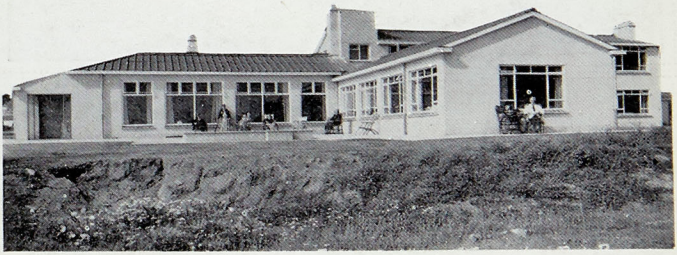
# The Cheshire Smile

The Quarterly Magazine of the Cheshire Homes

(founded by Group Captain Cheshire, V.C.)

Vol. 5, No. 2 Summer, 1959



St. Teresa's, Penzance, Cornwall

**Special Feature:**

West Midland Home drawn and described

(see middle pages)

**ONE SHILLING**

## Group Captain Cheshire Weds Sue Ryder

*Group Captain Leonard Cheshire and Miss Margaret Susan Ryder were married on April 5th in the Roman Catholic Cathedral at Bombay. Cardinal Gracias, Archbishop of Bombay, officiated at the marriage, which took place at 8 a.m. in the Cardinal's private chapel. Only a half dozen intimate friends were present. Later that morning, a reception, and a buffet luncheon, was held at the flat of Col. L. Sawhny, chairman of the Indian Cheshire Homes Trust, at which appropriate speeches were made and a cake cut (and the picture above taken). In the afternoon, another reception was arranged by the Bombay Cheshire Home. There was another cake, and G.C. and his wife were given presents from the patients.*

*As a corporate wedding present, each of the English Homes is preparing an album of photographs to send to G.C. and Sue Ryder.*

# THE CHESHIRE SMILE

Vol. 5, No. 2 Summer, 1959

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# The Cheshire Foundation Homes for the Sick

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*Trustees:*

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*Hon. Treasurer:* J. R. Handscomb, Esq.

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## LIST OF HOMES

| **England** | Tel. No. | |
|---|---|---|
| Le Court, Liss, Hants. ... ... ... ... ... ... ... ... | Blackmoor | 364/5 |
| St. Teresa's, Long Rock, Penzance, Cornwall ... ... ... | Marazion | 336 |
| St. Cecilia's, Sundridge Avenue, Bromley, Kent... ... ... | Ravensbourne | 8377 |
| St. Bridget's, The Street, East Preston, West Sussex... ... | Rustington | 1988 |
| Ampthill Park House, near Bedford ... ... ... ... ... | Ampthill | 3173 |
| Staunton Harold, Ashby-de-la-Zouch, Leics. ... ... ... | Melbourne | 71 |
| Alne Hall, Alne, York ... ... ... ... ... ... ... ... | Tollerton | 295 |
| White Windows, Sowerby Bridge, Halifax, Yorkshire ... | Halifax | 81981 |
| Hovenden House, Fleet, Spalding, Lincolnshire ... ... ... | Holbeach | 3037 |
| Miraflores, 154 Worple Road, Wimbledon, London, S.W.20 (rehabilitation of ex-mental patients) | Wimbledon | 5058 |
| Seven Rivers, Great Bromley, Colchester, Essex ... ... | Ardleigh | 345 |
| Honresfeld, Blackstone Edge Road, Littleborough, Rochdale, Lancs. ... ... ... ... ... ... ... ... ... ... ... | Littleborough | 8627 |
| Hawthorn Lodge, Hawthorn Road, Dorchester, Dorset ... (for mentally handicapped children) | Dorchester | 1403 |
| Greathouse, Kington Langley, Chippenham, Wilts. ... ... | Kington Langley | 235 |
| Spofforth Hall, near Harrogate, Yorkshire ... ... ... | Spofforth | 284 |

**Cheshire Homes India** (Central Office: P.O. Box No. 518, Calcutta)

Bethlehem House, near Vinayalaya, Andheri, Bombay.
Shanti Rani House, 13 Upper Strand Road, Serampore, West Bengal.
Govind Bhawan, 16 Pritam Road, Dehra Dun, U.P.
Vrishanti House, Katpadi Township, near Vellore, South India.
Rustomji P. Patel Cheshire Home, Sundernagar, Jamshedpur.
Banarsidas Chandiwala Swasthya Sadan, Kalkaji, New Delhi.
The Cheshire Home, Covelong, Madras.

**Cheshire Homes Malaya** (Office: 10b Chulia Street, Singapore)

Tana Merah, Nicoll Drive, Changi, Singapore.

# WHY DO WE DO THESE THINGS?

**by Rowland H. Farrell, D.F.C., M.B., B.S.**

**The recently appointed Welfare Officer of the Cheshire Foundation, himself a qualified doctor badly disabled with multiple sclerosis, writes here on the chief aspects that come under the title "Welfare" in the Homes.**

IT IS MY job as Welfare Officer to go and stay at the various Cheshire Homes, and during last year I have been to four. Each of the Homes that I have seen has had an awful lot in common with the others—it must have, because they have the same problems. The residents, the staff, the food, the Management Committee, differ only in minor ways, but each has managed to retain its own individuality, especially in the activities of the residents, and I would like to set down here the counts on which they are unlike. The administrators of any Home would not regard their ideas as copyright, I am sure, and would be very pleased—nay flattered—to learn that they had something to offer to newcomers to the field.

In one I visited, a large step had been taken to make the residents independent by installing a lift operated by the patients themselves by placing all controlling switches four feet from the floor, together with electrical self-opening and closing doors. Here also every room or passage was fitted with a bell-pull—again within easy reach of anyone in a wheelchair—so putting the residents in constant touch with the staff, (especially important in bathrooms and lavatories).

The only unhappy residents I have met have been in the small group of those who are completely dependent on others for their toilet and dressing and it would seem worth matrons' or sisters' time to give any inexperienced orderlies a short time in instruction in the simple duties of ward nursing rather than their "picking it up" from their more experienced colleagues. I am sure this would pay excellent dividends, by increasing the happiness of the minority.

As the aim of all who care for the disabled should be to make their lives as near normal as possible, frequent trips into the surrounding towns and country are desirable, and for this, a band of willing car-driving Friends is necessary. Some residents are even honorary members of local sports clubs and are taken regularly to watch the games.

A Residents' Committee chosen with a representation of about one for six residents is a "must", as in addition to organising outings (paid for from the Residents' Fund) it provides a medium whereby suggestions and grievances can be made to the Matron or the Management Committee, with a cloak of anonymity.

To get the best from disabled limbs, physio- and occupational-therapy must play a very important part in the life of the Homes.

The Training Hospitals turn out many hundreds of therapists in each of these vocations every year, but many marry and have to abandon their careers. I am sure, if only this reservoir could be discovered many would be willing to go to the Homes for a couple of hours a week each, to help the residents rehabilitate and employ leisure hours usefully, and in many cases lucratively.

Radio and television take their natural place in every Home, but there are a few other interesting pastimes which some residents and staff might like to pursue. For instance, illustrated lectures on musical appreciation; a talk on bird-watching, illustrated with slides, or in the summer, visits to a coppice in the locality with an ornithologist; poetry and play-readings in small groups, always have a following.

In a normal home, each member of it has a reasonable job, like the washing up, cleaning the cutlery, or arranging the flowers, and so in our Homes as many members as possible can be encouraged by the Matron to take part in the running thereof. As in any family at home, some members will co-operate and some won't, and it obviously is the same in our Homes, where we have all the problems of family life. However, it is surprising what example and competition can arouse in the most sluggish and unwilling chronic invalid, who strives to be independent as far as is compatible with his disability.

There are also very praiseworthy schemes whereby residents might do work for manufacturing firms and earn themselves a wage. The organization of these will need the utmost co-operation of Friends of the Homes, and persuasion will have to be used on any company as well as on residents, to get the idea across that here is a small labour force, which is waiting to be used.

What I was pleased to see, however, common to every home, was that a religious faith formed the background in the lives of a high proportion of the residents, and this factor, added to the points made above, will go to make the lives of those who come to live with us, useful, necessary, joyful, and therefore happy.

**Cover Picture**—St. Teresa's, Penzance, Cornwall.

In 1951 St. Teresa's, the second Cheshire Home, was established in some derelict ex-RAF huts on the desolate wind-swept moors of Predannack, near the Lizard. It was soon clear, however, that the Home could not prosper in these conditions, and a move nearer to a town was necessary. Penzance was chosen, and the site for a Home was very generously given by Lord St. Levan. In not much more than a year the new building, pictured on our cover, came into being and the transfer from Predannack was made in 1956. There are now 25 disabled residents in the Home.

# CHILDHOOD OF A SPASTIC

## Our first "home-grown" author

**I Had a Little Nut Tree** by Louis Battye (Secker and Warburg, 18s.)

THE PUBLICATION OF this book marks an important milestone in the story of the Cheshire Homes. Louis Battye is, as it were, our first "homegrown" author, and we are very pleased to review his work in our pages; the more so as it has already received much praise from various critics.

John Braine, for instance, author of "Room at the Top" says:

> "The extent of his achievement is measured by the fact that one doesn't feel that his handicap matters in the least. I didn't read it as the story of a courageous struggle against adversity: I read it simply as a piece of very good writing. Mr. Battye is a *writer*. And he looks at people and things with love and understanding. His talents promise him a bright future in literature."

And Phyllis Bentley, another Yorkshire writer:

> "This book is not only a poignant revelation of what it means to be an adolescent spastic, but also a charming, even entertaining, account of a working-class childhood in the West Riding in the second quarter of this century."

The author, in his introduction, remarks that "of all forms of fiction, autobiography is perhaps the most difficult." Yet the impression he gives is of an exceptional memory and complete honesty, apart from a few slips such as the statement that he developed whooping cough the day after being infected.

His early childhood in the Holme Valley is described in great detail, and a picture emerges of a little boy, who, though circumscribed by his disability and the poorness of his parents, was the centre of a loving circle of family and friends. Then, when he was ten, he went into the Royal Liverpool Children's Hospital at Heswall for five months, and began the adjustment to a larger world. This process of learning to live with other children and hold his own in a less sympathetic environment was completed at the Heritage Craft Schools at Chailey in Sussex. He seems to have taken the bitter realization that he would not walk, even on crutches, with fortitude and philosophy.

It is particularly interesting to anyone who has had a normal childhood and become disabled as an adult to see how limited his experiences are, how lacking in richness compared with the infinite variety of life thoughtlessly taken for granted by children who can run and climb and explore. As Group Captain Cheshire says in his foreword, Louis Battye never betrays a trace of self-pity, and has evidently grown into a well rounded and vigorous person. At the age of 35 he is now at the West Riding Cheshire Home, White Windows. We can certainly hope that as this book ends when he leaves Chailey at 16 he will write another to bring his story up-to-date.

## CHESHIRE BRIEFS

### G.C. and Sue Ryder in Australia

There had been many requests from Australia to Group Captain Cheshire asking him to visit that country. So, shortly after his wedding to Sue Ryder, he spent a short time there, on a private visit, accompanied by his wife.

