTS We've all heard the benefits of cranberry juice for cystitis and

(Continued on page 16)

(Continued from page 15)

bacterial infections of the bladder but cranberry juice should not be used with anti-coagulants. It has been reported that chemicals in cranberries may interfere with the effects of the blood thinning drug, warfarin. In one case, the effects of warfarin were decreased, but in several other instances, Warfarin's effects were increased. One case resulted in death. Therefore, the use of supplemental cranberry products is not recommended for individuals who take warfarin. Also cranberries contain chemicals called oxalates, which may contribute to the formation of kidney stones. Drinking large amounts of cranberry juice (more than about a quarter per day) or taking concentrated cranberry supplements may increase the risk of developing kidney stones. Therefore, individuals who have or who ever have had kidney stones should not consume very large amounts of cranberries or use supplemental cranberry products.

3 - ST JOHNS WORT AND VARIOUS DRUGS St Johns Wort should not be taken with a selection of different drugs including the contraceptive pill (if taken with it, it can make it ineffective), drugs used in transplants, anti-coagulants and anti-depressants- (St Johns Wort is often used for depression but should not be used in conjunction with prescribed anti-depressants).

It appears that preparations of St John's Wort may be inducers of various drug metabolising enzymes. This may result in a reduction in the plasma concentrations and therapeutic effects of medicines metabolised by these enzymes. There is strong evidence to suggest that St John's Wort significantly reduces the plasma concentrations of medicines -Indinavir and Cyclosporin. There are also reasonable grounds for concern that St John's Wort may reduce the efficacy of warfarin, and some HIV drugs.

Oral Contraceptives ("the pill") may be affected by the enzyme induction of St John's Wort. Some episodes of breakthrough bleeding reported overseas have been attributed to the interaction. Unintended pregnancy has not been reported but, given the mechanism involved, there are grounds for concern that the interaction might reduce the contraceptive efficacy of some oestrogen containing Oral Contraceptives.

Do not take with the following pills/ conditions. The pill, Pregnancy. Anti-coagulants. Drugs used in transplants, SSRI's anti-depressants, HIV/AIDS, Diabetics, Heart drug. Suffer from fits. Migraine treatments , Asthma

4 – GINGKO BILOBA AND ASPIRIN

Ginkgo leaf is known to increase the time blood needs to clot. When it is taken with antiplatelet or anticoagulant drugs, the effect of the drug may be increased, resulting in uncontrolled bleeding. Aspirin can also delay clotting, so ginkgo leaf should not be taken orally at the same time as aspirin.

Some non-prescription products that are used to treat allergies or colds contain ingredients such as dexchlorpheniramine and pseudoephedrine, which may possibly make seizures more likely to recur. Although the risk is thought to be slight, taking any ginkgo product may also increase the possibility of seizures for individuals who have had seizures previously. Therefore, taking ginkgo at the same time as a non-prescription antihistamine or decongestant is not recommended.

The Gingko leaf is broken down by certain enzymes in the liver and because of this it

(Continued on page 17)

(Continued from page 16)
may possibly interfere with the use of prescription drugs that are processed by the same enzymes. These include some allergy drugs, some antifungal drugs, some cancer drugs, some drugs for high cholesterol and oral contraceptives. Ginkgo leaf may change the ways that the body makes and uses natural insulin. Therefore, it may also alter the effects of injected insulin for diabetes.

5 - GARLIC SUPPLEMENTS AFFECT ANTI-COAGULANTS The garlic supplements help to reduce the blood pressure so can be potentially harmful with anti-coagulants. They can raise the level of anti-coagulants in the blood and could cause haemorrhaging.

6 - MILK AND ANTIBIOTICS. The antibiotic tetracylines is commonly used for acne and other infections, especially skin and throat related infections. The problem with milk in combination with this drug is it stops the drug being absorbed throughout the large intestine.

7 - GLUCOSAMINE AND DIABETES Glucosamine is often used to ease pain for patients with arthritis. However diabetics should avoid it because it affects their blood levels and also patients with a shellfish allergy because it is made up of crushed shellfish.

