MERRY CHRISTMAS TO YOU, YOUR FAMILY AND FRIENDS

SEASON’S GREETINGS

A very merry Christmas, good luck and the best of health throughout 2006 to all readers of ‘Still talking’. I’m sorry that this issue is less pages than usual but I have just returned from three weeks travelling overseas and had absolutely nothing prepared.

It will be interesting to see how our Christmas bash turns out under totally different circumstances to anything that has gone previously. I look forward to seeing many of you there at West Ryde to make a success of it.

I hope to see a good turnout at our Annual General Meeting in February with some enthusiasm for taking up positions in your Association. You don’t have to live in Sydney to be on the Committee and you don’t have to attend every meeting. I only attend every other meeting as I am working full time. John Chaloner is not able to attend each meeting either, so bear that in mind.

Anyway, enjoy your festive season, see you next year.

A.T. Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill NSW 2130. Phone 02-9799-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, HURSTVILLE GROVE, 2220. Phone: 02-9560 5804

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, WOOLLOOMOO, PO Box 572, Phone 02-9357-1900. Fax: 02-9357-2676

Or contact the Social Worker at the hospital you will be attending.
MINUTES


APOLOGIES - Lilah Walton, Tony Krasnodebski.

THE PRESIDENT Brian Gardner in the chair opened the meeting at 11 am. The minutes of the last meeting taken as read.

Moved Bill Eccleston, seconded John Chaloner.

SECRETARY/TREASURER’S REPORT - NOVEMBER, ’05

MEMBERSHIP

To date some 42 members have paid their subscriptions for 2006 and I thank them for their quick response to the notice in the last Newsletter. Unfortunately, few members completed their Zodiac sign in the space on the renewal form and I will leave it to our Editor, who sought this info to tell you more about that matter in the next Newsletter.

There were no changes to our membership list this month.

CHRISTMAS PARTY

So far I have only received bookings for the 2005 party from four members but I understand that Western Districts has 30 plus bookings. Please note that bookings for the Christmas Party close with Alan Dawson (Western Districts) or myself on 30th November.

ST VINCENTS LARYNGECTOMEE GROUP PARTY

We have received an invitation to this party - being held at the Paddington Woollahra RSL Club, 226 Oxford Street Paddington at 12 noon on Thursday 8th December. There is no RSVP date or contact number on the invitation but if anyone would like to go please advise me and I’ll pass on your name to the organisers.

INCOME & EXPENDITURE 1/1/05 TO 14/11/05

Credit balance b/f $ 8690.25
Income $ 6506.48 $15196.73
Expenditure $10974.67
Credit balance of $ 4222.06

Adelaide Bank Trust A/C: $41480.02

WELFARE OFFICERS REPORT - NOVEMBER 2005

Not a great deal to report this month. A few house calls and steady stoma cover sales keeping me active.

It is amazing how time flies, isn’t it? Here we are, again racking our brains, trying to think of something original to buy for all the Christmas presents required. However, it is a great time of year, highlighted by the sounds of the common koel bird yelling its bloody head off at 3 o’clock in the morning.

As it will be too late in December for me to extend my best wishes for the festive season I do so now, wishing you and yours a very merry Christmas and a happy, healthy 2006. Bill Eccleston.

Moved Noel Hannon, seconded John Chaloner.

SPEECH AIDS COORDINATOR’S REPORT - Nov. 2005

Quiet month apart from a request for four Servox batteries from St Vincent’s Hospital. Discussion took place re Nu Voice and Servox speech aids - John Chaloner said Servox was more sturdy but batteries could only be obtained through the maker. Bill Eccleston said Nu Voice used ordinary batteries which were universally available but lasted a fraction of the time.

Moved Faith Green, seconded Russell Green.

GENERAL BUSINESS - Discussion ensued re allocation of money earned in interest on investments. Des Nicholson suggested written submissions from some Speech Therapists. Carol Gardner remembered an idea presented by Margaret Patterson re a starter kit for new laryngectomees.

Brian Gardner is to approach Speech Therapy Course Co-ordinator at Macquarie re possibility of funding help if a student wished to do post graduate studies on laryngectomee speech.

Carol Gardner said John Hunter Hospital had put forward the idea of research into numbers of laryngectomees - their problems and future numbers.