He revisited men with whom he served in the war, but his main purpose was to set up one or more Ryder-Cheshire Homes in Australia, and to help Sue Ryder in gaining support for the survivors of concentration camps in Europe. He expects one Home to be established in Brisbane, and has hopes of others being set up in Sydney, Melbourne, and perhaps Newcastle.

G.C. and his wife were received by the Acting Prime Minister, Mr. McEwan, and also lunched with the Governor-General, Sir William Slim, and Lady Slim.

We already had quite a number of friends in Australia, including the famous cricketers, Keith Miller, Lindsay Hassett and Ian Johnson, all of whom visited Staunton Harold when the Australian Test Team was in England in 1956. Philomena Loneragen, who was in charge of Pitts Head Mews for some time, is an Australian, and has done a lot of ground work in preparation for G.C's visit. And, of course, there is Russell Braddon, the Australian author, who wrote "Cheshire, V.C." We now have many more friends and well-wishers in that part of the world.

### Miss Mason Visits Nigeria

Miss Margot Mason, the secretary of the Cheshire Foundation, was in Nigeria for several weeks during the Spring, examining the possibility and need for Cheshire Homes in that country.

There is no doubt about the need for one or more Cheshire Homes out there, and a house has already been taken over in Ibadan in which a beginning is to be made. An organising committee is now at work, and we shall be setting up a new Trust in Lagos to cover the whole of Nigeria. We have also been asked to start a Home for burnt out lepers, so there is much work to be done in this part of the world. Miss Mason spent a week-end at one large leper settlement at Ossiomo.

### French Plans

Preliminary talks began in Paris last Autumn concerning the founding of a Home perhaps in the Paris area. These discussions are continuing.

### A Cheshire Home for Devon

An energetic and representative committee has been formed in Plymouth which will bring into being another Cheshire Home in the West Country—at Cann House, Tamerton Foliot, near Plymouth. Lady St. Levan (a Trustee of the Cheshire Foundation, and also on the Management Committee of St. Teresa's, Penzance) has been the moving spirit in getting this project under way.

# THE CHALLENGE

by Louis Battye

**The author of "I had a little Nut Tree" continues his series of articles on the co-ordination of services for the welfare of the disabled.**

IN MY PREVIOUS article I introduced the subject of rehabilitation. We will now take a closer look at it and try to assess its possibilities and difficulties.

As I see it, the problem is in three parts—physical, psychological and social. In the first place, the patient's condition must be such as to allow a sporting chance—i.e., odds of no longer than ten-to-one against—of his being successfully rehabilitated. In the second place, he must be intelligent enough to realise the tremendous rewards of rehab; he must also be co-operative, responsible and determined. And in the third place, society as a whole must be persuaded that rehab is in its own best interests and that it should therefore be prepared to make available every assistance and facility, both technical and financial, which would be required.

Because of the nature and severity of their disabilities, the physical problem in relation to patients in Cheshire Homes presents special

(Photo: *TV Times*)

*Louis Battye.*

difficulties. But the word "incurable" should never be taken too literally, though I am afraid it often is. As has been pointed out before in this magazine, there is no such thing as an "incurable" patient: there are only people to whom at present medical science can offer no definite cure. Because a patient is officially labelled "incurable" it does not necessarily mean that all he needs is feeding, clothing, sheltering and preventing from getting too bored—that is a defeatist attitude. If it is at all possible to offer it him without deception or insincerity, he needs hope. For rehab need not be total: there is such a thing as partial rehabilitation. If a patient can be fitted to live something approaching a normal home life, and perhaps even do a little light paid work with regular hours and a wage, as distinct from the pick-it-up-when-you-feel-like-it casualness of occupational therapy, it is very well worth while.

But if anything the psychological problem is greater than the physical. The patient must want passionately to be rehabilitated. There is a vast difference between the man who is suddenly stricken with paralysis while in the prime of life, probably with a wife and children to support, and one who has been disabled for years, perhaps since childhood. The first instinct of the former is to fight back, to strain every nerve to regain his former position as breadwinner and citizen. The latter is only too likely to have drifted into passive resignation and apathy, no longer giving any serious thought to the possibility of his own rehabilitation. If the physical and mental potential is there, such a person needs educating, he needs the possibilities and rewards of rehab pointing out to him clearly and forcibly, for otherwise it is unreasonable to expect him to make the colossal effort of will-power and perseverance that rehab demands.

As for the part that society should play in all this, to my mind its chief role should be the setting up of properly staffed and equipped rehab centres. There should be one in every town, with perhaps six very large regional centres, possibly attached to the Universities or teaching hospitals, up and down the country. Of course the money to provide them would have to come mostly from public funds, but the taxpayer would be getting infinitely better value from it than from the lunatic rocket race. And there is no reason why the initiative should not come from individuals. As an example and a start, the Cheshire Foundation could open a centre of their own to which carefully selected patients from Cheshire Homes could be sent. This is a wonderful opportunity for that co-operation between the various bodies looking after the welfare of the disabled which I have always advocated.

Although we can hardly rehabilitate ourselves without help (though if necessary some of us might have a damn good try), it is still ultimately up to us. These things can only come about if we will them and show that we are prepared to fight tooth and nail for them. It will be a long, tough struggle against official indifference and complacency, but in the end we shall win.

## RESIDENTS AT ST. BRIDGETS

*Mabel Hall, now crippled by arthritis, is given her breakfast in bed by fellow-resident, Ruth Massie.*

*Sydney Bradford putting finishing touches to a model house. In the background is a much admired cactus collection.*

*Eve Ainsworth came from a city hospital into the country. Once an enthusiastic walker she is now confined to a wheel-chair by multiple sclerosis.*

*Ida Bond, ex-nurse, disabled by a stroke, spends a leisure hour very happily at her needlework.*

(The pictures on this and the previous page appear by courtesy of the Editor of *Family Doctor*. the popular health magazine published monthly by the British Medical Association).

# The Doctor's Approach to Spiritual Healing

**by Dr. D. Stafford-Clark**

**(A synopsis of an article that appeared in "The St. Raphael Quarterly" for May, 1958. Reproduced by courtesy of the Editor of that magazine).**

IT IS NOT possible to think clearly about healing in general, and what is called spiritual healing in particular, without a far more careful and objective approach to the fundamental issues both of theology and of science than is ordinarily to be found in the books and pamphlets which approach the subject from either side.

In general, the doctor's approach to healing is based upon scientific principles . . . upon probabilities as expressed in the so-called laws of cause and effect; laws fundamentally materialistic in their nature and application, and resting upon a broad basis of empirical observation. . . . The doctor does not pretend to himself that his approach is exclusively sound, still less that it exhausts all possibilities in the field. But he knows he has acquired a basic training which enables him to understand something of the meaning of the terms health and sickness and something of the ways in which wisdom and experience have shown that these processes can be studied upon a scientific basis. He is apt to be dismayed and even impatient when he sees other people, who neither have the training nor appear in any way to acknowledge its value, attempting to have the best of both worlds in their approach to illness and to healing.

*A more scientific approach?*

Some advocates of spiritual healing urge us to develop a far more effective practice of healing by studying and discovering the laws governing God's love and purpose in the world, and then applying them through our own response in faith and prayer. This is quite a false approach since it attempts to transform the personal feelings of God into a branch of applied science, and God Himself into a source of benevolent but impersonal power, which can be tapped in much the same way as the energy inherent in the structure of the atom can be tapped, provided the correct technical approach is followed. And it suggests that scientific methods and concepts are applicable in a field where the whole basis of such methods and concepts . . . is either impossible or at least inadequate and inappropriate.

In scientific usage, a law is really a norm, a concept of what is probable based on statistical averages of observation, and verifiable by repeatable experiment. The validity of such a law is simply the reliability with which its predictions are fulfilled in practice. But in theology, the word "law" refers to the personal creative activity and authority of a God who can never be untrue to Himself. There is no reason whatever why such laws should be discoverable by scientific enquiry rather than by direct revelation or the more

intuitive approach of mysticism, nor is there any fundamental reason why "laws" in this sense should be capable of being expressed in terms of norms or averages at all.

*How nature actually works*

All too often, God is still apt to be conceived in terms of sentimentalism and even of wishful thinking, significant more of psychological projections and expressions of man's deep inner conflict and personal need, than of any true humility or awareness of the real nature of God as Christ attempted to reveal Him to man. Doctors therefore are bound to confront those who would make rosy and unsubstantial claims for spiritual healing with a number of hard facts . . . which are the daily experience of those who deal with open eyes and open minds with the realities of human suffering and indeed with the realities of life as the science of biology examines and studies it.

The statement "God is Love" has to make room for what we know, as biologists, about the way life is actually lived in the world. For instance, the sea contains enormous quantities of vegetation, which nevertheless provide food for only a very small proportion of the larger forms of marine life. Generally speaking, fishes of all sizes, shapes and kinds live almost exclusively upon each other. We know also that there are innumerable organisms which from the point of view of man and the larger animals are exclusively pathogenic. That is to say, they can only live by invading other creatures and partly or wholly destroying them (e.g., many bacteria, viruses). Their entire life-cycle depends upon creating havoc in their hosts. They have no other way of living and yet they are most wonderfully and beautifully designed to sustain their life in these wholly and essentially destructive ways.

*And how nature goes wrong*

Despite the marvellous efficiency and compactness of the human body, we know that the method of reproduction and growth in the developing human organism, following fertilisation of the ovum, is beset with complicated sequences leading to the final production of the various bodily organs, sequences of processes which can or do fail. When such a failure occurs in the course of development, the results are congenital deformity and disability, mental and physical, which precede the birth of the individual and may remain as lifelong and sometimes terribly crippling disabilities.

In many instances, the errors which occur, and the long term and accumulative effects which follow them as the result of later processes being unable to reach a satisfactory stage of completion because the initial stages have gone wrong, correspond precisely to what might be seen at the end of a production line in a factory where a process or mechanical operation had gone wrong at an early stage, and the effects of this initial error had piled up and increased in exactly the way they would were the process neither halted nor corrected. But there is of course this difference; the production line in a factory can be halted, inspection can occur

at each and every stage along the line, and a faulty or defective part can be removed and replaced before the finished article reaches the end in a hopelessly damaged or distorted condition. Unfortunately, none of these saving operations are possible in the case of living organisms, and perhaps least of all in human beings, whose evolutionary development in the womb is the most complicated of all. By the time a baby is born, after nine months of remarkably intricate development, processes can have gone wrong which result in distortions and deformities, by this time quite irremedial, and often pitiously severe.

So the doctor is inclined to deplore the apparent mechanical crudity whereby a small error at an early stage in life before birth cannot be corrected once it is established, but must inevitably pile up a chaos which results in deformity and defect of an irremediable kind.

The most important organs in the human body are exceedingly vulnerable to damage from oxygen lack or infection; they are completely indispensable to continued existence; and they are quite irreplaceable. Besides, the human body cannot be renewed once it has reached maturity, and it is clearly not constructed to last an infinite time. All this has limited medicine to a critical extent. And, of course, doctors have no finally authoritative blueprint to show them how the human body was designed or is supposed to work. They have to base all their knowledge on experiment, observation and scientific deduction from these methods. These are the main reasons why the aims and goals of medicine have to remain relatively modest, despite some of the remarkable achievements which have been attained.

