PRESIDENT'S REPORT

DECEMBER 1992

I would like to thank the committee for their help during the year.

Financially we have done well but a lot of time was spent discussing the general running of the Association.

Although the committee may have made a couple of minor errors, the degree of criticism levelled at us was unwarranted as our actions in no way affected the smooth functioning of the Association.

The decision to pay for batteries for Servoxes should be of some help to laryngectomees who use them.

At a general meeting the payment for Servox repairs was discussed and the general opinion was that by paying for the repairs, owners of Servoxes would retain their self esteem.

The high cost of repairs is relevant — the average cost for service on a Servox is $100, while the batteries cost $35 each.

However as explained earlier, if any of our members is financially embarrassed they should write to the Association. The matter will remain confidential, known only to committee members.

I believe we should be doing more to help people in the country.

As the only contact we have with country members from outlying areas is our newsletter, I would like to address those people.

Although we have recently had a few requests from country hospitals, I can’t believe so few people need our help.

If any of our readers knows of a hospital, speech pathologist or other health care worker who needs assistance with helping a laryngectomee please let me know immediately.

Everything possible will be done to assist.

Even if I am not president next year I will be working for the benefit of laryngectomees.

Therefore please contact me at the address or telephone number shown on the front of the newsletter.

May I wish all readers a Merry Christmas and a Happy New Year.

Health and happiness to all

ALAN DAWSON
President
The Laryngectomee Association of NSW
MINUTES OF THE GENERAL MEETING OF THE LARYNGECTOME ASSOCIATION OF NSW HELD ON WEDNESDAY NOVEMBER 18, 1992 AT THE ROOMS OF THE NSW CANCER COUNCIL, 153-161 DOWLING STREET, WOOLLOOMOOLLOO

Chairman: Alan Dawson. 
Present: The meeting was attended by 38 laryngectome members and non-laryngectomees. 
Apologies: were received from Tress Ryan and Alan and Lesley Dear. 
Minutes of the previous (October) meeting: were adopted on the motion of Lilah Walton, seconded Albert Silver. 
Business: The chairman welcomed new members Rod and Narelle Day and Maria Csanalosi and Newcastle visitor Harry and Phyllis King and Dulcie Burns from Melbourne. 
Visiting speakers, Rod Johnssel and Suzanne Brown, addressed the meeting on the Gibecke Stom-Vent units. (More information in a forthcoming newsletter on this device.) 
Executive committee report: 
1. The Secretary would be writing to the West German manufacturer of Servox units regarding repairs. 
2. The committee proposed to write to the NSW Cancer Council to establish what assistance or contribution we could make to the proposed cancer patients' hostel at Royal North Shore Hospital. 
3. Steps were being taken to have The Laryngectomee Association of NSW listed in the Sydney telephone directory under Laryngectomy. 
Report adopted. 

SECRETARY'S REPORT, NOVEMBER 1992 
Membership: Our membership continues to increase and this month I would like to welcome Ms Joan Wilson Greene from Wollongong, Mrs Bronwen Koolik (Coordinator of Post Nursing Registration Courses at Sydney Adventist Hospital, Wahroonga), Mr R. K. Day of Wahroonga, John Lee of Cooma, George Green of O'Connor ACT, and Mr E. Whitehall of Lalar Park. We hope that the new laryngectomees will be able to attend meetings in their areas and/or contact us if they need help. 

Newsletters: We receive newsletters from many other Australian and overseas laryngectomee clubs and it was pleasing to receive the first issue of the newsletter published by the Hunter Valley branch of the LA of NSW. That branch also uses most impressive letterhead paper. Keep it up! Smokeyout: Each year the American Cancer Society sponsors The Great American Smokeyout — an upbeat, good natured event to encourage smokers to give up cigarettes for 24 hours. The idea is that if smokers find they can quit for 24 hours they may quit forever. More than 17 million American smokers participated in the 1991 Smokeyout. I think we should examine the usefulness of introducing a similar Smokeyout in Australia. Cigarette manufacturers may not like this idea, but what do you think? 

Vale: Eric George Boardman became a laryngectomee on October 6 but unfortunately died a few days later. Eric founded the Rice Growers Cooperative gardens at Leeton and he was their gardener for many years. He kept on gardening until his health prevented him from enjoying that pastime further. 
Recently Eric's daughter, Mrs Diana McGrath of Leeton, sent the Association $187.10 for, as she said, the kindness shown to her father by a couple of members while he was in hospital. This sum was donated by the family and friends of Eric. We extend sincere thanks and our condolences to Eric's family and many friends. 

The Laryngectomee Association of NSW. Stan Morley, president of the Western Districts Branch, and his wife, recently addressed St Johns Ambulance training officers at Blaxland about laryngectomees. At the meeting Stan found that St Johns had a lot of trouble contacting the LA of NSW. He has suggested that we should arrange for an appropriate contact address and telephone number to be included in the white pages of the Sydney telephone directory. We will certainly follow up this suggestion. 

1993 dues. Members are reminded that dues — $5 — for 1993 are payable by January 1, 1993. Please send your payment to the Secretary, PO Box 58, Richmond, NSW 2753 by January 1. 

MEMBERS HAVE TO BE FINANCIAL TO NOMINATE OTHERS FOR EXECUTIVE OR COMMITTEE POSITIONS AND TO VOTE AT THE ANNUAL GENERAL MEETING IN FEBRUARY 1993. 

CORRESPONDENCE, NOVEMBER 1992 
1. Hunter Valley Branch of The Laryngectomee Association of NSW. Copy of its first newsletter which is to be published quarterly. 
2. Australian Cancer Society. IAL membership form. 
3. IAL. Details of the Great American Smokeyout. 
5. Mrs Diane McGrath, Leeton. Donation of $187.10 in memory of her father, Eric Boardman, who died shortly after becoming a laryngectomee. 
8. Stan Morley, Penrith. Suggesting the LA of NSW arrange to have the Association listed in the white pages of the Sydney phone directory. 
9. Commonwealth Bank, Richmond. Nominating staff member who will look after our account/term deposit enquiries.
10. State Library of NSW. Seeking update on our association.
11. Mrs Bev Cahill. Advising that her father, Arthur Bowman, was now being cared for at the Wyong Nursing Home. Thanking our Association for assistance to her father.

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TREASURER’S REPORT

The Treasurer reported a satisfactory financial position.
— John Nicholson, Secretary/Treasurer

The chairman offered congratulations to John Nicholson for his dedicated efforts on the Association’s behalf. The motion, carried by acclamation was moved by John Hudson and seconded by Fred Ryan.

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WELFARE OFFICER’S REPORT

As ever our Welfare Officer’s report is a rich, varied and colourful tapestry of a month in the life of Lilah Walton. It is something we treasure (seriously, Lilah!), and as far as we can make out, this is how My Month by Lilah Walton went:

1. Margaret Lockyer, a new member received a patient pack following a request by Carol Winkler, speech pathologist at Armidale. Carol is now also on our newsletter mailing list.

2. Provision of Aids for Disabled Patients (PADP) — it is advisable to obtain a letter from your GP before applying. Also, why are laryngectomee supplies given such a low priority?

3. Dennis Finlay of St Marys has remarried.

4. Dr Prowse of Gosford Hospital asked for a copy of You Can Say That Again.

5. Sally, a social worker at Prince of Wales Hospital, advised of a 33 year old male paraplegic (in the Newcastle area) with a tracheostomy who would like to know of a nursing home in the area he could return to when he has finished treatment at hospital.

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Lilah Walton, welfare officer

Please contact Lilah at the phone number or address shown on the front of the Newsletter if you can help.

Business arising from the meeting: Graham Millard expressed disappointment that the Committee could not see the way clear to holding the Christmas party at the Bowlers Club, or similar venue.

Noted.

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RETURN TO WORK

HAVING doubled the size of her family with the birth of her second child, former speech pathologist at St Vincents, Pauline Dooley, (telephone 360-6255) is contemplating a return to part time work, probably in private hospitals.

We wish her well and hope she can successfully juggle the difficult and demanding tasks of looking after children and laryngectomees!

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1992 CHRISTMAS PARTY

WHAT do the following people have in common? Anne Andrews, Blue and Thel Boyle, Jean Case, John Chaloner, Mr and Mrs Albert Chandler, Bruce and Beryl Darlington, Alan and Pat Dawson, Rod and Narelle Day, Harry and Phyllis King from Newcastle, Les King and Dulcie Burns from Melbourne, Brian Marsh, David and Margaret McKeown, Graham Millard, John and Des Nicholson, Jo and Len Nowland, Anthony and Marie Krasnodebski, Albert and Margaret Silver, Mr and Mrs David Smith, Thora Smith, Mr and Mrs Jim Smith, Pat Rodgers, Babs O’Sullivan, Fred Ryan, Tom Welsh, Maria Csanalosi, Suzanne Brown, Rod Johnston, Lilah Walton, and, from the Australian Cancer Society, Lawrie Wright, Lyn Simmons and Maria Beziz, and Sue Byrnes and Judith Fishman from the NSW Cancer Council.

Well, apart from having an interest in laryngectomees, they all came along to the 1992 Christmas party.

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Our thanks go to everyone who helped make the party such a pleasant function.

There have been some expressions of interest in returning to a venue such as the Bowlers Club, but the vexed question of funding such a function again is raised.

In the present economic circumstances your committee feels it cannot justify paying the full cost of such a social function. The executive committee decided earlier this year that people attending the Association’s Christmas party should contribute towards it. This was in line with the practice of all other laryngectomee organisations in Australia, where attendees bear part or all of the cost of the function.

The response to this suggestion was — to say the least — disappointing.

Only one person put their hand up.

There are two alternatives to this dilemma:

- Forget social functions
- Make the functions fund themselves as painlessly as possible.

Your committee is considering a raffle to raise funds for an annual social gathering that will make it a truly memorable event. More to come after the annual general meeting for which your nominations for executive and committee positions are invited on a separate page.

THE EXECUTIVE COMMITTEE MEETING OF THE LARYNGECTOMEE ASSOCIATION OF NSW AT 10 AM WILL PRECEDE THE ANNUAL GENERAL MEETING OF THE ASSOCIATION WHICH WILL BE HELD AT 11 AM ON WEDNESDAY, FEBRUARY 17 1993 AT THE NSW CANCER COUNCIL, 153-161 DOWLING STREET, WOOLLOOMOLLOO. MEMBERS, THEIR SPOUSES, PARTNERS AND FRIENDS ARE WELCOME.
THE LARYNGECTOMEE ASSOCIATION OF NSW

ANNUAL GENERAL MEETING
11AM, WEDNESDAY FEBRUARY 17, 1993

ELECTION OF OFFICERS
AND EXECUTIVE COMMITTEE

AT the annual general meeting of The Laryngectomee Association of NSW, all offices and committee positions will be declared vacant.

Under the constitution of the Association nominations for these positions must be made in writing prior to the meeting.

The nomination must be signed by the nominee and the nominator and the seconder and lodged with the Secretary of The Laryngectomee Association of NSW, PO Box 58, Richmond, NSW 2753 by January 31, 1993.

The following offices are to be filled:

President
Vice-president (2)
Secretary
Treasurer
Minutes secretary
Welfare officer
Larynx officer
Publicity officer
Newsletter editor

THE LARYNGECTOMEE ASSOCIATION OF NSW
NOMINATION FORM

I (capital letters please) ..................................................

Nominate .................................................................

For the position of ......................................................

of The Laryngectomee Association of NSW

Signed (nominator) ........................................................

Signed (nominee) .......................................................

Seconded by ..............................................................

Signed (seconder) ........................................................

Date .................................................................
MONTHLY MEETINGS:
☐ SYDNEY: Third Wednesday, 11am at NSW Cancer Council offices, 153-161 Dowling Street, Woolloomooloo (nearest railway station is Kings Cross).
☐ NEWCASTLE: Third Tuesday, 6pm Hamilton North Bowling Club, Broadmeadow.
☐ PARRAMATTA: Second Tuesday, 12 noon, Masonic Club, 163 George Street, Parramatta.
☐ ILLAWARRA: Third Wednesday, 2.30pm, Warrilla Medical Centre, Belfast Street, Warrilla.
☐ RICHMOND VALLEY: First Wednesday, June, August, October, December, February, April – 2pm, St Vincents Hospital, Avondale Avenue, Lawana.
☐ CANBERRA: Last Thursday, 4pm, ACT Cancer Society, 15 Theodore Street, Curtin

OFFICE BEARERS, 1992
PRESIDENT: Alan Dawson, 10 May Street, Eastwood, 2122.
974-8899.
VICE-PRESIDENT: Albert Silver, 89 Spencer Road, Killara 2071.
490-4390.
SECRETARY/TREASURER: John Nicholson MBE, 160 Francis Street, Richmond NSW 2753.
(045) 78-4145; facsimile (045) 78-4412.
WELFARE OFFICER: Lilah Walton, 23 Baker Street, Kensington 2033.
683-2859.
MINUTES SEC: Albert Silver.
LARYNX OFFICER: James McIlraith, 116 Pretoria Parade, Hornsby 2077.
477-3814.
PUBLICITY/EDITOR: Alan Dear OAM, 14 Robin Avenue, Turramurra 2074.
449-2917 (H); 282-2889 (O); fax 988-4726.

CHRISTMAS PARTY 1992

Are you coming to our Christmas party?
It's on immediately after the general meeting on Wednesday, November 18 and we have to thank the NSW Cancer Council for the loan of their conference area on the sixth floor, 153-161 Dowling Street, Woolloomooloo — it's worth it for the views over Sydney and the Harbour alone!