Brian Gardner raised the issue of cost of postage to hospitals for voice prostheses and suggested a possible purchase by the Association and normal postage instead of courier.

The issue of education in schools to try and prevent future laryngectomees was raised. This hasn’t been successful in the past but the possibility of doing it through the Cancer Council was discussed - with Bill Eccleston volunteering to approach the Cancer Council regarding this.

All submissions to be written and presented to the sub-committee for consideration.

John Nicholson handed out free samples of diaries and pens, which were much appreciated.

The meeting closed at noon and a pleasant social lunch was enjoyed by all. Next meeting is the Annual General Meeting to be held February 15th, 2006.

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 15th February, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon. Laryngectomees, Friends, Families, Professionals all WELCOME.
SUPPORT GROUPS

This article appeared a couple of years ago but I thought it worth putting in the newsletter again with all the talk about lack of interest in the Association recently. Maybe the ideas expressed here no longer apply. You can decide for yourself.

After laryngectomy a person is confronted with a whole new way of life, no matter how much everything may seem to remain the same.

The laryngectomee may become antisocial from experiencing difficulty in talking in group situations, in a noisy environment or where he feels he is breaking the flow of conversations through his difficulty with speaking. A laryngectomee support group is the ideal place to practice socializing where other laryngectomees and their family and friends will be able to relate to any problems and provide a comfortable environment which encourages communication.

In addition, a laryngectomee support group is the best place for a new laryngectomee to receive information, exchange ideas and discuss problems with people who have been through the whole laryngectomee experience. Hospital professionals give general advice and information immediately before and after laryngectomy to a person in a fairly traumatic situation and a lot can go in one ear and out the other, also, ongoing problems may not become apparent until months after the operation and any associated radiotherapy or chemo.

The laryngectomee support group, possibly more importantly, is the place where spouses can meet other spouses of laryngectomees to share frustrations and personal experiences that might seem like difficulties that only they, in all the world, are confronted with.

Our Association attempts to reach as many patients who undergo laryngectomy in New South Wales as possible, in order to let them know that support groups exist, their aims, purpose, when and where they meet along with contact numbers. Then, obviously, it is up to the new laryngectomee to make the effort to attend their most accessible support group to find out what benefits it can offer them and hopefully they can give their input in helping others who become laryngectomees after them.

ASK THE DOCTOR

Ever since my laryngectomy food just doesn’t taste the same. You didn’t operate on my tongue (Did you?) so why is it that I don’t taste as well as I did before surgery?

Taste is a complex special sense. What we know as "taste", particularly the more delicate tastes, is really smell. The subtle tastes of eggs, certain cheeses, fruits, wines and the like depend on an intact sense of smell for their discrimination. Smell relies on our ability to move air containing certain molecules into the highest recesses of our noses. When we eat, the air with the odor bearing molecules goes behind the palate up into the nose. Following your laryngectomy, you no longer breathe through your nose but through your stoma. This results in less air reaching the smell part of your nose. The bottom line to all of this is that with a decreased sense of smell, it naturally follows that your sense of taste will be less as well.

Some patients learn how to "sniff" a little air up into the nose to enhance their sense of smell. Another tip is to add a little extra spice or cook with pungent herbs to help the job that your tongue is doing for you. This may make your food a little more enjoyable. Bon Appetit.

Glenn E. Peters, M.D.
A new preacher had just begun his sermon. He was a little nervous and about ten minutes into the talk his mind went blank. He remembered some advice they gave him in seminary school when a situation like this arose -- repeat your last point. Often this will help you remember what should come next. So he gave it a try.

"Behold, I come quickly," he said. Still his mind was blank. So he tried again, "Behold, I come quickly!" Still nothing.

He tried once more, this time with so much vehemence that he tripped over his microphone wire and fell off the stage, right into the lap of a little old lady in the front row.

The young preacher was very embarrassed and tried to apologize, but the woman replied, "That's all right, young man. It was my fault...I should have gotten out of the way. You told me three times you were coming!"

A sex line caller complained to Trading Standards. After dialling an 0891 number from an advertisement entitled "Hear Me Moan" the caller was played a tape of a woman nagging her husband for failing to do jobs around the house. Consumer Watchdogs in Dorset refused to look into the complaint, saying, "He got what he deserved."