*Aims of the medical profession*

From a doctor's point of view the two attainable aims are:—

(1) the maintenance of health during normal lifetime for as long as possible;

(2) the prevention of avoidable suffering and the relief of unavoidable suffering in any ways which may be practicable.

These claims represent all that the average doctor would regard as reasonable within the inevitable limitations of his own knowledge and the nature of the human body and mind as he, all too imperfectly, understands them. Nevertheless, he remains aware that he understands them a good deal better than the spiritual healer; and moreover his knowledge of the natural history of disease enables him to recognise temporary fluctuations in the course of serious illness for what they are.

*Medical criticism of much "spiritual healing"*

It is noticeable that the "cures" claimed by the medically ignorant spiritual healer never exceed those which the doctor sees in his day-to-day practice and which he interprets in terms of fluctuations and remissions of serious illness. For example, in the evidence supplied by spiritual healers to the Archbishop's Commission,

no miracles were claimed or even apparently expected which could be regarded as going beyond what is natural or reasonable, even in the view of the healers themselves. No new limbs were grown after amputation; no new eyes after a loss of an eyeball; nor indeed was proof offered to substantiate a claim that congenitally malformed children could be restored to normal structure and function. Still less, of course, has it been claimed that anyone has been raised from the dead. The doctor is entitled to ask why the theories underlying spiritual healing do not contain room for such "unreasonable" miracles. For the Gospels record precisely such "unreasonable" miracles up to the point of resurrection from the dead.

In the healing of human beings, the doctor is right to insist that natural physical methods, and indeed the proper use of psychological methods as well, must continue to have a place. They are, of course, as much a part of the wonder of creation as anything else. The actual healing of a wound after a suture is a process which no doctor pretends to bring about. It is in one sense a recurring miracle; but since it is a natural occurrence, regularly expected and regularly observed in living tissue, the fact that it cannot be fully explained nor in any way artificially created tends to excite less wonder than perhaps it should.

*The wholeness of the human person*

Modern medicine finds it important to emphasise as Christian theology has always done, the "wholeness" of man, a trinity of spirit, mind and body in a mysterious unity. The temptation to regard the three terms as having some separate existence within man is quite illusory.

It is never possible to think of the human body, until it is a corpse, in isolation either from vital processes or from the total personality to which it gives material expression. It is the instrument whereby man makes physical contact with his environment, expresses himself to others and to himself in that environment, and represents too his stake in mortal existence. It is the source of both the pleasure and the pain which are inseparable from human life.

There is a connection here with something that occurrs to a medical reader of the New Testament. This is the observation that Jesus Himself seemed often to insist upon the physical realities of existence in His approach even to miraculous healing. When He healed a blind man He did not just stand back and tell the man that he could see; He made a kind of clay from spittle and sand, and placed it upon the man's closed eyes. When surrounded by a hungry and tired multitude He did not simply remove their hunger by an act of grace and faith; he multiplied the means, the ordinary loaves and fishes from a boy's picnic basket, by which their hunger might be naturally satisfied. When He awakened the daughter of Jairus from a coma, He commanded her parents to give her something to eat.

It is equally impossible to isolate and treat the mind as a separate

entity, for the mind does not exist in this way. It is only the rational aspect of personal behaviour, just as there are emotional and instinctual aspects which must equally be taken into account. It provides the opportunity of awareness and the means whereby man makes conscious contact with the everyday world around him, and the appearance of reality which this world represents.

Spirit is, in Christian thinking, that part of man that transcends the rest of his being, the ultimate essence of man, the part of him that is immortal and which reflects the supernatural element in his being. It is that aspect of the whole man which looks God-wards, and which draws its being and its need for Him. Man's highest capacities, for repentance, for forgiveness, for creative love, find their expression in the spirit.

*Nature and destiny of humankind*

Full acceptance of this trinity-in-unity is essential to an understanding of the true nature of man which subserves God's purpose in creation. We must not make it appear that God's primary purpose in creation is the health of our bodies, or even necessarily of our minds. It is only when that health serves the greater purpose of His Kingdom, here and hereafter, that we can safely claim it, and even then it is normally, although not necessarily always, through our scientific knowledge and service that such health may best be guarded and retained. Medical science represents in this way one of the aspects in which man's creative love, awakened in him by the creative love of God, can find its own proper means of self-expression. We must never neglect to use the ordinary means which God has put into the hands of medical science for the relief of suffering.

The formula "God is Love" can be said to have the characteristics of a scientific hypothesis as well as a revelation, since it is established by a method familiar to scientists, whereby a single fact or group of facts is recognised and valued as especially significant, and thereby selected as the clue to the interpretation of many other observations. . . . For the first Christians, and indeed for us, the facts witnessed and recorded of the life, death and resurrection of Jesus of Nazareth are recognised as critical. They have to be accepted as historically true, if they are to be meaningful. Moreover, if they *are* true, a universe in which they could happen must be explained by them; and even if the explanation remains only partial, we can be sure that the final clue is there. No discussion of the world and man's place in it can be adequate that does not take Jesus of Nazareth into account; not simply as a divine eruption into history, but as also in one way a natural and inevitable happening within it.

*Christ's healing miracles*

The evidence in the New Testament can therefore be taken as showing that the actions of Jesus in dealing with sickness were human actions wrought in and by His human nature, but with this difference, that His was the one human nature in which the full

love of God met its effective response and was completely conveyed to others. This in turn reveals the qualities and powers inherent in human nature when God's love is permitted to work out its full purpose through man.

The Passion of Christ may be said to represent the extremity of physical suffering and of human despair and agony; the extremity indeed of endurable experience at the human level. It reveals to us that God both knows and understands our own suffering to the very limit, and that he entered into this so that we should know He knew, and would know that He could understand. It may well be that He also wanted us to know that considerations of human existence, and material well-being in time and space as we know them, were not in any way ultimately the final or highest consideration.

*Love and suffering*

God's purpose in creation is that His love should awaken the response of love in personal free beings capable of a full response to Him in a truly personal relationship. For such a relationship, terms like worship, adoration and love as we understand them are probably only partly adequate, and what God asks of us is a full expression of creative love in every circumstance in which history may involve us. Among these circumstances physical suffering, whether guilty or guiltless, has its place, and in this sense is certainly permitted by God, and becomes the occasion both for the outgoing activity of creative love in us and for the response within us to awaken faith in the creative love of God.

Suffering, caused through sickness, cruelty, frustration, incompleteness and apparently meaningless and haphazard chance playing an inescapably important role in the regulation of men's lives—these are the facts with which life confronts us and upon which we have to base our thinking about God. For our conception of God must necessarily include the thought of Him as establishing and sustaining this world order as we find it, and as permitting or willing us to live our lives within it.

*Respective roles of priest and doctor*

The role of the priest in the sick room must surely be to reflect God's love to man and man's chance to respond to it. He is entitled to a place at the bedside, and need not be diffident or ashamed or in any way beholden to the doctor in the exercise of his own function. But the corollary of this is that he must not attempt to ape the doctor, or to construct some uneasy analogy between the doctors' function in caring for what they may regard as the mental and bodily aspects of the patient, while he cares, at an equally technical level, for the spiritual aspects. The priest is not there as a kind of auxiliary healer, nor need he be finally concerned with the fact that many of the people to whom he is called may be dying or about to die. The prejudice which some doctors have against the calling of a priest to a man in the last extremity, based on the belief that people do not wish to know that they may

be going to die, and that the summoning of a priest may alarm them in this respect, must surely be false. The doctor's job is, of possible, to prolong healthy life or to minimise physical or mental suffering. It is not his job rigidly to prevent his patients from accepting the fact of death; and indeed their approach to death may inspire in them a need to seek a final and closer understanding of their relationship to God.

The role of the priest and the doctor overlap perhaps only and inevitably at the human level; in their care and kindness to those who suffer. In their ultimate purpose they are united in that they are both instruments of God's love, but separate in that the doctor's purpose remains, in so far as he is a doctor, a human and limited one; while the priest's purpose is to bring men nearer to a transcendent and eternal revelation. But this last is as necessary to the healthy man as it is to the sick, if he is ever to find true happiness, lasting contentment, or a real awareness of the purpose of his life.

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# SUFFERING and FAITH

by RUTH WILLIS, a severely disabled girl

Say was it a purblind prank do you think?
All you other sufferers,
Who lie awake sometimes at night, praying or pleading again
For the cup to pass:
Or who sit by day, often in pain
And weeping, yet always in love with Creation's wonder and
And Beauty's eternal joy [magic,
That is greater by far than grief . . . .
To have seen once is to know for ever . . . .
Straining sorely the patience of those who care for us,
Craving forgiveness year after year.

Oh, was it a purblind prank
Or the thought of some crazy crank?
That from a once godless land,
Where religion for long years was banned
And talked of as pie in the sky,
From the war shattered city of Stalingrad, so long disputed,
A city that suffered so much,
There came the gift of an ikon,
Depicting the Mother and Child,
Who manlike was to suffer
To suffer even the cross,
But who promised perpetual joy.
Oh, it was no purblind prank nor the thought of a crazy crank.

# DESIGNING A CHESHIRE HOME

**by C. Fleetwood-Walker, A.R.I.B.A.**
**(of Cane & Walker, Architects)**

**A special feature describing the plans being made for the new West Midland Home at Ferguson's Common, Penn, near Wolverhampton.**

WHEN KENNETH LLOYD, our associated architect, asked us if we would help him in planning and preparing drawings for this Home, neither of us realised that we were, in fact, pioneering an entirely new type of building. Although new sections have been added to existing Homes, and others have been converted from different uses, the Ferguson's Common Home is the first Foundation building to be planned as a complete new project.

This, of course, gave us plenty of scope: we could plan a theoretically perfect Home without worrying about converting existing buildings. It also brought its own problems: since ours was the first, there were no precedents to follow regarding orientation, shape, situation of rooms, etc. This is not to say, of course, that we did not get considerable help from looking at the plans of other Homes, and discussing numerous problems and points of detail with their matrons and wardens. Without this help, we could never have even started our design. But the conception had to be ours alone.

As we studied the various requirements, plans, notes and details, one overriding idea took shape in our minds, which was to strongly influence the final scheme: this was that, above all, no matter what difficulties had to be overcome, Ferguson's Common must not be just a Home, but HOME; a place at which you knew you had arrived, a place which enclosed you and gave you a sense of security and safety, a place which, although orderly and efficient, was comfortable to live in as well.

If we had been planning for a normal family of, say, four or five, we should have thought of the normal type of pleasantly informal two-storey house. But this family numbers forty (including staff) most of whom must be, preferably, on one level; an attempt at "pleasant informality", in such a case, would mean a hostel-like straggle of low buildings with long corridors, and no easily identified centre. Accordingly, we looked for possible examples from the past—and found them in the formal, pleasant, semi-domestic buildings of the Oxford and Cambridge colleges, Chelsea Hospital, and various almshouses. All of these buildings depend on symmetrical arrangement around a central court, sometimes with a second inner court, reached through the building itself.