To make the party a success we ask that you let Lilah Walton know that you'll be coming, and that you tell her what food you're going to bring. Please ring her on 663-2550 as soon as you can. She says to leave a message on her answering machine if she's not there.

The Laryngectomy Association of NSW will be providing refreshments — alcoholic and non-alcoholic — and we look forward to seeing you and your partners and friends on the 18th.

MINUTES OF THE GENERAL MEETING OF THE LARYNGECTOMIC ASSOCIATION OF NSW HELD ON WEDNESDAY, OCTOBER 21, 1992 AT THE ROOMS OF THE NSW CANCER COUNCIL, 153-161 DOWLING STREET, WOOLloomooloo

Chairman: Albert Silver, standing in for Alan Dawson.

Minutes of the September meeting as distributed were accepted on the motion of L. Walton, seconded F. Ryan.

Business arising from those minutes. Response to the idea of a RAAF Richmond visit had been very lukewarm so any arrangements will be left until 1993.

Executive committee report.
1. Christmas party will be held after the November meeting. Those attending are asked to contact Lilah Walton on 02 663-2550. She is coordinating the food and will note names of those attending so we have an idea of numbers. The LA of NSW will provide drinks — alcoholic and non-alcoholic.
2. The Executive Committee is very concerned at the number of people having laryngectomies without a pre- or post-operative visit by a trained (or even untrained) member of the Association. Letters will be sent to speech pathologists, administrators etc of those hospitals where the surgery is performed explaining how we can assist and asking that adequate notice be given.
3. Newsletters will be printed in November and December, but not January 1993, and there will be no general meetings in December 1992 and January 1993.
Correspondence as listed was dealt with as read and accepted on the motion of Bruce Darlington, seconded Frank Coughlan.

Gilbeck Stom-Vent. Mr Ross Johnston from CIG Health Care addressed the meeting about the Stom-Vent. Worn over the stoma, these units filter, warm and humidify inhaled air. Mr Johnston distributed samples, and reports on their performance will be included in a future newsletter. Mr Johnston will attend the November meeting to provide further information.

SECRETARY’S REPORT

New members. On behalf of the Association may I welcome the following new members: Nancy Travers (speech pathologist) from Philadelphia, USA; Jeanette Sprott (speech pathologist), St Josephs Hospital, Auburn, NSW; Mr G. Brown, Drummoynie; Ronald Butt, Balmain; Daniel McKeown, Pyrmont; Mr P.J. Golden, Cootamundra; Don Scott, Mosman; Mr R. C. Burt, Ballina; Miss P. Pardy (speech pathologist), Parkville, Vic; Donald Grinham, Woollamia, via Mudgee, NSW; Mark Pruss, Carlton, NSW. All these new members should receive the next edition of the newsletter which contains the names and addresses of committee members who may be of help. Please call any of them at any time.

Richmond RAAF Base outing. A suggestion about a visit to RAAF Base Richmond received only lukewarm response. Any action is deferred until next year.

Annual subscriptions. Annual subscriptions for 1993 are due on January 1, 1993 so payment by that date would be appreciated. The subscription remains unchanged at $5 a year.

CORRESPONDENCE, OCTOBER 1992

1. E. Lenaghan, Pennith. Seeking Servox batteries.

2. Lithgow District Hospital. Seeking information about The Laryngectomee Association of NSW, support groups and general information.


5. Hunter Valley branch Christmas party.


7. Newsletters from other States and overseas.

8. John Chaloner, Richmond visit.


10. Westmead Health Services. Seeking update on The Laryngectomee Association of NSW.


16. Western Districts Branch Christmas party.

17. A. Braithwaite, Campsie. Acknowledging shower shield.


23. Elaine Sloane, Queanbeyan. Seeking information about disability entitlements, etc.

24. Mary Smith, Shellharbour. Donation of $100 and thank you for the Servox — her husband’s was lost.

25. Auditory Services, Carlton, Vic. Regarding special price of Cooper Rand batteries - $7.40 each, minimum order of six.

26. CIG Health Care. Details of Stom-Vent.

27. American Cancer Council (LAL). Annual report etc.

TREASURER’S REPORT

The Laryngectomee Association of NSW is in a healthy position with a credit balance at October 19, 1992 of $3192.

— John Nicholson, Secretary/Treasurer

WELFARE OFFICER’S REPORT

1. People are still ringing about claiming supplies on health insurance funds. As there appears to be no standard practice it is suggested claims be made at all times to see what happens.

2. Word has been received of a patient in Prince of Wales Hospital who had a laryngectomy without a pre- or post-operative visit. Bruce Darlington visited at short notice and was able to be of great comfort to both patient and relatives. Lilah Walton also visited.

3. St Vincent’s phoned at 8pm one day re a patient to be operated on the next morning. Fortunately Leo Brilley was able to visit immediately and also made follow up visits.


5. There had been some trouble supplying laryngectomy needs with James McIlrath away.

6. Call from family of a patient in Guyra who had a tracheostomy (no laryngectomy) who was having trouble affording needed supplies. Advised applying through hospital to Provision...
of Aid for Disabled People scheme. No word yet on outcome.

7. Call from Royal Prince Alfred Hospital needing patient packs. They are getting patients from Nourmea who get no assistance at all when they return home.

— Lilah Walton, Welfare Officer

Report accepted on the motion of Bruce Darlington, seconded John Nicholson. There being no further business, the chairman closed the meeting at 11.30am.

— Desma Nicholson, acting minutes secretary

PLEASE NOTE:
THERE will be no general meeting in December 1992, or January 1993.
The newsletter will not be published in January 1993.
The Annual General Meeting will be held at the February, 1993 meeting on Wednesday, February 17. Nomination forms for office bearers for 1993-94 will be published in the December 1992 newsletter.
To conform with the constitution of the LA of NSW they must be returned — signed by the nominator and one other financial member of The Laryngectomee Association of NSW, accompanied by the written consent of the nominee — to The Secretary, The Laryngectomee Association of NSW, PO Box 58, Richmond, NSW 2753, by January 11, 1993. If more than one nomination is made, photocopies of the form are acceptable.

REPORT OF THE CHAIRMAN OF THE NATIONAL LARYNGEAL CANCER SUPPORT COMMITTEE

The 3rd National Laryngectomee Rehabilitation Seminar was held at Sydney University in October. The national planning committee put together a well balanced programme which featured Dr Alison Perry from Charing Cross Hospital, London and Julie Dunsmore from Sydney.
Equally important though were the many laryngectomees who presented papers and ably demonstrated the meeting theme of "Effective Communication". The local organising committee of The Laryngectomee Association of NSW were tireless in their efforts on behalf of the meeting and mounted a highly successful fund raising drive to provide funds to augment the much appreciated grant from the Society and provide two highly successful social functions.

I believe everyone who attended would have learned much, gained confidence and made new friends.

Particular thanks are due to Margaret Patterson for arranging the programme and to Alan Dawson and Alan Dear for the wholehearted support from the NSW club.

We are considering the format for our next activity and will be seeking opinions on the merits of further centralised seminars, local meetings or travelling speakers.

The committee is taking a keen interest in the quality of laryngectomee visitors to ensure that only suitable trained visitors are provided to new patients before and after surgery. This is an issue which involves hospital departments and requires that our laryngectomee visitors establish their credentials to provide this important service.

In January I was privileged to represent Australian laryngectomees at a Mayo Clinic in Waikato, New Zealand. The visit was particularly valuable for reinforcing our links with New Zealand laryngectomees who are very interested in our method of national management and international linkage through our support committee.

The national committee will meet only once a year in future, in line with a new policy of the ACS. I expect that our club links are now well enough established to allow our sense of national sharing to continue and we, in the national committee, will still be able to give guidance and resolve problems effectively.

Our thanks go to the Australian Cancer Society for its continued support, both financially and administratively.
In closing, I record our sorrow at the passing of Ralph Belcher, secretary of the South Australian Club and a member of the committee. A good friend and tireless worker has been lost.

— Royce Coulter

Lecture at Adventist Hospital

SYDNEY Adventist Hospital at Wahroonga, which is running a 24 week Cancer Nursing Course, recently asked The Laryngectomee Association of NSW to provide a laryngectomee speaker to speak to course attendees on "Rehabilitation following laryngectomy". Alan Dear, who lives close to the hospital, agreed to be volunteer speaker. He reports:

Although the Sydney Adventist Hospital does not perform laryngectomies, it has included in its 24 week Cancer Nursing Course, a session on head and neck cancer, embracing the rehabilitation of the laryngectomee.

Mrs Bronwen Koolik, coordinator of Post Registration Nursing Courses at the hospital, said that although the hospital did not cater for laryngectomees, it was felt that senior staff should understand some of the issues involved, thus the approach to the LANSW.

Ten senior nurses were attending the course I addressed and they all displayed keen interest in the subject, some of them having had prior nursing experience with laryngectomees.

The hour allotted to the subject, including questions, passed very quickly and I feel we all benefited from the session.

Bahrain — an experience for an Aussie

Your newsletter is eager to publish readers' stories about places they have visited, worked in, passed through, lived in or been to on holidays. Don't worry if you think you're not a writer — let's have 500 words on a memorable travel/holiday experience, and share it with nearly 400 other readers. Here's one from Norm Gambetta of Oyster Bay, Sydney.

Early 1987 the company I work for seconded me to work on Bahrain Island with the Bahrain Petroleum Company (BAPCO) for a nominally two year assignment. Bahrain is a tiny island located in the Arabian Gulf just off the southern east coast of Saudi Arabia.

My family — wife and three daughters then aged from four to nine — and I arrived in Bahrain in March 1987 full of trepidation. The Iran/Iraq war was raging at the time and family in Australia felt we were "mad" to have accepted the assignment.

We didn't know it then but we were about to embark on the most wonderful experience. Unfortunately in Australia we only hear of the down side of Arabs, generally only terrorist activities are reported and we tend to think of Arabs in that light. In no time at all we found the average Arab to be a most delightful person.

Life on Bahrain is an incredible mixture of the old and the new. There is the Capital of Manama with ultra modern buildings and five-star hotels mixed with a culture that goes back thousands of years. Bahrain is thought to be Dilmun [the Garden of Eden] which is mentioned on the walls of Babylon.

We settled in remarkably well, the children had an excellent school and our housing was air conditioned to combat the horrendous summer [cars and workplace were also air conditioned].

In between all the modern buildings in Manama was the "Souk", the old Arabic market. This is just as seen in the movies, narrow winding alleys with tiny little shops selling anything from gold to vegetables and everything in between. Shopping and haggling in the souk is an unbelievable experience, my wife loved it.

I could write on and on about Bahrain, visiting Arabs at home, a torrential storm and the flooding Arabs couldn't handle as it was so unusual, but space will not permit. Suffice to say that when an extension was offered to our contract we accepted immediately.

Unfortunately after two and a half years there I was diagnosed with laryngeal cancer and returned to Australia for treatment. The company felt medical facilities on the Island could not support my health and we were transferred back to Australia permanently.

Our experience in Bahrain can be best summed up by my youngest daughter. By now seven years old when we returned to Australia it took us almost a year to get her out of "I want to go back to Bahrain".

MEMBERS of The Laryngectomee Association of NSW extend their sympathy to the family and friends of Mr Mac Robertson OAM, vice-president since 1990 of the Illawarra Branch of The Laryngectomee Association of NSW who died on September 30, 1992.

ASHES IN THEIR MOUTHS

(From The Economist, May 30, 1992)

The idea that smoking is reckless is hardly new. Sir Richard Doll, an epidemiologist at Oxford University, demonstrated the association between smoking and lung cancer in the 1950s. Since then, links with other diseases have been found. But even now the appalling dimensions of tobacco related death are only just being calculated.

A study published in the May Lancet estimated the total
number of deaths due to tobacco in the developed world. The authors looked at lung cancer rates and used them as a marker for all smoking related deaths. Epidemiology shows that fewer than one third of smoking related deaths are due to lung cancer.

Vascular diseases, especially of the heart and brain, chronic airways disease, and other smoking related cancers such as mouth and throat tumours account for most of the remaining deaths.

Using a country lung cancer rate and formulae linking the rate of lung cancer to that of other smoking related diseases (derived from a study of one million Americans), the researchers estimated the proportion of deaths from all tobacco related diseases.

On this basis they forecast that one fifth of the people now living in the developed world — more than 250 million people — may die prematurely from smoking related diseases. Some 21 million of these deaths will occur in this decade.

Of course, everyone dies of something. But these deaths come early. Half of them will strike people between the ages of 35 and 69; the unfortunates in this group will, on average, die 23 years before their non-smoking peers.

Many of the dead will be women. Though they took up smoking later than men, women in affluent countries are catching up. They are dying at a rate of 500,000 a year, mostly in America and Britain, where women have been smoking longer.

Richard Peto, one of authors of the Lancet report, and the head of the Imperial Cancer Research Fund’s Oxford research unit, puts it bluntly: “If women smoke like men, they will die like men.”

By the time today’s young women reach middle age, more than 1 million a year in developed countries will be killed by tobacco.

Mr Peto and his colleagues hope to refine their indirect, approximate forecasts by making direct observations.

Ten centres around the world are collecting data for the Oxford group. A Polish study may help to explain why smoking appears to cause more harm in Eastern Europe than elsewhere.

Current projections suggest that half of all Polish men aged 35 should expect to die before 70, with about half of these deaths tobacco related.

Data from India and China will make it possible to assess the effect of tobacco on developing countries. One third of the world’s cigarettes are smoked in China.

Like western women, people in poor countries are relatively new smokers and in many places the effects of the habit are not yet visible. They will become so.

This is encouraging news in the battle against the smoking epidemic. Up to 90 per cent of lung cancer deaths are the result of smoking.

Diseases caused by smoking account for 1,900,000 deaths each year in Australia.