From The Guardian: "After being charged 20 pounds for a 10 pounds overdraft, 30 year old Michael Howard of Leeds changed his name by deed poll to "Yorkshire Bank Plc are Fascist Bastards". The Bank has now asked him to close his account, and Mr Bastards has asked them to repay the 69p balance by cheque, made out in his new name."

A gentleman was moving from one house to another, a couple streets away. Observing the care-free way in which the moving crew yanked his furniture about, he decided to move his prized grandfather's clock himself.

Taking the antique in his arms he started for the new house. But the clock was almost as tall as its owner, and he had to put it down every few feet and rest his arms.

After half an hour of these exertions he was just about there, when one of the locals happened to walk out of the corner bar. Watching the man with the clock for a few moments he walked up to him and said in an unsteady voice, "Mister, can I ask you a question?"

"What is it?" demanded the man.

"Why on earth don't you carry a watch?"

From the Churchdown Parish Magazine: 'Would the Congregation please note that the bowl at the back of the Church, labelled "For The Sick", is for monetary donations only.'

From The Derby Abbey Community News: We apologise for the error in the last edition, in which we stated that 'Mr Fred Nicombe is a Detective in the Police Force'. This was a typographical error. We meant of course that Mr Nicombe is a Detective in the Police Force."

From The Manchester Evening News: "Police called to arrest a naked man on the platform at Piccadilly Station released their suspect after he produced a valid rail ticket."

An Austrian circus dwarf died recently when he bounced sideways from a trampoline and was swallowed by a hippopotamus. Seven thousand people watched as little Franz Dasch popped into the mouth of Hilda the Hippo and the animal's gag reflex forced it to swallow. The crowd applauded wildly before other circus people realised what had happened.

HAVE A GREAT XMAS

January 2006
REGIME CHANGE

All committee positions are again up for re-election. It would be nice to see someone nominate for the job of Editor as I feel I have reached my use by date in this capacity. If no one puts their hand up to apply for the position of Editor I will continue for one more year but give notice here that the February 2007 issue will definitely be my last.

Everyone wishing to attend the Christmas party at West Ryde must ensure you book your seats by the end of the month.

Membership subscriptions are now falling due and should be paid by January.

I am pleased to include a Northern Rivers Branch Report in this issue. John Basso is now receiving chemotherapy and is feeling stable enough to send in a Branch Report after quite a lengthy hiatus. I’m sure everyone joins me in wishing John continuing improvement in his health.

A.T.Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill, NSW 2130. Phone 02-9799-1154

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FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, VDOOLLOOMO, PO Box 572 Phone 02-5034-1980. Fax: 02-5034-1980 or contact the Social Worker at the hospital you will be attending.
MINUTES


APOLOGIES - W Eccleston, J Chaloner.

THE PRESIDENT Brian Gardner in the chair opened the meeting at 11 am. A different format was adopted for this meeting as we were given a presentation by Pauline Dooley and Margaret Patterson of the ‘Voice Symposium’ that was held in September.

This fascinating slide show with commentary was followed by discussion and questions taking over an hour in all, so the following reports were not read out at the meeting.

SECRETARY/TREASURER’S REPORT - OCTOBER 2005

MEMBERSHIP

Only 3 new members in the past month and they were:
- Mrs Annie Smythe of Penrith
- Mr John Douglas of Baulkham Hills
- Mr Sidney Sanders of Blacktown

All have been welcomed to the Association and invited to join us in our meetings.

CORRESPONDENCE

Newsletters were received from Queensland, Victoria and New Zealand.

Letter from the Macquarie Commercial & Business Sales Plt headed “How To Sell Your Business Successfully”. A tempting offer but doubt we would get many bidders.

Invitation to attend the 4th Health Services & Policy Research Conference in Canberra in November 2005. Fee would be $975.00 plus membership fee of $1,650.00 plus accommodation and conference dinner fee. Think we will give that a miss.

The Insurance Council of Australia has sought our help by advising our local members of our objection to the public liability cost. The letter says that NSW is now the second highest in insurance taxes in the world and that insurance products in Australia are now taxed more heavily than the “sin” products of tobacco and alcohol.

To date no one has asked us for a booking for the Christmas Party. Don’t forget - applications close on 30th November, 2005.