Too often, nowadays, when the word "courtyard" is mentioned, a gloomy picture of damp, dark paving and sunless windows is conjured up: anyone who has seen St. Edmund Hall, Oxford, or Queen's College, Cambridge, will realise that this is not necessarily so.

The courts around which our building is planned will admit the maximum amount of sunlight; and in no part of the building will one be far from a window at which pleasant views of other parts of the house will be visible. To obtain the maximum value from the English light, we have deliberately chosen traditional forms and materials—warm brick, dark pantiles; waneyedged elm and shiplap boarding; pitched roofs; white timber window frames; but all used in a new way, so that their maximum effect and value is emphasised and obtained.

Briefly, the details of the building are as follows: the whole house is planned on one level, except for the staff bedrooms, which are on a first floor, above the entrance block and the staff dining-room and lounge. The staff accommodation is entirely self-contained, except that the dining room is served from the main kitchen. The patients' bedrooms are arranged in two symmetrical wings, around inner and outer courtyards; on each side of the outer courtyard are sun-terraces, sheltered from the wind. In the centre are two bathroom and lavatory blocks, and between these an entrance which leads, by way of an arch, into the inner court. Opposite this archway are the sun-trap bay windows to the lounge and dining room.

On the other side of these rooms are long slit windows at low level, giving a view over the garden beyond.

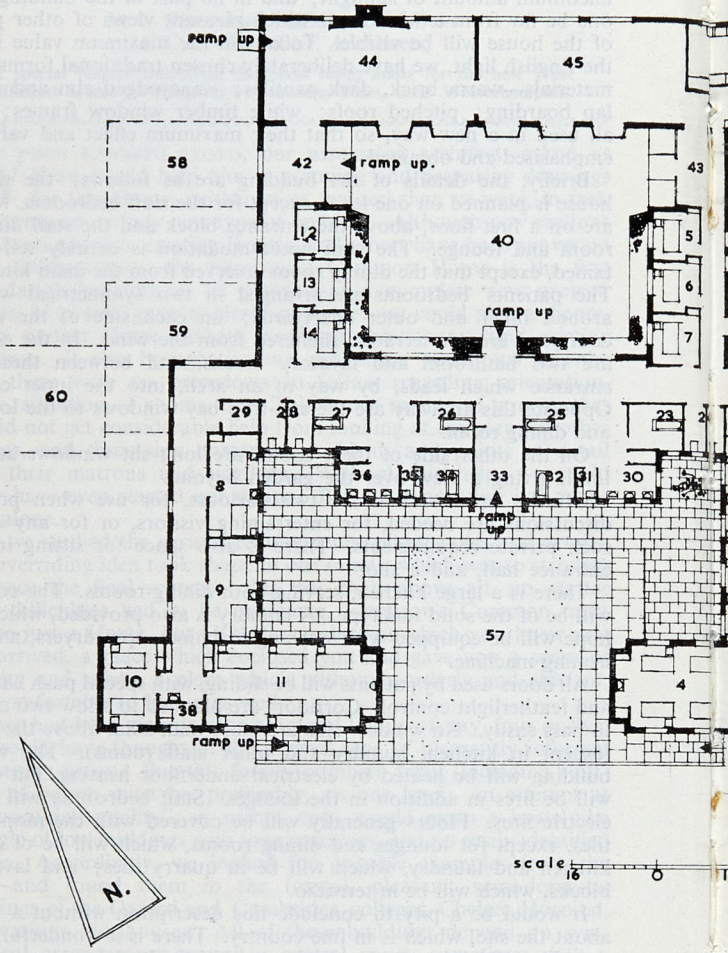
Off the entrance hall are two parlours, for use when private discussions are needed, for entertaining visitors, or for any other such private requirements. There is also space for sitting in the entrance hall, and a shop.

There is a large kitchen, serving both dining rooms. The cooker will be of the solid fuel type. A laundry is also provided, which we hope will be equipped with washing machines, spin dryers, and an ironing machine.

All doors used by patients will be sliding, with special push handles and featherlight control. Corridors are planned to allow two chairs to pass easily. No window cills are more than 20in. above the floor (except in kitchen, laundry and other staff rooms). The whole building will be heated by electrical underfloor heating, but there will be fires in addition in the lounges. Staff bedrooms will have electric fires. Floors generally will be covered with thermoplastic tiles, except for lounges and dining rooms, which will be of cork; kitchen and laundry, which will be in quarry tiles; and lavatory blocks, which will be in terrazzo.

It would be a pity to conclude this description without a word about the site, which is in fine country. There is a wonderful view over Penn Common to the south-east, and fields and trees surround our site in all directions. Behind the dining room and lounge, there is a natural garden, with bushes, trees and "lawn" which could almost have been planted deliberately, and which we determined to preserve if we possibly could.

**(Diagram on next page)**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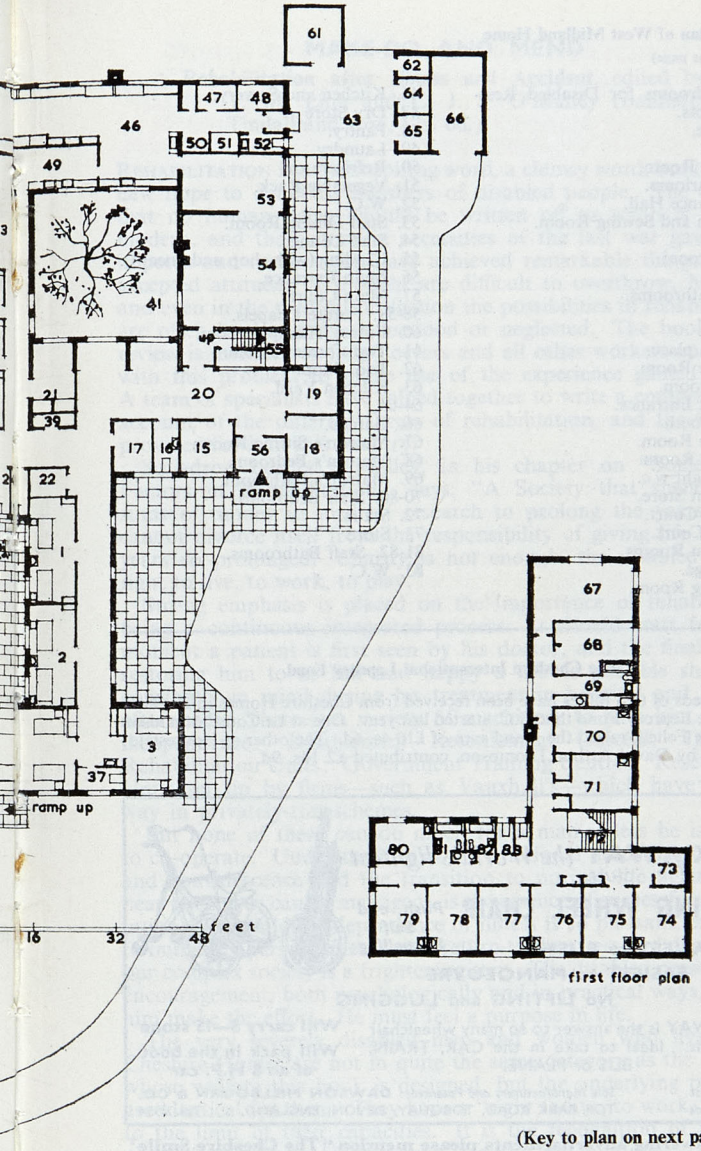
# LAND HOME




(Key to plan on next page)

**Key to Plan of West Midland Home**
(on previous page)

1-14. Bedrooms for Disabled Residents.
15. Office.
16. W.C.
17. Duty Room.
18-19. Parlours.
20. Entrance Hall.
21. Linen and Sewing Room.
22. Store.
23. Bathroom.
24. W.C.
25-27. Bathrooms.
28. W.C.
29. Store.
30. Wash place.
31. Sluice Room.
32. Bathroom.
33. Court Entrance.
34. Bathroom.
35. Sluice Room.
36. Wash Room.
37-38. Night w.c.
39. Broom Store.
40. Inner Court.
41. Tree Court.
42-43. Sun Rooms.
44. Lounge.
45. Dining Room.
46. Kitchen and Servery.
47. Dry Store
48. Pantry.
49. Laundry.
50. Refrigerator.
51. Vegetable Rack.
52. W.C.
53. Staff Dining Room.
54. Staff Lounge.
55. Landing (with shop underneath).
56. Main Entrance.
57. Main Court.
58-59. Future Chapels.
60. Future Therapy Room.
61. Transformer Room.
62. Tool Shop.
63. Kitchen Yard.
64-65.
66. Garage.
67. Matron's Sitting Room.
68. Matron's Bedroom.
69. Matron's Bathroom.
70-80. Staff Bedrooms.
72. Stairs.
73. Store
81-82. Staff Bathrooms.
83. W.C.

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**The Cheshire International Leprosy Fund**

The proceeds of two raffles have been received from Cheshire Homes in England to help the Leprosy Fund that G.C. started last year. One at Le Court, organised by Derrick Feltell, raised the grand sum of £10 4s. 6d. The other at Honresfeld, organized by David Arthur Thompson, contributed £2 14s. 9d.

## MAKE-DO AND MEND

**Rehabilitation after Illness and Accident,** edited by T. M. Ling and C. J. S. O'Malley (Bailliere, Tindall and Cox, 12s. 6d.)

REHABILITATION is an uninspiring word, a clumsy word, but it means new hope to countless numbers of disabled people. The concept that no human being should be written off as scrap is entirely modern, and the economic necessities of the last war gave it an impetus and force which have achieved remarkable things. Long accepted attitudes of thought are difficult to overthrow, however, and even in the medical profession the possibilities in rehabilitation are often inadequately understood or neglected. The book under review is intended to help doctors and all other workers concerned with this problem to make use of the experience gained so far. A team of specialists have joined together to write a comprehensive account of the different facets of rehabilitation, and the facilities provided for it in this country.

Squadron Leader O'Malley, in his chapter on "Some Social Factors in Rehabilitation", says, "A Society that spends large sums of money in medical research to prolong the years of life cannot divorce itself from the responsibility of giving life to those years so prolonged. Charity is not enough, the disabled have a right to live, to work, to play."

Strong emphasis is placed on the importance of rehabilitation being a continuous integrated process. It should start from the moment a patient is first seen by his doctor, and the final aim of restoring him to as full and happy a life as possible should be constantly in mind during his treatment in hospital and his care afterwards. There is a variety of machinery to help him back to independence: Disablement Resettlement Officers; Industrial Rehabilitation Units; Government Training Centres; Resettlement Units set up by firms—such as Vauxhall's—which have led the way in privately-run schemes.

But none of these can do much for a man unless he is willing to co-operate. Understanding of his emotional needs during illness and convalescence and the transition to normal life again (or as near normal as can be managed), is the essence of successful rehabilitation. The childlike dependence of illness is so pleasant, especially to immature personalities, that a return to the stress and demands of our complex society is a frightening step. The disabled person needs encouragement, both psychologically and in practical ways, to help him make the effort. He must feel a purpose in life.