In other countries, particularly less developed countries, the epidemic is at an earlier stage, but recent large increases in cigarette usage in countries such as China mean that tobacco will, within a few decades, also become one of the most important causes of premature death in these countries.

Information from the Australian Council on Smoking and Health! The preceding two articles were reprinted from the newsletter of the Cancer Foundation of Western Australia.

The peak passes in Australia

AUSTRALIA, unlike other developed countries, seems to have passed the peak of the epidemic of lung cancer, according to Dr D’Arcy Holman of Western Australia’s Epidemiology branch.

The death rate from lung cancer in Australian men has fallen for the first time since records were kept in 1910, as shown in the accompanying graph.

American speech pathologist drops in for visit

ALAN Dawson and Alan Dear attended a meeting at the NSW Cancer Council on Friday, September 25 between Nancy Travers, assistant chief speech-language pathology at Thomas Jefferson University Hospital, Philadelphia, Pennsylvania and:

Ms Sue Byrne, manager, Patient Support Services, NSW Cancer Council; Mr Ian Cole, surgeon, Concord Repatriation Hospital; Ms Adrienne Ingram, head and neck clinic, Prince of Wales Hospital; Ms Jane Keller, information officer, NSW Cancer Council; Ms Margaret Patterson, speech pathologist, Royal North Shore Hospital; Mr Bob Sme, radiologist, Department of Radiation Oncology, Prince Of Wales Hospital; Ms Jo Stanley, head and neck clinic, Prince of Wales Hospital; Ms Pat Sullivan, speech pathologist Concord Repatriation Hospital and Mr Lawrie Wright, executive director of the Australian Cancer Society.

Nancy was on a brief visit to Australia and wanted to compare laryngectomee treat-
ment and rehabilitation between Australia and the US. It was an interesting meeting which revealed that Australia is at least equal to the US in the field of laryngectomy treatment.

ATTENTION PROSTHESIS USERS
ATTENTION SPEECH PATHOLOGISTS

For Bivona and Blom-Singer users, David Smith is the man to contact for supplies on (02) 939-1539, or drop him a line at 27 Bellevue Parade, North Curl Curl, NSW 2099. Bivona and Blom-Singer prostheses are available through him at a considerable saving.

More travellers tales

BRUCE and Beryl Darlington have been taking advantage of Bruce’s retirement to catch up on a bit of world travel. They have passed on to the newsletter the following letter from Syd and Elsie Jolley. Syd is the chairman of Swallow Laryngectomy Club which meets at the Royal National Throat, Nose and Ear Hospital in Gray’s Inn Road, London, WC.

Dear Bruce and Beryl

It was very nice to have you at our meeting and we hope you had a good stay here.

I enclose an old newsletter, published quarterly, which depicts on the back page the night our club won the Bullseye competition. I don’t know whether you have them in Australia, but each member of the team throws a dart and answers a question.

As you know we meet on the last Wednesday of every month, and if you know of any laryngectomees hoping to come to England in the future please contact us and we can see how we can help.

Have just come back from a bowling green tour of Devon and next week hope to go to France on a French cooking morning course with a ProBus Club — the over 65s of the Rotarians.

Wish you well

Syd and Elsie Jolley.


LARYNGECTOMEE ASSOCIATION OF N.S.W.
THE membership of The Laryngectomee Association of NSW has spoken by its silence. Last month we asked in the Newsletter for the names of people who would be attending the 1992 Christmas party. A charge of $24 for non-laryngectomees and $10 for laryngectomees was proposed.

There was ONE reply.

The reason for making the charge is simple — funds are limited and the Association's only guaranteed annual income from members is the $5 annual fee.

Until this year NSW has been about the only laryngectome body in Australia not to charge anything for its Christmas party.

And, for a while, it looked like being the only laryngectome body in Australia not to have a Christmas party.

Your committee has decided not let the disappointing response to this year's Christmas party dampen spirits completely and we will be holding a party after the November 18 meeting at the NSW Cancer Council rooms, 153-151 Dowling Street, Darlington. Please bring a plate and refreshments. Tea and coffee will be provided.

The whole matter, however, does raise the question of how much members are prepared to put into their own organisation, and how much they are prepared to leave up to others.

The Laryngectomee Association of NSW is no different from any organisation — indeed, from any individual — in Australia in these recessionary times. Everyone is having to make less do more.

Your committee acknowledges that fund raising efforts this year have been minimal, but after the hard work of raising $20,000 for the 1991 Laryngectomee Rehabilitation Seminar, it feels it deserved a rest.

President Alan Dawson has foreshadowed that this will change in 1993 with several projects under consideration as being worth our attention and fund raising efforts. These include a new hostel for cancer patients and their families at Royal North Shore Hospital which is being developed by the NSW Cancer Council.

Our charter is to assist in the rehabilitation of laryngectomees and those with similar vocal disorders and to help those in need.

We need two things to do this — funds and willing hands. More details in forthcoming issues of the Newsletter.

Chairman: Alan Dawson
Present: The meeting was attended by 16 members and six visitors.

Apologies: Apologies were received from Bonnie Dun, Babbs O’Sullivan, James McIlrath and Marion Lyons.

Minutes of the August meeting as distributed via the Newsletter were adopted on the motion of G. Millard, seconded A. Boyle.

Business arising from those minutes:
Lilah Walton reported that her proposal for visits to schools by laryngectomees had not been recorded. Noted.

Frank Coughlan requested details of the Treasurer’s report, relating to the current account, the crediting of donations to this account, and the amount on fixed deposit. The Treasurer replied to each item.

Mr Coughlan also asked if more could be done to help laryngectomees and could members be canvassed for suggestions.

The response to this was covered in the Chairman’s report on Committee activities (see below).

Committee Report.
The Chairman advised the meeting:

1. Due to lack of response, it was decided that the Christmas Party would not be held at the Bowlers Club. However, an informal get-together may be held, following the November meeting at the Cancer Council, subject to approval by the Council. The intention was to invite members to bring a plate.

2. Fund raising. In 1993 it was proposed actively to undertake special projects, which would involve fund raising. One possibility was subscribing funds towards a new hostel for cancer patients and families at Royal North Shore, similar to Westmead.

3. Death notices. Deaths of members would be recorded in the Newsletter in a more appropriate form.

Moved Frank Coughlan, seconded Lilah Walton.


New members. On behalf of the Association I would like to welcome the following new members: Mr R. Butt of Balmain, Mr A.J. Braithwaite of Campsie South, Mrs W. Grible of Ingleburn, Mrs M. Marchette of North Strathfield, Mrs H. Storaker of Northbridge, Mr M. Thrillo of Ashfield and Daniel McKeown of Pyrmont.

Newsletter. Some 60 members have not signed that they wish to continue receiving the monthly Newsletter so we have removed their names from the mailing list. This is a pity because we have received many acknowledgements of the excellent work being done by Alan Dear in compiling the newsletter.

Vale. It is with regret that we record the deaths of the following members: Mrs Esma Barlow of Budgewoi, Mr Jack Hindmarsh of Cessnock, Mr E. R. Moody of Coffs Harbour, Mr Noel Nicholson of Maclean, Mr W. Jablan of Bolton Point, Mr Cec Smith of Leeton, Mr Beresford and Gullett of Cronulla and Mr F.W. Lovejoy of Tregear. The committee and members of the Laryngectomees Association of NSW extend deepest sympathy to the families and friends of these deceased members. (See obituaries for Mr Hindmarsh and Mrs Barlow on page 4 of this newsletter).

Christmas party. Up to September 15 I have received advice from only one member of his intention to attend the Christmas party so the committee will have to reconsider the venue and/or the cost of the 1992 Christmas party. I notice in the newsletter from Western Australia that they charge $11 a head for their party and in Victoria the Association provides the sausages, hamburgers and liquid refreshments for their barbecue Christmas function. The per head cost for our planned lunch is $24 and the suggested charge of $10 a head for members seems reasonable.

CORRESPONDENCE SEPTEMBER 1992
1. Mrs Camroux, Rozelle — payment for stoma covers.
2. Illawarra Branch of The Laryngectomees Association of NSW — advising us of the correct way to address their post, London.
4. Mrs J. Clarke, Umina — supply of stoma covers.
5. Newsletters from overseas (including those from Chattanooga Choo Choo Club, Dalton, Georgia, USA; Swallow Laryngectomees Club, The Royal National Throat, Nose and Ear Hospital, Gray’s Inn Road, London; The National Association of Laryngectomees Clubs of Britain; and Second Voice Club of Corpus Christi, Texas, USA) and other Australian states.
6. Permanent Trustee Co — seeking information and advising that a client wishes to benefit our Association.
7. Mr B.R. Grant — advising us of a new address for his father, Mr W.T. Grant.
8. Mrs E. Spillane, Niagara Park — congratulations on the newsletter. Now 82 years old, she has been a laryngectomee since 1978.
10. Miss Paulette Pardy, speech pathologist — thanking the Association for information supplied and seeking membership.
11. Mr R.C. Burt, Ballina — seeking membership following a discussion with Mr Peter Marshall, a laryngectomee living at Emmaville.

Mr Burt had his operation last year in England while on holiday there.

Moved Bruce Darlington, seconded Fred Ryan.
TREASURER’S REPORT, SEPTEMBER 1992

The Treasurer reported a credit balance of $3,591.45 and that the Association’s financial affairs were in a satisfactory state.

— John Nicholson MBE, Secretary/Treasurer

Report adopted on the motion of Frank Ryan, seconded Lilah Walton.

WELFARE OFFICER’S REPORT

1. May Smith of Shellharbour (a foundation member) rang to inform us that her husband had lost his Servox while walking his dog. Anyone in that area finding the Servox please return it to the Smiths or contact me.

2. Diana Antoniazzi, speech therapist at Cootamundra contacted me for a Servox battery which I have sent.

A reminder — Servox batteries should be charged for 10 hours at the most, otherwise damage may occur.

3. Roy Coulter, Queensland Lost Chord Club president rang re double sided tape. We can obtain it from him if 3M cannot supply.

4. I am still ringing re school visits.

5. A new supply of shower shields has arrived and back orders have been filled.

6. I visited Elinor Wray — a sprightly 92 years old — who sends her regards to everyone.

— Lilah Walton, Welfare Officer

Reported adopted on the motion of Albert Silver, seconded Bruce Darlington.

LARYNGECTOMES AND ALCOHOL

The following article, which appeared in CLAN, the newsletter of the National Association of Laryngectomee Clubs of Great Britain, was written by Anthony Duffy, a nurse at St George’s Hospital, Tooting, London. He is a registered nurse with more than two year’s experience of nursing laryngectomees.

NOT many people would argue with the statement that the majority of cancers of the head and neck occur in people who smoke and/or drink heavily. Certainly the larynx has shown itself to be rather susceptible to the effects of alcohol and tobacco and, in my nursing experience, not many laryngectomees have not indulged, at some point, in both.

Following a laryngectomy smoking is very difficult and most (but certainly not all) laryngectomees never smoke again.

However the ability to drink has not changed and any dependency on alcohol, whether psychological or physiological, can be continued virtually unhindered.

Coping with loss

In nursing we are taught to be closely aware of our patients’ awareness of self body image.

Frequently following surgery involving the loss of something — for example the amputation of a limb, a mastectomy and so on — the patient feels inadequate and “less human” than before.

There are recognised stages of loss — denial, anger, depression and reconciliation — which the surgical patient experiences and it is a nurse’s role to assist the patient through them.

The patient may need to reassess his social, professional and private relationships, an activity that can cause much doubt and stress.

If the discharge occurs too early without the stages of loss being completed, then the patient will also be discharged full of insecurity and worry.

So the comfort that proper counselling could have given may be sought elsewhere, often from the bottle.

I am sure laryngectomees will remember the stages of loss they felt and the difficulties they faced coming to terms with being “neck breathers”.

Some may feel they were discharged before they were ready, and may have escaped from their worries by indulging in old habits such as alcohol.

But whether the cause of heavy post-laryngectomy drinking is either dependency, escapism and stress relief, or pure delight with alcohol, my conversations with laryngectomees lead me to believe that many drink heavily, thus necessitating this article.

The damaging effects

Having a laryngectomy you will understand the physically damaging effects high intakes of alcohol can have. It can also cause damage to, and cancer of, other organs such as the oesophagus, stomach, bladder, liver and so on.

It can cause, not cure, psychological problems and induce high blood pressure, heart and brain problems, poor nutrition and poverty.

Stoma care will suffer during long drinking sessions and unnecessary accidents may occur.

Alcohol is not inherently wrong, but over-indulged it is.

All drinkers should recognise the difference.
between safe and dangerous consumption.

The safe limit for men is up to 21 units a week, and up to 14 units for women.

How much is one unit worth? — one small glass of wine, or one glass of sherry, half a pint of beer or cider or one measure of spirit.

**When to reduce**

If you are a regular drinker it is a good exercise to add up the amount you consume over a seven-day period.

If you’re over the 21 or 14 unit limit you should consider reducing your drinking.

If over 40 units a week then you are damaging yourself and should definitely cut down your intake.

If reducing is a problem because alcohol is an instrument used to hide from problems and difficulties (whether or not they are related to your laryngeomctomy) then you may wish to seek external help.

When I asked the local Drugs and Alcohol Liaison Team for a list of local clubs and agencies organised to help problem drinkers, I was amazed to be given a list of more than 20 different organisations for all different types of people and social groups.

If you feel that you, or a fellow laryngecctomee would benefit from such help, then I am sure that similar lists are available from your local hospital and GP.

**OBITUARIES**

Letter to the Secretary/Treasurer of The Laryngecctomee Association of NSW

Dear Mr Nicholson

I am writing to let you know we have lost two of our laryngecctomee members this week (September 9, 1992).