INCOME & EXPENDITURE 1/1/05 TO 17/10/05

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Adelaide Bank Trust A/C: $34323.38

WELFARE OFFICERS REPORT - OCTOBER 2005

A quieter than normal month to report, with a few visits including my first ever to Jean Colvin Hospital at Darling Point. What a view! Sydney Harbour in all its glory! I was unaware of the number of laryngectomesees passing through the doors but now, having met Kathy Gallop and now knowing the situation, I envisage more trips will be made to this establishment.

The reason for the visit was to have a chat with Kay Hehir from Coff’s Harbour which was in fact, our second meeting. Very coincidental in that my wife Kay and I will be having a holiday at this very location, leaving the day after I write this report, which means I will miss the October meeting.

Sales of stoma covers are steady, with the demand for single thickness, lightweight covers on the increase, due to the warm weather approaching. See you soon.

Regards. Bill Eccleston.

SPEECH AIDS COORDINATOR’S REPORT - Oct. 2005

Due to an increase in postal charges there is a small rise in the price of the rechargeable batteries which the Association supplies to our members.

Servox battery for Servox & Romet: -
1 for $32.00 - 2 for $60.00.

Varta 9 volt battery for Nu-Voix, TruTone & SolaTone: -
1 for $20.40 - 2 for $36.80.

Postage & packaging included.

Note that your Association still absorbs any GST incurred in this service, i.e. it is not passed on to the members.

GENERAL BUSINESS - The meeting was postponed to a later time as we were privileged to have an interesting presentation of the material used by Pauline Dooley and Margaret Patterson for their segment at the Speech Symposium.

This was related to Laryngectomisees, their problems, methods of communication and past and future types of help available. To quote Don Newby, "the best and most informative talk I’ve attended in twenty five years": The President thanked both ladies.

As the meeting time is governed by the use of the hall, the time remaining was limited as was the length of the meeting.

Allan Dawson asked for help from Head Office with finances for Christmas Party as it is a combined function. Lilah Walton moved that $1000 be given to Western Districts Club and the motion was carried. Head office is to send their own invitations to their guests and give Western Districts numbers.

Meeting closed at 12.45 and lunch was served.

Next meeting 16th November.

NORTHERN RIVERS BRANCH REPORT - Sept. 2005

We held our dinner meeting on August 5 at a new venue, "Mary Gilhoolee’s Irish Hotel". This was arranged by Karen Peterson the Speech Therapist from the Base Hospital, 12 people attended and apologies were received.
Two of our members have passed away, Jack Gardiner from Casino and Noel Hatt from Goonellabah. We extend our deepest sympathies and condolences.

We are trying to increase our numbers by inviting any people with speech problems. This was suggested by Karen.

That is all our news for now. Our next meeting will be our Christmas party in early December.

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**LETTERS TO THE EDITOR**

This letter was sent by Don Grinham of Wallar to our Secretary, John Nicholson:

*Dear John,*

*Please find cheque for $120.00 - I put a welder and floor polisher in a clearing sale and I asked Dennis Woods (Auctioneer?), to make the cheque out to the Association. By doing that, there is no commission or advertising charges. Hope it will help a little.*

*Kind regards,*

*Don*

Many thanks Don for your generosity and support.

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**HOW TO SET THE INDIVIDUAL BUTTONS ON A DIGITAL SERVOX**

*by Randy Lempster*

1. Unscrew the bottom of the Servox and remove the battery.
2. Slide off the cover – hold onto the top of the unit.
3. Replace the battery and the end cap.
4. Looking at the electronic circuit board you will see 2 very small switches – these are called DIP switches.
5. To set the level of the upper button of the Servox, slide the 2nd (right hand) switch to the down position and leave the 1st in the up position.
6. To increase the frequency of the sound, press the upper button as many times as necessary to get the right tone. To lower the frequency, press the lower button.
7. When you have the desired levels for the upper button, reverse the order of the DIP switches – 1st down & 2nd up. Then repeat Step 6 for the lower button.
8. You will have to adjust these levels quite a bit as each push of the buttons only increases/decreases the frequency by 1 hertz.
9. Once you are satisfied, set both DIP switches to the down position, remove the end cap & battery and replace the cover – then replace the battery and end cap.
10. You will probably find that the tones will change when the cover is replaced so you may want to replace the cover from time to time to see what things sound like.

