



CHESHIRE SMILE

Vol. 7, No. 2 Summer 1961

ONE SHILLING

The Ryder Cheshire Mission for the Relief of Suffering

**Founders: Sue Ryder, O.B.E.
and Group Captain G. L. Cheshire, V.C., D.S.O., D.F.C.**

Non-denominational and depending upon voluntary help and contributions, the Mission forms a family, or "Commonwealth", of the following entirely separate and autonomous Foundations, more of which, it is hoped, will follow. A special point is made of keeping administrative costs down to the minimum.

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Following the relief work started in 1945 in many camps, hospitals, and prisons for the Stateless victims of Nazism, there is today still much individual case-work throughout Germany, in addition to the following:

Sue Ryder Home for Concentration Camp Survivors. Cavendish, Suffolk. 140 Forgotten Allies are brought each year from the Continent for a complete holiday and to join those already resettled there. All enquiries about Forgotten Allies Trust should be made to Cavendish. (Glensford 252).

St. Christopher Settlement. Grossburgwedel, Hanover.

Secretary: Mr. Jerzy Budkiewicz.

Eight homes and several flats, built mostly by international teams of volunteers for those whose health is broken.

St. Christopher Kreis. Berlinerstrasse, Frankfurt a.m.

Chairman: H.H. Princess Margaret of Hesse und bei Rhein.

Since 1945, Sue Ryder has been personally responsible for the visiting, after-care, and rehabilitation of the Stateless boys in German prisons, many of them convicted for reprisals against their former torturers.

Homes for the Sick in Poland.

Chairman of the Committee: Direktor Snieguki, Ministry of Health, Warsaw.

Prefabricated buildings, each containing forty beds and costing £5,000, are sent from England to relieve the distress of the Forgotten Allies.

Four established at Konstancin, Zyrdow, Naleczow, and Garwolin. Two in process of erection at Helenow and Warsaw.

II. RAPHAEL, The Rispana, Dehra Dun, India

Lying in the foothills of the Northern Himalayas, Raphael is the Far Eastern Headquarters of the Mission. From small beginnings in tents in April 1959, it

today houses 50 leprosy patients and 30 mentally retarded and homeless children, and is being planned as a whole "village" of Homes where 600 or more of the incurably sick may lead as full and happy lives as possible.

Hon. Medical Director: Lt.-Gen. K. S. Master, M.C., I.M.S. (Rtd.)

Hon. Secretary: Mrs. A. Dhar.

Hon. Welfare Officer: Mrs. D. Rawlley.

III. THE CHESHIRE FOUNDATION HOMES FOR THE SICK

Caring for the incurable and homeless sick (mostly in the younger age-group), they are autonomously run by local committees within the general aims and principles of the Foundation. In each country there is a central trust which owns all the properties, presides over the Homes, and is the source of the committees' authority. Average number of patients when Home complete: thirty.

United Kingdom

Chairman: The Lord Denning, P.C.

Trustees: Dr. G. C. Cheshire, F.B.A., D.C.L., Grp. Capt. G. L. Cheshire, V.C., D.S.O., D.F.C., Mrs. Sue Ryder Cheshire, O.B.E., R. R. Edgar, Esq., The Earl Ferrers, Dr. Basil Kiernander, M.R.C.P., The Lady St. Levan, J.P., Miss C. E. Morris, M.B.E., Alderman A. Pickles, O.B.E., J.P., B. Richards, Esq., W. W. Russell, Esq., Major The Lord St. Oswald, M.C.

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Enquiries to: 7 Market Mews, London, W.1. (GROsvenor 2665)

Allt Dinas, Cotswold Cheshire Home , Overton Road, Cheltenham, Gloucestershire	Cheltenham	Tel. No. 52569
Alne Hall , Alne, York	Tollerton	295
Amphill Park House , near Bedford	Amphill	3173
Athol House, London Cheshire Home at Dulwich , 138 College Road, S.E.19	Gipsy Hill Plymouth	3740 71742
Cann House , Tamerton Foliot, Plymouth, Devon		
*Carnsalloch House , Kirkmahoe, Dumfries		
Coomb , Llanstephan, Carmarthenshire	Llanstephan	292
Greathouse , Kington Langley, Chippenham, Wiltshire... ..	Kington Langley	235
*Greenhill House , Timsbury, near Bath, Somerset		
*The Grove , East Carleton, Norfolk		
Hawthorn Lodge , Hawthorn Road, Dorchester, Dorset (for mentally handicapped children)	Dorchester	1403
Heatherley , Effingham Lane, Copthorne, Crawley, Sussex		
*The Hill , Sandbach, Cheshire		
*Holehird House , Windermere, Westmorland		
Holme Lodge , Julian Rd., West Bridgford, Nottingham	Nottingham	89002
Honresfeld , Blackstone Edge Road, Littleborough, Lancs.	Littleborough	8627
Hovenden House , Fleet, Spalding, Lincolnshire	Holbeach	3037
Kenmore , Scott Lane, Cleckheaton, Yorkshire	Cleckheaton	2904
Le Court , Liss, Hampshire	Blackmoor	364
*Marske Hall , near Redcar, Yorkshire		
Mayfield House , East Trinity Road, Edinburgh	Granton	2037
Miraflores , 154 Worple Road, Wimbledon, S.W.20 (rehabilitation of ex mental patients)	Wimbledon	5058
Mote House , Mote Park, Maidstone, Kent	Maidstone	87911

(continued overleaf)

St. Bridget's , The Street, East Preston, West Sussex ...	Rustington	1988
St. Cecilia's , Sundridge Avenue, Bromley, Kent ...	Ravensbourne	8377
St. Teresa's , Long Rock, Penzance, Cornwall ...	Marazion	336
Seven Rivers , Great Bromley, Colchester, Essex ...	Ardleigh	345
Spofforth Hall , near Harrogate, Yorkshire ...	Spofforth 284 & 287	
Staunton Harold , Ashby-de-la-Zouch, Leicestershire ...	Melbourne	71
† West Midland Home , Penn, Wolverhampton, Staffs. ...		
White Windows , Sowerby Bridge, Halifax, Yorkshire ...	Halifax	81981

Holy Cross, Mullion, Cornwall, was handed over in 1953 to Major (Mrs.) Shelagh Howe, who has managed it ever since entirely on her own initiative.

Eire

An Irish Trust is in the process of being formed.

Ardeen, Shillelagh, Co. Wicklow Shillelagh 8

India

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Bethlehem House, Andheri, Bombay.

†**Cheshire Home**, Bangalore.

†**Cheshire Home**, Poona.

Govind Bhawan, 16 Pritam Road, Dehra Dun, U.P.

Rustomji P. Patel Cheshire Home, Sundernagar, Jamshedpur, Bihar.
(for crippled children)

Shanti Rani House, 13 Upper Strand Road, Serampore, West Bengal.

Vrishanti Illam, Katpadi Township, North Arcot.

(for burnt-out leprosy patients)

Malaya

Chairman of Governors: The Hon. Mr. Justice Tan Ah Tah.

Hon. Secretary: Mrs. F. A. L. Morgan.

Hon. Treasurer: H. K. Franklin, Esq., A.C.A.

Enquiries to 10B Chulia Street, Singapore.

Johore Cheshire Home, Jalan Larkin, Johore Bahru.

Tanah Merah, Nicoll Drive, Changi, Singapore.

Nigeria

Chairman of Trustees: Sir Adetokunbo Ademola.

Oluyole Cheshire Home, College Crescent, Ibadan.

(for crippled children)

Jordan

Chairman of Trustees: The Rt. Rev. Mgr. Nameh Simaan, V.G.

The Cheshire Home, Jerusalem Road, Bethlehem.

(for crippled children)

†**Amman**

* *In preparation*

† *In process of construction*

OUR COVER PICTURE

Typical of the international character of the Cheshire movement, our Cover Girl, Margerie Bédier, a nurse from Kenya, has been working at Le Court for some months.

Photo: Norman Rogers

The Cheshire Smile

The Quarterly Magazine of the Cheshire Homes

Vol. 7, No. 2

Summer, 1961

Contributions to *The Cheshire Smile* are invited from all readers, and should reach the Editor by the first of the month preceding that of publication. Opinions put forward in individual articles do not necessarily represent the official view of the Cheshire Foundation, but it is our aim to encourage free expression of ideas.

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Spring Conference

1961

proceedings

The time required for the preparation of the Minutes of the Conference prevented the publication of this Report in our last issue.

THE Spring Conference was held at the Irish Club, Eaton Square, London, on Saturday, 28th January. Apart from the Trustees and the staff at Market Mews, there were present over 60 representatives from 28 Homes and preparatory Committees; also some observers from Cheshire Foundations overseas.

Dr. G. C. Cheshire presided over the morning session, which began at 11.35. After extending a welcome to all those present he called on the Group Captain to address the meeting. This talk was published in the March issue of *The Cheshire Smile*. Mrs. Sue Ryder Cheshire then made some suggestions about helping those who applied for admission to the Homes but for whom there was no room.

Various views were then expressed upon these two addresses. Mrs. Woodmansee (St. Cecilia's) asked the Group Captain where he intended to site the block of flats for married couples, and how he proposed to raise the necessary funds. He replied that at the moment the scheme was very much in embryo, and that, if it was launched, it would be financed on a commercial basis with a return for money invested. It was hoped that the block would be in London.

On the subject of Regional case workers, Dr. Marcia Hall (Dulwich) thought there were dangers in the idea, and very careful thought would need to be given before embarking on it. Already there were eighty different

organisations whose representatives might go into a home, and she felt it might be a great mistake for the Cheshire Homes to provide the eighty-first. Lady Denning thought an alternative suggestion might be for someone from the local Home to get in touch with people who did not seem to be covered by any existing organisation, forming them, as it were, into a little Club, and making them friends of the Home. She felt that the term "case worker" smacked a little of organisation, and that what people wanted was just a friendly approach.

Mrs. Litauer (Miraflores) thought the problem of using case workers should not be insuperable if they were people already highly experienced in such work, who knew how to avoid overlapping and how to avoid the pitfalls. Mrs. Fleury (Plymouth) mentioned an idea which was adopted by the Guild of Social Service in Plymouth—of developing small groups of handicapped people and directing them, in case of need, into the right channel. Disabled people, she felt, were often happier in small groups within their own disability, rather than



At the Spring Conference

(left to right) Dr. G. C. Cheshire, Lord Denning, Mr. R. G. Emmett, Mr. W. W. Russell, Mr. B. Richards, and Miss C. E. Morris

crowded in with a lot of people.

Mrs. Shingleton-Smith (Wales) canvassed the possibility of the Homes helping to rehabilitate mentally afflicted persons, even those who were worried to the point possibly of suicide. The general opinion of the meeting, however, was that such work required highly specialised knowledge and was better kept to those trained to deal with it.

Financial policy

Mr. W. W. Russell opened the discussion on financial policy. There were two financial problems—one of capital and the other of income—and both had been discussed at a meeting in Market Mews last December, following which a memorandum had been issued to all Homes. Loans made by the Foundation to existing Homes and new Committees over the past five or six years had led to an alarming rise in the Foundation's overdraft at the Bank. Through the magnificent co-operation of the Westminster Bank, the Foundation had been able to enjoy credit facilities up to a limit of £18,500 at a concessional rate of interest, and it was from that overdraft that they had been able to make interest-free loans. The figure had recently risen to

£26,000. The Trustees thought it was time that the Foundation should try to put its house in order. This meant debt redemption. The Finance Subcommittee thought it best to put the whole problem to representatives of the Homes, and try to draw up a scheme of repayment.

As regards income and expenditure at Headquarters, most of those present had probably visited Market Mews and would know that the cost of running it, £5,500 a year, was not unreasonable. But there would be an inevitable increase in costs (e.g., for extra staff), so that the figure of £5,500 would rise while income would undoubtedly continue to drop, as donations normally coming to the Foundation were being gradually diverted to Homes in the areas where the donors lived. Income at H.Q. was about £3,260 a year and the deficit about £2,500 a year, this latter figure probably rising within a few years to £4,000. The thought that had emerged from the December meeting was that since Market Mews is so essential to the Foundation, the Homes should take over the responsibility of meeting Headquarters' expenses.

During the very full discussion which followed, it seemed clear that

the general feeling of the meeting was in sympathy with the recommendations made in the December Memorandum. It was suggested that in addition to repayment of existing loans within a reasonable time limit, those Homes now financially sound might consider making loans to Homes about to start up or in difficulties. The Founder said he thought the moment an organisation had money to spare it lost something, and he put forward the idea that if a Home had any surplus money it should make a loan to another Home rather than invest commercially. The meeting then agreed unanimously "that the principle be accepted by all Homes that no monies be accumulated and invested over and above what is required for reasonable reserves in the eyes of the Trustees, and that sums in excess of such reasonable reserves be loaned appropriately to other Homes".

As regards the cost of maintaining Headquarters, one speaker pointed out that if the Homes took over responsibility for this it raised an awkward moral problem, for many Homes assured their supporters that every penny raised locally went to that particular Home.

The Group Captain replying to a point raised about possible extravagance at Headquarters in the future, said the very fact that the Homes contributed would give them the right to criticise. The idea of a National Appeal ran counter to one of the basic principles of the Foundation, and would destroy the personal relationship between the Home and the Foundation, and between the helper and the Home. The best way to economise lay in decentralisation, by forming Regional Committees, and so on; and the Home-to-Home loans would also cut down work and expense since these would not go through Headquarters.

The following resolutions were adopted, with two dissentients: (a) that a policy of redemption be adopted, and all Homes agree to pay back their debts to the central Foundation over a period of five years; (b) that the Homes agree to contribute to the cost of running Headquarters related to the U.K. Homes, by payment of a capitation fee based on occupied beds at a minimum of £3 per bed per year, new

Homes to be exempt from such fee during their first year of operation. Any revenue continuing to come to the Foundation would be devoted to the development of the U.K. Homes.

In the afternoon, Lord Denning took the chair and addressed the meeting. A report of this speech also appeared in the March *Cheshire Smile*.

Several discussions took place during the afternoon:

Federated Superannuation Scheme for Nurses

Sir Christopher Lighton (Le Court) said this item was put down on the Agenda because they wanted to know what the rest of the Homes did to keep their staff happy and contented. They themselves ran a Staff Provident Fund, to which the Home contributed, and when anyone left there was a small gratuity for them after so many years' service. Apart from their Matron, none of the staff at Le Court was federated.

Mr. Roger Orr (Edinburgh) said they had approached the Secretary of State in Scotland for a directive, and had been told that all S.R.N.s coming to their Cheshire Home would retain their State Pension provided the Home carried out the correct procedure. He suggested that a directive from a similar authority in England should be obtainable. Mr. Newlands (Edinburgh) thought it vital that Homes should ensure that their nurses came from National Health Employment so that they could qualify for the State Pension and thus avoid the expense of becoming involved with the F.S.S.N.