The very severely disabled men and women who live in the Cheshire Homes are not in quite the same category as the ones for whose welfare this book is designed, but the underlying principles are identical for them. They have a "right to live, to work, to play" to the limit of their capacities. It is the recognition of this that gives the Cheshire Homes such exciting potentialities.—B.B.

## REHABILITATION IN THE CHESHIRE HOMES

READERS have shown a lively interest in our policy of helping in the advancement of that most important aspect of our Homes—rehabilitation, or the retraining of disabled people to live and to work as effectively as possible with their remaining physical, social, and spiritual abilities. We have received, amongst several others, a letter from one of the Trustees of the Cheshire Foundation, Dr. Basil Kiernander, M.R.C.P., D.M.R.E., D.Phys. Med., who is the Director of the Department of Physical Medicine at the Hospital for Sick Children, Great Ormond Street, London.

Dr. Kiernander writes: "I was particularly interested to read your article on Rehabilitation, and of my friend, Dr. Howard Rusk. You might like to know that I introduced him to Leonard Cheshire and the Cheshire Homes when he was in England as President of the International Congress for the Welfare of Cripples in July, 1957.

"This meeting proved most fruitful, and Dr. Howard Rusk kindly offered, as advisor on rehabilitation to the United Nations, to provide some equipment for the Indian Cheshire Homes. In addition to this, Dr. Rusk and two other distinguished American authorities on rehabilitation, Dr. Frank Krusen of the Mayo Clinic, and Miss Mary Switzer, the Director of Vocational Rehabilitation for the American Federal Government, all kindly agreed to give their share of royalties in my text-book 'Physical Medicine and Rehabilitation' to the Cheshire Homes."

We shall be publishing articles by both Dr. Rusk and Dr. Kiernander, as well as other eminent authorities, in future issues of *The Cheshire Smile.*

### Report of Progress in Government Schemes

THE Piercy Committee was set up in 1956 to enquire into the rehabilitation and resettlement of disabled persons: it made a number of recommendations. The standing committee, responsible for co-ordinating the work of government departments concerned with the rehabilitation of disabled people, has just issued a report of the progress made in carrying our those recommendations. The following are some points emphasised in the report (published by H.M. Stationery Office, 1s. 3d.):—

There is a large-scale enquiry at present being carried out by Regional Medical Officers to find out how many persons receiving sickness benefit for more than six months could have their recovery assisted by access to suitable rehabilitation facilities.

All major hospitals have been advised to set up resettlement clinics for the assessment and guidance of patients facing difficulties on discharge.

A memorandum has been prepared, and is to be circulated to all members of the medical profession, which provides full information about the rehabilitation and resettlement services.

The Ministry of Labour hopes to set up two new Industrial Rehabilitation Units as soon as financial circumstances permit.
The Minister of Health is encouraging local authorities to develop their welfare services for the disabled.
Since 1948, 38,000 disabled persons have been trained and placed in trades and 700 have received grants for professional training. 800 blind persons have had a training course in engineering processes, most of them afterwards placed.
The register of disabled persons has decreased from 930,000 to 730,000 in the past eight years. This decline is due mainly to the fact that men who first registered as disabled in World War II have not renewed their registrations. Apparently, they have decided they can hold a job in full competition with the able-bodied in the open labour market.
The possibility of increasing the volume of government contracts awarded to Treasury workshops is being examined.

## Daily Living for the Physically Handicapped

A.D.L. in the parlance of American rehabilitation teams stands for "activities of daily living", or, as a disabled man once said, "all the little things that make you miserable when you can't do them—you know, like putting on your shoes, or eating your soup, or switching on the light, or getting from the bed to the wheel-chair, or walking through a door." There is no physically handicapped person who does not need retraining in these activities. One fine day, we hope, some rehabilitation expert will really get down to editing a technical book, written in non-technical language, illustrated, and fairly cheaply produced, for the physicians, nurses, therapists, handicapped people and their families, showing how those afflicted by physical disability can live and work to the limit of their remaining abilities.

Our attention has been drawn to an American book, "Physical Rehabilitation for Daily Living" by Edith Buchwald, who is associated with the New York Institute of Physical Medicine and Rehabilitation. Surely it is not beyond the bounds of possibility for some British publisher to produce an even better book over here for the many disabled folk living either in their own homes or in a community like one of the Cheshire Homes.

**Rehabilitation,** January-March, 1959.

The Journal of the British Council for Rehabilitation has, in this issue, an interesting paper on "What Constitutes Rehabilitation?" by Keith Armstrong, director of the Canadian Council for Crippled Children. St. Loyes College for Training and Rehabilitation of the Disabled at Exeter is described by Mr. W. King, the Principal. And there are two articles on the role, and the training, of remedial gymnasts.

### I.T.A. Rally at Crystal Palace

Three thousand invalid tricycles—electric, petrol and hand operated—are expected in South London on June 7th, converging on the Crystal Palace for the 12th rally of the Invalid Tricycle Association. It is hoped that a number of disabled drivers from overseas will be present.

# RANDOM THOUGHTS ON WHEELCHAIR DESIGN

**by Nancy Bull**

**(The following is a condensed version of an article in the I.T.A. "Magic Carpet", by one of the editorial assistants. Reproduced by courtesy of the Editor).**

MY HUSBAND AND I recently visited the Dingwall factory to try out a new wheel-chair and to have a look round. The visit, besides being very interesting in itself, inspired me to think hard about what we really want in a wheelchair. It is the human element with which I am most concerned, not the technical aspects. The very sight of machinery running renders my mind a complete blank, and I go around in a complete daze muttering what I hope are reasonably normal comments, but without the faintest understanding of what is going on.

At the factory, my attention was caught first by a child's spinal carriage standing in a corner of the workshop. It had come in to be widened, they told me, because the width (some two feet) would only just admit the head of the child in question. A heart-rending picture flashed across my mind, and for a second or so I was sick with pity. These are the incidents which bring one up short. Over the other side, alterations were being made to a self-propelling chair in which the seat sloped at an almost acute angle. It seemed incredible that anyone could sit—or rather lie—in this rigid sloping position, and still be able to get about under his own steam. But I was assured that this would be quite possible.

The predominant impression I got from watching these various modifications going on all over the workshop was just how far-reaching our Health Service is. I had never stopped to think before about how far the Ministry do go to cater for these specialised individual requirements, in an endeavour to give even the chronic invalids, the truly helpless, some small degree of mobility. Next time I break down, and sit by the roadside, mouthing curses at the Ministry, the manufacturers and every minion of the N.H.S., I will try and remember the consolation and aid being given to the severely handicapped today, who only a few short years ago would most likely be condemned to a couch by the window for the whole of their lives.

*Ideal wheel-chair?*

Speaking of special requirements, I wonder how many of those who—like myself—belong to the wheel-chair brigade, have really got the ideal chair? Through ten years and three Ministry issues I have failed to find anything suitable. They are so big—so high and wide—so unwieldy and hard to turn neatly; footrests stick out at the front, handles protrude at the rear.

Through these ten years I have stuck to my tiny Reselco—known as "Poppet"—which, although fulfilling all requirements of fitting into a small space, is certainly not the last word in com-

fort, having only steel bars for backrest and footrest. And she is quite impossible on steps, having to be lifted bodily. "Poppet" creates quite a sensation when she appears among the opulent, upholstered and chromium plated efforts prevalent now. But—I can negotiate doorways in suburban villas without taking lumps out of the paintwork, get into cinemas without undue disturbance, fit snugly under tables in restaurants minus projections to trip the waitress, and—most important of all—have been able to get into many a "smallest room in the house" impossible to other chairbound friends.

It would be nice, however, to combine this utility with a little comfort and I am hoping that Dingwall Junior County model may be a bit nearer the mark. Even here, though, I still found doorways a bit tricky. The reason for this dawned after a while. It is this business of having the large wheels at the back and castors at the front, which now seems to be the rule in all Ministry issues (although I understand one can ask specially for the other way round). There are two advantages, of course. The chair is slightly less likely to tip forward accidentally with the castors at the front, and it is much easier for an attendant to get the chair up steps.

*Castors at back are best*

But how many more advantages are there to be found on the other side! Firstly, the saving of at least four or five inches in back to front measurements. This is the amount by which the large wheels stick out at the rear. Move them to the front, and they occupy the same space as the footrest, protruding only an inch or so beyond it. Another point is the convenience of manipulation. The hands find the wheels automatically, without having to lean back with arms at an unnatural angle. Finally, it seems obvious that the front wheel or wheels should be the steering wheels. One would not, after all, dream of steering on the back wheels of a car.

On this latter point I am at variance with no less than the manufacturer himself, Mr. Tim Harty of Dingwalls. He holds that the castors move more naturally at the front. I maintain that they find it much easier to follow a larger wheel, and that this also obviates the danger of catching up on rugs or uneven pavements. (Sorry, Mr. Harty, but you only make the things—we have to drive 'em).

*Wheelchair as part of oneself*

If I seem to be encroaching here on the province of the Technical Editors, please forgive me. But this is one of my pet hobby horses (or should it be "hobby chairs"?). I have always felt that a wheel-chair should be a part of oneself almost, and using it to turn, reverse, and swing round corners, should be so easy one needn't think about it—in the same way that the able-bodied uses his feet.

I wonder how you feel about this. It would be interesting to get the views of other wheel-chair users. How many prefer front castors? And how many simply put up with them?

In this connection, I have often wondered the same thing about

tiller steering in our motor tricycles. Granted that it is probably easiest and safest for the majority, there must be a few dissenters—like me—who would rather have a wheel or wheel-type steering, such as the old A.C. Mark I. I have always maintained that that much maligned old pioneer did have really satisfactory steering and springing—whatever its other faults.

Admittedly, my Vernon is more awkward than most in this respect, for the tiller bar is so long (and me so small) that it involves motions rather like rowing a boat. For a right turn I lean right forward, nearly falling on my face. Turning sharp left is even worse, for I have to press myself backwards with the bar catching me lovingly in a tender and slightly bulky portion of my anatomy. and pinning me against the seat. Not until the turn has been negotiated can I breathe out again.

## Big Increase in Motor Tricycles on Issue

**(Reproduced from "The Magic Carpet", by courtesy of the Editor)**

WE have learned that the total of motor and electric tricycles on issue to War Pensioners and N.H.S. Patients at the end of 1957 was 13,287, an increase of 917 over the previous year's figure of 12,370. Nine years previously at the end of 1948 there were only 1,707 tricycles on issue. What a startling and welcome development this has been, and it seems that the reservoir of demand still exists.

In addition, at the end of 1957, the Ministry of Health had a further 1,114 spare machines for loan, 62 demonstration models and 245 machines awaiting re-issue.

The original A.C. all weather tricycles, the at-one-time predominant brown job, amongst the weather protected machines, continues to decline in numbers, and at the end of 1957 there were only 2,211 left of the original 3,000. The open motor tricycle also continues to decline in numbers, and today it is exception rather than the rule at I.T.A. gatherings. During 1957 the number of open motor tricycles on issue by the Ministry decreased a further 450 to an all-time low of only 833 machines, whilst the open electric tricycle decreased a further 104 to only 474 machines.