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*This information was taken from the “Headlines” monthly newsletter published by Pat Sanders of Alabama. This and other newsletters can be found on the IAL Larynxlink website in their Newsletter section. That and other useful sites for laryngectomees can be sourced through the ‘Links’ page of our own “Still talking” website.*

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November 2005
Hey Doc, ever since my laryngectomy I seem to have trouble with constipation every once in a while and I really haven't changed my diet. Why is that?

Answer: In order to have a natural bowel movement you need to strain a little. Normally straining is done by closing the vocal cords and increasing the pressure in your chest by exhaling against the closed vocal cords. The same thing happens when you strain to lift a heavy object. Without a larynx you can't strain normally because your stoma will not allow you to restrict the outflow of air from your lungs. The solution then is to eat a diet which will provide a large amount of bulk to your stool as in a diet high in fiber ... your basic old healthy fruits and vegetable diet along with grain products that don't have all the "good" refined out of them. You also want to stay very well hydrated with plenty of water, juices and liquids.

Dr. Glenn E. Peters

Really means....
"I like you more than my truck."

Really means....
"I recycle."

Really means....
"We could pay the rent with the money from my empties."

Really means....
"Of course I like it, honey, you look beautiful."

Really means....
"Oh, man, what have you done to yourself?"

Really means....
"It sure snowed last night."

Really means....
"I suppose you're going to nag me about shoveling the walk now."

Really means....
"It's good beer."

Really means....
"It was on sale."

NEXT MEETING
The next meeting for the Laryngectomy Association of NSW will be held on Wednesday, 16th November, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon.
Laryngectomees, Friends, Families, Professionals all WELCOME.

VALE
Regretfully we have to advise you of the passing of the following members:
Mr Alan Lovett
of Engadine
Mr Ross Ewings
of Harrington
Mr Barry Glass
of Bega

We have extended our condolences to the families and friends of these members.
POSITIONS VACANT

The following are the job descriptions of all the positions you can apply for.

PRESIDENT
This position entails chairing the monthly meetings, assisting the Secretary and Treasurer in answering members' queries, keeping contact with branches throughout the State and representing the Association in any matter that might arise during the year.

VICE-PRESIDENT
Assist the President and Secretary and stand-in as meeting chairman in the absence of the President.

SECRETARY
Receive all correspondence and attend to enquiries or forward on to the appropriate person. Act as a public relations officer for the Association and make any necessary arrangements with professional, patient or public individuals or groups seeking information on the Association and the membership. Keep all records of the Association. Liaise with Cancer Council and other bodies in contact with the Association.

TREASURER
Keep the books of the Association to produce a financial statement for the Annual General Meeting and prepare any financial returns that may be required. Collect subscriptions, issue receipts, make cheques for laryngectomee supplies and other payments for the smooth running of the Association.

ASSISTANT SEC/TREAS
Assist or understudy the Secretary and Treasurer and take over on extended holiday or illness.

WELFARE OFFICER
This position involves visiting laryngectomees in hospital and sometimes at their home. Reassuring spouses of a laryngectomee's prospects. Buying in materials and making up hospital packs and stoma covers. Liaising with Speech Pathologists and Social Workers on behalf of individuals or laryngectomees in general. Some record keeping required.

SPEECH AIDS CO-ORDINATOR
Look after electro-larynxes for loan. Buy in and keep a stock of batteries. Liaise with suppliers and Speech Pathologists regarding speech aids. Trial new devices etc.

NEWSLETTER EDITOR
Collect and write information of interest to laryngectomees and publish it in 'Still talking', have it printed or photocopied, put in envelopes and mailed and emailed each month. Opportunity to learn how to maintain our website on the internet.

MINUTES SECRETARY
Take minutes at monthly meetings and transmit them promptly to the Editor.

COMMITTEE MEMBERS
Input into decision making and filling positions in the extent of extended holiday or illness.

APPLY OVERLEAF
THE LARYNGECTOMEE ASSOCIATION OF NSW

ANNUAL GENERAL MEETING 11am, WEDNESDAY, FEBRUARY 15th 2006

ELECTION OF OFFICERS AND EXECUTIVE COMMITTEE

At the Annual General meeting of the Laryngectomee Association of NSW, to be held on Wednesday, February 15th, 2006 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, BY FINANCIAL MEMBERS of the Association.