8 - ECHINACEA AND HEART DRUGS/ TRANSPLANT PATIENTS Echinacea should not be used with heart drugs or transplant patients because it can cause liver damage.

Also a report last week claimed that echincaea was useless in fighting off colds and flu. In a study volunteers were given either echinacea or a placebo and then exposed to the cold virus. Nine out of ten subjects in both groups came down with bad colds. Dr Steven Sperber who led the research in the US said 'The results clearly show echinacea is useless. Although widely used a number of well-designed studies show it can not be effective in preventing the common cold.' But manufacturers of the herbal remedy claim it has antibiotic and antiviral properties and fights infection by increasing the quantity of white blood cells.

9 - SURGERY Certain drinks and drugs should be stopped before surgery. These are:-

- Garlic supplements and even garlic seven days before an operation
- Gingko Biloba to be stopped two days before surgery
- St Johns Wort stop five days before surgery.

DRUGS TO BE WARY OF In summary if you are on any of the drugs below you should tell your doctor what complementary medicines you are taking.

- The Pill
- Anti-depressants & H IV tablets .
- HRT tablets
- Anti-coagulants- these in particular have a specific level that they should be at in the blood stream for them to work and this level should not be highered or lowered even slightly. There is a very 'narrow window' for that level.
- If you are a diabetic you should also be careful of herbal remedies that you use.

For Further Information

www.ukdipg.org.uk - www.rpsgb.org.uk
www .pharmacytimes.com
www.herbalinfo.net - www.napra.org
www.edis.ifas.ufl.edu
NHS Direct 0845 46 47
NW Medicine Info Service 01517948117
Email: druginfo@liv.ac.uk
Help lines
01280706251 Herbal Info Centre
0906 802 0117 Herbal help line GP's

NEURO NEWS

From DIANE NEWMAN
Regional Alliance Representative
for the Neurological Alliance.
<dinewman1991@hotmail.com>

The Neurological Alliance
Co. Ltd by Guarantee No 2939840
Registered charity number 1039034
Southbank House
Black Prince Road
London SE1 7SJ
020 7463 2074
www.neural.org.uk

Would you like to set up
a regional alliance?
We can use your skills and enthusiasm.
E-mail admin@neural.org.uk

Annual General Meeting
4th November 2004.
The Rose Room at MS
National Centre, Cricklewood, NW2.

Lincolnshire
Neurological Alliance
Next meeting
Friday 24th September 2004.
10.30 a.m. to 12.30 a.m.
At St Barnabas Hospice Day
and Education Centre
Hawthorne Road
Lincoln
www.lincolnshire-neurological-alliance.org.uk

West Berkshire
Neurological Alliance

Thursday 30th September at 7.30 pm
AGM. Guest speaker:
the Neurological Alliance Chief Executive,
Judith Kidd.

Thurs 21st April 2005,
an all day Neurological Conference
at Newbury Racecourse.
Keynote speakers Professor Ray Tallis and
8 other speakers.
Education credits. £120 for professionals.
Concessions available.
Contact John Holt on 01635 33582.

Buckinghamshire
Neurological Alliance,
PO Box 499,
Amersham
HP6 5XR,
Tel: 01494 729373,
email: matraxa@aol.com.

Hosts the next
Regional Forums' meeting on
Thursday, 7th October, 2004

South East Essex
Neurological Alliance
(SEENA) held its first AGM on
10 June, with guest speaker,
Judith Kidd, Chief Executive,
The Neurological Alliance.
The newly formed Alliance's
Chairman, Dr. Elizabeth Dowsett,
is a real driving force behind SEENA's
work.

Launch of the
Neurological Alliance of Scotland.
A new alliance of 32 neurological charities
was launched on Wednesday
26 May 2004.
and was featured in the MS magazine,
MS Scotland.
Speaking at the launch was Health Minister
Malcolm Chisholm who announced that
neurological patients in Scotland
are to benefit from a £3million
redesign in services.