The number of privately-owned machines also continued to decrease during 1957 by 321 to a total of 2,543, compared with 4,085 privately-owned machines at the end of 1948.

The total number of invalid tricycles registered at the end of 1957 had reached the high figure of 17,251 as compared with only 5,792 at the end of 1948. This high has been achieved in spite of the number of I.T.A. members who today run around in small, and in some cases, not so small cars. What a revolution there has been in the transport for the disabled since the hard and frugal pre-war days.

## Chair Testing in Belgium

**(Reprinted from "De Nieuwe Verminkte" (Antwerp) Feb. 1959)**

THERE is a lot of talk about the test roads on which the big car manufacturers test their new cars in America. Until recently

nobody had ever thought about testing invalid chairs on the same principle. This has been done by "Mercura" of Brussels, in co-operation with Zimmer Orthopaedic Ltd., manufacturers of the famous Everest & Jennings folding wheel-chair.

A number of standard chairs was sent to the 1958 Exhibition in Brussels to enable the handicapped and invalids to visit the World Exhibition without any cost and in full comfort and also to put this standard chair at the same time through the heaviest practical test. Indeed, for the first time in history 30 of these wheel-chairs were driven for 6 months every day from 10 a.m. until 8 p.m., and on occasion until 10 p.m., doing an enormous number of miles equivalent to 5 years' normal use.

These 30 wheel-chairs were used by over a thousand different occupants with no experience and they were often roughly handled. They had, of course, the unavoidable punctures, disconnections through wrong handling and wear of upholstery, but no repairs were needed to the frame or mechanism.

So it has been proved . . . a folding wheelchair that has come through such a rough and heavy test, will with normal use, guarantee its owner many years of comfort, and satisfaction.

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**Home for Hull Wanted**

**Extract from The Multiple Sclerosis Society (Hull & East Riding Branch) Newsletter, February 1959**

"In 1957 your Committee campaigned strongly, if to no apparent effect, for the establishment of a Cheshire, or similar, Home to cater for the needs, as they arose, of the younger chronic sick in the city and the East Riding of Yorkshire. That this area should have seemed apathetic to an obvious and urgent need, keenly disappointed your Committee, whilst refusing to deviate from its belief that such a Home was not only essential but must sooner or later become an established fact. In this unshakeable belief your Committee has continued its campaign in 1958, making representations to suitable authorities and individuals as opportunities have occurred. Your Committee feels that, as an interim measure—or a complete solution, even—a ward in one of the city's General Hospitals, set aside for the purpose it has in mind, suitably equipped and staffed—might well be the answer to a vexed problem."

# Speech is my Greatest Problem

**by Graham Guest**

**A 19-year-old Australian spastic who lives in Brisbane. He is severely handicapped, but is studying free-lance journalism and has great hopes of earning a living by his writing.**

(Reproduced from *Spastics News* by courtesy of the Editor)

How often have you heard this introduction? "Miss Brown, meet Mr. Smith", and then greetings are exchanged. But what happens if one of the two becomes suddenly dumb, which often happens when a Spastic tenses up. This problem is faced by all who have limited speech. I find I talk best when lying flat out on a bed. Should I then make a dash for the nearest bed—acting as though my brain were affected, too—or should I have a tape recorder under my coat, with a tape already recorded, so that it could take over when I'm stuck?

When I was a small boy, I remember rushing on my knees to watch the boys play football or cricket in the streets outside, and I also remember asking my father to take me down to the park to try to field in some unimportant spot. I was lucky, however, if one of these people spoke to me, and as my reply was only a grunt, there was not much point in their having done so at all. I wasn't bitter because I couldn't participate in their games. If they had only treated me like one of themselves, and not have pretended I was not there, that was all I needed. The fact that I can talk as well as anyone if I just relax frustrates me. But it isn't as simple as it sounds, as sometimes when I'm completely relaxed I haven't the strength to force the words out.

Then there are stages when I'm sufficiently tensed up to speak quite well; these usually occur when I'm excited, or speaking to someone I know quite well; for example, at bedtime after a busy day, when the person to whom I am speaking will go to a bit of trouble to understand me.

To feel that a person will listen, and make a determined effort to work out what I am saying, is half the battle won, giving me confidence, the importance of which I cannot overstress. If a Spastic is not encouraged to use his speech, he is likely to withdraw into himself, becoming a burden to himself and those who care for him. There are some people to whom I just can't talk. Don't ask me why, but I go completely dumb in their presence. They usually have doubts about my speech, and the more I try to talk to them, the more tense I become, only confirming their doubts, and so I give up.

When a Spastic gets used to speaking to a person, his listener will become used to his speech difficulty, how he forms his sounds, and how he phrases his sentences. For instance, I have trouble saying "d" and "n", so I avoid questions starting with "No" or "Did". I never say "Dad" but "My father", and I always use words such as "terrible" and phrases as "How are you?" and all the

interrogatives starting with "w". Other Spastics cannot put their lips together, having difficulty in forming the word "Mum", or putting their tongues up to the palate to make it. But you will get to know all as your friendship with a Spastic progresses.

I don't care if I say a word a dozen times, as long as I get the message across. That's my goal, and if I have a bit of trouble making contact, that's all in the game. For some reason or other—but I can't find one—every six months or so I have the shakes, then my typing becomes illegible. I can't get a word out, and I find it difficult to do the everyday things. I never worry too much about these things as I know they will pass and, in fact, I'll be better than before. In the intervals between these severe spasms are smaller ones that last a day or two. These can be murderously mystifying as they come for no apparent reason, though sometimes they are emotionally caused, all most aggravating and yet most fascinating.

It seems strange that when experts are paid to ascertain such trivial things as why women wear different kinds of hats, or why Americans prefer coffee to tea, that so little time is spent on research on one of the unsolved medical mysteries, namely, a cure for Cerebral Palsy.

I am not ashamed of my appearance or disabilities. People today are becoming used to seeing Spastics in public places, and we are gradually being taken for granted. Recently I have been driven to and from the local picture show, though I view the pictures alone. When I was waiting to be driven home, a youngster said to me, "There's no more pictures, so you'd better go home." I, of course, "clammed" up—I just couldn't say a word—and he walked away. It was evident that he thought it quite normal for me to get up and walk out of the theatre. But for my speech, he had accepted me as normal. This proved my point that speech is my greatest problem.

Never give a Spastic too much praise. If he manages to get a few words out, don't make him stop to think by saying such things as "that was plain." Instead, let him chat on, forgetting speech difficulties, so that the conversation becomes as normal as possible. He will surprise you, and maybe himself, too.

## It's a Pleasure

**by Ambrose Jaggs (of Ampthill Park)**

"It's a pleasure", "No trouble at all", "Forget it", "Any time you like". To most people these may just sound ordinary common courtesies used and heard dozens of times daily. Speaking as one of the many disabled by an incurable disease, I think they sound like music—the language of the soul. Phrases specially made to alleviate the feeling of frustration so very very often felt when circumstances

put you in the position of being unable to do everything without any help from others.

You see, although at times it's much nicer managing alone there are also times when a little help is almost indispensable. That brings me to the reason for this talk. Jaques in Shakespeare's "As You Like It" said "Sweet are the uses of adversity". He continued and said "Even the toad, ugly and venemous, carries yet a precious jewel in its head". At school we were told that this referred to some medicinal properties found in the toad's head.

I also can say "Sweet are the uses of adversity" but I will continue to say "Even an illness, incurable and disabling, carries with it a precious philosophical outlook on life." An outlook denied to many of those who are fit and well. It makes me personally realize what a lot of really decent people there are in the world. They are not confined to any particular class of society either. They are composed of errand boys, labourers, artisans, foremen, managers, high-level executives, titled and untitled people alike. I would like to say right here and now—to give my heartfelt thanks to "people".

I have only once in the whole twenty-six years of my disability been refused a helping hand. It was in 1945; I was walking with

difficulty then and unfortunately I had to ask a man to give me a helping hand across the road. He surprised me by refusing, but an elderly, rather aristocratic lady standing nearby, asked me if I would grant her the privilege of helping me.

I'm afraid I once by accident insulted a lady, absolutely unintentionally I can assure you. It was like this: I was travelling by train and I had to change at Crewe—the devil's own playground even for a fit person to negotiate. I was instructed to go from the extreme west platform to extreme east. Fortunately for me the young lady portress grabbed my two suitcases, took me down a nearby lift along endless subterranean tunnels, took me up by lift at the other end, and then found me a seat on the necessary train, put my luggage on the rack and made sure I was comfortable in every way. It was then that I made the most awful mistake—I proffered a tip. I immediately regretted it and was most profuse in my apologies. It made me realize that kindness is an inestimable gift, invaluable and yet quite often and freely given to the rather unfortunate ones. The lady at Crewe accepted my apology quite nicely, saying, "Don't worry, it was no trouble at all, I enjoyed doing it."

It was the same quality that made, of all people, a young Teddy Boy stop me one night as I was on my way to my club in my lever-propelled chair and say "Switch it into neutral, mate, and I'll push you—I'm going near to where you go."

What I want to know is—are we allowed to be disabled for a special reason? Is it a means of giving us an idea of the real value of the ordinary things of life? I feel sure ordinary people don't realize how lucky they are to be able to walk, to be able to use a knife and fork or lift a cup to one's mouth. Just ordinary little things, but how wonderful to be able to do them. We who are disabled can realize their value and give thanks that we could once do them. I wonder how many fit people can give thanks, or do they fail to see need for thanks.

## A Letter from Mrs. Sue Cheshire

(*quoted by "The Universe" 8th May*)

Mrs. Sue Cheshire, in a letter to Miss Margaret Trenchard, of the Cardiff U.N. Association, gives some news of the Ryder-Cheshire Foundation. She writes of the International Unit at Dehra Dun, India: "We have been given a magnificent site—the plateau is more than half-a-mile long. But as we have no funds we have started in tents. Two art students hitch-hiked all the way from London to India to help. As regards Poland, we have started two Homes already but the Polish authorities have asked us for fifty."

## Cecilia sends her thanks

*(A holiday patient at Hovenden House wrote a letter of appreciation about her stay there)*

"It was with very mixed feelings that I set out for Hovenden House. It had been arranged for me to spend a fortnight's holiday there, and this gave my daughter a much needed rest. Memories of past days in Nursing Homes and Hospitals gave me quite a few qualms.

"Little did I think then that I was starting on the most wonderful holiday I had ever had. Everybody looked happy and all tried to help each other—always there were willing hands to do what another couldn't. The entire staff were so splendid; there was a joy and love in their giving. Here one was known as a person, not just another patient, and as a home this house—judged by any standard—was perfect. I never knew the surname of most of the dear friends I made; here Christian names are the rule as in all Cheshire Homes. But this much I do know: I have been in Cathedrals, Churches, Halls and Homes, but never anywhere where I have felt so much the spirit of God. Here, Christianity is not preached, it is lived."