The nomination must carry the signatures of the nominee, the nominator and seconder, and be lodged with the Secretary of the Laryngectomee Association of NSW, PO Box 58, RICHMOND, NSW 2753, by 31st January 2006.

The following offices are to be filled:

President                Secretary              Treasurer
Vice-Presidents (2)      Speech Aids Co-Ordinator Newsletter Editor
Welfare Officer          Committee Members (2)
Minutes Secretary


NOMINATION FORM

LARYNGECTOMEE ASSOCIATION NSW, COMMITTEE 2006
(PLEASE USE BLOCK LETTERS)

I ................................................................................................................
(Note:- You may nominate yourself for any position)

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

For the position of............................................................................................Of LANSW

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

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

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


ALL SUBSCRIPTIONS DUE 1st JANUARY 2006

PLEASE RETURN THIS SECTION TO:- Mr John Nicholson
                                    Treasurer LANSW
                                    PO Box 58
                                    RICHMOND 2753

I ENCLOSE MY CHEQUE/MONEY ORDER FOR $10.00 BEING FOR RENEWAL OF MEMBERSHIP OF THE LARYNGECTOMEE ASSOCIATION OF NSW FOR 2006

NAME...........................................................................................

ADDRESS..............................................................................................

............................................................................................................POSTCODE

If you wish to volunteer the information, Please advise your sign of the Zodiac

IF YOU DON'T CURRENTLY RECEIVE 'STILLTALKING' BY EMAIL BUT WOULD LIKE TO, PLEASE ADVISE THE EDITOR AT ‘atkras@optusnet.com.au’ AND HE WILL PUT YOU ON THE EMAIL LIST.
SPRINGTIME HERE AT LAST

On my way to and from work I pass a grove of maple trees. They’ve been bare for a while, but suddenly a couple of weeks ago they were covered in fresh foliage. A now you don’t see them, now you do, sort of thing. Once the jacarandas start blooming you know summer has just about arrived.

I’m off on holidays at the end of October for three weeks, so the November issue could be either a bit early or a bit late and maybe just a four page issue. We’ll have to see.

Inside, Bill Eccleston relates his experience of attending the 7th Voice Symposium, makes me sorry I didn’t make a bigger effort to attend.

Lilah writes in about a laryngectomy, (probably not a member), giving her a hard time for not being able to supply parts and information on demand. Bit of a worry.

Anyway, let’s keep looking on the bright side.

A.T. Krasnodebski

WHO TO CONTACT


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FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, WOOLLOOMOO, PO Box 572. Phone 02-9334-1900. Fax: 02-9357-2676. Or contact the Social Worker at the hospital you will be attending.
MINUTES


THE PRESIDENT - Brian Gardner in the chair opened the meeting at 11 am. The minutes of the last meeting as appeared in the newsletter were taken as read.

Moved C Gradner, seconded R Green.

SECRETARY/TREASURER’S REPORT - SEPTEMBER ’05
Presented by Carol Gardner in the absence of John Nicholson.

September has been very quiet so Desma and I are taking the chance to go and see our eldest son, his wife and two grandsons at Currumbin this week. We hope that all are well and we will be back on the 25th of September.

MEMBERSHIP

Two new members this month and both have been welcomed to our Association. The two members are:

Mr John McLeod of Yamba
Mr Warrick Hammings of Toongabbie

Thankfully I can say that there are no obituaries to report.

CORRESPONDENCE

1. Newsletters from Victoria, South Australia and Tasmania.
2. Letter seeking our membership from Pathways Australia. Fee $200.00.
4. Payment for 5 shower shields from Otsgo Hospital NZ.
5. Supply of shower shields from Med Mart Co. USA.

INCOME & EXPENDITURE 1/1/05 TO 14/9/05

Credit balance b/f $ 8690.25
Income $ 5071.49
$13761.73
Expenditure $ 9367.69
Credit balance c/f $ 4394.04

Adelaide Bank Trust A/C: $34199.02

Moved Lilah Walton, seconded Bill Eccleston.

WELFARE OFFICERS REPORT - SEPTEMBER 2005

The usual mothy activities, with two or three visits and the supplying of stoma covers, shower shields, etc.