Other Alliances
Morecambe Bay Neurological Alliance
Mersey Neurological Alliance
Sandwell Neurological Alliance
Caithness and North Sutherland
Neurological Group
Cambridgeshire Neurological Alliance
Leicestershire Neurological
Special Interest Group
Glasgow Alliance of Neurological Groups
Greater Manchester Neurological Alliance
Lancashire and South Cumbria
Neurological Alliance
Wales Neurological Alliance

ANNUAL GENERAL MEETING and SPEAKERS.

The Annual General Meeting is being held on
Saturday October 16th 2004
at the Memorial Hall, Newark Road, North Hykeham, Lincoln.
[A1434—100 yards west of traffic lights Newark Road / Whisby Road north—Mill Moor south]

The rooms will be open from 10.00 a.m. to 5.00 p.m.
AGM will start at 10.30 a.m. prompt.
Followed by Coffee
Workshop for Polio Survivors and another for Carers and Friends
Discussing the issues that occur and ways of coping with them.

12.30ish Buffet Lunch and time to chat.

2.00 p.m. Afternoon Session.
The afternoon will take the form of a talk on the Expert Patient program and a Workshop on the problems being experienced by Polio Survivors when being assessed. At this moment in time we do not have final confirmation of speakers due to circumstances beyond their control. We will have at least two health professionals join in the workshop sessions. This information will be to hand by the end of August and will be published on the Website and sent to everyone who returns the reply slip—bottom half of this page.

Tea Break—Raffle 6 prizes—Table top Sale, bring items to help raise funds.
Question Time ending at 4.45 p.m.

I/We ……..……

Address ……..

…… Post Code …….

Telephone Number ……..

Email - …….

WILL BE ATTENDING / HOPE TO BE ABLE TO ATTEND / WILL NOT BE ATTENDING.

I enclose a cheque in the sum of £ …….

For Day Tickets No. ……. Buffet Lunches No. ……..

Attendance at AGM only—Free
Attendance at the rest of the Days Events—£5.00 per person. Under 16's free.
Buffet Lunch—£3.00

Dietary requirements ……

I will be using a wheelchair/scooter YES / NO
[This information is to help us set the room out before your arrival]

I will be staying over the weekend at the IBIS Hotel / Other venue ……..

[Bookings must be made direct to the IBIS Hotel mention the LincsPPN - 01522 698333]

ANNUAL GENERAL MEETING

The following 4 nominations have been received.

Chair—Mary Kinane
Treasurer—Denise Carlyle
Secretary—Hilary Hallam

Committee with responsibility for the Neuro Alliances—Diane Newman
Committee Members ……..
[further nominations needed please]

The following members have agreed to continue with the stated tasks
A BIG THANKYOU to:-
Net Administration—Chris Salter
Membership and Newsletter Printing—Robin and Pauline Butler
Assistant Secretary—Sheila Dunnett
Financial Advisor—Jenni Paulger
Phone Team Leader—Di Brennand
Phone Team—Pat Hollingworth, Margaret Edmonds, Judy Barter
Email info line—Mary Kinane
Newsletter Editor—Hilary Hallam
Newsletter Setting Up—Len Van Zyl

I have the following requirements not covered overleaf.

……

……

……

Question Time ……..

……..

……..

……..

I would like to talk to a committee member about helping with the work. Phone Team / Info Line / Library Research / Online Research / …….. Etc.

……..

……..

RETURN TO
SHEILA DUNNETT
Address removed from PDF edition..

Polio and Post Polio News
A service from the
Lincolnshire Post Polio Network.

http://mt.lincolnshirepostpolio.org.uk/

Friday 20th August 2004
Heavy rains 'pose bathing risk'. [271]

Summary: Heavy storms this summer have threatened to pollute Britain's bathing beaches, a watchdog has warned.

The Marine Conservation Society wants signs put on beaches to warn swimmers that they could face health risks if they swim shortly after heavy rain.

Many UK beaches have sewer overflows on or near them, which divert untreated sewage into the sea following storms.

But the Environment Agency said it was "not identified as a major problem" and that beaches were "cleaner than ever".