Patients with Capital over £600

Mrs. Fleury (Plymouth) said she was responsible for asking for this to be included on the agenda, because of a case which had arisen at Cann House, where a patient had recently been left a legacy of £2,000 and therefore both the National Assistance and County Grants cease. Alderman Stephens (St. Teresa's) said they had had two cases of a similar nature. The County Authorities insisted that anyone with capital in excess of £600 must be responsible for their own maintenance in the Homes. The only solution was to use the patient's own money until it had been reduced to £600, and then re-apply for National Assistance and/or County grants.

Mr. Dovener (Spofforth Hall) said that in three of these cases which had arisen at their Home, having reassured the patient that he would never be worse off than he was and that the Home would look after him for the rest of his life, on no occasion had there been any reaction but acceptance.

Driving of invalid vehicles on roads by patients:

Mr. Logan-Wood (Seven Rivers) said they had three patients who had authority to drive motorised vehicles or invalid chairs on the roads, but who, although they had passed the necessary tests, were not at all times 100 per cent proficient. In view of the natural deterioration of patients, he wondered whether some decision would be taken as to what the action of a Home should be in such circumstances. He felt himself that no motorised vehicle should be allowed on the roads without the permission of the Management Committee, and that no patient should be allowed to drive or own any vehicle except one which he had been permitted to use by the Local Authority.

Mr. Roger Orr (Edinburgh) said that in a similar case recently they had conferred with the Local Authorities and had arranged to submit a letter stating that in the view of the Home a licence should not have been granted and that responsibility for anything that happened or might happen in the future must be put on the Authorities. Dr. Beswick (Honesfeld) wondered whether the co-operation of the Insurance Company could not be enlisted in certain special circumstances and prevailed upon to refuse to give cover.

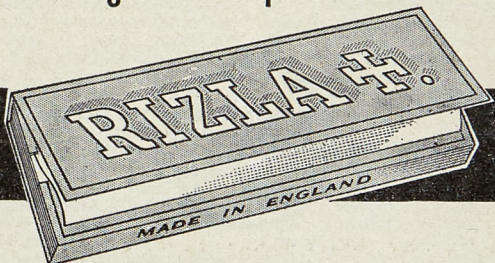
Co-operation in Community Life

Mr. Roger Orr (Edinburgh) made an interesting speech on this subject, which he said went to the root of the success of the Home as "homes". This speech is published on p.00 of this issue.

Standard Form of Accounting

Mr. Emmett (Joint Hon. Treasurer) asked that the Homes should, if possible, make up their accounts in a uniform manner, and in any case incorporate certain common items set out in a uniform way.

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WORLD'S LARGEST SALE

Co-operation in Community Life

by J. Roger Orr, C.B.E., W.S.

A revised version of the speech made by the Chairman of Mayfield House, Edinburgh, at the Spring Conference

I DON'T know why I was chosen to speak on this subject, and I feel very diffident because there must be so many others with much greater experience. Perhaps the best way in which I can bring out what is really involved is to state, in as simple a way as I can, how I see it myself. It definitely goes to the root of the success of our Homes as "homes".

You all know how the set-up in the Homes is divided into three sectors—the patients, the staff and the Committee. Let us start with the patients. They come from all walks of life, and they find themselves in a Home where they can expect to spend the rest of their lives. They must, therefore, evolve some *modus vivendi* out of their association. They have got to shake down to a life which will be based, as far as possible, so we say, on the family pattern, some, of course, becoming leaders, and the rest followers. These people are all suffering from some handicap, greater or less. Many know they are suffering from a serious progressive illness, and consequently will pass through dark periods of depression, in which they should have, not only the support of their fellow residents, but perhaps also opportunities to discuss some of their troubles with a third person.

Now the more our disabled people can find adequate means of self-expression, both individually and in groups, the better for themselves. But they may, or probably will, need help. If only we could get a happy working arrangement between the patients, the staff and the committee, a proper balance, a joint effort towards the ideal, we should really be in a position to give this help.

It should always be remembered that these people desire to be independent. They don't want direction; they want guidance. The Matron, perhaps, or even a member of the Committee, may be suspect amongst them, until they are shown that she, or he, is trying to give them a lead, not to dictate. But it is only by getting to know them personally—and without any exhortations about what you think they ought to do—that their confidence in you can be built up, and you can achieve the kind of situation that makes for co-ordination and co-operation.

Work and Occupation

The patient must go further than this. He, or she, must take on some form of occupation, something worthwhile, something that is not merely time-wasting. Those who cannot do anything else may be able to help with household chores. But here the staff should realise that the patients, owing to their handicaps, will do things more slowly and less efficiently than they can do. I think the staff have got to pull themselves together on this point and say inwardly, "It doesn't really matter, even if we have got to clean up afterwards!" It means developing in the staff a sort of inspirational tech-

nique, knowing when to allow Johnny to go on doing something even if it is not done as they would like it done, and knowing when to stop him.

Our disabled people must be convinced that the Home is *their* home, that the lives they lead are *their* lives made by *their* decisions. If, for instance, there is an entertainment coming off, they can be told it is available, but there should be no insistence that it would be good for them to go. They must make their own decision. That is, in my opinion, the basis on which the daily life in the Homes should be worked out. Every Home, of course, will be different, because every Home is made up of different personalities. Each Home must be allowed to develop its own way of solving the problem, but it must never be forgotten that the patient stands in relation to the Home just as does the child to the family. In short, they must have a feeling of security, and they can't bring that about by themselves alone. It can be conveyed to them only by indirect means. A sense

of confidence and security is a delicate plant that needs careful tending.

Resolving problems

As regards their worries and problems, these can often be resolved by talking them over, but the question is "Who is the most suitable person for the patient to talk to?" I myself feel that a Matron is not the best person. I think that an Almoner, or a social worker, is better, either one on the staff or coming in from outside. To such a person the patients could talk freely and get the chips off their shoulders in the knowledge that the talks were strictly confidential and would not be carried further. Such a person also would, by her training, be able to assess what is really justified from what is just letting off steam. This only comes from considerable experience. I am sure every Home would benefit from having a person of this sort available.

It is very important that the residents should have their own Committee for running their own entertainments. It gives them a direct interest in all they are doing, and they can fit together various dates for themselves. Equally important is that they should be allowed to have those reservations of privacy that everyone needs, some little hutch where they can go and burrow.

Now we come to the work that falls under the heading of Occupational Therapy and Rehabilitation. Perhaps the biggest difficulty in our Homes is that we have to cater for two quite different types of illness; and these two groups need to be tackled from different angles. There is the ameliorative type, for instance, most polio cases, which may get better and are certainly not getting any worse. They should be encouraged to do everything they can for themselves, including making an effort to earn something. The other type is the deteriorative, the patient becoming steadily worse and knowing it. These people should be given every opportunity to learn as quickly as possible to do useful things, thus enabling them to keep occupied during the later stages of their illness before becoming incapable of doing anything at all.

I speak with considerable knowledge on this side of the work for the disabled. Long ago I came to the con-



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clusion that it is inadvisable to segregate disabled people according to their particular diseases (although I would exclude spastics because they present special problems). In Edinburgh, we are fortunate in having had the Corporation appoint the Cripples' Aid Society as the main vehicle for the assistance of the disabled in the City. They have opened fine premises, one entire floor being given over to work of one kind or another. Some of our people have attended this centre.

Rehabilitation

I feel that this aspect of work and rehabilitation must be given much more consideration in the Cheshire Homes than has been the case up till now. Until a patient has had some degree of rehabilitation training he can't really be assessed; we can't tell how much he is, or isn't, capable of. So it is very important that in as many Homes as possible some training of this kind should be made available. We in Scotland have sent a number of our disabled people to the Portland College, Mansfield, for such a purpose. This is the nearest available place for them, but there are, of course, other well-known Institutions in England. I feel it would be advisable for every Cheshire Home to find out the facilities in its own district for rehabilitation and if there is none it might be possible to inspire that something should be created, because, without these facilities, little progress can be made.

It is most important for all disabled people to find employment, if possible, but if their disability prevents them from taking gainful employment, they should get such special training as they are fit for, so that they can do something useful with their lives. They are going to be better citizens, better residents in the home, etc., as a result of such training.

Where no facilities are available then there should be a definite programme of O.T. or other work. There are various agencies through whom the means of marketing the goods made by the patients can be arranged.

Lastly, I want to touch on the problems involved in the handling of group mentality. America leads in this field, but I feel that we in the Cheshire Homes could well give a special lead

to this study in Great Britain. It requires special advice and assistance and this can readily be found from the Departments of the Universities dealing with such matters, who I find are always very glad to help with this type of difficult and very important problem.

Janice Allen

(the ten-year-old niece of Edith Price, patient at Spofforth Hall, has written her thoughts poetically).

*Spofforth Hall is set in grounds
With trees and bushes all around.
In summer when the sky is blue
There grow flowers of every hue.*

*Inside the Hall it's warm and light
And the occupants are gay and bright.
There's a mixture of men and women too
And they're all so happy they can't feel blue.*

*There's a matron, a cook and nurses kind,
And they all have just one thing in mind,
To make the patients happy and feel at home*

So they won't feel lost and all alone.

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Why do so many people shy away from putting their thoughts on paper? Why can't they let themselves go with their pens or their typewriters?—these are the sort of questions we have been asking ourselves recently. We feel there is a tremendous fund of talent in the Cheshire Homes, and it seems to have been dammed up to a great extent. Over the next few years we intend to do our very best to breach the dam, and allow the pent-up talent every opportunity to express itself.

Don't run away with the idea that we shall be publishing any and every kind of writing. We want it to be worth publishing. It doesn't matter what it is about, but it must be good, and by that we don't mean it must be grammatically correct and obey all the rules taught in school. Above all, it must be simple. "The basic fault of present-day writing is a tendency to say what one has to say in as complicated a way as possible. Instead of being simple, terse and direct, it is stilted, long-winded and circumlocutory; instead of choosing the simple word it prefers the unusual." That's a quote from Sir Ernest Gower's book "Plain Words", and many of you will know that Sir Ernest is an authority on the subject.

Here is another quotation from the same book:—

"Why do so many writers prefer pudder to simplicity? It seems to be a morbid condition contracted in early manhood. Children show no sign of it. Here, for example, is the response of a child of ten to an invitation to write an essay (its genuineness is guaranteed) on a bird and a beast:

"The bird that I am going to write about is the Owl. The Owl cannot see at all by day and at night is as blind as a bat.

'I do not know much about the Owl, so I will go to the beast which I am going to choose. It is the Cow. The

Cow is a mammal. It has six sides—right, left, an upper and below. At the back it has a tail on which hangs a brush. With this it sends the flies away so that they do not fall into the milk. The head is for the purpose of growing horns and so that the mouth can be somewhere. The horns are to butt with, and the mouth is to moo with. Under the cow hangs the milk. It is arranged for milking. When people milk, the milk comes and there is never an end to the supply. How the cow does it I have not yet realised, but it makes more and more. The cow has a fine sense of smell; one can smell it far away. This is the reason for the fresh air in the country.

"The man cow is called an ox. It is not a mammal. The cow does not eat much, but what it eats it eats twice, so that it gets enough. When it is hungry it moos, and when it says nothing it is because its inside is all full up with grass."

"The writer had something to say and said it as clearly as he could, and so has unconsciously achieved style. But why do we write, when we are ten, 'so that the mouth can be somewhere' and perhaps when we are thirty 'in order to ensure that the mouth may be appropriately positioned environmentally'?"

We invite residents in the Homes to send in short stories or essays of not more than 250 words, on any subject they like and similar in style to the story of the Owl and the Cow. During 1962 we shall be publishing those we judge to be the best, and cash prizes of 10s. each will be awarded to the writers of the four entries we publish. Why not try your hand? We shall only consider those stories and essays that are definitely entered for this competition. So when sending your entry, don't forget to write a letter indicating what it is.

People and Places

By the
Roaming Reporter

A round-up of topical items about
interesting people and places of note

I WANT to begin by recounting a story which might well be a modern fairy tale. It was brought back by Margot Mason from Sierra Leone, in West Africa, and concerns the Prime Minister, Sir Milton Margai, who has been much in the news recently as a result of the Independence of his country, which was celebrated on 27th April.

Margot was sitting next to Sir Milton, who incidentally is a doctor, at Government House, Freetown, during the showing of the film "The Pathfinder". When the children at Hawthorn Lodge came on the screen, Sir Milton was visibly moved. He turned to Margot in the darkness, and whispered, "I have a house in Bo, which is empty. You may have it as a gift."

* * *

So there is yet another Home in the Commonwealth, this one presented by the Prime Minister of the newest independent member, almost at the moment his country achieves independence. May Cutler, who did splendid work at the Ibadan Home in Nigeria, and later at Mote House, Maidstone, is already installed at Bo.

The town is an important provincial centre in the interior, some hundred miles from Freetown. The Diamond Corporation, which has an important office at Bo, is very interested, and some of their people are working hard in what spare time they have to make the Home a going concern as quickly as possible.

* * *

Perhaps in time a link will grow between Hawthorn Lodge and this Home at Bo, the youngest Home in Africa. Mr. Wilfrid Russell had lunch at Hawthorn Lodge recently, and was able to tell this true story to Mr. Henderson and Matron before anybody else knew about it, which I am sure you will all agree was only right and proper.

Sir Maurice and Lady Dorman, the Governor and his wife, have paved the way for this new venture, and deserve all our thanks. But above all we must thank Sir Milton for his magnificent and spontaneous generosity.

* * *

Margot Mason is back at her desk in London after her two months' trip to Lisbon, Tangier and Sierra Leone. It is hoped that she will be writing an article about her activities overseas for the next issue of *The Cheshire Smile*.

* * *

In Portugal and in Tangier, committees have been set up with a view to establishing new Cheshire Homes. In both countries the need is very great.

As regards Portugal, a house was found near Lisbon, but unfortunately negotiations have since fallen through. We have two houses in Tangier close together on the same piece of beautiful ground, and it is hoped that one at least will be open some time this summer.

* * *

Two months ago, an appeal was sent out to the English Homes to donate occupational therapy materials for the little children in the Bethlehem Home. The response has been very good. I hear that, to date, there has been received £50 from Amptill (collected amongst residents, staff and friends), three hand looms and wools from Seven Rivers, a quantity of wools from Hovenden, and £10 worth of materials from Le Court (voted by the residents at a specially convened meeting).

* * *

It was agreed at the Spring Conference in January that Family Day

this year should be held at St. Bridget's on Saturday, 10th June.

* * *

There have been several unhappy accidents recently. First, there was the car accident near Le Court in which Dr. and Mrs. Cheshire were involved. G.C.'s mother received a terrible bruise on the forehead. Not long after this, Lady St. Levan broke her wrist in London when she inadvertently walked into a parking meter. It resulted in her having to spend the night in the London Clinic, as well as missing a Trustees' meeting. By the time you read this let us hope they will both have recovered completely.