They are:

Mrs Esma Barlow of Budgewoi, aged 84 years. Esma was a laryngecctomee for 10 years and originally a member of Gosford branch of The Lost Chord Club of NSW until it closed. Mrs Barlow then transferred to Newcastle branch and we included her in our membership list.

Even though she could not attend our meetings, she was very supportive in making saleable articles which we sold or raffled. She died on September 2, 1992 and was interred at Palmdale Cemetery on September 4.

Horrie and Mavis Bentley attended the service on behalf of our club.

Mr Jack Hindmarsh, who was a resident of Westhaven Retirement Village, Cessnock where he lived with his wife Jean.

He had been a laryngecctomee since April 1991 and was a patient in John Hunter Hospital when he became a laryngecctomee.

His funeral service was held at Beresfield Crematorium on September 10, 1992.

Congratulations on your Newsletter. It is most informative and excellently compiled and sets out every avenue of news pertaining to the The Laryngecctomee Association of NSW and other bodies here and abroad.

Thanking you

Mrs Eileen Prior
Honorary secretary
The Lost Chord Club of NSW
Newcastle Branch.

We simply locked up the house, left the keys to the car and the house with friends, and flew back to Australia.

By far the majority of the expatriates working in the Middle East — more than 90 per cent — are British.

They tend to give us quite a ribbing as colonials, and you can imagine the ball I had with the success of the Australian cricket team in the 1989 Ashes tour.

When we returned to Bahrain to finalise our affairs there, I was using a DSP8 voice aid.

People on Bahrain were concerned as to what I would be like — indeed the fellow who came to the airport to meet us was peeping from behind a pillar.

Most of our friends were amazed that I could talk and be understood.

However by far the most common comment was "You still have a bloody Australian accent!"

This amused us, as until then, we had not really thought of the accent.

From the reactions, people expected me to sound like a robot, but they hadn't given any thought as to what accent a robot would have.

— Norm Gambetta, Oyster Bay, NSW

**TRAVELLERS' TALES**

Readers write of the (sometimes) pleasurable perils of being a laryngecctomee traveller.

**In the Persian Gulf**

A RECENT article in the Newsletter has reminded me of an incident which may be worthy of inclusion in a forthcoming issue.

When I was originally diagnosed as having laryngeal cancer I was working on secondment on Bahrain Island, in the Arabian Gulf.

We were advised to return to Australia for treatment and left Bahrain somewhat suddenly.

At Singapore Airport

I WAS waiting at Singapore Airport for a connecting British Airways flight to Sydney when I became aware of a familiar sound — a Servox.

The owner was none other than one of our own members, Z. Hoss of Sadlier and it wasn’t long before we had struck up a conversation.

It never occurred to either of us that two Servoxes going flat out was anything out of the ordinary, until my wife Beryl nudged me in the ribs.

We were practically the only people in the entire lounge who were speaking — our Servoxes had drawn everyone else’s attention!

— Bruce Darlington, Arncliffe, NSW
NSW CANCER COUNCIL FINDS A PERMANENT HOME

MORE than 200 people attended the opening of the new NSW Cancer Council premises by the Governor of NSW, His Excellency Rear Admiral Peter Sinclair AC AO on Tuesday, September 1, 1992.

Master of ceremonies was entertainer Bobby Limb who told the audience that he had survived cancer for the last 25 years.

Mr K.W. Steel AC OBE, chairman of the NSW Cancer Council gave the welcoming address. Mr Steel has been chairman of the Council for 10 years and is a prominent member of the business community.

He said it was the first permanent home of the NSW Cancer Council in its 40 year history.

"Today is Daffodil Day [the day on which the NSW Cancer Council sold daffodils throughout NSW to raise more than $100,000] which reminds us that we hope that we will control cancer in our lifetime."

Mr Reg Downing, a former NSW Minister of Justice, and a guest of honour, was one of the early visionaries who, in the 50s saw a need for a cancer body to be set up.

He approached a NSW Minister of Health for a campaign against cancer in NSW.

Mr Steel then gave a detailed account of the NSW Cancer Council from the early formative days, up until today "when it finds a new permanent home in Dowling Street, Woolloomooloo."

Mr Steel said that 95 per cent of the funds for bodies such as the NSW Cancer Council, and for activities such as cancer research and support groups came from the community at large.

Mr Steel then invited the Governor of NSW, Rear Admiral Peter Sinclair, who was accompanied by his wife Shirley, to address the gathering and officially open the new headquarters.

Rear Admiral Sinclair pointed out that both his wife and her secretary were wearing daffodils in honour of Daffodil Day.

The blooms had come from the Government House gardens. There were, in fact, three daffodils at Government House that day, Mr Sinclair pointed out, but he had declined to wear one as, having just returned from Tahiti, he was not sure of which ear behind which to wear it:

"Vice regal people have to be very careful that they don’t put across the wrong message these days," he said.

He spoke of the grim cancer statistics confronting society:

"After heart disease cancer is the most common cause of death."

"By the year 2000 a diagnosis of one in three people as having cancer of some form may be seen as conservative."

"The new premises are a frontier in the fight for opposition to and control of cancer."

After the opening, in Daffodil Park, opposite Cancer Council HQ, from left - Mrs Elaine Henry (executive director), The Governor and Mrs Sinclair and Mr Keith Steel, chairman.

Detecting the cause early, research, improving the quality of life for cancer patients and their families was a major responsibility of the NSW Cancer Council.

The Council’s activities were now centralised where they used to be scattered and projects such as a new hostel at Royal North Shore Hospital for cancer patients and their families would supplement Casuarina Lodge at Westmead Hospital.

Rear Admiral Sinclair spoke of the invaluable work of cancer support groups.

He said that now that the Cancer Council had permanent premises it would provide reassurance to the community that "it would be here for as long as it’s needed."

"It will be a beacon in the night when the question arises where can I turn to for help?"

After the official opening Professor Geoffrey Kellerman, chairman of the NSW Cancer Council Research Grants Committee dedicated the Fred Gunz Patient Support Centre.

Professor Kellerman said Dr Gunz had worked tirelessly for the NSW Cancer Council until his death last year.

He was a leukaemia specialist at Sydney Hospital. Professor Kellerman also dedicated the Leslie Hall Cancer Reference Library in memory of former chief librarian, Leslie Hall who died recently of breast cancer, aged 48.

The new premises of the NSW Cancer Council draw together under one roof many activities which once were scattered around the Sydney metropolitan area.

The new offices also house the Australian Cancer Society.

There are six levels:

- Level one (which opens on to Forbes Street): parking, direct mail and distribution.
- Level two: Cancer Epidemiology Research Unit, Central Cancer Registry, computing centre and administration.
- Level three [Dowling Street level]: Dr Fred Gunz Patient Support Centre, Leslie Hall Cancer Reference Library, Education Unit, Total Protection Shop, Australian Cancer Society, Malcolm Sargent Cancer Fund for Children.
- Level four: vacant, for lease and eventual expansion.
- Level 5: State Planning and Coordination Unit for Mammographic Screening, Appeals and Promotions, Community Programmes, Executive Director’s Office, Action on Smoking and Health.
- Level 6: Conference facilities.
IF YOU'RE DOWN SOUTH...

TWO dates for your diary if you're down the South Coast in the next few weeks, courtesy of the newsletter of the Illawarra Branch of The Laryngectomee Association of NSW:

- Sunday, October 25 — The Seaside Festival Heritage Day at Kiama will be held and as usual the branch will occupy a stall. The branch has obtained the franchise for tea and coffee.
- Sunday, November 29 — The annual Illawarra Cancer Support Group Christmas party will be held at Lysaght's Oval, starting at noon. Children are welcome.

FROM The Chattanooga Choo Choo Club newsletter (where do they dig these items up?):

JIM Maxwell, a laryngectomee in Perth, recalls when he was in the Army during World War II and stationed in Japan, he earned a Black Belt Five in Judo and had an opportunity to go a few rounds with the holder of the Peacock Belt. To Jim's surprise he was face to face with an 83-year-old Japanese man who proceeded to pin him twice within seconds. Jim spent 14 months in Japan, but acknowledges it is much more interesting to grow his prize winning orchids.

THE search for the world's oldest living and oldest surviving laryngectomees continues. Chattanooga reports the following contenders:

- Paul Walline of Bloomington, Minnesota, a 91 year old member of the New Voice Club of Hennepin County, Minnesota. He lives on his own in an apartment, does his own cooking and cleaning and never misses a club meeting.
- From Abergelle, Wales comes news of a laryngectomee who celebrated his 100th birthday on Christmas Eve last year.

More contenders as news comes to hand.

ATTENTION PROSTHESIS USERS
ATTENTION SPEECH PATHOLOGISTS
For Bivona and Blom-Singer users, David Smith is the man to contact for supplies on (02) 939-1539, or drop him a line at 27 Bellevue Parade, North Curl Curl, NSW 2099. Bivona and Blom-Singer prostheses are available through him at a considerable saving.

LISMORE GETS TOGETHER

THE newest laryngectomee group in NSW, Lismore, writes to say:

THE Lismore Lost Chord Club, together with the Cane Toad Club from the Gold Coast enjoyed a scintillating get together at Avocado Land on June 13, 1992.

Twenty five of us gathered to meet new friends and share tales and experiences.

"Wonderful Wayne" and "Audacious Adrian" kept us in stitches — it wouldn't have been the same without them.

We are counting the days to our next rendezvous in October.

It is with sadness we note the passing of Carlos Pascutto — he was a quiet, gentle man who will be missed by all his friends.

We welcome any visitors to this area to join our small group.

We usually meet monthly and can be contacted by ringing Helen McLaren on 066-87-8148 or Francesca Edis at St Vincents Hospital on 066-21-8411.

— Helen McLaren, Secretary

A DATE FOR YOUR DIARIES

WELL, it's not actually a date yet, but Secretary John Nicholson has an idea for a great day's outing, sometime in the near future.

John, who lives in the foothills of the Blue Mountains at Richmond has suggested laryngectomees and their spouses, partners and friends, might like to make a day of it by taking the train to Clarendon. From there you'd travel by bus to have a look over the Hawkesbury and District Showground and have morning tea.

Then a guided tour of the Richmond RAAF Base — home of the famous Movement Coordination Squadron of which John used to be Wing Commander — and a trip to some of the historical spots in the Richmond-Windsor area.

It promises to be a most interesting and enjoyable day, and John would like and idea of numbers so he can organise transport and morning and afternoon teas.

If you'd like to be in it — we don't know cost yet, but it shouldn't be too expensive — please drop John a line, or ring him at the address and number shown on the front page of the newsletter.


♦ ♦ ♦
CHRISTMAS IS COMING!

OUR Christmas party is to be held at the Bowlers' Club again this year on Saturday, November 14 and Secretary John Nicholson is taking names of those who will be attending.

Unlike previous years, this time we are considering making a moderate charge — probably $24 a head for non-laryngectomees and $10 for laryngectomees who attend.

The reason is simple — in these recessionary times we have to be careful with our funds and your Committee believes that most members who attend can afford to pay their own way so that the Association's limited funds may be directed toward the welfare of members and other activities.

I know this raises a sensitive issue of what The Laryngectomee Association of NSW is all about, but I need not remind you that our income is strictly limited.

We have now taken nearly a year off fund raising efforts, and your Committee is investigating ways of replenishing our bank balance as painlessly as possible in the near future.

In the meantime please be ready to put your hand in your pocket so that the less fortunate among us can enjoy Christmas 1992 and we can continue to look after those who need our support the most.

Members who feel they cannot afford this year's Christmas party but would like to come should not be deterred from giving their name to John Nicholson.

Rest assured you will be welcome on November 14.

I must stress that we need to know numbers as early as possible so we can confirm the booking with the Bowlers' Club and arrange the menu. Please contact John Nicholson as soon as you can.

Looking forward to seeing you all there!

— ALAN DAWSON, President.
Minutes of the July meeting, as distributed, were accepted on the motion of L. Walton, seconded J. Smith.

**Business arising** from these minutes. Nil

**Committee report** was given by the chairman.

1. The Christmas party had been booked at the Bowler’s Club on Saturday, November 14. The committee is considering asking all of those who attend to pay for their meal, allowing the money which the Association would otherwise allocate, to be spent in a way beneficial to a greater number of laryngectomees.

2. Alan Dawson addressed a gathering of students at Nepcan High School and was very well received. He hopes to repeat this at other schools in the Western suburbs.

The **Treasurer’s report** showing a credit balance of $3902 in the working account was read and accepted on the motion of G. Millard, seconded J. Hudson.

The **Secretary’s report** [see following] was read and accepted on the motion of J. Smith, seconded L. Walton. Business arising — nil.

**Correspondence** [see following] was read and accepted on the motion of J. Smith, seconded L. Walton.

— Desna Nicholson, acting minutes secretary

**SECRETARY’S REPORT, August 1992**

New members. I would like to welcome the following new members: John Sullivan of Blacktown, Ms J.C. Clarke of Umina, Mr M.T. Nolan of Campsie, Mr H. J. Parish of Gloucester, John Kedwell of Mt White, Mrs G. D. Healey of Stockinbingal, Ms Maureen Herbert of Seaford, Mavis Threlfo of Ashfield. Naturally we hope that these new members will be able, from time to time, to attend our Association’s meetings and so take part in the running of our affairs - as well as meeting other laryngectomees.

**Elinor Wray MBE.** I had a note from Elinor recently and in it she asked that her name be taken off the mailing list for the monthly newsletter.

Apparently she is having trouble keeping track of her correspondence at the nursing home - this is a great pity.