The Marine Conservation Society (MCS) warning came after sudden downpours this summer wreaked havoc in different parts of Britain.

As well as the flood which devastated the Cornish village of Boscastle, and the landslide in Scotland which trapped motorists on a road below, a number of rivers have burst their banks.

After one heavy downpour in London earlier this month, 50,000 tonnes of raw sewage flowed into the Thames when sewers were unable to cope.

"What we are talking about are not serious problems, but fairly short-lived illnesses such as gastroenteritis and eye and ear infections," Thomas Bell of the Marine Conservation Society told BBC News Online.

"We are not saying people will get them, simply that the chances of getting them rise after rainstorms.

"We would ask swimmers to avoid going in the sea for a day or two after heavy rain."

The World Health Organisation says evidence linking sewage pollution to diseases such as hepatitis A, enteric fever, polio and typhoid is inconclusive, but may be proven after sufficient clinical research.

Polio vaccination in Europe: the shift from OPV to IPV use. [263]

Opening paragraphs: The United Kingdom (UK) National Health Service recently announced changes to the national childhood immunisation programme with a shift from the use of live oral polio vaccine (OPV) to inactivated polio vaccine (IPV) for routine infant and childhood vaccination [1]. IPV has been shown to be a safe and effective vaccine, although more costly than OPV.

The UK thus joins a growing list of European countries that use IPV exclusively in their routine immunisation programme (currently 15 of the 30 European countries in the Table)(EUVAC.NET. http://www.ssi.dk/euvac/). Some of these counties such as France and Sweden have had successful routine IPV programmes for many years, while others such as Ireland have moved only very recently from routine OPV to IPV use. Nine other countries, mainly in eastern and southern Europe, continue to only use OPV, while six have mixed programmes: recommending IPV for the primary schedule (or part of it) and OPV for subsequent booster doses.

August 08, 2004—Parent fury at new super vaccine for 8-week-olds. [231]

Summary: The government was last night facing a furious backlash from parents and

(Continued on page 22)

(Continued from page 21)
doctors over controversial plans to introduce a new five-in-one vaccine for babies.

Campaigners warned that the new jab, which is set to replace existing separate vaccines as early as next month, faces an MMR-style boycott from many parents fearful of the effect it might have on their children.

Despite the lack of advance publicity or consultation, stockpiles are already being created of the new jab, which will be given at two months to vaccinate against diphtheria, tetanus, hib, polio, and whooping cough.

Ministers, who will formally announce the plan tomorrow, insist the quintuple jab is safe, and a positive development for parents because it replaces the whooping cough vaccine, which contained mercury.

But while many parents, doctors and politicians last night welcomed the removal of the toxic metal, they expressed fears about the safety of combining so many vaccines in one jab.

Opponents argue that even if the vaccines which make up the jabs are safe individually, combining them could give rise to unforeseen reactions and risks.

The Scottish Executive last night refused to comment on the news or even say whether there had been any prior consultation on the switch to the new vaccine.

Although ministers are continuing to insist that there was no evidence that the mercury in the vaccine was harmful, they have said that it is good practice to avoid mercury wherever possible and therefore switch to the new jab.

The other reason for the switch is that the current 'live' polio vaccine will be replaced by a new 'killed' version, which is believed to be safer.

Dr Andrew Wakefield, the scientist whose research in 1998 raised the first fears that the MMR combined jab could be linked to children developing autism, welcomed the decision to remove mercury from the jab as a victory for parents.

But he raised concerns about government plans to introduce the cost-saving five-in-one vaccine and said more research should be done before it was offered.

David Davidson, the Scottish Tory health spokesman, warned that ministers risked alienating parents by insisting that vaccines needed to be taken in a single jab.

August 20th, 2004—Misconceptions about the new combination vaccine. [265]

Summary: The publicity surrounding the news of impending changes to the childhood vaccination programme has once again highlighted important misconceptions about combination vaccines.

Although changes are being made to vaccines at three different ages, all the attention has focused on the new pentavalent vaccine (DTaP/Hib/IPV), being given in infancy, with headlines of chaos and panic.