* * *

Mr. Jimmy Carney passed through London in April on the way to his next posting, which is to be far away in New Zealand. He called in at Market Mews, and took Margot out to dinner. His name will always be remembered in the movement as the creator, with his wife Nina, of the incomparable Bombay pantomime, and of Bethlehem House, where there is a fine new stone building housing twelve additional patients, and called "Carney Cottage". Perhaps there will soon be a start in New Zealand.

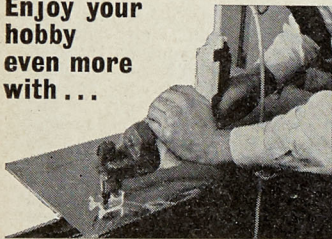
* * *

The Group Captain seems to have had his usual busy time in India, where he was joined by his wife, Sue Ryder, shortly after his arrival. There is to be a new Home at Bangalore, the beautiful and growing garden city in the South of India, half-way between Madras and Cochin. At the other end of the sub-continent, Raphael, the headquarters of the International Mission for the Relief of Suffering, is growing apace. On the way home, G.C. visited Jordan once again, and also Abyssinia, for the first time. Sue flew to Greece, Yugoslavia and Poland before getting back to England.

* * *

When G.C. and Sue were in London, accompanied by Pat Bains (Sue's Secretary) and Beth Davies, who looks after baby Jeromy, they stayed at the house of Lady Phipps. Market Mews had the pleasure of entertaining young Jeromy Charles for one whole day whilst his father

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and mother were about their business. During their time in London, they had a number of meetings at Market Mews, attended the opening of Athol House in Dulwich, and saw the first results of their coloured film of the Homes in India.

* * *

A meeting was arranged by the Almoners of the North West Metropolitan Region on 1st May at Charing Cross Hospital. It was concerned with the need to provide better facilities for chronically ill patients. The speakers were Miss Beatty, an Almoner at Oxford; Dr. J. Azzopadi of the Danesbury Chronic Sick unit, Barnet; Miss R. B. Clarke, Matron of Le Court (who spoke on the "Care of chronically ill patients in a Home"); and Dr. A. Winner, Principal Medical Adviser of the Ministry of Health, who said something about the plans of the Ministry for chronic sick patients in the future.

One of the most exciting happenings in the Cheshire family for some time must be the award of the coveted Mullard Trophy to Enid Bottomley and Graham Thomas, of St. Teresa's, for their amateur radio activities. This is the principal award of the Radio Society of Great Britain. It is planned to make the award during the summer at a date which will enable G.C. to be present. It is wonderful to think that two members of a Cheshire Home have been able to win this Trophy in such a short time, competing against so many skilled operators all over the British Isles. There are two other Homes with amateur radio enthusiasts—Staunton and Amphill. Is it beyond the realms of possibility that all the Homes might have their ham operators, so that we could all be linked together by radio? And what about the Homes overseas? The possibilities are limitless.

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NEWS AND FEATURES

From the Cheshire Homes
in the U.K.

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Norfolk Cheshire Homes Association

At last a house is found

We have looked at many houses with a view to opening a Norfolk Home during the past eighteen months and we are very happy to report that at last we have had success.

We are now completing negotiations for the purchase of The Grove, East Carleton. This house is situated about seven miles from Norwich in very delightful surroundings, and through the kindness of the present owners, Messrs. Laurence, Scott & Electromotors, we have been able to purchase at a very favourable price. They have

also been most generous in giving us the furniture which is now in the house.

As in all houses which are to be used for Homes there are certain alterations to be made, but we are hopeful that we shall be able to open in the early Autumn.

The Committee are now busy dealing with the innumerable things that have to be done prior to opening a new Home, not least the organization of a widespread appeal to be launched in the early Autumn, and, of course, we are seeking a Matron.

Mrs. B. A. ROE (*Hon. Sec.*)

Nottingham and Notts. Cheshire Homes

On the banks of the Trent

The New Cheshire Home in Nottinghamshire received its first patients at 3.0 p.m. on Sunday, 23rd April.

They were received by the Matron, Miss Mollie Kirkham, and the Chairman of the Management Committee, Geoffrey Reid Herrick, in the company of several hundred of the voluntary workers, donors and subscribers.

The Nottinghamshire Cheshire Home was purchased last October, and since then large numbers of people have been spending their leisure time cleaning, scraping, brick-laying, painting and many other jobs altering the house to the architect's design. Dozens of housewives, including the wife of the Local Council Chairman, have done anything from trimming bricks to painting walls. Workpeople from several large factories have laboured pulling walls

down and building new ones.

Round Table members from Nottingham, Sutton-in-Ashfield and Ilkerton, have been making weekly dates to work there; several church youth clubs with Boy Scouts and Girl Guides have helped; shop assistants, school teachers and their pupils; clerks and salesmen and university students have lent a hand in the labouring jobs.

One of the outstanding and welcome things has been the help industry, trade and commerce have given. In both the local building trade and the electrical industry, firms got together to donate materials, from window frames and bricks to electrical equipment.

All the sanitary fittings in the whole house were given free by various famous manufacturers; special floor covering and tiles, etc., have been given. Those persons who could not

At the new Nottingham Home. A group showing the staff, first four patients and the Chairman, Mr. G. Reid Herrick

Photo: 'Nottingham Guardian Journal'



afford to donate items completely, supplied at factory cost or under.

A local manufacturer has given all the furniture for one of the wards, another famous firm is decorating and completely furnishing the large lounge. All the curtains for the whole house have been given by a large Nottingham store.

Washing machines and an ironing machine have arrived at the Home free of cost, as have loads of bricks and standards of timber; over £100 worth of paint has been supplied free and also several steel girders.

The expensive fire escape which is necessary in a home to house crippled persons was made and installed at a ridiculously low price.

Local organisations have arranged functions to swell the money donated by individuals and firms to the magnificent total of £5,000 in nine months. Over one hundred and fifty people are serving on committees in Nottingham, West Bridgford, Sutton-in-Ashfield, Newark, Retford, Beeston and Stapleford, giving their time night after night

in organising and addressing meetings.

There have already been nearly fifty applications for admission to the new Home. Nine have been selected, four men and five women. They are the most needy cases. They are all suffering from incurable diseases such as disseminated sclerosis and muscular dystrophy. They are all in desperate straits, some having no homes at all, while some are being cared for with great difficulty and often with great sacrifice and privation by relatives or friends.

It will only be when the extension that is planned has been built, that the full complement of thirty patients can be admitted.

But as soon as the house with its nine incurably sick is running, work will commence upon the extension and it is hoped that in about a year it will be completed.

So on the 23rd April the latest justification of Leonard Cheshire's faith, that wherever there is a need so there will be forthcoming the helpers to meet the need, materialised.



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Heatherley, Sussex

Our Official Opening is to be held on June 24th, when Group Captain Cheshire will be with us, but our first patients will be in on May 1st.

In the first instance it is only possible for us to take thirteen patients, and six of these must be able to get upstairs, at least with help. We have received so many applications—and more are arriving with almost every post—that we feel we must get on as quickly as possible with the building of the extension so that we can take our full complement of thirty-six at an early date.

Staunton Harold, Leicestershire

I am very sorry to have to report the deaths of two of Staunton's best-known patients, F. C. Cooper and "Sandy" Strandring. "F.C.", as well as being the oldest patient, had been at Staunton a long time and was a well-loved figure throughout the district, where, until a year or so ago, he used to make a daily tour of the local farms. "Sandy", too, although he had not been in the Home so long, was also a well-known character and was elected to the Patients' Committee last June. We would like to extend our deepest sympathy to their relatives and friends.

Staunton had its fair share of publicity on the B.B.C. in March. On the 5th it was the subject of "The Week's Good Cause" on the Midland and North Home Services. The appeal, given by Mr. W. Jackson, a member of the Management Committee, raised something in the region of £500. Then, later in the month, when the famous Quorn Hunt met at the Hall, the B.B.C. sent a cameraman to cover it, and several of his shots were shown in the T.V. Midland News two days later.

Regular readers of *The Smile* will remember that six of our patients went for an experimental holiday in Anglesey in September. Well, it proved so successful that it is being done again and, at the time of writing, six more are there and when their fortnight is up, they are to be replaced by a further half-dozen.

Another way in which we are trying

The East Grinstead Midnight Matinee made a profit of £350, which was a wonderful result for all their hard work.

The electricians are working in the house and the builders will be in shortly. Gangs of willing volunteers are sorting and moving furniture and some of it will soon be painted. Our wonderful helpers with the linen have washed, mended, patched, turned and generally worked unceasingly, and the value of the linen now ready for use at Heatherley is more than £700.

to give the patients a change is exchanging with other Homes. At the moment, two of our patients are at Seven Rivers in exchange for two of theirs. I think this is a wonderful scheme, for not only does it give the patients concerned a change of company, but it strengthens the links between the Homes.

Several of us had a good day in the middle of March when we went to a football match in Derby, played, on behalf of the Home, between a team of T.V. stars, including Harry Fowler, Andrew Ray and Stan Stennett, and a team of ex-Derby County players who included Peter Doherty, Jimmy Hagen, Sammy Crooks, Jack Stamps and Frank Broome. Whilst, like all good charity matches, a lot of fun developed, there were times when the "old-timers" showed touches of the class which brought them so many international caps. Our coach was visited by the Mayor of Derby and Connie Francis, the American T.V. and recording star.

Two days before the match, a dozen of us spent the day in Derby selling programmes for it and were delighted to find at the end of the day that we had raised £130.

We were honoured, also in March, to have an official visit from the Lord Mayor of Leicester, Mrs. Russell, and her Lady Mayoress. I think the thing which impressed us all was the friendly and informal atmosphere of the whole affair. T.M.G. (*Resident*)

Tom Gair

DEAR EDITOR,

The patients of Staunton Harold would be very pleased if you would kindly publish this letter of appreciation to Tom Gair. He has been a very great help to both patients and staff for the last four years.

Tom was the first chairman of the Patients' Committee three years ago. He steered the committee through its teething stages with much thought and patience. He has also done a great

deal to bring publicity to the Home by his numerous reports in the local papers of the towns surrounding this Home. In later years, he took on as the secretary of the Patients' Committee, off Edna Grainger, who through the advancement of her disabilities, was unable to carry on.

The success of our pantomimes has also been due to Tom, who has written all the scripts for them.

BILL BULL

Resolution

At the commencement of the general meeting of the patients held March 22nd, 1961, it was announced by the chairman, that Tom Gair, the secretary, wished to resign.

The chairman, George Barnes, then went on to say the reason for Tom having come to this decision was that for some time now, through health reasons, he had been finding it very difficult to carry on. He went on to say that we all of us knew what a big loss this would mean to both the patients and the committee. The

committee had known for some time now that Tom had been carrying on under great strain. Whilst we were all sorry to lose Tom, we knew it was for the best, and in passing a unanimous vote of thanks, we all hoped that after a rest Tom would be able to come back again.

On being elected to the post of secretary, Bill Bull said it was going to be difficult to keep up the high standard set by Tom, but was consoled by the fact that Tom had promised to give him all the help he could.

Mayfield House, Scotland

There are signs that a bright year lies ahead. Many of our residents can now sit outside, thanks to the kindness of the weather. Plans are being made to give most of the residents a holiday this summer, and, need I say, we are all happy at the prospect.

We were delighted to have Barbara Beasley and Frank Spath, from Le Court, with us for two weeks in April. It was their first trip over the border and they seemed to enjoy their stay; they actually liked haggis!

In the occupational therapy line cane-work is to the fore at the moment. There are some weavers in our company too, and Ruth has also been doing her pretty lampshades.

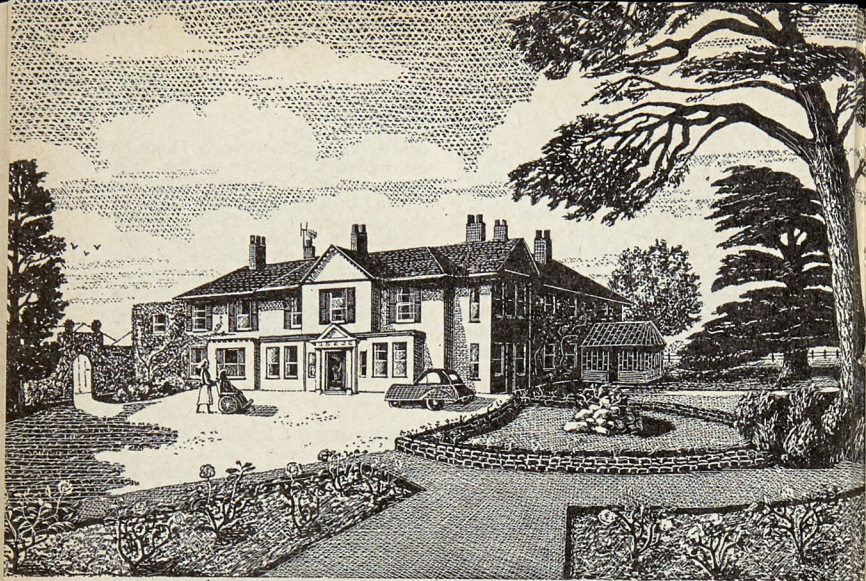
On March 27th we had the first showing of the "Pathfinder" film to a full house in the auditorium.

Many of our number were sad when Irene, one of our nurses, left to be married in March. We are pleased to have her return now, even if it is only part-time.

Miss Stewart, our new Matron, is proving herself capable of keeping us on the right path—an unenviable task!

Our concert season is almost over, but we still have our monthly film-show given by the Variety Club of Great Britain, for which we are grateful.

B. McLAUGHLIN (*Resident*)



Seven Rivers

Bringing Hope to the Hopeless

What Seven Rivers strives to do.

Extracts from a report which appeared in the East Essex Gazette. They are reproduced here by kind permission of the Editor.

A DEDICATED staff of eleven is striving, despite the handicaps of a chronic shortage of money and a building not entirely suited to the job, to bring new meaning into the lives of twenty people who have been faced with the knowledge that they are suffering from an incurable disease, and in the seclusion of the Seven Rivers Cheshire Home, Great Bromley, they are succeeding . . .

It is hard for many people to realise just what being incurably sick means. The everyday problems of life seem so important to each individual until one day, as happened to most of the patients at this home, they go to a doctor with a "funny" pain.

They are told that nothing can be done, that it is going to get worse and they will lose the use of this limb or that limb and sometimes all limbs. In

many respects it is worse than receiving a death sentence.

Bitterness

As the meaning dawns on such a person, the will to live goes; the will to do anything goes, and bitterness gradually swamps their character. One day they were perhaps successful business people or happy housewives, the next incurably sick.

It is in this frame of mind that the patients arrive at the Seven Rivers Home. Unlike hospitals, which have the will of the patient on their side, the staff have to go all out in those first few weeks to make the patients want to live and want to take part in community life.

"That's probably the hardest part of our job", said Lieut.-Col. R. L. O. Morris, who is warden at the Home. "To give them a meaning in life".