**Deceased members.** One of our branches has resolved that we take a more sympathetic view when reporting the death of our members. This branch feels that more information about the length of membership, the past member’s employment and so on should be added in such reports. I agree with this to some extent but sometimes such information is not available.

During the last month I have been advised of the deaths of five members, and in most cases this has come to hand simply by the return of the newsletter with the envelope marked "Addressed deceased". [Please see editor’s note in this issue].

**Newsletter.** To date 220 members have indicated that they wish to continue receiving the monthly letter so it seems there are well over 100 members who no longer wish to receive it. If anyone has overlooked the form in the past two newsletters please complete it and return it to me as soon as possible.

**Stoma covers.** Thought is being given to the production of a pamphlet on designs, patterns and ideas for stoma covers for both sexes. Could you please send any patterns or ideas to our Welfare Officer or Secretary whose addresses are on the front page of the newsletter.

**CORRESPONDENCE**

1. Miss Elinor Wray. Cancelling newsletter.
2. Western Division. Re death notifications in the newsletter.
3. Newsletters from other states.
5. R. Winkley, speech therapist, Lourdes Hospital, Dubbo. Seeking long term loan of a Servox.
6. George and Phyllis Chapman, Bateau Bay. $100 donation.
8. C. Giles, Macksville. Seeking brochure on Voice Aid from WA.
10. Second Voice Club, Corpus Christi, USA. Newsletter.
11. RHG Concord. Requesting deletion of Fiona Davidson's name from mailing list and seeking a list of approved visitors.
13. Laryngectomy Club of India. Thanks for adding their club to our newsletter mailing list.
15. Mr Sarkis Demirjian, West Ryde. Thanking Albert Silver for his assistance, and the association for the informative newsletter.
17. Berrima District Auxiliary of the Cancer Patients' Assistance Fund of NSW. Invitation to their annual meeting.
18. Lost Chord Club — Newcastle branch. Seeking formal permission to change its name of the Hunter Valley branch of The Laryngectomy Association of NSW.
19. Alan Dawson. Thank you for flowers while he was in hospital.

— John Nicholson MBE, Secretary/Treasurer

**WELFARE OFFICER’S REPORT**

1. B. Byrne is not in hospital.
2. Had been contacted by P. Hoff, W. McNerny, who had been in hospital with chest pains. Visited at home, but he was not there.
3. Had been contacted by a laryngectomy’s widow, who was in Sydney for tests. Acted as chauffeur.
4. Anne Hallet rang to say Beresford now in Calvary and no longer requires newsletter.
Dear John,

What a wonderful, newsy newsletter. There is news in there for everybody at this park, mostly oldies, and I am going to see they all read it.

I am the only lary here and am much quieter due to age. The doctors say I should go to bingo and shopping and I am grateful my daughter lives next door.

A doctor had a lot of trouble getting me to smoke when I had a minor nervous breakdown. I was cured after three weeks and gave cigarettes up until I had visitors who started smoking.

I started on the habit at the age of 29 until I had my operation on a Friday the 13th in 1978 — who said it’s unlucky? I am 82 this October but I don’t think I would qualify as the oldest lary.

Sincerely yours  
Eileen Spillane.

LOOKING BACK — Working with laryngectomees over 15 years.

By VALERIE SEDDON, chief speech therapist at Lister Hospital, UK who has been working with laryngectomees for more than 15 years. In this article, reprinted from CLAN, the newsletter of the National Association of Laryngectomee Clubs of Britain, she examines the positive changes that have taken place.

IT is difficult to pinpoint differences, changes and development that have taken place over the last 15 years.

As you live and work along with them, they come so gradually and are so quickly absorbed into one’s “normal” way of doing things that it is hard to be objective.

There are, however, some very obvious changes and this period of time has been a really positive one for laryngectomees, and a very exciting one for speech therapists and doctors working with them.

Just a whisper

Fifteen years ago oesophageal voice was the only goal and while many patients achieved very good voice, many more did not and for them whispering, writing or gesture were the only alternatives.

It is true to say that there were some artificial larynxes being developed at the time which some found very helpful, but the majority of surgeons [and a lot of speech therapists] did not often encourage their use and regarded them very much as a last resort.

They genuinely felt that if a laryngectomee used an electronic device to produce sound, he would never develop oesophageal voice and so were not to be recommended until many months of struggling and frustration without developing voice meant that he had failed.

At the very end of the 1970s and the beginning of the 1980s, there was a great change in the attitude of speech therapists, particularly those coming under the influence of the Mayo Clinic in the USA.

Suddenly artificial larynxes were being used immediately after surgery to give some form of voice while working to develop good oesophageal voice techniques and hopefully better voices in the long run.

This change in attitude meant these devices were no longer a last resort for failed speakers, but a valid alternative.

A breakthrough

At around the same time, say the mid ’70s onwards, there was renewed interest in America in an old dream of improving voice quality by using lung air channeled into the oesophagus by means of a small valved prosthesis.

For many years surgical attempts had been made in several countries, especially Italy, Japan, America and England, to give patients a better chance of voice restoration, but with varying degrees of success.

IS EILEEN THE OLDEST LARYNGECTOMEE IN AUSTRALIA?

WE’RE still searching for Australia’s oldest and/or longest living laryngectomee.

Eileen Spillane of Niagara Park, NSW 2250 puts in her claim in a letter to our Secretary/Treasurer John Nicholson.
Now, with the improvement of materials and technology — not to mention the commitment and skills of Blom, Singer, Panje and others — came the beginnings of the tracheo-oesophageal puncture (TEP as we know it today) and the greatest leap forward in laryngectomy voice restoration, which is still continuing to develop.

As part of scientific questioning and problem solving there was a great move for information gathering.

“What are the characteristics of oesophageal voice?” “Why do some people just fail to acquire it?”

These were just two of the questions which occupied a lot of people's time and effort, and led to the accelerated development, not only of TEP devices, but of surgical modifications which give patients the best chance of acquiring good voice.

Whereas 15 years ago the implication had been that if someone did not develop voice it was because of psychological or social factors, motivation, determination, age and so on, the studies in the 1980s consistently showed that the majority of those unable to develop voice failed for anatomical or physiological reasons.

This meant it was outside the control of the patient and spurred surgeons on to explore modifications to their procedures.

Patient power

The past 10 or 15 years have also seen a great change in the doctor/patient relationship.

A patient now wants to know and understand, and is not prepared to accept without question, proposals for his or her treatment.

This is true in all areas of medicine as well as the area of laryngectomy, but it has meant for us a big role for NALC in disseminating information, producing literature for patients and professionals, forming an efficient support network for patients and professionals, and a forum for both groups to meet.

To sum up, we now have three alternative ways to develop communication skills for a laryngectomy — oesophageal voice, surgical voice restoration (using Blom-Singer or similar prostheses) and artificial larynx.

Some patients may use all these methods at different times.

For a speech therapist the main goal is communication, and it is good to have alternatives.

The laryngectomy now is also much more actively involved in his or her care and in making choices and decisions.

It is said that "there is nothing as powerful as an idea which has reached its time," and this does seem to be the time for laryngectomy rehabilitation development.

Many people in the past 15 years have devoted much time, skill and expertise, and it has been (and is) an exciting and rewarding area to have been involved in.

DEATH OF MEMBERS

ONE of the branches of The Laryngectomey Association of NSW has asked that the newsletter treat member's deaths more sympathetically — naturally we will do this.

However it is not possible easily to carry out another of the branch's wishes, and that is to include more details about the deceased member. This often involves the sensitive issue of intrusion on private grief. As a working journalist I have always avoided intruding on personal grief, and I believe it would be callous to contact relatives for details of a deceased member. As an alternative, could I suggest that obituaries be written by friends or relatives of the deceased members and forwarded to me. If this is not possible then a brief outline will suffice and I will ensure it is treated with the utmost courtesy and respect.

- Alan Dear, editor

IN SEARCH OF A VOICE

FREQUENTLY we read in this Newsletter of the events leading up to laryngectomy, and often the details are a reminder of what we have experienced.

In its own right this serves as a comfort to us — we remember that we are not alone. But what about the lighter side of being a laryngectomee? Have you a funny story about life as a lary? Perhaps an achievement you would otherwise not have thought twice about? The editor invites your contributions, and opens the bowling with two events that he remembers vividly.

ABOUT a month after my laryngectomy, in January 1981, I decided it was time to go back to work and try out my new voice on what I thought was an unsuspecting public.

I had been equipped with a Servox while I was having daily speech therapy at Royal North Shore Hospital. Rather than drive to work, I thought I would take the bull by the horns and take the train.

Bravely I strode up to the ticket window at the railway station and said "North Sydney please," expecting the attendant to look up at the owner of the strange voice and at least ask me to repeat myself. "Yes mate," he said without missing a beat, "single or return?"

In five words my self-confidence had been restored - a funny voice made you stand out in public no more than a different accent, and I could make myself understood without difficulty.

Incident number two requires a little more explanation. It was in April 1981. I had not been paying attention at speech therapy and the two speech therapists who were trying hard to wean me off my Servox were having more than a little difficulty.

It was so easy to resort to my electronic vocal crutch rather than plough on through
set phrases, consonants, vowels, explodents, implodents and fricatives with Margaret Patterson and Kay Schemmer. [One thing I found out in speech therapy is that there is a whole new language to be learned and that speechies never use a short word where a long one will do. I think this is their way of getting you to speak in more than one syllable.]

In fact the whole exercise of attaining oesophageal speech was becoming so frustrating that they were going to expel me for not trying!

Anyway the Easter break was coming up so we decided - that is me, my wife Lesley and our daughters Kate and Alison, then aged 13 and 11 — we would go bush to stay with friends for the long weekend on a farm near a little town called Mumbil in Central Western NSW.

NATIONAL LARYNGEAL CANCER SUPPORT COMMITTEE

THE NLSCC held its annual meeting in Sydney on Wednesday, July 8, 1992 to discuss a variety of matters. Present were Roy Coulter (Queensland) chairman, Alan Dear (NSW), David Ashby (Victoria), Alison Marshall (Tasmania, also representing South Australia and Western Australia), Margaret Patterson (speech pathologist Royal North Shore Hospital), Dr Peter Carter (surgeon) and Lawrie Wright (executive director, Australian Cancer Society) secretary of the NLSCC.

BUSINESS:

1. Visitor training.
Margaret Patterson reported on the NSW hospital laryngectomy visitor training scheme. It was considered that the pilot scheme conducted in 1990-91 was a success and the guidelines were available for use nationally. Interstate delegates reported differing requirements within their states which meant that some aspects of the NSW scheme would not necessarily be suitable. The guidelines will be further developed to ensure a national standard of visitor education and conduct. It was also agreed to make known to surgeons and speech pathologists the existence of national training standards and encourage them to look to state laryngectomy associations/clubs for visitors rather than the ad hoc system which now applies in some areas.

2. Chairman's appointment.
Roy Coulter, the retiring chairman, relinquished the chair and called for nominations. Following discussion it was agreed that NSW would provide the chairman and Alan Dear was elected for the following two years. It was also decided that the chairman would be provided on a rotating basis. Victoria will follow and then Queensland. (As Tasmania,
South Australia and Western Australia are represented on a rotating basis at the annual NLCCSC meetings a chairman cannot be elected from those states.

Stepping down, Roy Coulter thanked Margaret Patterson and Dr Peter Carter for their time to represent professional bodies, and also thanked the ACS for its continued support and sponsorship of national activities.

3. International Association of Laryngectomees. The secretary was asked to renew the request for the IAL to appoint a director at large to represent overseas clubs in present countries like Australia, India, South Africa, do not have a say in IAL matters. The appointment of a director at large would redress this imbalance).

4. Publications. Several publications relating to food preparation were discussed.

5. National event. The committee discussed the timing and format of the next national event to be sponsored by the ACS. Following the Melbourne 1987, Brisbane 1989 and Sydney 1991 seminars it was agreed there should be a good interval before the next seminar. The Secretary suggested that a travelling expert be provided to visit State/regional seminars where local speakers could be included. This could be timed to coincide with the 2nd World Conference on Laryngeal Cancer to be held in Sydney in 1994. The meeting agreed in principle with this concept.

David Ashby said that Victoria had accepted in principle that it would host the next national seminar, but that nothing could be undertaken before 1995. He would report to the next meeting on progress.

6. IAL Meeting 1993. The 1993 IAL Voice Institute and Annual Meeting is to be held in Rochester, Minnesota in the Mayo Clinic. The meeting will mark the retirement of Dr Robert Keith as the director of the IAL Voice Institute.

The committee recommended to the ACS that the chairman of the NLCCSC should attend this meeting. (Roy Coulter represented Australia at the IAL meeting in USA in August 1988 which finalised arrangements for national membership of the IAL and the Mayo Clinic Seminar in New Zealand in February 1991).

7. State activities. Roy Coulter said the Queensland Cancer Fund had established a Head and Neck Cancer Group of which he was a lay member. This had identified areas in education and research requiring action and was taking appropriate steps. He commended the concept to other State Cancer Councils.

Alan Dear said that NSW had introduced a rule of user pays for Servox repairs, unless there were mitigating circumstances, due to the high cost of repairs and drain on funds. However batteries were supplied free of charge. Both Queensland and Victoria said they met repair costs but not battery replacement. The tight situation for supply of aids from government sources was also discussed.

8. Visual aids. Roy Coulter tabled a laminated poster on resuscitation produced in NZ for consultation. It was agreed NSW would design a poster with Dr Carter providing anatomical drawings. Clubs would be approached regarding printing and cost for the posters which, it was agreed, should be offered to bodies/sites providing emergency first aid treatment (for instance, first aid rooms at sporting grounds, ambulance stations etc).