The highlight of my month, however, was attending the 7th Voice Symposium of Australia at the Darling Harbour Convention and Exhibition Centre. This was such an important event for so many people that I’ve taken the liberty of writing a separate report on the session, “Voice and the Laryngectomee” which was sponsored by your Association. A marvelus event!

Regards to all, Bill Eccleston.

Moved Noel Hannon, seconded Carol Gardner.

Margaret Patterson and Pauline Dooley have indicated they will attend a meeting and report on the Voice Symposium and also show some slides.

SPEECH AIDS COORDINATOR’S REPORT - SEPT. 2005

It’s been a quiet few months with low demand for batteries or loan speech aids - that’s why you haven’t heard from me!

In the afternoon on Saturday the 17th of September our Welfare Officer, Bill Eccleston, and myself attended one of the sessions of the 3 day Voice Symposium which was held at the Convention Centre at Darling Harbour in Sydney. The Symposium was organised by a team of speech pathologists and doctors from Sydney and had speakers from many disciplines, including people from overseas, and workshops on various aspects of “the voice”.

The workshop session Bill and I attended was sponsored by your Association and had been put together by speech pathologists Margaret Patterson, from Royal North Shore, and Pauline Dooley, from St Vincent’s. There were visitors from Singapore and New Zealand amongst the attendees.

Firstly Pauline outlined the different options available to post-op laryngectomees to enable them to communicate again and why they may or may not be suitable for a particular person. These included oesophageal speech, a pneumatic or electronic speech aid, and a voice prosthesis.

Then Margaret discussed the types of aids for use in these options. She also played recordings of various people using various aids, all singing “Old Man River” for comparison, yours truly included (I’m definitely not giving up my day job yet for a life on the stage!). All this was interspersed with questions from the floor.

It was a worthwhile and interesting session and Pauline & Margaret had obviously put a lot of effort into the content. (The Association was thanked for their sponsorship).

GENERAL BUSINESS - Amanda and Cynthia, who are finishing their Speech Therapy courses this year, are due to present a talk to a community group as part of their studies. They are seeking ideas and may give their talk on laryngectomees. Members at the meeting suggested some stories of problems encountered because of the ignorance about larys, even in the medical profession. These ranged from a lary in the operating theatre having a cover placed over his stoma and nearly suffocated until a doctor realised what was happening. Many similar stories were told and may help spread the word that larys get no air through their nose and mouth.

Dawn Dwyer contacted the Association to tell us her husband Alan, a member for 15 years had passed away.
The September issue of CLAN ran a story on Evan Hunter, probably better known as Ed McBain the author of the 87th Precinct series of crime, thriller, detective novels. Evan Hunter or Ed McBain was actually born Salvatore Lombino in 1926 and rose to prominence in 1954 when his first book "The Blackboard Jungle" was published and became the basis of the 50's film classic. Hunter has written dozens of books under various pseudonyms and in many genres. He is the holder of the Mystery Writers of America's coveted Lifetime Achievement Award and the CWA's Diamond Dagger Award.

In the late 80's Hunter got a sore throat and over the following 10 years the condition persisted with doctors unable to treat it successfully to the point that he became accustomed to it and viewed it as a source of amusement. However, in the late 90's during a routine check-up he was diagnosed with throat cancer. Not only that, but the course of action would be to remove his larynx in its entirety, robbing him of his voice.

The book "Let's Talk: A Story of Cancer and Love" by Evan Hunter, ISBN:0-7528-6948-5, released by the Orion Publishing Group, is the story of his experiences during those dark days and his subsequent recovery. It is a tale told with sadness and regret but also with a stunning good humour. Ultimately it is a story of eventual success and happiness but the journey to get there is littered with both triumph and tragedy.

Reviewer Russ Hultgren on Amazon.com says that the emotional core of the book belongs to Dragica, Evan's wife, the love he waited nearly his whole life to find. Two scenes that he'll never forget come from her, and they're exquisite examples of showing, not telling, through writing. The first takes place at home in Evan's office after the surgery that removed his larynx. He's sitting alone, watching a tape of the wonderful special about him that the BBC did in the 1980s. He's looking at himself being interviewed, using a voice he'll never have again, sitting in silence, when Dragica comes to him, kneels at his feet, puts her head in his lap, and begins weeping quietly while he strokes her hair. The second occurs in a doctor's office where Evan and Dragica are waiting to be seen. Dragica notices another couple, there for the same reason, and she's struck by the contrast between them: Evan's illness has brought her closer - so much closer - to her husband, while the other couple is sitting turned away from each other, eyes vacant, faces hard, a wall of pain and silence between them.