A visitor has only to be in the Home for five minutes to see what a success the staff are achieving. Self-reliant, happy, the patients make beautiful rugs, baskets and cane-work articles and take a vital interest in their surroundings.

Devoted staff

It is often an uphill task to over-

come the bitterness of a person condemned to a wheel-chair for life. Sometimes it takes only a week or two, sometimes months, but the staff are devoted to the task.

Most people would agree that this service to mankind is of the greatest value, but do not make the mistake of thinking it is all done on National Health contributions.

The Ministry of Health contribute £7 a week for each patient. Many housewives would be protesting to their husbands if that's all they got! And the patients have to be looked after by specially trained people, who have to be paid, in specially prepared surroundings, which have to be bought.

Cost £10 per week

At present each patient at the Seven

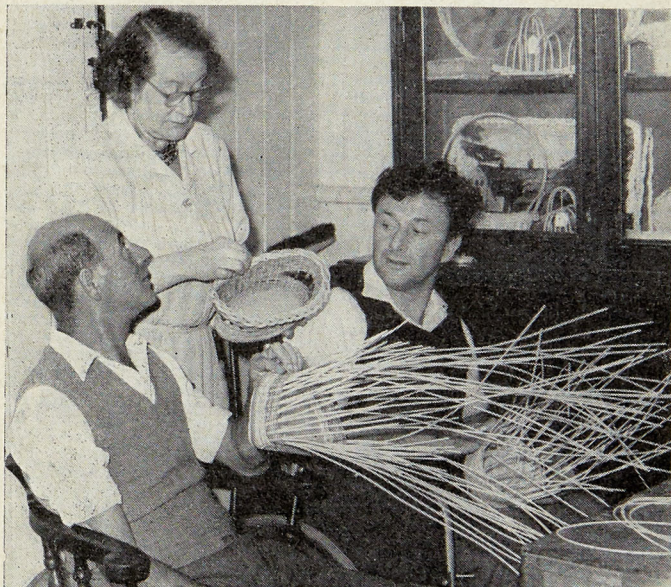


Photo: 'East Essex Gazette'

A former Sergeant Major, Frank Ritchie receives O.T. instruction from Mrs. Mary Wheatley, herself a cripple, watched by Bob Singleton, another patient

Rivers Home costs between £10 and £11 a week. "We would like to be able to spend between £12 and £13 a week on each of them", said Colonel Morris.

The extra three or four pounds a week for each patient comes purely from voluntary contributions. A cynical person would draw attention to the fact that as a nation we are apt to spend far more on palatial prisons for criminals than for these invalids.

How it is run

Mr. Logan Wood, chairman of the management committee, explained how the Home is run. It depends for voluntary financial support on the counties of Essex and Suffolk. The "Seven Rivers" of its title derives from the number of principal rivers in these counties.

Organisation of this financial help rests with an Appeals Committee. They receive especial help from Red Feather Associations — enthusiasts who band together and set themselves high targets.

In 1958 the Great Bromley Home opened with ten patients. It increased to fifteen, and now stands at twenty-one. It is the hope of the Management Committee that one day they will be able to accommodate thirty-five people. But to do that they will need more staff and larger quarters.

When it comes to capital projects, the Management Committee and the Warden have a headache.

"We could spend £7,000 in the next year alone on essentials," said Mr. Logan-Wood. "Then we could consider increasing the number of patients".

Most of the money raised goes on the patients and that means that the staff have to be content with condi-

tions described mildly by Mr. Logan-Wood as "Victorian". In no other sphere of life would the conditions be tolerated and it means that the staff are dedicated people.

Mrs. C. Browning is the matron. Then there is Mrs. Ennew, who travels every day from Colchester to cook in an old-fashioned kitchen for the patients.

Student nurses

Some of the nurses are students. To employ highly trained staff costs a lot of money and the Home's funds just will not spread that far. An invalid, Miss Mary Wheatley, comes in to teach occupational therapy.

It is in this field that the patients start to take a real interest in life. Here they have come to terms with their limitations.

Take Frank Ritchie, for instance. He spends much of his time chatting to fellow patient Bob Singleton, and making exquisite cane work-baskets.

Not long ago, Frank was a sergeant-major, more physically fit than most people. Then came incurable disease.

Special table

The patients are aged between twenty-one and fifty. Some are worse than others. In the dining-room there is a specially-made "table" for one patient who is unable to move his back at all.

The patients have their own "committee", at which they discuss ways of doing things and helping with their own welfare. They put up suggestions which, where possible, are acted upon.

The need for the home can be judged by this statement from Colonel Morris. "From the applications I get from the incurably sick, I could fill this home once a month".

St. Bridget's, Sussex

Whether or not it has something to do with the fact we are now living in the "Spaceman" era I do not know, but time seems to be passing more quickly than ever and more and more appears to be done, which is all to the good.

To the family we have welcomed Irene Banks, Norah Smith, Florence Ryland and Keith Gurney and hope they will settle down to life at St. Bridget's. During March and April we have enjoyed having on holiday

Soloman Cohen, John Farr, Nellie Barnes and Johnnie Smith.

Sister Bather and Sister Bezencon have joined us and we hope they will be happy with us.

For generous gifts we have received from our friends we are grateful. The pillows, bedside lockers, wheel-chairs, mirrors, chairs, refrigerator and radio-gram are of much use and the three charming pictures are hung with pleasure in the home.

Easter was pleasant and all of us are grateful to Mrs. Burgess for the Easter eggs, and to the children for the six dozen eggs so cleverly painted with faces and scenes. Thank you also to those who sent us farm eggs, cider and sherry at that time.

A Whist Drive was held at Worthing by Mrs. Thompson in aid of our home; we do appreciate her taking an interest in us.

At the Broadmark Hotel, by kind permission of Mrs. Langley, a dance was held which was most enjoyable

and a pleasant evening was had by our friends who attended.

In Easter week a very kind-hearted friend took the family to the Connaught Theatre, Worthing, to see an excellent thriller, "Go Back for Murder". Thank you very much for such an enjoyable afternoon. We are grateful to the ladies who supplied the cars to ferry the girls and boys to and fro.

Once a month we look forward to the films brought by the Variety Club of Great Britain.

St. Bridget's were pleased to welcome the South Eastern Committee earlier this month for the quarterly meeting, and were also delighted to have Miss Mason for a short visit one evening.

We are looking forward very much to seeing those who will be with us on the 10th June for Family Day, and hope the reputation of sunny days on the south coast stands in good stead.

H. M. ELLIOTT

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White Windows – special features

In this issue, we are giving special prominence to the first Cheshire Home in the West Riding of Yorkshire. We include the story of how the Home has developed, together with a feature on one of the disabled residents who has been there almost since the beginning.

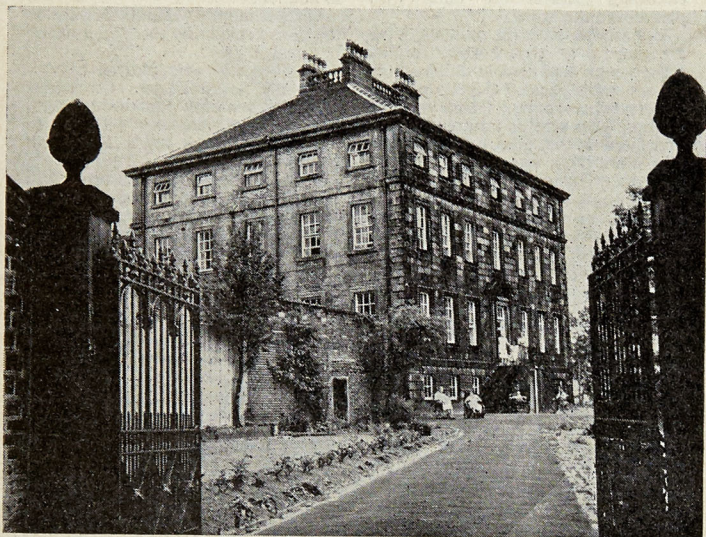


Photo: Regency Studio, Sowerby Bridge

Moors and mill chimneys

How we started and what we have achieved.

IN the spring of 1956 Group Captain Cheshire addressed a public meeting in Halifax about his work for the care of the disabled. Shortly afterwards a local doctor discovered that White Windows, a Georgian house on the outskirts of Sowerby Bridge was in the market. He contacted a Halifax businessman who had invited G.C. to Halifax and they agreed that the property seemed most suitable for a Cheshire Home.

White Windows was built in the eighteenth century, in eleven acres of grounds overlooking a combination of moors and mill chimneys. It was a private residence until the second world war, and after the war it became a hostel for local millworkers. Having had central heating installed, and the

fabric being in good condition, it was therefore comparatively easy to adapt, being capable of housing thirty or so residents without the expenditure of large sums on alterations.

A local committee was formed, the house purchased and an announcement made in the local press. At once

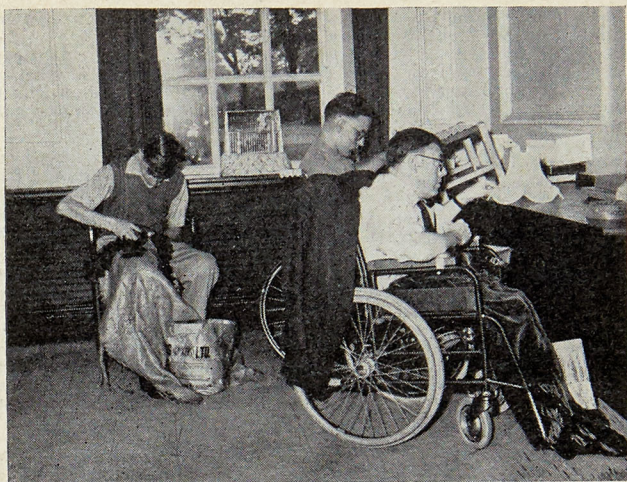


Photo: Regency Studio, Sowerby Bridge

Some of the residents at work

applications for admission were received almost daily, and five residents were admitted before the inevitable adaptations and installation of that lifeline in most Cheshire Homes, the lift, were carried out.

Jim Jaquest came up from Le Court to advise us on the alterations necessary to make the house into a comfortable home for handicapped people. The committee found that his advice from the wheel-chair level was invaluable and saved much expense and trouble.

Support groups were formed in many towns and villages throughout the West Riding, flag days and various money-raising functions were held, and with the help of a loan from the central Foundation we were able to pay for the house and start the installation of the lift, wiring, etc. Thanks to the work of the support groups, each of which is represented on the management committee, and of other untold voluntary workers, within three years we were able to accept thirty patients and at the same time be out of debt.

It was found, however, that the living accommodation became inade-

quate as the family grew, and also the staff quarters left much to be desired. An extension to the dining-room was therefore built, allowing more room for occupational therapy, and some cottages connected to the house were adapted to give a self-contained flat for Matron and similar accommodation for our two resident Sisters.

We are tremendously indebted to our Matron, Miss M. T. Ibberson, and her staff, who managed to cope with more than twenty residents having meals in three different rooms all distant from the kitchen while the extensions were being carried out.

Being situated in a large urban district area, the residents are able to keep up regular contact with a big circle of friends. We have many visitors, and scarcely a week goes by without some kind organisation coming along and giving us a concert. Our entertainment has included light opera, choirs, plays, pantomime, magic and on one occasion a brass band, which had to play in the hall because of shortage of space! The residents have their own concert party and put on a show each Christmas for the rest of their number, staff and friends. So

good have these concerts been that a repeat performance has been necessary each year. In the winter the League of Friends of Halifax Hospitals put on a film show, and each summer the residents arrange their own outing to the coast.

We have our own chapel where services are held every week, all the local churches attending to the spiritual needs of the residents. We have our own harvest service, and a carol service, each year, in which the residents take part.

The residents have their own shop managed by Jim Jaquest, the turnover for which is now considerable, and there are few items of everyday use which Jim does not keep in stock. The profits go to the residents' welfare fund and help to pay for repairs to radios, television sets, etc. They also help towards the cost of the outings

and provide little extras. In addition, the local library supplies a change of books each month, so in addition to being shop-keeper Jim is also librarian, not to mention his duties as churchwarden, part-time telephonist/book-keeper, etc.

About a year ago we reached our maximum number of thirty-five residents, and rather than run the risk of becoming too big and thus institutional it was decided to extend our accommodation elsewhere.

We were very fortunate in having been offered the family home of Sir Alfred and Miss Mowat at Cleckheaton. Much work has been done at Kenmore, the new home, and before long we shall have more than fifty residents in the two West Riding Cheshire Homes, but perhaps we can write about Kenmore in a future article.

Halifax, born and bred

Twenty-two year old George Craven has played as full a part in the growth of the Home as it is possible for a resident to do.

GEORGE CRAVEN was born at Halifax in July 1939, and has spent over four years as a resident at White Windows, Sowerby Bridge. He has seen the home develop from its early "teething" days to the present well-run organisation.

Coming from a family which has always lived within earshot of the Halifax Rugby League's ground at Thrum Hall, it is significant that whilst George confesses to a keen interest in all branches of sport, he is part owner, with another resident, of a fine collection of four volumes of "Association Football", a work issued and published by the Football Association and which lends one to think that George's first love is really the round ball game.

George was a pupil at the nearby St. Mary's School, Halifax, until he was eight years old, but muscular dystrophy having been diagnosed, he then transferred to Hinwick Hall School, Wellingborough, Northants., where he remained until he was sixteen. Here he mixed with boys up to this age group and enjoyed a normal education. His favourite subject was geography, and this interest has been maintained. Each month, at no little cost to himself, a copy of the "National

Geographic" is received by him from the National Geographic Society, whose headquarters are at Washington, D.C.

Being one of the "local" residents of White Windows, his home interests are well maintained by visits from his relatives, including his father, mother and younger brother.

His return home to Halifax in 1955 was followed by happy association with the local Art School—fortunately housed just round the corner from the "Craven" home in Eton Street. The Halifax Youth Employment Officer was able to arrange that George attended the Halifax Art School where, for a whole year, he enjoyed the amenities of painting and clay modelling. This training has since borne fruit with George, who now makes many fine pieces of jewellery which are sold in the shop here at White Windows. Together with this interest he has also occupied

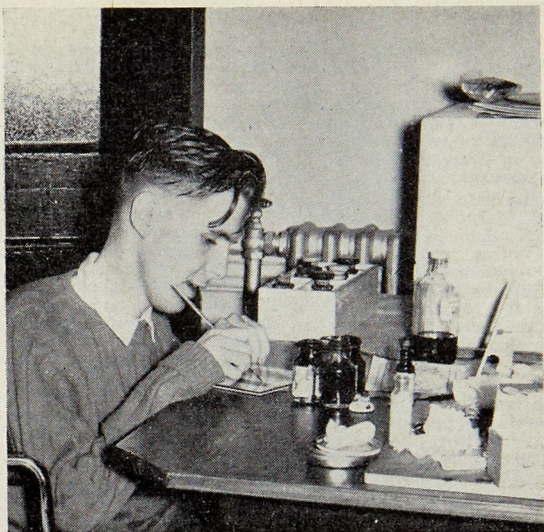


Photo: Regency Studio, Sowerby Bridge

George at work

himself with painting and picture framing. A further hobby is listening to good (emphasis on *good*) records, from which we can see that he puts his hours to good use.