## If I Were Cured

I should like to know if all the other disabled people in the Cheshire Homes think as I often do of what they would like to be if they became normal again. If I were lucky enough to be cured (D.V.) I would want to enter the nursing profession. I have always greatly admired this calling, which seems to me more than just a job. I believe that nurses, together with doctors and surgeons, are closer to God than many other workers; as their work entails relieving suffering of mind and body. I very much fear, however, that my tender feelings would get the better of me and I would not be able to get through some of the tasks I would have to perform.

Should I be cured as a result of the treatment I am having at Bath, and should I finish my nursing training, I can't imagine any better job than joining the staff here at Greathouse.

TERRY F. (Greathouse, Chippenham).

(Photo: *Huddersfield Daily Examiner*)

*The Mayor and Mayoress of Huddersfield buying flags from Jim Jaquest of White Windows during the flag day held for the Home in the town last April.*

# Notes and News

## Bulletins from the various Homes

**LE COURT, Liss, Hants.**

Political discussion was recently given a boost by visits from Col. Digby, local prospective Liberal candidate, and the Hon. Peter Legh, present Conservative M.P. Col. Digby gave a talk on Liberal policy and promised to have a special regard for disabled people's problems should he be elected.

Our Film Unit is now financially in the clear, due to the generous efforts of friends (chiefly Mr. Ralph, Miss Bourdillon and Mrs. Mitchell) who raised the money at dances and one successful jumble sale—that perennial but mighty useful money-raiser. All efforts are now being concentrated on the actual filming, which, it is hoped, will be finished by the Autumn. Mr. Bourne, a film director, is kindly giving advice and help. The hardest task so far has been synchronising the script (for a tape recorder commentary) with shooting plans and estimates. The finished colour film, lasting 40 minutes, will star "Snowy" Harding, but it is intended to cover almost everything that goes on in Le Court. Snowy, himself, will do the commentary—in genuine Cockney!

We regret the following staff departures: George Baker, who has been with us three years and has left to start a full nursing training; Mervyn Jones-Evans, who came for two days and stayed fourteen months; Liz Dickinson, a local resident, who put in a nine month's stint; Connie Hohenbuhel, sadly unable, through ill-health, to stay for a long period as she had wished; and Ann Shelswell, who has now left to help out at Staunton Harold.

Lady Doris Blacker, a well-known local personality, is welcomed on to the Management Committee.

Jimmy Edwards has promised to open the Fete on July 11th, and the Air Ministry is kindly lending a helicopter for an air-sea rescue display. We should like to say a sincere "Thank-you" to Mr. Potter, who, after many years of valuable help as ground manager at our Fetes, has unfortunately had to resign.

In April, at the monthly house-meeting of disabled residents, the Welfare Committee (Paul Hunt, chairman; Peter Wade, treasurer; and Derrick Feltell, third member) was unanimously asked to serve for another year, and agreed to do so.

We welcome Clare Mace, of Alton, as a permanent resident.

The new tennis court, which had been out of action like the Preston by-pass—and for the same reason—has now come into use. A Tennis Club has been formed.

A note about beards. Recent visitors to Le Court have noticed, with mixed feelings, that a new fashion has been set by the Honorary Treasurer of *The Cheshire Smile*, Peter Wade. (Ed.—Although I admit the beard suits him, I want to deny rumours that I'm going to grow one as well).

Having acquired two kid-goats (which were quickly christened Whisky and Soda) with the idea of keeping down the grass, we were disappointed to find they much preferred flowers, shrubs, vegetables and milk in quantity. Two more farewells had to be said, and Mrs. Lowndes, a Friend of Le Court, kindly offered to take them.

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The friends of Molly Conibear have been much saddened by her recent death. She had been at Le Court for seven years, and it seemed as though she would last for ever. She certainly had plenty of friends—people who had come under the spell of her charm and hospitality, and drifted back to her room whenever opportunity occurred, knowing they could count on a welcome.

Once a successful buyer in millinery, married, fashion conscious and attractive, Molly was completely helpless for most of her time here, and usually in some sort of pain; her face told the story of that.

It would be senseless to say that she never grumbled and always took everything with a brave smile. Molly was no saint, but she did have guts. She rose from complete despair to some very full years indeed. It was not always a conscious effort, but she proved that a helpless person can *really* be as useful to the community as anyone. There is no rule by which her contribution to Le Court can be measured; it is, however, not a whit less real for being indefinable. She fostered much goodwill for the Home by her personality. The strength of that will remain.

P.H.

**HOVENDEN HOUSE, Fleet, Spalding, Lincs.**

Our total number now is twenty-five. Since our last news-bulletin Ronald Eyton and Stephen Smith have joined us at Hovenden.

News of Hovenden did not appear last time, so to bring readers up-to-date we must start with Christmas activities. Our second Christmas was even more wonderful than the first. Again the lovely tree filled the window space in the lounge, beautifully decorated and lit with fairy lights. Presents piled up around the foot of it. On the table in the hall was the Crib. The brilliant idea of hanging garden trellis on the walls and putting the hundreds of Christmas cards on it, gave a wonderful air of gaiety to every room. Christmas dinner, Christmas tea, and the evening of games were all occasions that live in our memory.

On 6th January off we went to the pantomime "Humpty Dumpty" at Holbeach Youth Centre. Transport for this was provided by the local Physically Handicapped Club. The latter Club also entertained us at a splendid party on 15th January. Every month we go to a meeting of the Club at Holbeach and enjoy a happy evening amongst friends.

The fund towards equipping a really first rate laundry—a fund started with a gift of £100 from a generous donor—was augmented by £25 10s. from a Whist Drive on 9th February and by various contributions since.

Two new inmates have arrived to occupy the quite palatial pig-sty and they have aptly been named Bubble and Squeak by Meg, our youngest resident.

Under the inspiration of Mrs. Myers, one of our kind friends, a Gift Shop for the Home has been started in Spalding. £10 was taken on the first day alone.

The Friends of Hovenden have been busy. Groups have been formed and are flourishing as far afield as Lincoln, Grimsby and Scunthorpe. Red Feather Days have been held at Grimsby and at the Appleby-Frodingham Steel Co. works.

We are determined to make our Fete on 4th July at least twice as good as last year.

*Arthur Reynolds of Hovenden House, paralysed from birth, is a lover of the open air, football, left-wing politics and classical music.*

(Photo: *Boston Standard*)

*A bunch of Boston (Lincs.)teenagers dressed up as gypsies set off with their hurdy-gurdy to raise money for Hovenden House. The moving spirit behind this novel appeal was Mrs. R. A. Lunn, a member of the Home's Management Committee.*

**HONRESFELD, Littleborough, Rochdale, Lancs.**

Welcome to our two new patients—Win Gauley of Bolton, and Frank Watson of Middleton Junction, who has been making himself very useful sorting out books and gramophone records.

Sam Stott has now been appointed foreman of occupational therapy, under the supervision of Mr. Ainsworth, our Honorary O.T. expert.

The new entrance has now been completed, as also the work on the first-floor partition walls. The building of the lift shaft will, we hope, have commenced by the time this appears.

The work of connecting up to the main sewer should be finished fairly soon. The present drainage system is inadequate, and it is impossible to take in more patients until this connection has been made.

The next major project will be the building of a bridge, linking the first floor of the present house with the high ground behind, and then the building of the final extensions.

The date for the annual Garden Party has been provisionally fixed for 18th July.

**ALNE HALL, Alne, York.**

After the coming of Spring, the garden was found well stocked with flowers, and in particular with daffodils. A visit was made to Farndale by motor coach to see the renowned display of this flower in a natural setting.

After a lengthy period of work on our behalf by Ampleforth College, we had

the pleasure one evening of listening to entertainment provided by the boys, and the staff, of the College.

A community of the blind came here from York and provided much pleasurable and varied entertainment.

We are seldom without contributions being made to our enjoyment, and give thanks to all providing help to us.

In conclusion may we all send our best wishes to Group Captain Cheshire and his wife on their recent marriage.

**WHITE WINDOWS, Sowerby Bridge, Halifax, Yorks.**

The last quarter has been a comparatively quiet period at White Windows. After the Christmas and New Year celebrations are over there is inevitably something of a lull in the round of social activities, although the weather this time was much milder than during the corresponding period of last year. However, there have been visits to a number of entertainments, including a performance of *Brigadoon* at the Palace Theatre, Halifax, and we have also been entertained at home by several visiting concert parties and choirs. But now that spring is really here we look forward to a quickening of the tempo. In the next few months we hope to arrange visits to the Lady Mabel College of Physical Education at Wentworth Woodhouse, near Sheffield, and to Alne Hall.

In the meantime the extensions to the dining room will soon be under way. This will make the dining room twice its present size and enable everyone to eat there—up to now a number of patients have to take their meals in the television lounge, at some inconvenience to them and to the staff. There is also to be another room built beyond it which can be used as an occupational therapy room or as an extra lounge. Also an ambitious long-term landscape gardening plan has been drawn up which will in time make practically every part of the sloping six acre grounds accessible to patients in wheel chairs.

But the biggest event in the immediate future will be the Annual Open Day and Fete on 13th June. Last year we had a wonderful day, and this year we hope to make it even better. A tremendous amount of work is put into this effort, and we trust it will be rewarded as it deserves—by a beautiful day, enormous crowds and lots of profit for White Windows.

(*Photo of Jim Jaquest selling flags in Huddersfield is on page* 39).

**ST. TERESA'S, Long Rock, Penzance, Cornwall.**

Once again, accompanied by a few members of the staff, we were very happy to accept the invitation from the Redruth Amateur Operatic and Dramatic Society, on the 14th April, to see Ivor Novello's musical comedy "The Dancing Years". When the performance was over members of the cast came and had a word with us. We feel they are friends, as they never forget us when they are putting on a show.

Our friends from Culdrose Naval Air-Station came to the rescue, as on previous occasions, and provided the necessary transport. When the family returned to St. Teresa's all felt that we had spent a very enjoyable afternoon.

R.E.L.P.

We regret to say that since the last issue of *The Cheshire Smile* we have had two losses in the family. In the middle of February, Phyllis, who had been with us since March, 1952, passed away after a long spell of suffering. Also Fred Brown ("Topper") died recently. He had left St. Teresa's about ten months ago to live in a hospital at Holsworthy, Devon, and so be near to his wife and daughter. Whilst with us he was grand company and quite a character—we shall always have happy memories of him.

Several of the boys and girls have managed to go for car rides on some afternoons to view the beauty of the Cornish coast. For these trips our sincere thanks to Mrs. W. C. Pack of Penzance.

Lennie and Graham have been fortunate enough to see nearly all the Rugby Matches (Home) and are sorry that the season has now finished. They have a

**St. Teresa's Dramatic Group.** *The cast of the Elizabethan costume play "Mary Newman's Secret", which they produced last year. Reading from left to right: Rene Edwards, Arthur Gribble, Enid Bottomley, Len Harper, Iris Osborne, Graham Thomas and Grace Maundrell.*

number of good friends among players and members of the "Pirates" Rugby Club and have thoroughly enjoyed themselves in their company. Their thanks go to Mr. John White of Penzance for his kindness in loaning his van to them and to Mr. and Mrs. Glyn White for taking them to and from the matches and the club.