This is regrettable since the new vaccine offers children protection against the same five diseases as the previous regimen but in a slightly different, more acceptable, formulation.

This change is a natural progression in the light of changes in the epidemiology of polio and advances in vaccine technology --- developments that were predictable some years ago.

The use of inactivated polio vaccine rather than oral polio vaccine is now possible

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(Continued from page 22)

because of the near elimination of polio worldwide.

While wild polio remained a serious threat, the small risk of vaccine associated paralytic polio was outweighed by the superior community protection afforded.

Oral polio vaccine is shed from the gut of an immunised individual, providing constant boosting to the community, whilst also preventing carriage of wild virus.

These properties are no longer necessary because of the worldwide decrease in cases of polio.

Many other European countries, as well as the United States and Canada, have already made this change. It has come later in the United Kingdom because the possibility of importation of polio from endemic areas has been greater owing to different patterns of migration.

The second development is the use of a particular acellular or component pertussis vaccine rather than the current whole cell vaccine.

An as yet unpublished study has shown that the new vaccine Pediacel has the same safety and reactogenicity profile as the standard pentavalent vaccine used successfully in Canada for the past seven years.

Friday 10th August—91-Year-Young Lucille Borgen Wins National Water Ski Title. [235]

Summary: Aug. 9, 2004 --- Lucille Borgen of Babson Park, Florida, amazed the crowd at the 62 Annual Water Ski National Championships by winning the Women 10 slalom and tricks event on her 91st birthday. She is the oldest competitor to ever ski at the Nationals. The cancer and polio survivor was the lone competitor in the age group

(Continued from page 6)

His lowest level ever was 5.2% this past February. That level is well into the normal range. Derek achieved it through diet alone. No pills. No insulin.

Exercise for him is difficult and infrequent because he got polio in 1949 and now walks with a cane. Born in London, England, he was a pilot in the Royal Air Force at the time. He immigrated to the U.S. in 1964 to work for Westinghouse at its research and development center in Pittsburgh. When he retired from that company in 1993, he started a power engineering consulting business in Palm Harbor, Florida, near Tampa. "Actually I am quite busy," he says. "I wrote one engineering book that was published in 1995 and I am just finishing up a second one. Now I am having fun. I am doing only what I want to do."

But after maintaining excellent control of his diabetes for severe years, treatment for two other conditions made it more difficult to control his diabetes. Early this year he noticed increasingly several headaches and muscle aches. "Over a period of about eight weeks I went downhill," he says. "By the time I got to see a Rheumatologist I could hardly lift my arms and was barely able to get out of bed. The diagnosis was polymyalgia rheumatica and temporal arteritis. The diseases often come together and are disabling. The good news is that there's a solution."

The solution is a powerful steroid called prednisone. He expects to have to take it for about a year. But the bad news is that prednisone often raises blood glucose levels and had that effect on Derek. He now has to inject substantial amounts of insulin. His haemoglobin A1c level shot up to 6.1%, which most people with diabetes would be delighted to have, but was a large increase for Derek. Controlling his diabetes and balancing the needs of his other conditions are a challenge for Derek. But thinking like the engineer he is, he is undoubtedly devising further experiments.

Birds, Fools, And Angels

by Derek A. Paice

ISBN: 1-4140-3175-0

The lives of a young RAF pilot, a beautiful woman, and a ruthless spy, converge in this tale of action and romance. Thrill at flying-training experiences, and tense at unusual events. Enjoy touching encounters that arouse the imagination. Classic photos augment the text.

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An action/romance novel with significant autobiographical content.

The author and his sweetheart, Joan, in 1949.

The author was undergoing advanced training in the Harvard when he was grounded by polio. Joan, was the 'angel' who stayed by his side. She inspired him to recover and after two years of convalescence they were married. He retrained as an electrical engineer and in 1964 with their three children they emigrated to the United States. They all became citizens and he had a successful career in electrical engineering research. He is now retired and has taken to nonfiction and fiction writing. Other books are found under the author's name on the Internet.