For a young man whose natural physical attributes have been curtailed, George has shown himself a most keen worker at this West Riding Cheshire Home. The other residents have shown their confidence in his abilities by electing him Chairman of their own Welfare Fund, which pro-

vides from its income the many little extras that official funds cannot always cover.

Being the third to arrive at White Windows, George recalls the actual date—New Year's Eve, 1956—with no searching of his memory. Since then it can truthfully be said that he has seen the Cheshire Home at Sowerby Bridge go from strength to strength. He has played as full a part in that growth as it is possible for a resident to do.

Alne Hall, Yorkshire

All here await the Royal wedding so soon to be celebrated in York Minster.

There has been a steady stream of patients for holidays, and the weather is being considerate.

A committee of patients is being re-established to deal with various matters in the Home.

P. ROBSON (*Resident*)

Mote House, Kent

Lawrence Lee, a Lancashire lad, has joined the staff. May Cutler, our acting Matron, left us on March 30th and Joyce Miller has taken over. Joyce is not an entirely "newcomer" to the Cheshire organization for she was sister-in-charge at Staunton Harold two years ago.

We now have a committee and welcome Major Alesbury as our Chairman. Both he and his wife, amongst other new-found friends, gave us hospitality (baths and meals) in the first difficult weeks, and their adoption of a large room, now completely redecorated and furnished, will give comfort and pleasure to six residents.

Mrs. MARY GIBSON

In the last issue of *The Cheshire Smile*, on the very back page, you saw a picture of the front of Mote House. But the photograph only shows what a lovely place it is outside. What of the inside? I hope to tell you a little of it.

Although I am a new member of the family, I feel no shyness, no distance, no new boy among strangers, trying to find one's way. At first I thought this odd, but now I know why.

One knew of Leonard of course—even before he was televised—but one needed to come into actual contact with his work before feeling its full impact. One day Peter (a friend) said to me, "You know that the Maidstone Town Council have agreed to Mote House being turned into a Cheshire Home!" I didn't know, but at lunch I told Joan (my wife) and her immediate reaction was to go straight there and find out what was happening. At once, she knew there must be something she could do. So I took her straight there and we met May

Cutler, Jane Prentis and Mary Gibson. They had lived for days in this huge empty house, sleeping on the floor and eating by the most primitive means. But already the magic was there—we both felt it—and a great flush of generosity was beginning to descend on the Mote. Men and women singly and in groups came to scrub and paint, all manner of furniture appeared, and pictures, books, pots and pans and a little money. Wards were adopted and the activity and enthusiasm was electrifying. Then Leonard came with Margot to see progress. That was when I met him for the first time and that was the moment when one silently understood what it was all about.

Since then, much has happened, including a fire which was too close to a disaster to bear thinking about—planning, adopting, fulfilling needs of hygiene, health and safety requirements. On March 24th the Trustees approved the formation of a Management Committee. It is small, as yet, but made up of wonderful people who have devoted themselves to the mammoth task of getting the Home working. On the 1st of May, the first of our residents will move in. I hope that when they arrive they will recognise how much has already been done, and will enjoy helping to do what remains unfinished. One thing I am sure about; they will find love and a happy atmosphere from the moment they are inside Mote House.

That then, is a picture of the inside of Mote House. It is the reflection of the love and kindness that Leonard creates in the wonderful work associated with him. A magnet that mysteriously but dynamically attracts all that is good.

MAJOR ALESBURY (*Chairman*)

Athol House, London

At 3.0 p.m. on Saturday, April 22nd, Group Captain Cheshire, accompanied by Miss Margot Mason and several of the Trustees of the Foundation, paid a visit to Athol House for its official opening. Before an audience of some four hundred local residents

and representatives of a large number of interested organizations, he welcomed the Home and all who lived in it into the ever-growing Cheshire Family.

The Chairman, in welcoming everyone present and introducing the

Group Captain, said that it was a matter of great regret that Lord and Lady Denning could not be present owing to a long-standing engagement of Lord Denning's in Yorkshire, but he was pleased to have received a letter from him that morning which he would read out. Lord Denning described the Home as doing pioneer work in showing how the disabled and sick could fend for themselves.

A very moving vote of thanks to the Group Captain was passed by one of the "founder" resident patients, Miss Joan Adcock, who said how very much they appreciated the opportunities provided for helping with the running of the Home. The kitchen, she said, was especially popular and there was great competition among the patients to help make cakes, sausage rolls, etc; when it came to washing up, however, it was a different

story! But they all willingly took their share.

An unfortunate shower of rain at the crucial moment drove everyone into the building, and at one time Athol House looked like becoming "The Black Hole of Dulwich". However, a way through the crowds was quickly cleared for the Group Captain to make his tour of inspection, from which he returned to help the Mayoress of Camberwell cut the cake—a magnificent specimen nearly two feet in diameter. A large slice of this was packed up and sent home for the consumption of Jeremy Cheshire (mother permitting).

Ten patients were in residence on Opening Day, and five more are due to come in before the end of the month.

BRIAN WOOLLARD (*Chairman*)

St. Teresa's, Cornwall

Our first important item of news is that we now have a new Matron. Mrs. Strachan left on April 10th, after being with us for a year and eight months. She was married—in Birmingham—on the 15th. We all wish her much happiness; may she have many years of wedded bliss. Our new Matron, Miss Munley, is a Scot, and already we feel we have been fortunate in having her with us. We welcome her and hope she will find us not too much of a nuisance.

Since our last news we have said goodbye to two of our "veterans". Rosemary Edmondson left us in March to go to the Carmarthen Home at Llanstephan. She was at the original St. Teresa's at Predannack. Jean Price left us on April 5th. She has gone to the Cheltenham Home. Jean was also one of the Predannack patients. There are only seven here now who were at the original St. Teresa's. Glad to say that our "oldest inhabitant", "Pop" White, is still with us. He was the first patient to enter the original St. Teresa's, way back in 1951. "Pop" is almost *eighty* but he still gets about on his crutches—only he knows how. It's only in an emergency that "Pop" will consent to

be in a wheel-chair, and even then it's not for long.

By the time this is in print we shall be starting the trips to the Scilly Isles. There are more residents here now, so probably there will be more going over on the "Scillonian".

A few of our residents are quite busy doing, and making, things for the sale at our Open Day, which will be in late June. This year we hope to beat all existing records as far as the financial side is concerned. With the full approval of the Management Committee the residents are running the whole show. Here at St. Teresa's we are very fortunate in our Management Committee; we are allowed, even encouraged, to do quite a lot ourselves, and not to leave everything to the Management Committee "to run things" for the benefit of the Home and the well-being of the residents.

Early in May, Jean and Sheila will be going on holiday for a week or two. Jean will be going to Nottingham, but Sheila, being a "native", will not be going out of Cornwall. She will be going home to St. Agnes, which is north of the county.

L.H. (*Resident*)



St. Teresa's patients (Laurie Dipsell in foreground) shopping at Penzance Woolworths last December. Staff here stay on after hours, specially for these visits. This gesture of goodwill is also made in other branches situated near Cheshire Homes

Honresfeld, Lancashire

The most important thing at the present time is the raising of £25,000 for the new extensions. There is to be a Show Jumping Contest at Belle Vue in September, and this is in the hands of a Committee of Dr. Beswick, Mr. Roy Fitton and Mrs. Alexander.

The Gala is again to be held on Broadway Park, Royton, on May 20th—by kind permission of the U.D.C., whose Chairman, Councillor Tom Buckley, J.P., has agreed to open the event.

Bury Support Group are to have a series of Snowball Coffee Evenings. This is a new effort to raise money—each lady asks four friends to a Coffee Evening, charging half-a-crown each. They, in turn, each ask four friends, and so it goes on.

Mr. Chris Herbert has given us a Radio Transmitting and Receiving set, and we are hoping to get a Radio Ham to put Honresfeld on the air before long.

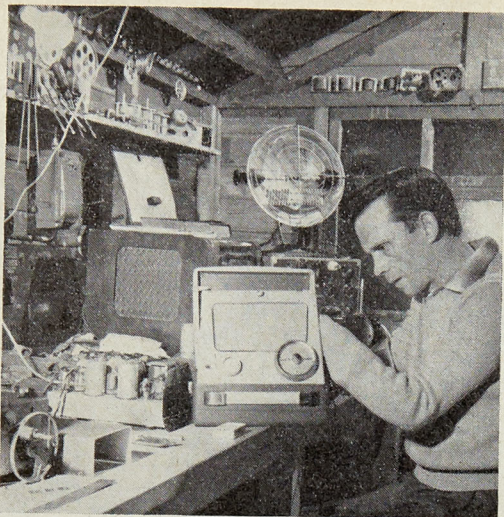


Photo: D. Worrall

Ted at work on a radio set

Handicapped patient keeps cheery

(Reproduced from the 'Rochdale Observer')

Sixteen years and eleven hospital operations back Edward ("Ted") Unsworth was a cheerful Liverpoolian. No more ordinary or unusual than many thousands of his proud fellow-citizens. Just back from the war, and with a passion for tinkering with broken-down clocks and radios.

Today, at thirty-eight, Ted remains cheerful, and still tinkers. But he is no longer ordinary, for disease and surgical amputations have robbed him of both legs and his left hand. Now he has come to the Leonard Cheshire Home at Honresfeld, Littleborough.

There he has found people willing to help, and has been set up in a shed where he can usefully and profitably organize his tinkering into regular radio, television and clock repair work.

Ted's troubles began in 1945 when, after returning to his country following Army service in the swamps and jungle of Burma, doctors told him they would have to amputate his left leg. Five years later Ted lost his right

leg and then in November last year his left hand. This final amputation, he told an *Observer* reporter, was necessary following an accident with a television set.

Though left-handed, Ted was still undaunted. After all, he had proved that, like the famous Douglas Bader, he could walk unaided on two artificial legs. So he began to train himself to use his right hand.

He has succeeded to such a degree that now he can pursue another of his hobbies, painting. Here Ted specialises in decorating household linens (table cloths, pillowcases, tray cloths), carrying out this work in the quiet of a Honresfeld evening.

The major portion of his day, however, is spent in his repair shed. There he busies himself fixing radio and television sets brought to him by relatives of other Honresfeld patients and visitors to the Home. The Ferranti Company gave him a large quantity of replacement parts, and

Ted is now hoping that the volume of work will increase. If it does, he will be able to show a profit on his work and make some contribution to the Honresfeld funds.

So far as the staff are concerned, he

already makes a contribution. As one told our reporter: "If any piece of equipment breaks down we call for Ted. It's amazing what he can repair, and he must save us pounds."

Le Court, Hants

The past months were shadowed by the death of three of the residents, Len Pepperell, Basil Bryant (as mentioned in the spring issue) and Edith Donovan. Edith, whose photograph was on the cover of *The Cheshire Smile* in 1959, was a model before her marriage, and her radiant smile would have charmed a limpet off a rock. Her husband, Leslie, has become so much a part of the Le Court family that we had a very special feeling for them both.

We welcome Elsie Carter, Mary McDonald and Katherine Clarke, who have come to make their home with us, and wish them many years happiness here.

The new Welfare Committee members are: Peter Wade, chairman; Sylvia Hunt, treasurer; and Derrick Feltell, third member.

Elsie has taken over the shop from Maggie for a year, Harry still serving behind the counter.

The Le Court Association jumble sale in February raised the startling sum of £80, so the newsletter costs are insured for two or three years, unless—much more likely—we find new functions for the Association as well.

The Le Court Camera Club came into being and had a successful first session.

Easter was marked by religious observances in both chapels, and a grand family dinner on Sunday, sixty-odd sitting down together.

Two out-of-the-ordinary trips were to see the hostel and sheltered workshop at Enham-Alamein, a village community for the disabled near Andover; and to a concert at the Festival Hall.

Frank Spath and Barbara Beasley went to stay at the Edinburgh Home for a fortnight, where they met with the greatest kindness and had a memorable introduction to Scotland.

B.B. (Resident)



Le Court Camera Club in action (from left to right: Laurie, Neville and Brian). It was during this session that our cover photograph was taken

The £.s.d. of Mobility

by Brian F. Line

(of Le Court)

"Why doesn't the Ministry supply electric indoor chairs to those who need them?" is the question proposed in the following article.

I have, for some time, been fortunate enough to possess one of the new Sleyride Electric Indoor Chairs. This is an indoor wheelchair driven by a small electric motor of approximately one-tenth h.p. It is controlled by a twist grip on the right-hand side of the tiller, which is in the centre at the front. There are two forward speeds and one reverse. The chair is capable of turning in its own length (approx. 29 inches), and is only 21 inches wide. (Ed: There is a photo of Brian Line in the chair on p.37). With this chair it is possible to get almost anywhere and do almost anything. The makers claim that it is capable only of climbing a hill 1 in 12, but I have driven it up a considerably steeper slope, not to mention down such a slope using the automatic electric brake. I think the Sleyride is the answer to many a disabled person's problem, particularly those who are unable to propel an ordinary transit chair.

Now these indoor electric chairs are unobtainable through the Ministry of Health. That is a fact which I find staggering. When my chair was purchased, I mentioned this to Mr. L. W. Graham, the manager of Sleyride Ltd., Eastleigh. He told me that the question of the Ministry issuing such chairs had been raised in the House of Commons several years ago. It had been rejected, and rejected with, I have no doubt, the usual non-committal evasive answer.

To me, this seems unjust. It appears that the more disabled you are the less help you can obtain from the Ministry. If, like myself, you are able to drive an outdoor electric chair, the Ministry will supply one of these in addition to your ordinary indoor transit chair. The former costs roughly £300, and the latter another £30 or so. If, on the other hand, you

are like so many of my friends, unable to drive an electric outdoor chair, you only receive from the Ministry an indoor transit chair and another similar one for outdoor use, if you put in for it. That adds up to only £60. But you may not be able to propel either of these; you may have to rely on other people pushing you around. A Sleyride complete with charger and batteries, costing £150 might help you to overcome this handicap.

So you have this ridiculous state of affairs. The less one is able to do for oneself the less help one receives in this respect; while the more able-bodied one is the more help one can get. The question immediately raised in the mind of any impartial onlooker is "Why can't anyone who is unable to drive an outdoor electric chair, yet can use an indoor electric chair, be supplied with the latter?"

I am not going to suggest that disabled people should be supplied with all three things—a transit chair, an electric Sleyride, and an outdoor motorised chair (electric or petrol). This is obviously more than the country can afford. But I would like to see it made possible for certain types of disabled people to be supplied with one of these indoor electric chairs just as others are with outdoor ones. It would be quite possible for a disabled person (who can use both), to be given the choice of what would be most useful to him; either to have (in addition to his transit chair) an outdoor electric chair or an indoor electric chair, but not both.