9. Second World Congress on Laryngeal Cancer. Dr Carter reported that 600 to 800 delegates were likely to attend the Congress to be held in Sydney.

10. Report on artificial larynx. Alan Dear reported on the development of a synthetic voice "computer" (details in the previous issue of the newsletter).

11. Tracheostomy booklet. Dr Carter said Prince of Wales Hospital had developed an excellent booklet on the nursing care of tracheostomy patients which would be of interest to laryngectomees and their supporting families.

12. Hospital support services. The meeting discussed the growing tendency for laryngectomies to be carried out in private hospitals which lacked the range of supporting services such as speech pathologists.

NEXT MEETING OF THE NATIONAL LARYNGEAL CANCER SUPPORT COMMITTEE. It was agreed to meet in April 1993 during the time of the ACS Seminar.

EDITORIAL

READERS will note in this issue of the Newsletter of The Laryngectomee Association of NSW that there is no longer any need for a second Special General Meeting to ratify the Association's constitution.

At the July 17 meeting of the LA of NSW it was moved: "That this meeting confirms the Constitution of the Association as it now stands under the model Rules of Consumer Affairs, plus the Activities and Objectives as submitted in the Incorporation application."

This motion was carried by 29 votes to three, and has obviated the need for a Special General Meeting in August.

It has also clarified an area of possible confusion with the NSW Department of Consumer Affairs and the NSW Charities Department having different copies of rules adopted by the LA of NSW.

The matter has now been declared closed by the president.

ON A DIFFERENT NOTE, it is disappointing for your committee to receive letters which attack the hard work and good efforts made by a few on behalf of the membership in general.

A reader wrote to the Secretary recently [see letter on page 4] criticising, amongst other things, the decision to charge for the servicing of speech aids.

Your committee reiterates that this decision was not taken lightly, and was considered to be financially prudent in the light of the Association's limited source of funds.

The committee also repeats that no-one will be denied access to a speech aid for any longer than is possible.

If a laryngectomee's speech aid breaks down the Association will make sure a loan machine is made available immediately.

The member's machine will then be repaired and returned to the member with the invoice.

Members in financial difficulty should not worry about meeting the cost of repairs, but should let the Secretary know of their problem.

In cases of genuine hardship, the Association will bear the cost of repairs on behalf of the member.

MINUTES OF THE JULY 1992 SPECIAL GENERAL MEETING OF THE LARYNGECTOMEE ASSOCIATION OF NSW, HELD ON JULY 17, 1992 AT THE NSW CANCER COUNCIL ROOMS, 153-161 DOWLING ST, WOOLLOOMOOLOO, NSW.

THE meeting was attended by 18 members and 14 visitors.

Chairman. Alan Dawson.

Apologies. Apologies were received from: Alan Dear, Babs O'Sullivan, Bill Byrne, and Bill Grant.

The Chairman extended a very warm welcome to two new members at the meeting — Max McCredie and Tom Welch.
MINUTES OF THE JULY 1992 SPECIAL GENERAL MEETING
(Continued)
BUSINESS
The Chairman proposed — with the approval of members — to conduct the business of the regular meeting first, and speedily so as to enable adequate time to be devoted to the Special General Meeting.

The minutes of the June meeting were adopted. Moved, Albert Silver seconded Walter McNerney.

SECRETARY’S REPORT
Membership. On behalf of your committee may I welcome the following new members — George McDonald of Beacon Hill, Douglas Edwards of Dorrigo, Ron Carlson of Dundas, Alan Eyre of Collaroy Plateau, Terence Shapter of Hallidays Point, Farida Khanbali, speech pathologist at RPA, Alex Woods of Matraville, Keith Holstein of Gloucester, Jack Dedman of Murrurundi, Harold Camroux of Rozelle and Monica Marshall of Gorokan. We hope that you enjoy your membership.

If any of you need help then please contact any of the committee members.

Several newsletters have been returned marked “Left Address”. If anyone knows the new address of the following members would they please let me know: William Grant, ex Rockdale, Baba Tarveranfard, ex Villawood and A.D. Ladd, ex Deakin. If you are moving please let me know your new address so you can continue to receive the newsletter without missing any.

I was advised that Bill Jamieson of Redfern died recently.

Hospital visits. Alan Dear visited Phillip Millgate of Hornsby at RNS Hospital prior to surgery. Alan understands that surgery went well and that Phillip is recovering quickly.

During June Bruce Darlington visited Geraldine LeBreton at St George and Tom Welch at Balgowlah Heights.

Voice Aid W.A. The Association has purchased one of the Voice Aids from Western Australia, and the initial trials by oesophageal speakers have shown that it is a great aid in increasing the volume of voice. Those who use Servoxes and Cooper Rands will trial the aid at our meeting on July 15.

Because we exhausted the original stock of brochures on this aid we sought more from WA and these are now available for those who would like a copy.

Newsletter. To date only 140 members have asked to have their name retained on the mailing list for our monthly newsletter. This response is rather disappointing and we hope that others will respond following receipt of this month’s edition. Quite a few members have endorsed their reply forms with glowing comments on the contents/layout of the Newsletter and I am sure these will be appreciated by the editor.

Donations. I would like to acknowledge the donations received from Frank Cassidy of Old Toongabbie; Jim McBryde, Crows Nest; Mr G. Whitehurst, Ashfield; John Williamson, Rye Park; Richard Gill, Sussex Inlet; Mr W. Livesey, Albury; Enzo Federici, Carlingford; Reg Sharp, Mawson; Leo Briley, Paddington; Mr K. Jarrett of Strathfield; Mrs J. Nowland, Padstow Heights; Ms L. Murray, Harris Park; John Hudson, Bexley and Mr E.R.G. Bruce, Narrabeen. Thank you for your generosity.

Correspondence.
1. NSW Health Department, concerning registration of speech pathologists.
2. Mrs R. Hutchinson, Koonawatha, seeking booklet explaining laryngectomy operations and stoma covers. It seems some doctors are not aware of how laryngectomees talk and breathe.
3. Mr N. Marks, Denman, seeking name and address of those who repair Servox voice aids.
4. Mr J. Taylor, Broken Hill; Mr L.A. Brill, Ganmain; Jennifer Johns, speech pathologist, Royal Newcastle Hospital; R.E. Gill, Sussex Inlet; V. McGregor, Grafton; F. Dowell, Cootamundra and Enzo Federici of Carlingford — seeking brochures on Voice Aid.
5. Mr G. McDonald, payment for speech aid items.
6. Frank McGee, Dubbo, congratulations on Newsletter and support for chairman and committee at general meeting.
7. A. Tough, Deception Bay, thank you for stoma warmer knitting instruction. Also more information about Deception Bay area.
8. R. Markham, Tighes Hill. Criticism of the Association, seminars, the Newsletter, charges for batteries, recognition of efforts by members etc.
10. Laryngectomee Club of WA, thank you for support with Voice Aid.
11. Paxton-Barrand, Sydney, re modification of Cooper Rand aids to accept cheaper 9 volt batteries.
12. Tarnworth Base Hospital, thank you for the loan of a Servox.
13. Newcastle branch, payment of subscriptions for its 37 members.
18. NICAN. Update on their disability listings.

The Secretary reported that Alan Dear had been elected Chairman of the National Laryngeal Cancer Support Committee at its July 8 meeting.

Both reports adopted. [Bill Gayden, Fred Ryan].

TREASURER’S REPORT
The financial position remained sound with a cash balance of $3495. The major
items of expenditure had been on the newsletter, patient supplies and the purchase of Romet voice aids.

The report was adopted on the motion of Bruce Darlington, seconded Len Nowland and carried with acclamation.

— John Nicholson, Secretary/Treasurer

WELFARE OFFICER'S REPORT

In a summary report, Lilah Walton indicated that it was a "business as usual" month. However, she did appeal for the return of any humidifiers (the Association held three) which were not in use. Report adopted.

BUSINESS OF THE SPECIAL GENERAL MEETING

The Chairman addressed the meeting in relation to the items of the name change (Lost Chord Club of NSW to The Laryngectomy Association of NSW), and incorporation under Department of Consumer Affairs guidelines. In both cases he read the relevant dates of meetings when these matters were raised and minuted.

This Special Meeting was called to rectify any error (if that was the case), and he was seeking help not criticism for this purpose.

Marion Lyons spoke about both matters — the need for a Special Meeting for the Incorporation and the existing different objectives list with the Consumer Affairs and Charities Department.

The Secretary pointed out that submission of the new rules to the Charities Department had been delayed pending the decision reached at this meeting on the reconfirmation of the Model Rules.

Mr Fred Ryan then addressed the meeting. As a new member he was most grateful for the help he had received, both from members and the Association. If there was any error it was minor only, and could be rectified by this Special Meeting. Accordingly he moved the motion:

"That this meeting confirms the Constitution of the Association as it now stands under the model Rules of Consumer Affairs, plus the Activities and Objectives as submitted in the Incorporation application." Seconded by Bruce Darlington.

The Chairman put the motion, which was carried. (Votes 29 for, three against.)

The Chairman formally declared the matter closed.

(Moved Desma Nicholson, seconded Pat Dawson).

OTHER BUSINESS

1. Monica Rowland, a research student from Monash University addressed the meeting relating to her studies on valves used in prostheses. She asked if she might record speech by members of either oesophageal or tracheoesophageal voice, for her project.

2. The Secretary mentioned current research in Sydney on voice synthesis, and that Alan Dear had assisted. This would be reported by Mr Dear in a Newsletter.

3. We were sorry to hear of Bill Grant's illness, and note that he was in a convalescent Home at Gymea. Several members said they would visit Bill, and we all send our best wishes.

The meeting was closed at 11.45 a.m. and a light lunch was served.

— Albert Silver, minutes secretary

Australian synthetic larynx development may aid laryngectomees

RECENTLY, following an interview published by Beverley Head, the information technology editor of The Australian Financial Review I was invited to meet Dr Clive Summerfield, principal of Syrinx Speech Systems Pty Ltd of North Sydney.

Dr Summerfield's company is involved in the development of artificial speech systems for computers and — of more interest to The Laryngectomy Association of NSW — speech processing technologies for medical applications.

The company is developing a speech processing device to assist people suffering laryngeal disorders to communicate more easily.

While Syrinx's research is still in its early days, its possibilities are enormous and although the technology is not aimed directly at laryngectomees its possibilities are very exciting.

Syrinx, in its publicity handout says:

"The condition . . . to which Syrinx is directing development is prevalent among the elderly, prevents normal operation of the larynx and results in speech with a hoarse whispered quality which is often very difficult to understand, particularly in noisy situations.

"The device under development . . . utilises advances in speech processing techniques and high speed digital signal processing technologies to create a product able to analyse the hoarse whispered speech and reproduce it with a natural voice quality."

I attended a one-hour session at Syrinx's North Sydney speech laboratory where Mr Kieren Welzel, an electronics expert, had me record some sentences and phrases for synthetic voice enhancement. He then processed them through a computer to evaluate their components and then, in a further technique, added what he called a "glottal pulse" — one of the steps toward reproducing natural voice quality.

Although he used a glottal pulse taken from another patient's voice, when it was used on mine, and replayed through the computer, the result was remarkable.

The initial product, which was very rough sounding and which Mr Weizel acknowledged was far from perfect, sounded
uncannily like my voice before I had my larynx removed. Mr Welzel stressed that what Syrinx was working on was not an artificial larynx — in the way we know a Servox, a DSP-8 or a Cooper Rand — but a device that might supplement a laryngectomee’s voice.

A typical application would be for a laryngectomee who needs to talk to an audience. The laryngectomee would be equipped with a very small microphone (similar to the tubular type used by airline pilots) connected to a pocket-sized synthesiser and miniature loudspeaker.

This package would contain a pre-programmed computer chip encoded with all the information needed to amplify a “rough sounding” voice and to add to it the inflections in the speaker’s normal human voice and make it sound almost completely natural.

It would operate in real time — that is, there would be no discernible delay between sounds leaving the speaker’s mouth, being processed through the synthesiser and being received by the listener.

It differs from other amplifying devices currently in use in that it will add a natural tone to the user’s voice.

Obviously this would be of benefit primarily to people still having their larynx.

People using artificial speech devices would be limited by what the synthesiser could do with a synthetic voice.

Laryngectomees using oesophageal or tracheo-oesophageal speech would be better off because there would be no outside sound influences (such as the buzzing noise created by the diaphragm on a Servox).

Syrinx is hopeful that, if developments permit, it will be possible for people about to undergo a laryngectomy to pre-record their voice so that the unique speech qualities characteristic of an individual voice can be stored on a computer chip to reproduce speech with a quality close to their original speech, after surgery.

The company stresses that it will, however, not replace a lost larynx.

There will, naturally be further development work before Syrinx can go to the market with its product, but it is an exciting development.

— Alan Dear

FOOTNOTE: Syrinx would like to have a list of other oesophageal and tracheo-oesophageal speakers who would be prepared to record their voices at its laboratory. Anyone interested in participating in this programme and who can get to North Sydney during business hours should contact me at work (282-2889) or at home (449-2917) and I will pass the details on to Dr Summerfield at Syrinx.

New honour — and more work — for Secretary

SECRETARY Treasurer John Nicholson was elected president of the Hawkesbury District Agricultural Association at its recent 100th annual general meeting.

This is a great honour for John as the Associations annual Hawkesbury Show rates among the top six in NSW. John says the HDAA aims to make it to number two in the State which would put only one other ahead of it — the Easter Show run by the Royal Agricultural Society. John has a long record of service to the HDAA — he was secretary from 1974 to 1987, and has been a vice-president from 1987 until this year. John says he hopes his voice will stand up to the increased speaking load.