When the Cross Keys (Monmouthshire) Rugby team were down on tour they made a visit to us and had a look around the Home. Preceding this, they had played a Charity Match and the money raised (£8 8s. 0d.) was given to our General Fund.

In April two of the patients went to the "Ritz" cinema in Penzance to see two "X" films. This particular class did not put them off! We wish to express our deep gratitude to the Cinema Manager for giving us permission to see films whenever we wish.

There was a County Drama Festival in April held at the County Hall, Truro, and two of us went to see four one act plays which were performed by amateur drama groups of the County—these were very well done and we enjoyed our evening's entertainment. Our invitation to go to this was from Mrs. Collingswood-Selby who is the County Drama Adviser, to whom we express our many thanks. Mr. A. Williams of Long Rock, who is a great friend to everyone here, took us in his car to the festival.

Quite recently Sister Kirk came to us—she has for several years held a post at the National Hospital, Queen Square, London. We wish her the best of luck and hope she will stay and really settle down with us.—E.M.B.

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**SEVEN RIVERS, Great Bromley, Colchester, Essex.**

The big event here is that work has actually started on the lift. The lift shaft is being built at the northern end of the Home and will enable us to use the top floor and double the number of our residents. It is hoped that work will be completed by the Autumn.

Colonel Sir John Ruggles-Brise, Bart, C.B., O.B.E., T.D., J.P., the Lord Lieutenant of Essex, visited the Home and has honoured us by accepting the invitation to become our President.

*A group at Seven Rivers. From left to right: Annie Sanders, Bill Stevens, Father Roland, George Clayden, Laura Smith (back), Alice Cox (front) & Vera Cornish.*

Miss M. Mason and Mr. W. W. Russell visited Seven Rivers in March and were very impressed with the happy atmosphere here.

In order to keep our helpers and supporters from outlying districts in touch a Council has been formed which recently had its first quarterly meeting. A general discussion and exchange of ideas took place and then members of the Council looked round the Home and talked to our patients.

A Seven Rivers Cheshire Home Association is being formed and we hope to obtain a large membership throughout our scattered area. Membership cards display the Red Feather emblem.

On Easter Saturday Elsie Catling and Len Hobden were married at Great Bromley Parish Church and the reception was held at Seven Rivers; after a short honeymoon they are now back in residence.

Our Annual Fete in the grounds will be held on Saturday, 30th May, and we have many attractions and hope for a fine day and a large crowd.

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**ST. BRIDGET'S, East Preston, West Sussex.**

At Easter Mrs. Robinson, a newcomer to the district, gave us enough chocolate eggs for all the patients and staff, for which we were most grateful. Also for Easter, Mr. Ely very kindly presented us with new-laid eggs for our Sunday breakfast.

The highlight of the last three months occurred on 21st April when Mrs. Clifford-Smith, the Chairman of the Management Committee, went to Ferring to receive another £150 from the "Conifers" Bridge Circle. Mere words cannot express our gratitude to Mrs. Lawrence and Mr. and Mrs. Deacon, the organisers, and to the members of this circle for their generosity. Matron who accompanied the Chairman was presented with a delicious cake for the patients which proved "just what the doctor ordered."

We must express our most grateful thanks to Mr. Collier, an Arundel chiropodist, who is prepared to come at any time and who gives his services entirely free of charge.

Several of the patients are hard at work preparing exhibits for the Littlehampton Rotary Club Leisure Time and Hobbies Exhibition to be held 13th-16th May. This not only creates interest in the Home but will draw the attention of all those viewing the exhibition to our existence.

We regret that Bill Dorr has been admitted to Southlands Hospital for surgical treatment and that his condition is far from good. We hope that he will soon recover and rejoin us.

Rear-Admiral Mack, the organising secretary of the Royal Hospital for Incurables, paid us a visit on 3rd April. He was most interested and we had a letter of appreciation from him.

We sent a letter of congratulations signed by all the patients to "G.C." and Miss Sue Ryder and we received a very nice acknowledgment.

A Jumble Sale was held at Angmering on 14th February when over £50 was raised and we would like to thank all those who helped to make it such a success.

A problem then arose of disposing of the unsold articles and further gifts received later. This was solved by the offer of a shop in Littlehampton free of charge where Miss Moon of Rustington valiantly took charge for a fortnight in March. During this time over £100 was made for our funds—a magnificent effort.

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**STAUNTON HAROLD, Ashby-de-la-Zouch, Leics.**

Two of the main events of note in Staunton this quarter are the opening of the Patients' Shop, and the formation of both men's and ladies' Toc H groups.

The shop, which was opened in February, is managed on behalf of the patients, by Albert Brookes, and the profits, when there are any, will go to the Patients' Welfare Fund. I say "when there are any", because so far the nominal profits have been ploughed straight back into the business in order to increase our stock. Naturally, we had to start on a fairly small scale, but we are gradually

(Photo: *Leicester Mercury*)

*A meeting of the Quorn Hunt at Staunton Harold in April.*

building up our stocks and getting a bigger variety of products. Not only is the shop helping the patients, but it also helps the Home, in that, as the Home already had a cigarette licence, we agreed that all the profit from cigarettes sold should go to the Home, not the Welfare Fund. In the time it has been open, the shop has proved to be a great asset to the amenities of Staunton and this is due in no small measure to the efficient way it is managed by Albert.

The Toc H groups are also proving quite popular. The idea to form these came to us some time ago, when two or three of the local branches started holding some of their meetings at Staunton and inviting the patients to join them. They proved to be so popular that the idea of starting our own groups was put forward and after a little time, granted. Of course, we are still very much in the "learner" stage, but again the local branches are helping us a lot and we feel we are learning fast, and hope that it won't be long before we are able to stand on our own feet.

Another event which is worthy of note was the meeting of the famous Quorn Hunt at the Hall on Easter Saturday. This was a wonderful sight, for the old Hall is the perfect setting for such an occasion and the spirits of all the former lords of the manor must have looked on with memories of past glories, as the hounds and riders milled around in front of the Hall. It was a spectacle which the patients really enjoyed, even though one of the hounds found his way into the kitchen and ate part of our lunch whilst the cook's back was turned!

It was with very deep regret that we said farewell in March to our Church of England chaplain, the Rev. R. Leader. "Bill" Leader had been interested in Staunton since the day "G.C." took over, and was looked upon by everyone, whatever their creed, as a true friend and a great chap. None of us will forget the way he joined in the fun of our first two Christmas concerts by giving some amusing "Sam Small" monologues. It was always a source of great amusement to Mr. Leader himself that, after his first appearance, one of the local newspapers reporting the concert, remarked that "Mr. Leader was anything but parson-like

in giving a humorous monologue." On his last Sunday here with us, we were very pleased to have Mr. and Mrs. Leader join us all for tea and we took the opportunity of showing in a small way our appreciation of all he has done for us by presenting him with an inscribed cigarette case. All his many friends in Staunton wish him the very best of luck in the future and assure him he will always find a welcome here when he visits us.

In saying good-bye to Mr. Leader, may I also welcome his successor, Rev. Cowperthwaite. We have all now met him and feel that in him we have another good friend. It is never an easy task to follow a popular man, but may I, on behalf of the patients, assure Mr. Cowperthwaite that we hope our association will be a long and happy one. As a keen and active member of Toc H, I feel sure he will be a great asset in that respect, too.—T.M.G.

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**ST. CECILIA'S, Sundridge Avenue, Bromley, Kent.**

We are organising a large competition during the summer months as our main appeal in 1959. Tickets are a shilling each: we aim to sell at least 100,000. Competitors are being asked to estimate the number of people attending this year's Radio Show. The first prize is a Ford Popular car, the second a bedroom suite valued at £120, and other prizes include two air tickets to Paris, tickets for Butlins, watches, a tape recorder, etc., etc. Friends of St. Cecilia's and anyone else interested, are asked to apply to the Appeals Secretary, at St. Cecilia's for books of tickets.

We record with deep regret the death of Mrs. Page.

Since January the O.T. Room has been completed, and it is most encouraging to see it being regularly used.

On a sad note, we announce the resignation, through ill-health, of the Matron, Miss Goodchild. Although only with us since August she has done an immense amount for St. Cecilia's.

Miss Cooper, who was Matron at Greathouse, has taken her place and St. Cecilia's is indeed lucky to have her.

We welcome to the Management Committee Mrs. Taylor and Councillor Dowling.

The King Edward's Hospital Fund for London have given £800 towards the cost of a specially equipped bus in which we can carry up to thirteen sitting patients, or two wheelchairs and five or six sitting patients.

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## NEWS FROM MALAYA

Work is going ahead on the projected Home at Johore Bahru. G.C. made two trips here in December.

The building programme for the new extension to the Singapore Home will probably have started by the time this appears. Air Marshal the Earl of Bandon and the Countess of Bandon have become joint patrons of the Homes in Malaya. Corporal and Mrs. Buck left in January, and Mrs. G. Furguson volunteered to take charge until a permanent matron is found.

## THE ORIGIN OF THE HOMES

In May 1948 Group-Captain Cheshire came across an old man dying of cancer whom no one wanted and who was about to be discharged from hospital. After trying very hard to find somewhere else for him to go, but without success, he took him into his own house and nursed him until he died. In the course of doing this he discovered others who were in much the same situation, and took them in too, turning the house into a home for the incurably sick.

This was the beginning of a mission for the relief of suffering which, thanks to the help and support of a great many people the world over, has expanded ever since, so that there are now fifteen Cheshire Homes in England, others in India and Malaya, and several more in active preparation elsewhere.

## BASIC PRINCIPLES

1. The Homes have developed and expanded, not according to a pre-conceived plan, but as opportunity or need has presented itself, and normally in some premises for which no one else could find a use.

2. They care for the incurable and homeless sick—those for whom the hospitals can do nothing further and who have nowhere else to go.

3. They are run as homes rather than hospitals, for their function is not to administer curative or surgical treatment. Thus they offer the affection and freedom of family life, the patients being encouraged to take whatever part they can in the day-to-day running of the house.

4. They are undenominational. Patients are admitted according to need, irrespective of race, creed or social status, all being asked to live together as one family.

## ORGANISATION

The management of each home is vested in a committee, chosen to be as representative as possible of the local community. Thus the homes fit naturally into the framework of their surroundings and the patients have a sense of belonging to the area.

There is a central Trust known as THE CHESHIRE FOUNDATION HOMES FOR THE SICK TRUST. This Trust, which is a registered charity, presides over the homes, owns all the property and acts as a guarantor to the public that the individual homes are being properly managed and in conformity with the general aims of the Cheshire Homes. The Trustees, who are specialists within their own subjects, are for the most part public figures—and all, of course, unpaid. A similar Trust has been established to control the homes in India.

## FINANCE

The Homes are privately, not State, owned and run, having no capital behind them and being largely dependent on voluntary help and subscriptions. Although precautions are taken to see that those patients who are in a position to contribute towards their maintenance do so, no one is turned away because of inability to pay. Thanks to the co-operation of local health authorities, Benevolent Funds, etc., grants are forthcoming for the majority of the patients, leaving a substantial amount of the daily maintenance costs to be found by the individual Homes, which, once established, are expected to be self-supporting.

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