It does seem rather silly to let such a useful invention be wasted when there is so much need for it. There must be hundreds of people whose lives would be completely altered if they possessed such a means of mobility. It would

(continued on page 56)

A Long Journey

by Roye McCoy (of Greathouse, Chippenham)

The following story is the winning entry for a short story competition in the National Cripples' Journal. We reproduce it by kind permission of the Editor.

The journey seemed as though it would never end. He was half-sitting, half-lying on the stretcher, alternately dozing and looking through the open windows. It was hot and stuffy in the ambulance and he was grateful for the open windows, letting in rushes of cool air.

They had left home soon after breakfast that morning. Ernie, the driver, had made Chuck comfortable on the stretcher, though Chuck had protested that he could manage quite well on the seat, thank you.

"Nay, lad", Ernie said, "you'll be better lyin' on the stretcher—more comfortable, like". Turning to his mate he said, "Isn't that right Bill?" Before they had travelled more than thirty miles Chuck had to admit he was right.

They had stopped for a cup of coffee at the edge of a small town late in the morning, and at dinner-time Ernie drew into the side of a leafy country lane. The nearside wheels bumped and bounced a little on the wide grass verge, and the ambulance stopped. Ernie and Bill got out of their seats in the cab, and came round to the back.

It was very quiet without the engine. Chuck could almost *feel* the silence stroking his ears. Ernie opened the rear doors and Chuck could see the road stretching back for quite a way, until it turned and lost itself behind some trees. The road was empty except for an occasional car passing, and once two young men on motor-bikes roared by, raising the dust, revelling in their speed. But there were no pedestrians.

There were thick green hedges at each side of the road, and Chuck listened to a lark singing blithely high in the blue windless sky. Ernie opened an old biscuit tin and took out the greaseproof paper packets of sandwiches he had brought.

"Cheese, ham or lettuce," Ernie said, "which do you want, Chuck?"

After the sandwiches had been eaten, Bill went round to the cab. A

minute or two later he shouted out "Ernie! Where'd yer put the flask? Can't see it anywhere!"

"Ah, I wonder," Ernie grinned, winked at Chuck and extracted the thermos flask from under the stretcher.

They set off again, the inner man satisfied, Bill driving this time while Ernie sat by his side, taking a well-earned rest. They'd only another seventy or eighty miles to go, he had said, "Another three hours, or a bit more, with luck."

What a journey, thought Chuck as he watched the fields, hedges, trees and the sky full of blue air and white clouds, with the shimmering sunshine spinning through the open window. And where were they going, where was the ambulance taking him? Far away from the factories and the grimy streets of his North country home—to a Cheshire Home in the green heart of England. Other than that he knew practically nothing about it. Everything had been arranged by the Almoner at the hospital he used to go to. Oh, except that they had the reputation of being wonderful places.

No wonder Chuck didn't have much to say for himself, he was pre-occupied with thoughts of what lay ahead of him. What will it be like, he worried? What will the people be like—the staff, the patients?

On and on they went. Odd houses appeared by the roadside, then got closer together, became a town, with busy, thronged streets, big shops, noise. Then the houses gradually tailed off, and it was countryside again, green and blue and golden. It was the umpteenth town they had passed through, and there was more to come before they reached their destination.

It's a good job I don't get travel sick, Chuck thought.

He was dozing again when the ambulance pulled up with a sudden jerk; Chuck woke up at once. They were climbing a steep hill. They had run out of petrol and Bill had jammed on the brakes to stop the ambulance

running back down the hill. Luckily Ernie always carried a spare can. And they were soon off again.

There were no more mishaps. The engine purred steadily and Chuck gazed through the windows.

It was about tea-time when they reached Tammington, the town they were making for. The Cheshire Home was somewhere on its outskirts. Chuck was conscious of rising excitement, apprehension too.

Greathouse, Wiltshire

We were recently visited by a party of Senior boys and girls from the Park Grammar School, Swindon. At this school the children are grouped into houses with names such as Churchill and Cheshire, and it appears that we at Greathouse have been adopted by the House of Cheshire. The party soon busied itself, the boys sawing logs and the girls inundated with sewing jobs. Then, after tea, the log-sawing brigade challenged the more ardent chess players amongst us to a tournament. They were all most welcome, and will be on any future occasion.

Amphill, Bedfordshire

As a result of reading Lord Denning's reference to the Bethlehem Home in his report published in the Spring issue of *The Cheshire Smile*, we at Amphill decided to make April "Bethlehem Home month", and we are trying to see how much money we can raise for them. This is a completely personal venture; that is we do not in any way want to cut across the events being organised for our own Home, so we are each giving as much as we can, whether it be 6d. or £1, using our various talents to make or do some-

They saw the painted sign as they drove slowly along a lane only a little way outside the town "The Manor Cheshire Home", it said. They entered a curving drive between lawns and bright beds of flowers—and there it was: a large grey house surrounded by tall trees. Chuck was suddenly aware of the uniqueness of this moment. It was the end of one part of his life and the beginning of another.

Mrs. Nolan and her Girls' Training Corps, after a few months' break, have recommenced their monthly Saturday afternoon visits. No doubt the scope of their help will be expanded when the better weather comes along, and once again the nearby village of Kington Langley will be invaded.

Whist Drives are, it seems, being eclipsed by Housey Housey (or other names that mean about the same), and now Greathouse has been tentatively infected with the disease, in order that we may reach our declared aim of providing ourselves with a 16mm. sound projector.

thing to raise the money.

A recent fire at Amphill was reported on the B.B.C. news and in four of the national newspapers, but it was not as serious as that sounds. The blaze originated in a box full of paint rags, and was discovered by John Howard who wheeled himself down the corridor to give the alarm. No damage was done, and the fire was completely out before the arrival of fire brigades from Amphill and Bedford.

Smoking Deck Chairs?

Do you smoke? In particular, do you smoke Kensitas cigarettes? If you do, and have spare gift coupons, read this plea from Amphill:

"Through the kindness of friends we are hoping to be provided with a number of garden chairs this summer. In the ordinary way, these would be an expensive item, but we have discovered that they can be obtained in exchange for a (large!) number of Kensitas cigarette gift coupons. We should be grateful for assistance in collecting these coupons."

Amphill has been fortunate in getting a notice to this effect in the Vauxhall Motors magazine.

Spofforth Hall, Yorkshire

Additional toilet accommodation has now been completed and is making the work of the orderlies a little easier.

Work is in hand on a new ramp, which will make the pushing of wheelchairs much easier and safer than on our present two ramps.

Through the efforts of Mr. and Mrs. Holgate (two of our voluntary workers) an interdenominational Service is being held every Sunday morning, and it is well attended.

Social activity continues at a good level, a recent highlight being provided by Mrs. Hills, a member of the Management Committee, who invited us all to tea at her farmhouse home on Good Friday. The tables were packed with many good things to eat, and we are all grateful to Mr. and Mrs. Hills and their family for a very nice afternoon.

The Wetherby Evening Institute Choir, which was augmented for the occasion, came to the Home on April 17th and sang the Cantata "Olivet to Calvary", for us. The singing was first-rate and reflected great credit on all concerned.

We are also very grateful to: St. James (Wetherby) Youth Club for a grand variety concert; to Dr. Lodge, Mr. Stevenson and a young lady whom I must call Olga as none of us remember her surname, for film shows;

and to the York Lions' Club which brought a group of blind people who gave a one-act play and musical items.

A number of us were able to go to the Grand Theatre in Leeds for the pantomime "Alladin", starring Jimmie Clitheroe. It was a most entertaining show.

For transport to outside events, we are very much indebted to Leeds Welfare Committee, and also to the Wetherby Branch of St. John's Ambulance Brigade.

Our Evening Classes (painting and choral music) restarted on April 18th for a twelve-week term. The Play-reading Class will have six meetings, and there will also be six Local History lectures.

JOSEPH TWIST (*Resident*)

It is truly remarkable how many kind people there are in the world, and it is only when you are incapacitated that you fully realize and appreciate their kindness.

We have had so many treats this winter, and I know that we all wish to say a very sincere and heartfelt "thank you" to the Matron and staff and all the people who have given us these "lifts", and made our limited lives so much more bearable.

WINIFRED REEDER (*Resident*)

Spofforth Hall Personalities (I)

Mr. and Mrs. Luke Woodcliffe, who are affectionately called Mr. and Mrs. "Luke" by most of the residents and staff, have worked at Spofforth Hall since it became a Cheshire Home. In fact they were employed at the Hall before it was taken over by the Cheshire Foundation.

They are typical Yorkshire folk, and have lived in Spofforth village for about twenty years.

Mr. Luke keeps our extensive gardens in lovely condition, and also helps to keep us warm as he is in charge of the central heating.

Mrs. Luke was a part-time cleaner when the Home first opened, but she is now full-time cook. She is an excellent cook, and, as one would expect, is very good at making Yorkshire pudding.

J.T.

Hovenden House, Lincolnshire

Our usual Spring excitement has been enacted again this year and hundreds of lambs have been born in the fields next to our garden. Several times, the shepherd has allowed lambs to be brought in for admiration and patting

by the residents.

So lovely has most of the weather been that the Tulip Parade had to be put forward a week, and several expeditions have already been made to the seaside.

Everyone is preoccupied with preparations for our Annual Fete on July 1st, which it is hoped will be even more successful this year.

Holiday patients have started to arrive. Two from Greathouse and also others from their parents' homes. We always enjoy these visitors and love to hear about other Homes.

We are looking forward to the beginning of the building of the additional room on the ground floor. This will contain a small Chapel, a physiotherapy treatment room and will be used for handicrafts and a "quiet room". NO wireless or T.V. to shatter the calm. Last year all this seemed a dream for the very far future, but thanks to various people's

generosity it can now be a "dream come true" and work will start when all the planning permissions have been obtained.

We have felt very sad over the death of Brenda who was a very brave and popular young person, who had been with us for nearly three years. She will be missed.

There is a period of great busy-ness and upheaval ahead of us with the building of the new room and the re-wiring of the electricity of the whole house; the latter made possible by the generosity of the Lincolnshire Rotary Clubs. But even if things may be a bit chaotic, we hope our friends will still come and visit us as often as possible.

St. Cecilia's, Kent

The first three months of the year at St. Cecilia's is usually a period of comparative quiet after a hectic Christmas and before the activities of the summer months really get under way. This does not mean, however, that we have no news to report. On the contrary, much has taken place at St. Cecilia's since the last edition of *The Cheshire Smile* was published, and our Friends' associations have been extremely active.

At the Home itself we have been glad to welcome as our new Warden Major Tofts. He and his wife have returned only recently to England after being many years abroad. We are very glad to have him in our family at St. Cecilia's, and we feel that together, our Matron, Miss Cooper, and Major Tofts will bring further stability and much happiness to all living and working at the Home. Already the Major and his wife, although very young members of the "Cheshire Family", have become imbued with its spirit of enthusiasm and service.

We cannot pass over this new appointment without mentioning with gratitude the wonderful work of Marian Jones who has during the period when we had no Warden, taken on and carried out so efficiently the Warden's duties. Walter, her husband, has also given much of his very limited spare time in helping her to get

through an immense amount of work. We are indeed grateful to them both.

Early in March we held another of our now well-known Cheese & Wine and Bring & Buy Sales at the Home, and in which the patients took a very active part. Over two hundred of our closest friends spent the evening at the Home, and helped to make it a great social, not to mention financial, success. The net proceeds of the evening reached £100.

As a result of what some of us heard at the Spring Conference about the serious financial plight of a number of the Homes abroad, our patients have now decided to start raising money to help the Home in Bethlehem. They are doing all the work and supplying from their own resources prizes for the raffles they are organising to raise funds. This is a wonderful acknowledgement by our patients of the help the Group Captain has given them, and we all hope that this initial effort will snowball not only at St. Cecilia's, but in other Cheshire Homes. Now that the little Church of England Chapel at the Home is virtually clear of debt, our congregation has asked that the weekly collections should also be sent to the Home in Bethlehem. It is indeed very gratifying and right to know that whilst all of us in England are struggling to make ends meet in our particular

Homes, those who live in them have thoughts for the less fortunate members of the Cheshire Family abroad.

Outside the Home our Friends have been very active. All branches are taking part in a House to House Collection going on at this moment. Our Orpington Friends recently held a most successful Dance, as well as a number of coffee mornings. Our West Wickham and Hayes Branch is doing sterling work, and although one of the youngest of our Friends' associations, they have already enrolled

over two hundred members.

The holiday season for us all starts soon, and we hope that we can arrange for many of our patients to get away for a change during the summer months.

We must record our congratulations to our Treasurer's wife, Bernadette Treacy, on the birth of a son recently. Some of us know how seriously ill she has been, but we are very happy to record that she is now well on the way to recovery.

R.S.W.

A FRIENDLY FAREWELL

Dear Sir,

Now that I am retiring after 40 years' service with the Welfare Department of a local authority, will you allow me a little space in which to say goodbye to the many friends I have made in the Cheshire Homes.

I know that my annual visits have been made pleasant by the generous welcome I have always received from residents and staffs.

It has been a privilege to have worked with you, and to have been associated even in a small way with the excellent work of the Foundation.

Goodbye and thank you.

Yours faithfully,

Laurence A. Schaller (*London*).

THE SECRET

Stopping only
For meals and so on, all day long she's
Playing patience
Though it is not really patience she plays.

If you ask her
She chuckles proudly: "King king king,
Ace ace ace!"
— Takes up another card and puts it down.

Poor body, brain
And body wrecked by a terrible disease, strangely
Suspicious of
The words she does not dare give breath and life to.

For words, like
Unthinking children, might give her great
Secret away,
The secret she must keep but does not know.

ROYE MCCOYE

A Short Biography

Leonard Cheshire, V.C., by Cledwyn Hughes. Phoenix House, London, 1961, 8s. 6d.

"Living Biographies for Young People" seems to be an apt title for this series, if they are all patterned along the same lines as this slim volume on *Leonard Cheshire, V.C.* In just over one hundred pages, written in a very simple style, Cledwyn Hughes introduces us to the Group Captain as a man who has lived a life of high adventure and, in maturity, has searched for and found a fulfilling purpose in life.

Mr. Hughes presents his subject through a series of incidents, recounted as stories illustrated by conversations, which highlight his characteristics and development in, to my mind, a very vivid way and one admirably suited to capture the interest of his youthful readers. In this way, too, he gives these readers, most of whom were probably not even born

when the events in the earlier part of the book took place, a realistic picture of the historical events in which Leonard Cheshire took part—the bravery and gay bravado of the R.A.F.; the events leading up to and the dropping of the first atom bombs (so topical at present with all this "Ban the Bomb" or "must have nuclear deterrent" controversy); the restlessness of post-war Europe, epitomised by the VIP experiment; and finally, the development of the social conscience—when a real leader emerged, how people of all kinds flocked to help those less fortunate than themselves.