Congratulations John!

LETTER TO THE SECRETARY AND EDITOR

Re not paying for servicing of speech aids etc, bull.... This is what the club is for — TO HELP THOSE WHO ARE LARYNGECTOMEEEES.

If we can spend $100,000 (sic) on seminars which none of us laymen understand, and all reports of doctors etc from around the world are sent to our own doctors who can tell us of any new ideas and so on, all I ever read is stoma covers, shower shields can be bought by us cheap! cheap!

That is what the people give us money for, to help those in need, and no one likes to have to go cap in hand to Sydney who could take weeks to OK so you go without speech aids etc as too embarrassing.

I suppose though that big seminars are good to get the Order of the Boot etc. So, get off the high horses and do what people think you are doing, not seafood lunches, trips on the Harbour and so on.

Let us print this in the Newsletter, nice and short is it not — this other we need a blackboard on our backs (sic).

Let us hear from others who read this and I advise all to read and have their say (we print letters from round the world) so print what our club members say.

(Signed) Ron Markham
43 William Street
Tighes Hill
NSW 2297.

NEWS FROM OTHER CLUBS

SIX people from Western Division sub branch recently attended the media launch of No Tobacco Day conducted by the Health Promotion Unit of Blacktown and Mt Druitt. Bill and Joyce O’Shea, Ron and June Coutts and Alan and Pat Dawson attended the function which resulted in extensive coverage in three local papers. The response was so good that Western Division sub branch
has now started on the groundwork of a local project to talk to schools in the area about the dangers of smoking.

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ALAN Dawson advises that the Western Division sub branch has booked the new reserve at Doonside for a barbecue on Sunday October 11. If you'd like to go along please let Alan know on 874-6868.

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ILLAWARRA would like to see as many laryngectomees and friends as possible at the Corinial Festival on Sunday, September 13. Illawarra is running a stall at the Festival, so take your money with you. Illawarra will also be at the annual Heritage Fair at Kiama on Thursday and Friday October 22-23.

###

THE Laryngectomy Club of Western Australia is deeply concerned at the development of laryngectomy surgery at private hospitals. Writing in the Club's newsletter, president John Vidakovich says:

It is my opinion that private hospitals are just not geared up for laryngectomy surgery. Staff are not aware of the critical post-operative care. The following questions need to be asked:

1. Why is laryngectomy surgery leaving the teaching hospitals?
2. Is this [WA] Health Department policy, or is it a result of lack of funding for teaching hospitals?
3. Have the policy makers (who are they?) considered the full implications. Do they know what is involved in surgery for the larynx? Do they understand the dangers involved if after-care is not provided by properly trained hospital staff? Do the private hospitals have speech pathologists on their staff?
4. The big question for all of us who have first hand experience of this trauma is: Are new patients being placed at risk?

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New model voice aid from Cooper Rand

COOPER Rand has produced a new model of its speech aid powered by a 9 volt battery.

Kevin Barrand, managing director of Paxton-Barrand Hearing Aids Pty Ltd, the Australian agent for Cooper Rand, says new circuitry allows the use of the 9 volt power source, instead of the old 15 volt cell.

The new unit, however, is dearer, selling for $536 compared to the old version which is still available at $420.

Kevin says the main advantage of the new Cooper Rand is the lower cost of the battery - about $1.75, compared to $11.60 for the 15 volt cell — and the availability of the 9 volt battery.

The extra cost of the 9 volt instrument would be saved in approximately 18 months' on average use.

Current Cooper Rands in use can be adapted to take the 9 volt cell for $96.

Kevin says that, naturally, his company would continue to provide a full service for old-style Cooper Rands.

For further information write to Paxton-Barrand at 283 George Street, Sydney 2000, telephone them on (02) 299-4855 or fax them on (02) 262-2242.

And speaking of batteries . . .

ON the topic of batteries for Cooper Rands, Ray Johnson from Gilgandra writes to Secretary John Nicholson:

FOR those living in country areas and using the Cooper Rand speech aid and who sometimes have trouble getting 15 volt batteries, these cells are used by Telecom Australia.

In an emergency some nice chap with Telecom might be able to help out.

Most times when I order batteries from RGH Concord it takes three weeks or more for them to arrive.

PS: Nice modelling job with the stoma warmer John.

PPS: Could you send us some rain please — it's very bad north-west of here?

ATTENTION PROSTHESIS USERS AND SPEECH PATHOLOGISTS

For Bivona and Blom-Singer users, David Smith is the man to contact for supplies on (02) 859-1539, or drop him a line at 27 Bellevue Parade, North Curl Curl, NSW 2099. Bivona and Blom-Singer prostheses are available through him at a considerable saving.

HAVE YOU RETURNED YOUR NEWSLETTER COUPON?

We are updating the Newsletter mailing list. If you have not done so would you please complete the coupon overleaf and return it promptly to The Secretary, The Laryngectomee Association of NSW, PO Box 58, Richmond, NSW 2753.


Please see overleaf
THE LARYNGECTOMEe ASSOCIATION OF NSW

I wish to continue receiving the monthly newsletter of The Laryngectomee Association of NSW.

Name..............................................................................................................

Address...........................................................................................................

Postcode......

Please return as soon as possible to:

The Secretary, The Laryngectomee Association of NSW, PO Box 58, Richmond, NSW 2753.

IF YOU RETURNED THIS COUPON FROM THE JULY NEWSLETTER THERE IS NO NEED TO TAKE ANY FURTHER ACTION. YOUR NAME HAS ALREADY BEEN RECORDED.
EDITORIAL

JULY 1992

In recent months some confusion has developed about the way The
Laryngectomee Association of NSW was formed out of the now
defunct Lost Chord Club of NSW, and the constitution that was
adopted.

It appears that the only way around this problem is to devote a
special general meeting to the subject so the air can be cleared, the
constitution ratified and allow the Association get on with its work.

Accordingly this Newsletter gives notice to all financial members —
remember, non-financial members are not allowed to vote — that a
Special General Meeting will be held at 11am at the rooms of the NSW
Cancer Council, 153-161 Dowling Street, Woolloomooloo on
Wednesday July 15.

At the meeting copies of the The Laryngectomee Association of
NSW's constitution, based on the publication Model Rules for the
Incorporation of Associations, as published by the NSW Department
of Consumer Affairs will be available for perusal.

Your committee had hoped to be able to mail all financial members a
copy of this document, but the Department can only make six copies
available to us.

Following the July Special General Meeting another special meeting
will be held at 11am at the rooms of the NSW Cancer Council, 153-
161 Dowling Street, Woolloomooloo on Wednesday, August 19 to
ratify the Association's constitution.

Members unable to attend the Special General Meeting on July 15
and who wish to inspect Model Rules for the Incorporation of
Associations can view a copy at the reception desk of the NSW Cancer
Council, or can telephone the NSW Department of Consumer Affairs,
(02) 895-0111, and ask for one to be mailed to them.

MAILING LIST REVISION TIME

Once again the time has come for us to update our mailing list. It is
now nearly three years since we last did this.

The result was startling to say the least — we were mailing out
nearly 500 newsletters a month, and yet only 250 recipients were
bothering to open the envelopes.

Our mailing list has now passed the 400 mark, and we suspect many
people receiving the monthly newsletter either do not want it or do not
bother to open it.

This is an expense the Association neither welcomes nor is it one
that it can afford with each newsletter costing nearly $1 a copy to
print and mail.

In this Newsletter you will find a form asking if you wish to continue
to receive the newsletter, or would prefer to be dropped from the
mailing list.

Please fill it out and return it promptly to The Secretary, The
Laryngectomee Association of NSW, PO Box 58, Richmond, NSW,
2753. The coupon will be repeated in the August Newsletter.

People on our mailing list not responding to either of these coupons
will be automatically deleted from the list.
MINUTES OF THE JUNE MEETING

MINUTES OF THE JUNE 17, 1992 MEETING OF THE LARYNGECTOMY ASSOCIATION OF NSW, HELD AT THE NSW CANCER COUNCIL ROOMS 153-161 DOWLING ST, WOOLLOOMOOLLOO, NSW.

The meeting was attended by 15 members and 11 visitors.

Chairman. Alan Dawson.

Apologies. Apologies were received from: John Hudson, and Babs O’Sullivan.

A special welcome was extended to new members Antonio Krasnodebski and his girlfriend Maria Casses from Bondi, this being their first meeting, and Lee Hegarty was welcomed back.

Motion of congratulations. Mr John Nicholson, secretary, formally advised the meeting of the award of Member of the Order of Australia (OAM) in the Queen’s Birthday Honours List to Mr Alan Dear, for service in the support of laryngectomey patients.

In moving the motion the secretary briefly outlined Alan’s services as a regular hospital visitor, the inspiration he was able to give to new laryngectomees, and his services to the Association. Apart from being editor of the Newsletter, Alan was author of the only Australian publication for laryngectomee rehabilitation.

It was with great pleasure that he proposed the motion of congratulations.

Mr A. Silver supported the views expressed in the motion, and said the Award was well deserved.

The motion was carried unanimously, with acclamation.

At reply, Alan said how pleased he was to receive the award and thanked the Association, and his colleagues at work.

Adoption of Minutes. The minutes of the previous meeting as reported in the June Newsletter were adopted. The minutes of the meeting were adopted on the motion of Jim Smith, seconded Walter McNerney.

Business arising.

A letter was received from Babs O’Sullivan thanking the Editor for the article on her late husband Jim.

SECRETARY’S REPORT, JUNE 1992

Queen’s Birthday Honours. I would like to extend my personal congratulations to Alan Dear on his recent award of the Order of Australia Medal (OAM) for his services to laryngectomees. As well as being our editor and publicity officer Alan is a regular hospital visitor and such visits must inspire the new laryngectomees. He is the author of You Can Say That Again and he was very involved in the organisation of our 1991 Seminar. A very well deserved award.

Subscriptions. Our membership book still shows that some members have not paid their annual subscription of $5 for 1992. Would those members please forward their subscription by the end of July 1992.

Membership. On behalf of the committee may I welcome the following new members — Mr F.M. Rowlands from Cessnock, Mr W. Brakel from Elderslie, Mr T. G. Welch from Mosman and Mr A. T. Krasnodebski from Bondi. Our last newsletter to Mr A.J. Kelly of Bondi was returned marked “Left Address” so if anyone knows his new address would they please advise me.

Voice aid amplifiers. The Laryngectomey Club of WA has provided me with brochures and order forms for the Voice Aid Amplifier manufactured in WA. Please let me know if you would like one of these forms. The unit costs $105 and is selling well. (See report in this Newsletter).

Speech pathologists. Nicole Michalaney has advised me that she has replaced Fiona Davidson, speech pathologist, at the Repatriation General Hospital, Concord.

Spain. The Hospital Universitari, Valencia, Spain, has sought information about the care and assistance for laryngectomees in NSW.

The required information is now being prepared.

Disability Reform Package. The Australian Cancer Society has provided us with a copy of the Commonwealth Government’s Disability Reform Package (DRP). This contains details of more opportunities for people with disabilities. Copies of the DRP can be provided to those who wish to have a copy.

CORRESPONDENCE, JUNE 1992

1. Hospital Universitari, Valencia, Spain. Seeking information about the care and rehabilitation of laryngectomees in NSW.

2. John Farlow, Guildford. Seeking details of the procedures to be followed in the repair of voice aids.

3. Nicole Michalaney. Advising she has replaced Fiona Davidson as speech pathologist at RGH, Concord.

4. Mr J. Righini, Isacs, ACT. Seeking information about the ID bracelet.

5. Graham Hall Business Machines. Advising of the service support for the laser printer.

6. Laryngectomey Club of WA. Supply of brochures and order forms for the Voice Aid Amplifier.

7. Other States’ newsletters.


9. Mrs Joyce Jenkins and Family. Thank you card.


12. Numerous letters from members expressing appreciation for the contents of the Newsletter.


15. Jim MacBryde, Crows Nest. Payment for battery sent by James McIlrath.


Treasurer's Report
The treasurer reported that in spite of the major expenditure items, including patient supplies, the Newsletter costs, the purchase of four speech aids, and a Laser printer, the credit balance remained at $2,945. The term deposits were as previously. Report adopted. [Moved Albert Silver, seconded Lilah Walton.]

Oops!
Somehow your editor overlooked the good work of Desma Nicholson in recording the minutes of the June meeting. I promise it won’t happen again, Des!

Welfare Officer's Report
Lilah Walton reported on her busy activities, covering patient supplies, stoma covers, and arranging for Bruce Darlington to assist a laryngectomee who was having difficulty with a Servox.

On a lighter note, a laryngectomee who was 88 years old (and a long-time laryngectomee), complained that his oesophageal voice was deteriorating. He was much relieved to know it was a function of age, and not his oesophagus.

Report adopted. [Moved Walter McNerney, seconded Marion Lyons.]

General Business
The following items were discussed by the meeting.

Supply and servicing of electro-larynx speech aids.
Marion Lyons spoke of the need for the Committee to reconsider the question of payment for repairs to electro-larynxes. The club's financial position was sound, and in many cases the Servox (or other speech aid) belonged to the Association. She considered that the aids should be maintained by the Association. In discussion of this item the following points were made:

1. Veterans were covered for all repairs by the Department of Veteran Affairs.
2. The Chairman pointed out that in any cases of hardship the Association Committee made reimbursement. The earlier meeting had approved payment of $200 in one case.
3. Several speakers pointed to the pride laryngectomees took in being independent. A new member spoke with very strong views on this point, having just recently purchased a Servox.

Notice of special meeting
See page 1 of this Newsletter.

Attendance of branch members at meetings — special and others — Alan Dawson said he would extend invitations on a personal basis.