There are also thirteen well chosen photographs illustrative of the various stages of G.C.'s career. All in all, I would say this is a very well spent 8s. 6d. worth. M.ff-M.

Father Pire's work in Europe

Europe of the Heart by Dominique Pire. Translated by John Skeffington. Hutchinson, 1961, 21s.

The name of Father Pire has become fairly widely known in the last three years, but it was not so until he was awarded the Nobel Peace Prize in 1958. Even now the majority of people know little of how he came to deserve this high recognition, and certainly only the few are acquainted with his background. *Europe of the Heart* goes some way to provide us with a description of both the man and his work for peace. But the question and answer form of the book is not altogether satisfactory. It will probably not be for a long time that an adequate biography appears.

Dominique Pire—now just over fifty years old—is a Belgian priest. Born of strict Catholic parents, he seems to have been destined for the

priesthood. He became a Dominican. During the war he served as a chaplain in the Resistance movement, and afterwards returned to his priory at La Sarte.

It was as if by chance that he, and a group of young people over whom he had charge, were brought in contact with some refugees in Austria. The group of young Belgians began to correspond with the refugees, and Father Pire travelled to Austria to visit their camp. From this has grown his charitable work, his care for those in similar plight to Sue Ryder's "Forgotten Allies". It has led to the establishment of "European Villages", four in Germany, one in Belgium, one in Austria, whose whole purpose is to provide a practical example of Com-

munity in Co-operation, not very dissimilar from certain types of community that the Ryder Cheshire Mission is even now contemplating.

Every human being, says Father Pire, especially every one of these refugees, "is of infinite worth and deserves respect and loving kindness, first because he is a human being, secondly because he is considered 'useless', and finally because he is unfortunate". This conviction has borne fruit in his concern for the "hard core" of those whom the world prefers to forget—and here of course he is very much at one with Sue Ryder. The restoration of independence and self respect, the provision of work and community living and real

homes for the hopeless and the helpless. That is his work, and it is a work demanding a degree of individual care and love which might seem out of proportion when one considers the many thousands of refugees still awaiting resettlement.

Organised social welfare schemes, however, always leave a residue of individual tragedies, and the large-scale work for refugees is no exception. In a review of this book, *The Times Literary Supplement* said that "Father Pire's work is necessarily one that international bureaucracy cannot attempt." He is concerned with "solving the insoluble, bringing charity to bear on those who bear the deepest wounds of all." F.S.

Psychology of Disablement

Physical Disability—a Psychological Approach by Beatrice A. Wright. Harper Brothers, New York, 1960.

The following review is reproduced from the "Cerebral Palsy Bulletin" by kind permission of the Editor.

Dr. Wright here sets out to show how the psychological reaction and underlying attitude towards physical disability, in both the disabled and the general public, affects rehabilitation and education. To English readers the use of sociological jargon may seem a little tiresome, but Dr. Wright's ideas should prove both stimulating and helpful to all those concerned with the upbringing, education or rehabilitation of the physically disabled, and extracts from autobiographies and records bring life to her thesis.

All societies, in Dr. Wright's view, over-emphasise the importance of normal physique, and this creates unnecessary difficulties for the disabled person, who is under pressure to act as if he were physically normal. This in turn leads to conflicts which may result in attempts to deny or conceal the disability, or to an aggressive and over-competitive attitude. The suggestion that this emphasis on the normal also affects the upbringing and education of the disabled is of considerable importance. In giving so much time

to the training of blind, deaf or crippled children and adults in "the normal techniques of living", we may well miss the real purpose of education—the development of clear thinking, the communication of ideas, and the ability to get on with others. Instead of focusing on the teaching of lip-reading to the deaf or on walking to the crippled, Dr. Wright suggests that we should find the method of communication or of mobility which comes most easily to the individual. She gives examples of people who discard techniques learnt so laboriously in favour of their own special way of overcoming their disability. In working with blind children one cannot but be aware of how greatly the sighted world's standards of behaviour, vocabulary and concepts are imposed on and accepted by them.

Taking the abilities and disabilities of each individual as our guide in education and rehabilitation, rather than the standards of normal development, Dr. Wright suggests that the disabled person can be helped to

change his values so that physique counts for less in his concept of himself, and his other abilities are included. She gives interesting examples of the way in which physically disabled children think of themselves as being like their companions; in spite of all the evidence to the contrary they do not look on themselves as deformed, and they need to be helped by their parents to understand and accept their physical disabilities. She describes the ease with which a small girl in a nursery school, who has had this help at home, responds to curiosity about her braces by saying in a matter-of-fact way that she has cerebral palsy, and then continues with her play. Illustrations are also given of children who have been encouraged in their denial of their disability by over-protection at home, and who are suddenly and cruelly made aware of it by other children when they go to school. They have then, painfully, to come to a re-assessment of themselves and their abilities and disabilities.

In discussing programmes of rehabilitation and education, Dr. Wright emphasises a phenomenon not always sufficiently recognised—that a period of mourning, depression or withdrawal frequently follows the realisation of being physically disabled, because this is felt as a loss or bereavement. In some people this period of mourning is a necessary phase of healing which must be experienced before re-education can begin.

Dr. Wright again stresses the "idolising" of normal physique when she discusses the social attitude to disability. This tendency, she suggests, results in a negative reaction to any physical deviation. She finds that people may react with aversion, teasing or bullying, or by an over-pitying or over-positive attitude, equally unacceptable to the disabled. The tendency to a "spread of dis-

ability" can result from these attitudes; we have probably all witnessed situations such as those cited by Dr. Wright in which people talk in front of the blind as if they were not present or could not hear; treat the deaf as if they were stupid, or crippled people as if they were totally handicapped in life. This attitude can easily influence the disabled person so that in planning his career, or in his social life or in contemplating marriage, he over-estimates the effect of his disability.

In considering the possible causes of the over-estimation of the normal in physique, Dr. Wright briefly touches on the question of unconscious motivations. It is certainly difficult to account for the irrational anxiety, aversion or even horror which the sight or experience of some bodily defects can arouse—particularly in childhood—unless we pre-suppose deep and archaic fears, of which we are unconscious, but which can be touched off by the sight of the loss of some part of the body. Although she puts forward this theory—that the source of the strong emotional reactions to physical disability is in the unconscious mind and is therefore not recognised by the disabled or by society—Dr. Wright does not follow this up in her recommendations for educating children in helpful attitudes towards the disabled, which remain therefore rather superficial.

In her chapter on *The Parent as Key Participant*, Dr. Wright makes some excellent practical suggestions on how parents can help their children, but again she does not allow sufficiently for the deeper problems which lie behind the attitudes she discusses, such as over-protection and over-insistence on independence in bringing up children with physical disabilities.

This book makes a valuable contribution in drawing attention to the need for considering the psychological reactions to physical disability and for asking ourselves whether we do not sometimes go too far in applying the standards of the physically normal to the education of the physically disabled. It also paves the way to a further consideration of possible methods of dealing with irrational and harmful reactions to disability, both in the individual and in society.

Mrs. E. M. MASON.

Five?

A new book of poetry, under the above title, is coming out shortly, edited and published by Roye McCoye of Greathouse. It contains a selection of the work of five poets, and will sell at 4s. or 4s. 6d.

OVERSEAS

CHESHIRE

HOMES

A Letter from Bombay

"You will be pleased to hear that last Tuesday I managed at last to get to Bethlehem House, the Cheshire Home at Ardheri. We had an awful job to find it as it is about seventeen miles out and off the main road, but when we did get there it was so quiet and peaceful after Central Bombay, it was like a rest cure.

"They have quite a lot of ground on a hillside with some nice trees for shade. There is one new stone building which is nicely equipped, the other three are asbestos and so are very hot in the sun but cold at night—they hope to replace these with stone buildings gradually. It is all men at the moment but they hope to have women later. The Nuns who run it are of a Spanish order and do not wear habits and do not cover their heads.

"The patients do a few handicrafts but haven't anything like the scope or equipment at Le Court. They have a small shop and one of the patients looks after it, though no money changes hands; they work on a



Mrs. Chimmadorai and a group of patients at Vrishanti Illam, the Katpadi Home, India

'credit' basis to save the handling of money.

"The food is cooked on a kerosene stove. But as there was a kerosene

strike on, it was being cooked outside on charcoal stigris. We were invited to stay to lunch but as the car had to be back for John we were not able to.



Mrs. Martha Ogini, acting Matron, on left, with Miss Elizabeth Ojumu, assistant matron, share a laugh outside the Cheshire Home at Ibadan, Nigeria



Some of the children at the Bethlehem Home, Jordan

Cheshire Radio Link

Reproduced from the Luton News by kind permission of the Editor.

It is quite possible that the day will come when all Cheshire Homes, throughout the world, will be linked by an amateur radio network.

If this happens, it will largely be the work of 49-years-old Mr. Tom Dugdale, a former farm manager, who has been in the Ampthill Cheshire Home for the last nineteen months.

He passed the qualifying examination, the Radio Amateur examination, in 1955. This enables him to broadcast, and last year, two of his pupils, whom he coached by post, at the St. Teresa's Home, Cornwall, took this examination, too.

At the same time, a resident of Staunton Harold Home, in Leicestershire, also qualified, and the radio link was established.

At Group Captain Cheshire's suggestion, Mr. Dugdale built a do-it-yourself transmitter for the Dehra Dun Home in India. This will be manned by an Australian girl, who is still training to qualify and will be on

the staff there.

That link will be opened as soon as she is ready, and Mr. Dugdale has completed making his own high-powered transmitter to speak to her.

"I can finish it in a month", he says, and he is doing every bit of the work himself. This includes cutting, drilling, filing, and soldering the metal parts.

The resulting set will have a power of sixty watts and be capable of broadcasting round the world.

Mr. Dugdale works three hours a day, and opens his link usually only on weekdays, to avoid the congestion caused by some 9,000 other amateur broadcasters.

Although only the qualified broadcasters may go on the air, others can join in the inter-Home conversations, and in this way a number of radio friendships are welded between patients.

Mr. Dugdale says that the link is a help in enabling them all to settle their problems.

Report from Malaya

The Home at Changi, near Singapore, now holds forty-four patients. The garden is almost half completed. The Home was described recently by a visitor from England as one of the most attractive and well laid out Homes we have anywhere in the world.

There is considerable local interest, and the Committee are seriously considering working for another site nearer to the centre of the City, in order to accommodate some of those on the long waiting list. If this comes off, the two Homes would probably be run jointly, and the older and more bedridden cases separated from the younger.

Johore is also a model Home in its own way. They have twelve patients already in residence, and a very good, even though untrained, nurse in charge. The Committee are looking for a trained Matron. The Home is divided into small villas with no more

than eight beds in each. It provides a family and informal atmosphere for the Home, and gives the patients the privacy they want. There is also a fine large common-room for meals, games, etc. It is astonishing how much has been done in such a short time. This is largely due to the goodwill of the Social Welfare Department, but also, of course, to the keenness and devotion of the local Committee.

The Sultan of Johore invited Group Captain Cheshire and his wife to visit him during their recent world tour, and he expressed his interest in the local Home's progress. The Cheshires also saw Lady Marcella who was primarily responsible for obtaining the actual plot of land.

There is talk of sponsoring new Homes in the Federation. Efforts are to be made to arouse interest either in Penang or Kuala Lumpur. By this time next year, we shall probably have something to report in this direction.

No Ordinary Nurse...

says the Editor, of Robin Ball, this girl who overcame severe handicaps and achieved a full and useful life. Here, "ghosted" from her own lips, is her story...

"WERE you born like that?"—How well I remember hearing that question time and time again. How I hated it. Yes, I was born "like that". I had one good leg, with a foot that had never grown larger than size thirteen in shoes. The other leg grew no more than half the normal length and I have worn an artificial leg since the age of three. And that was not all. One of my hands has no fingers; the other only one.

Such handicaps made life quite a battlefield for me to tackle. To a child it means an awful lot. Was I ever going to do anything like other people? Was my life always going to be spent with pity and stares?

Fortunately, I was helped through this period of my life; otherwise I don't know what would have happened. I was helped by wonderful parents. They were wonderful just because they treated me, not as an object of pity, but as an ordinary child.

Probably the hardest cross I had to bear before the age of sixteen was the suffering of stares from strangers. I never minded those who looked at me just normally; the people who made my soul wilt were those who made such remarks as "Oh, you poor thing!" "How tragic!" "Her poor mother!" I did not need to be told how much those who loved me suffered; I knew only too well how my disabilities hurt them.

I had a governess from the age of six. She saw to it that I did my work like other children. At eleven I went to the High School to enable me to mix with other girls. And in order not to force the pace too hard I only attended on three days each week.

Character counts most

Although I learnt to read, write, draw, sew, dress myself and such-like things as all other girls, I think the main emphasis of my education was elsewhere. I had to learn the wisdom

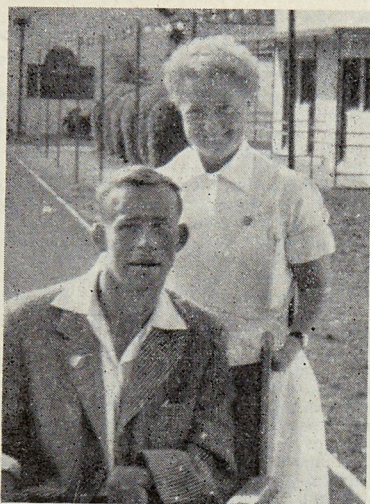
of my father's words: "It is your character that counts, not your disability. Be natural with people, and people will be natural with you." It wasn't easy, especially when I watched other young people climbing about and doing all sorts of things that I longed to do.

Then there was the battle with ugly feelings inside me. I felt bitter. I felt jealous. Yet when those feelings tried to overcome me, I knew I must not give way to them. They must be kept at bay like dangerous beasts. I realised I could do only one thing with them. I had to pray for help to deal with them, and offer my handicaps to God asking him to use them as he saw fit.

It had always been my ambition to become a doctor. I wanted to do that more than anything else in the world. With the help of several doctor friends I went some way in studying medicine, especially my favourite subject, anatomy. All this knowledge certainly helped me later on. For, although it was not possible for me to be a doctor, I did become at the age of twenty-two, after training with S.R.N.s and spells in various hospitals, a fully qualified nurse. I also had a certain amount of training in physiotherapy.

Giving expression to another side of me, I also went to an art school for a time. This reminds me of a question I am often asked—whether I can play the piano. It is easy to see that most people are slightly embarrassed when they ask this question. In order to ease their embarrassment, I laugh, hold up my one and only finger, and ask them whether they would like to hear my one-finger exercise. It generally brings forth much laughter.