Welcome back to Albert Silver.
Albert Silver was welcomed back by acclamation to the Association meetings after a lengthy and difficult illness which caused him severe breathing problems. Meeting closed at 11.50 a.m.
— Albert Silver, Minutes Secretary.

Western Australia's Voice aid is a winner

THE West Australian Voice Aid is meeting with encouraging success in Australia and overseas. President of the Laryngectomy Club of Western Australia, John Vidakovich says the Club has officially sold more than 30 units. "We are happy to see orders coming from hospitals purchasing two and three at a time," he said, "and from laryngectomees in Australia, New Zealand, Hong Kong, Denmark, the UK and the USA. "We have had only two returned and the faults were rectified by the maker and returned to the users. "Research is being done all the time and like anything these days there are always little mistakes. "Anyway at least we admit our faults and do not hide them."

And Chattanooga writes...

John quotes a letter they received from George Drum, president of Chattanooga Choo Choo Lost Chord Club, USA:

Dear Jim, [Jim Maxwell, WA Club secretary]

Just a short note to tell you that yesterday I spoke before the New Voice Club in Nashville (190 miles the way) and I used the equipment I bought from you a few months ago.

Everyone was seated in a semi-circle and all were able to hear me easily, thanks to your equipment which I find ideal for speaking to small groups (about 50 people) and everyone could hear me loud and clear.

Thank you for providing the very handy and convenient voice amplifier.

I think everybody should own one.

From a golf pro to a laryngectomee

By Dean Blum, president, Tri Country New Voice Club, Denville, New Jersey, USA.

In my more than 50 years as a golf professional instructor I had the pleasure of teaching and playing golf with countless individuals who were either doctors or who were connected with the medical profession.

At no time was I warned of the ill effects of smoking cigarettes, except in 1935 when I contracted a bad cold that caused a great deal of coughing.

One of the doctors with a foursome suggested that I discontinue smoking my Chesterfield cigarettes for a while and smoke medicated cigarettes called Cubes which could be purchased in any drug store. Believe it or not these medicated drug store
cigarettes cured my cold but didn’t stop my craving for Chesterfield cigarettes.

For three years later I awoke with a very bad sore throat, causing a very hoarse voice. I was treated for a severe case of laryngitis which, with treatment and medication, lasted for more than two months.

Dissatisfied with the lengthy ordeal I consulted a throat specialist who told me that if I had come to him months earlier he could have prevented the small node on my right vocal chord.

Cobalt treatment failed to eradicate the cancerous condition and in December 1978, I was advised that an immediate laryngectomy should be performed.

Because I wanted some type of visual prop to display in discouraging the use of cigarettes, I refused to sign the hospital form unless I was assured in writing that I would receive my removed larynx, complete with vocal chords, in a bottle of formaldehyde. This request was granted and this prop is held up before an audience with the speaker asking “Would you rather have your voice in this bottle of formaldehyde or in your own mouth?”

The trauma of losing one’s voice through cancer affects each person differently.

Personally I blame myself for my stupidity in smoking and the doctor who treated me for more than two months without advising me to consult a throat specialist. The bottom line is: DON’T SMOKE ... IF HOARSENESS PERSISTS CONSULT A THROAT SPECIALIST

Slowly cigarette smoking increased as the office work increased.

By 1960 I smoked 10 cigarettes a day, but only in the office and not at home.

With promotions and responsibilities, the office work increased, necessitating working at home and the number of cigarettes smoked increased to a pack a day.

DON’T FORGET TO SIGN THE BOOK PLEASE
Fire regulations mean that we now have to officially sign in when we visit the rooms of the NSW Cancer Council for our monthly meetings. Please don’t forget to do this and please also remember to sign the attendance book.

I began feeling throat uneasiness and coughing after five years. Regular homeopathic, alopathic and other treatments were taken for about five years but to no avail.

Hoarseness of my voice increased and it became unclear.

I was then under the treatment of an ENT specialist at a major Government hospital in New Delhi.

He did not feel the necessity of a biopsy for a very long time. Finally I went to another ENT specialist at another Government hospital in New Delhi who carried out a biopsy in early 1979 and confirmed that I had throat cancer.

I got myself admitted into AIIMS — one of the premier hospitals in New Delhi — on February 7, 1979 and this was the first time in my life that I was a hospital patient, now 57 years old.

For the next 10 days all sorts of examinations and tests and X-rays were carried out. During this period the surgeon had been assuring me and my family — wife and three children — that probably only one vocal chord would be removed so that I could still speak with a natural voice.

We were all scared as we had never met or even heard of a laryngectomy.

On February 17 I was operated on and both my vocal chords were removed and a stoma was made in my neck for the purpose of breathing.

My voice was gone and my nose was dead.

For the next four days I was in the intensive care unit where my son and son in law helped me throughout in removing the secretion.

It was a horrible situation where I was given liquids only through a tube inserted in my nose.

There were inner and outer tubes in my stoma. I had to take the help of pen and paper to convey my questions and conversation.

When I was shifted to a private room after four days I was a bit more relaxed although still in a dazed condition.

Unfortunately after a few days I came down with severe jaundice. In addition there was an opening called a fistula, in my shoulder from which a lot of fluid came out daily.

Both conditions were attended to by my physician and I was all right in about three months.

Then I was sent to another hospital for radiation therapy and received 22 treatments.

Meanwhile one laryngectomee, Mr Khullar, who was president of a small laryngectomee society came to see me.

He was speaking with the aid of an artificial larynx. I was extremely happy to see him talking with it in a normal fashion.

I got an address of a firm in the USA (AT&T) and requested a friend to get an instrument through his relative who was staying in the States.

After my radiation therapy was over I was advised to wait until the effect was reduced and then start learning the use of the artificial larynx.

I resumed my duties in September 1979 and worked in my office until June 1980

BECOMING A LARYNGECTOMEE IN INDIA

By S. P. Goel of New Delhi

In 1953 when I was 31 years old I began to smoke two cigarettes a day after tea break in a Central Government office where I worked in a supervisory appointment.
All the above took place at St Georges Hospital, Tooting, and I would like to say how grateful I am to everyone there. All stops were taken out to ensure that I was given the very best of treatment.

HOW LOW CAN YOU GET?

NY Stemme, the magazine of the Danish Laryngectomie Club reports that one of its members, on his way to Australia for a holiday, had his Servox stolen at Bangkok Airport! However at Southport Public Hospital on the Gold Coast he was able to borrow one for the rest of his stay in Australia. What, one wonders, would anyone but a laryngectomee do with a Servox?

Can you help?

THE Lost Chord Club of Queensland is about to print its 1992 list of aids and other items for laryngectomees. While it is designed primarily for Queensland laryngectomees, Heather Winstone who is compiling the guide, would love to hear from others who have idea or tips on how to improve communication, or lifestyle or perhaps a way of overcoming a problem.

She would love to hear from you, even if it's only an idea on how to improve things.

In fact it's such a good idea, your Association will be tackling something similar in the near future. Please respond to Heather direct at 20 Primrose Terrace, Red Hill, Queensland 4059.

Could you speak up please?

BILL Davidson of Chelmerents Laryngectomee Club, Chelmsford, Essex has a funny story to tell about visiting his son in America:

Soon after becoming a laryngectomee last year, my wife and I visited our son who lives in New Jersey, USA.

While there he asked me to get some parts, including screws, from a nearby plumbing store.

He gave me a list of parts required to which I added a footnote that although I could not speak, I could understand what people were saying.

The plumbing supply people were able to supply all the parts with the exception of the screws, and the assistant went to great lengths to explain where I could get them.

When I looked puzzled at the length of his directions he said to me, "Are you a stranger?"

I mouthed back to him that I was, in fact, English.

He then remarked in a loud voice, for all to hear, "I thought so — I could tell by your accent.

He and the rest of the staff thought it was hilarious!

ATTENTION PROSTHESIS USERS

ATTENTION SPEECH PATHOLOGISTS

For Bivona and Blom-Singer users, David Smith is the man to contact for supplies on (02) 939-1539, or drop him a line at 27 Bellevue Parade, North Curl Curl, NSW 2099. Bivona and Blom-Singer prostheses are available through him at a considerable saving.
when I retired at the age of 58 years.
During the office work period there was no difficulty in carrying out my duties, thanks to the artificial voice aid.
During the period I remained in service I had been going to my surgeon for regular checkups and it was during these visits I could feel the difficulties and problems facing laryngectomees.
It was a horrible experience for those who are illiterate and those who are poor and cannot afford to get an artificial larynx.
Such patients are left nowhere after their laryngectomy.
It was this experience which tempted me to do something concrete for the welfare and rehabilitation of Indian laryngectomees.
At one sitting my physician asked me what I would do after my retirement. Since he had given me a new lease on life I told him I would do whatever he liked. He suggested for me to start in a non-profit social and charitable association to help poor, illiterate and needy laryngectomees throughout India.
This was the Laryngectomee Club of India came into being in 1980 and I became its secretary. Since inception of the club various steps have been suggested by the club to our Government towards the rehabilitation of laryngectomees.
Every year in New Delhi the annual general meeting of the club is held to discuss the welfare and rehabilitation of laryngectomees.

communicate and earn a livelihood.

**NEWS FROM SCANDINAVIA**

**NORWAY:** Celebrating its 25th anniversary this year is the Norsk Laksereningen for Laryngectomeer which holds the event in Geilo. Members are confident there’ll be plenty of snow for the laryngectomee ski competition. Mr Kjell Damsleth, the president, will present the main speech and present a certificate of honour to the club’s original founders.

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**DENMARK:** Thyge Brand-Jensen of Ringsted says his club boasts a Copenhagen member who has been a laryngectomee for 41 years. He says the club has 374 members and some 370 people a year are diagnosed with throat cancer. However only 55 or so become laryngectomees and the rest are cured by other means.

(Editor's note: we'd like to know who is the oldest laryngectomee in Australia, and who is the longest living laryngectomee in Australia. Can anyone help?)

**NEWS FROM BRITAIN**

**ALWYN** Jones, chairman of the Communications Committee of the British Laryngectomee Association, said: "Laryngectomees can communicate and earn a livelihood."

His remark then was "that's rather close". Mr Brian Pickard, my ENT consultant later "had a word" with the heart surgeon and obviously the successful outcome of the operation proved that he had been well briefed.
The other problem was going to be anaesthesia and, later, the use of the machine which would keep me going while the heart surgery took place.
The anaesthetist talked to me for some time, during which it was decided which type and size of tracheal tube would be used and he also asked me quite a few questions regarding problems with my neck breathing.

Having had a previous bad experience after general anaesthetic I told him how I produced excessive mucus after the operation and how this sometimes formed rather large dry plugs within the trachea.

I spoke of the need for a humidifier pump which would help to keep the drying of the mucus under control.

Obviously there was no pump in the cardiac ward so one was borrowed from the ENT ward, plus a supply of special masks which could be attached to my tracheal tube.

Two nurses were sent to the ENT to be taught use of the pump and also to give suction if necessary. (I had been well trained as a laryngectomy patient and was able to look after my own suction needs.)

All in all there was a good exchange of knowledge.
STOMA WARMER
For those whose work, sport or other recreation takes them into the winter winds.
Compiled by Desma Nicholson, The Laryngectomee Association of NSW

REQUIREMENTS: Depending on brand, approximately 100 grams 8 ply wool or equivalent in other knitting yarn. 1pr size 8 (4mm) needles, set of 4 size 8 (4mm) double pointed needles, set of 4 size 10 (3.25mm) double pointed needles.

ABBREVIATIONS: k = knit; p = purl; psso = pass slip stitch over; tog = together; M1 = make 1-pick up loop before next stitch, place on left needles and knit into the back of this loop; garter stitch = every row knit; stocking stitch = 1 row knit, one row purl.

THREE SIZES: small, medium, large (S, M, L)

FRONT:
Cast on 37 stitches
1st row — knit
2nd row — k1, M1, k to last stitch, M1, k1
Repeat these two rows three times.
9th row - k5 purl to last five stitches k5
10th row — as 2nd row.
Repeat these two rows until there are 63 (67, 71) stitches
Continue on these stitches keeping a garter stitch border on main body of stocking stitch until work measures 18cm, finishing on a purl row.

TO SHAPE NECK
Next row — knit 24 turn
Next row, k1, purl to last five stitches —k5
Next row — knit to last three stitches slip 1, kl, psso, k1
Repeat these last 2 rows until 15 stitches remain.
Knit 5 rows in pattern
Cast off 8 stitches at the beginning of next row, purl one row, cast off.
Slip next 15 (19, 23) stitches onto stitch holder and work right side to correspond with left substituting k2 tog for slip one, k1, psso.

BACK
Cast on 33 (37, 41) stitches
1st row knit
2nd row — cast on 5 stitches, knit to end of row.
Repeat this row until 63 (67, 71) stitches
Next row - k10 purl to last 10 stitches k10
Next row — knit
Next row — k5 purl to last five stitches k5
Repeat these last two rows until work measures 5cm
Cast off 8 stitches at the beginning of the next two rows then 7 stitches at the beginning of the next two rows — slip remaining stitches onto stitch holder (do not break off wool)

NECK BAND
Press work and sew up shoulder seams
Using set of four size 10 needles and right side of work facing knit up stitches across back, 28 stitches down left front, stitches from needle holder at centre front and 28 stitches up right front 104 (112, 120) stitches.
Continue on these stitches in rounds in either k1, p1 rib or k2 p2 rib until neck band measures 2ins (5cm).
Change to set of size 8 (4mm) needles and continue neck band for a further 4ins (10cm).
Cast off loosely.

LEFT: John Nicholson models the stoma winter warmer. ABOVE: How it looks without John in it.