I won't bore you with all the details of my interior battles, how on some days I have felt just too tired to fight and my handicap has seemed like an overfaithful dog, of whose constant presence I would often wish to be



Robin, standing behind Paul, one of the holidaymakers at Gorleston last year.

relieved. For anyone who is disabled, life in this world is one long fight—a fight never to be shut up within oneself or to indulge in self-pity, a fight to be really interested in other people, especially when they want to talk about the many things one wants to do oneself, but knows one can't. Nevertheless, I have learnt with the years, to take my father's advice. I have been able to become more and more forgetful of my disabilities. I have overcome my handicaps; and my faith has been the greatest help.

Nursing work

Despite the fact that it has never been easy to keep pace with able-bodied people, I have nursed on hospital wards, and for the last eight years my working life has been that of a nurse on the district, although independently of official channels, and in a purely voluntary capacity. This way, I have been enabled to provide services, for instance, to give a bath, to do dressings or massage, that the welfare authorities could not undertake. Of course, I work in with the local doctors, and I always consider

myself on call. I do receive a free travelling pass.

It is a fact, though, that when I am nursing, when I am easing pain and suffering or helping people in other ways, I seem to become more alive than at other times. Especially do I love nursing disabled people, because I am one of them; I understand their pride, their sorrows, and of course their battles. I have always done a full day's work side by side with the able-bods; and believe me, there has been no shirking on my part. The pace has always been hard and fast, and I could not have kept it up without breaks, which I have always needed.

It was in the early part of the war that I was lucky enough to get married. And in the summer of 1946 I had a daughter.

During the last few years, the annual highlight for me has been my two weeks' holiday—a busman's holiday no doubt, but none the less a heavenly one. I have spent that fortnight each year at Gorleston Holiday Camp for the Disabled, working every day from 7 a.m. to 11.30 p.m.—long but very rewarding days. My daughter, too, enjoys coming to the Camp, pushing

people out and helping generally.

My pleasure in meeting the various Cheshire Homes groups at Gorleston in the last few years has been truly great; it has given me a tremendous uplift. The spirit of the people from the Homes is wonderful, and I trust I shall have the pleasure of meeting them again this year. I was very glad indeed to be asked by the editor to write this article for the Cheshire Homes magazine.

A journalist and a B.B.C. man once came to the Gorleston Holiday Camp. They asked us on the nursing staff to choose a disabled person who could tell the best story of how a handicap had been overcome. It is curious that neither my fellow staff, nor I at the time, thought of suggesting myself as a good example.

Parcelled welfare

The Editor has urged me to say a few words about another task that I have undertaken during the last ten years or so. (I am loath to do so, because it makes me appear "kind", and that is untrue. The desire to give, to help, and to ease pain is just a normal, very alive part of me. It doesn't seem to me out of the ordinary at all. I was born with it, as I was born with my disability). It happens that there are a large number of old and handicapped people in our area. They don't want to live in Homes; they prefer to keep their own things as much as possible. A friend and I realised that clothes, food, sweets and other things were greatly needed by some of these people whose means of support was very limited. We began

to make up parcels for them, knitted garments for them, etc., and we have continued doing so ever since. Sometimes it means we get a bit short of money, but somehow things always work out. Just recently, the local welfare committee learnt about these parcels and granted us some money. And strangely enough we had at the same time a further donation of £2. So we were able to buy much more than we had been doing. In providing these needs—and they are needs—I try as hard as I possibly can not to give the impression that I am giving "charity". To me at any rate, it seems just a very little *thank you* for the help and the strength that, by a simple faith, God has granted me.

In conclusion, may I say this to my fellow-disabled. Whatever your handicap, it's always your own personality, your own self, that counts. You may not be able to do what you desire, but perhaps there is something wrong with your desires. It is always possible to use what has been given you to use, even if it is no more than a smile that you can offer to someone in need of it. How often do we hear people exclaim, "Aren't the cripples so cheerful!" If we were not, what sad and lonely people we should be. I would urge all handicapped readers that it really is worthwhile fighting every inch of the way. We can show the busy able-bods that it is good to smile and to spare the time for a word of cheer. What does it matter if we were born "that way", or became "like that"? Disabled people have a part to play in this world, and it's up to them to play it well.

Two Types of People

There are people who grumble and moan every day
At things that don't matter, they just feel that way;
Their health isn't bad, they've plenty to spend,
Yet all their ambitions are at a dead-end:
They've a nice little home, they can walk, they can run,
Yet, somehow, for them life isn't much fun.

There are others who spend every day in a chair;
A wheel-chair—and they have to be moved everywhere,
Yet their faces are happy, their spirit is strong,
They don't find life is dreary and everything wrong,
No, they smile at their troubles and hope for the best,
And for them, tho' they're crippled, life still holds some zest.

(Sent in from St. Teresa's)

Realistic Hospital Living by the Alert Handicapped Adult

READERS may remember notices in past issues about a group of young disabled people in a chronic hospital in Connecticut, U.S.A., who have started an organization called New Horizons. Their object is to do everything possible to improve the conditions of the severely handicapped in their country, and eventually they plan to found a community-home which will have much in common with the Cheshire Homes.

At present, provision in America for the severely disabled who need community care is possibly even worse than in this country. Until such time as they have a home of their own, the founders and leaders of New Horizons must live in a chronic disease hospital which is designed for the needs of the aged sick person. So they have been turning their minds to considering what can be done to improve their hospital and similar ones, making them more suitable for accommodating younger handicapped people as well as the aged.

We print below some extracts from a report which has been presented by a special sub-committee of New Horizons. This report is almost certainly unique, in that it has been prepared entirely by disabled people actually experiencing hospital living.

The purpose of this meeting of the New Horizons sub-committee was defined as: to present ideas which could, if put into practice, make hospital living more realistic and at the same time, more tolerable, keeping in mind both the immediate needs of present hospital residents and the future and broader needs of all New Horizons members.

The report starts with a re-statement of the chief aims of New Horizons.

“... The primary purpose of New Horizons is to help in whatever ways it is able, to make possible a more abundant life for those alert handicapped persons shut in at home or in hospitals.

Such people living at home miss the companionship of like-minded companions and the stimulation and

strength derived from living within a congenial group. On the other hand, the same group living in chronic disease hospitals or nursing homes find they are more handicapped by the limited and sterile environments in which they live, than by their own disabilities.

For the most part, chronic disease hospitals are geared for the majority in their populations—passive and elderly, sick and senile persons. This is as it should be. However, because these hospitals are so geared the majority of active and healthy handicapped persons, also living in them, find that the staff has neither the space, nor the time nor the interest to help them pursue normal, useful lives.

Routine and rules, which are helpful to the elderly and passive individual, prove to be a discouragement to the young and hopeful adult. New Horizons would make another choice possible for those able, but severely handicapped persons living at home, in nursing homes and in chronic disease hospitals.

New Horizons hopes some day to establish a Community Home which will provide the stimulation and strength found in group living, while at the same time preserving the best attributes of an average family home—these attributes of a friendly and happy environment where there would be normal give and take between residents and staff, and mutual consideration in the adjustment of everyday problems.

In essence, New Horizons would establish a large family home where each member of the community would

feel he belonged, was needed and loved, and where he could enjoy reasonable personal pursuits, as well as opportunities for growth, self expression and gainful employment.

The members of this special sub-committee believe that convalescent and chronic disease hospitals could do much, even now, in this direction. They make the following recommendations, knowing full well that many institutions now serving the long-term handicapped will not find it practical to apply many of these recommendations. However, the committee submits them as a guide to more realistic and abundant living by hospitalized people. It also submits them in the firm belief that these suggestions will be entirely practical for the type of home which New Horizons hopes to establish one day.

The recommendations, divide into three main groups: environment and attitudes; self-management; and productive, recreational and social pursuits.

I.—In the area of environment, we suggest that active and mentally alert handicapped persons living in chronic disease hospitals throughout the state and country should be grouped together in these hospitals in units where housing should not be in groups larger than four persons to a room . . . and that the housing should be as homelike as possible.

To go into the above propositions in some detail:

(a) Long-term handicapped residents in hospitals should be encouraged to choose with whom they would like to room and the type of room they would most enjoy—single, double, four-bed, etc.

(b) For compatibility a resident should be in a room with like-minded persons of the same age, so as not to impose on other people who might want to retire early, for instance.

(c) Reading lights, radios and TV should be allowed to be kept on at the discretion of the residents, as long as they are not disturbing anyone.

(g) Visitors should be welcome to visit all day long. They could and would probably enjoy, not only visiting, but helping to feed a handicapped friend, or assisting in some other way.

With some emphasis, we would like to add that people who must make

chronic disease hospitals their homes for five, ten, twenty years—their lifetime—should not have to do all their living in bedrooms. They should be provided with homelike dining-rooms, living-rooms, porches, libraries, office space, etc., furnished and suited to those in wheelchairs and on stretchers.

Of equal importance should be the reasonable freedom to leave the hospital to visit with family and friends for the day or for several days at a time—and perhaps for a vacation each year.

II.—In the area of self-management, we recommend that people living in chronic disease hospitals should have a definite say in the management of their own lives, especially in regards to recreation and productive living.

This would presume the establishment of a Resident's Council, chosen by the residents themselves, which would act as a liaison between the residents and their hospital's administration. Such a Resident's Council would help to adjust and improve living conditions, in every area of hospital living.

III.—In the areas of productive living, recreational and social pursuits, the special sub-committee recommends the following to hospital administrations:—Increase opportunities for and encourage the availability (daily) of planned activities (arts and crafts), both in departments and rooms. . . . We would also like to recommend that handicapped residents be free to initiate their own productive pursuits and to arrange for the pricing, display and selling of their own products.

This sub-committee also suggests ways in which alert handicapped residents themselves may help to develop recreational programmes:—Assist hospital administrations in securing various types of entertainment for all residents (movies, game nights, clubs—such as choral, chess, stamp, etc.—regardless of how few or many participate in each). Plan picnics and barbecues for groups of residents on the hospital grounds. Bring in volunteers to assist in these endeavours, for example, to bring residents to and from activities.

Also recommended are ways in which hospitals themselves may be of help: encourage residents' participa-

tion in community affairs. One phase of rehabilitation should be to encourage and make possible residents' attendance at such outside affairs as sports events, civic functions, educational activities (such as museums, art galleries, lectures), theatre, church, etc. Participation in all the above recreational and community activities would presume a liberal attitude on the part of hospital administration toward the bedtime hour of their able and adult population. Most of us who are severely handicapped adults, living in institutions, are put to bed at a time suitable for grade-school youngsters.

All the preceding recommendations are summed up by the following statement: hospital administrations should educate and gear their staffs to assist in the above plans. The success of these recommendations depends upon the interest, friendship and close co-operation of both staff and residents—and of course, upon the realization by each individual that he must put the welfare of the group above his own personal preferences.

In essence, the above report is saying that the wholeness of a person and the ability of any individual to grow toward fulfillment and self-realization depends upon his having the freedom to exercise self-discipline, self-determination, self-expression.

When the direction of a handicapped

person's actions are forced upon him rather than requested by him; and when his life is controlled by a too-motherly relative or friend, nurse, aide or therapist—and not controlled by the exercise of his own initiative or judgement or consideration, these very muscles of maturity and character begin to atrophy.

Dr. Howard Rusk, who is Director of the New York Institute of Physical Medicine and Rehabilitation, understands this truth very well. There is one general rule in his own rehabilitation centre that forbids any staff member from telling a patient what he can not do. For, when we who are handicapped are encouraged to express our initiative and capabilities for independent living, not only do we find we grow in consideration for our neighbour and in the ability to make wiser judgements and decisions (learning through our mistakes as all men must), but we also find our creative energies are released. The report you are reading is itself an example of this.

When our energies are released, we then have the opportunity to become contributing members of the community in which we live and to enjoy our rightful place in the world as whole men and women.

This, of course, is the real value and purpose of rehabilitation."

£sd of Mobility

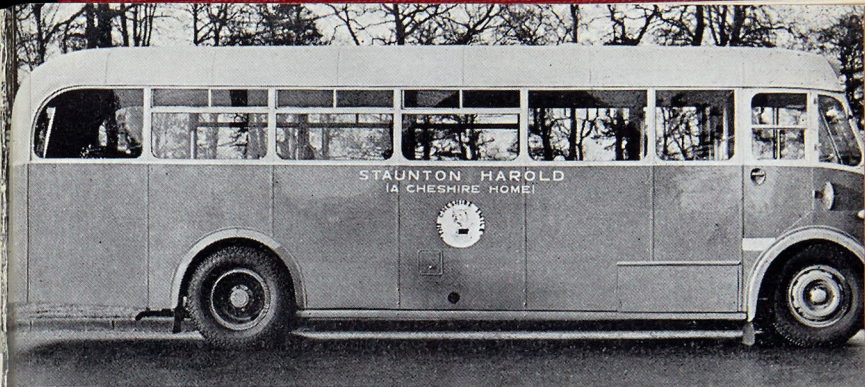
(continued from page 38)

give them more scope, and enable them to pursue their hobbies and interests, in some cases their work, much more easily. It would grant them that independence after which we are all seeking.

I would like to know the real reasons behind the Ministry's refusal to issue these chairs. Why are they still refusing to allow so many the greater measure of independence that these chairs provide? Is it because of the cost? These electric chairs are like a pair of legs to us disabled. They are certainly worth as much as our legs to us. You know that people receive compensation in the law courts for accidents to legs, and the compensation is often measured in thousands of pounds. You know, too, that film stars and others insure their legs for

large sums of money. Yet the Government refuses to pay out the mere £150 or so which is the cost of a Sleyride—a substitute for legs to many a disabled man or woman. Does the Government put the price of a pair of legs as low as that? Why should our legs be priced any lower than the man who has an accident in a factory, or than the film star whose legs have no more intrinsic worth than ours?

The I.T.A. is bringing some pressure to bear on the Ministry to effect the change I have suggested and I feel confident that many Sleyride users will be ready to support them in this. It would help if they could give evidence of the difference made to their lives by the chair and how vital it has become to them. I think it would help also if anyone who shares these ideas would write to their M.P., or to the Ministry.



Staunton's New Bus

Two photos of the bus which has been donated by the Trent Motor Traction Co. of Derby to the Staunton Harold Home. The conversion of the vehicle as well as a complete mechanical and electrical overhaul was generously carried out by employees of the company in their own time. A 15ft. ramp was constructed and is stored underneath the floor. A winch unit, operating from the saloon floor, provides extra pulling power when needed. Within the saloon, five two-way seats are mounted, equipped with safety belts. To complete the service, drivers of the company have undertaken to man the vehicle, without payment, as and when required. It is to be kept at the company's garage, Uttoxeter New Road, in Derby.

Photos: Trent Motor Traction Co.



A man is speaking . . .



Photo: 'Crawley Courier'

The scene: A ward in Crawley Hospital. Dr. Rowland Farrell speaks into a microphone recording two "Silver Lining" broadcasts for the B.B.C. His wife, Pamela (Chairman, Heatherley Cheshire Home) stands by him. A B.B.C. man monitors the recording. The two talks were broadcast last February.