Anyway, you can check it out for yourselves. It occurs to me that I have done quite a few book reviews over the years but have never received any feedback from anyone moved to get any of the books.
LETTERS TO THE EDITOR

Dear Tony,

On Wednesday, 7 September my home phone rang and the conversation started thus:

"I am a laryngectomee and I use a DSP8 and had my operation 12 years ago at St Vicents."

"Hello, how may I help you, DSP8s are no longer manufactured".

The conversation continued and for some unknown reason I keep saying Blom-Singer. By this stage dummies have been spat out and we were each over talking one another. (This surely wasn't the lady who for years use to say "let a Larry finish without interrupting please"). Any rate, he hung up in my ear. I then rang St Vicents Speech Department regarding the DSP8. Next morning they rang back saying they did have some parts for DSP8 so I said I would call the unknown Muswellbrook Larry.

I eventually contacted another Muswellbrook Larry who knew of him but not his name, who however, went around and gave his wife my message. Later the DSP8 Larry rang me.

The snarling continued from the day before. I told him to ring St Vicents and then his wife (I presume) got on the phone and we had a few "snappy" words to each other. She asked my age (goodness only know why - but I didn't tell her). She told ME nobody knows anything about Larrys (sorry Speechies) and nobody does anything for them (sorry Visitors). Now the question of the year. What was I doing for forty-seven years.??

Lilah

ASK THE DOCTOR

Coughing and phlegm are what I would like to address next.

Are you taking steps to make sure that the air that you inhale is properly humidified? Is your stoma bare or covered?

The excessive phlegm production is a natural response by your lungs when they are exposed to dry, unfiltered air. It's their way of protecting themselves. Irrigating your stoma with saline or clean tap water every few hours will help. Two or three cc's at the time is all that is needed. Beware-you will cough like hell, but it won't drown you or anything like that.

Another thing you can do is to take advantage of the humidity that is leaving your body every time you exhale. Wear something around your lower neck like a woven stoma bib or a loose fitting kerchief; these things will trap some of your body's own expired moisture. Also, keeping your lower respiratory tract properly humidified will lessen your risks for viral infections (colds) and pneumonias.

Glenn E. Peters, M.D.
University of Alabama at Birmingham, Alabama.
USA

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 19th October, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon.

Laryngectomees, Friends, Families, Professionals all WELCOME.
7TH VOICE SYMPOSIUM
OF AUSTRALIA 2005

By Bill Eccleston

The Symposium was held at the Sydney Convention and Exhibition Centre at Darling Harbour, Sydney, between the 15th and 17th of September. There were also workshops held at various locations from 13th to 18th of September.

Our Association was pleased to sponsor a presentation made on Saturday 17th which was titled "Voice and the Laryngectomy: A Didactic and Interactive Workshop."

John Chaloner and I represented your Association and, along with Speech Therapists and other interested parties from every part of Australia, took part in this session brilliantly presented by Margaret Patterson of Royal North Shore Hospital and Pauline Dooley of St Vincents Hospital.

The goals of the workshop included, amongst other matters, how to give Speech Pathologists a better understanding of the range of voicing options available to the laryngectomee.

Some of the topics touched on included, for example, the advantages and limitations of artificial larynges, including cervical aids and new technological reviews, these included, in part, discussions of voice prostheses, no-hands stoma valves and valve types. Other related subjects talked about included the various types of air injection methods of oesophageal speech and its realistic goals.

I confess that at times the discussions were rather involved and technical, to the point of my not understanding the meaning of such words as "cricohyoidoep throttle" (which I probably have misspelled) didn't mean a great deal but bear in mind the entire Symposium was designed for Speech Therapists, not laryngectomees.

Comparisons were made between various forms of speech manufacture, including oesophageal and electronic and their different merits. For example oesophageal speech has the benefits of "natural sound" and is "hands free" but has the disadvantage of being exhausting. Excellent demonstrations were made.

Comparisons were also made of the different types and brands of prostheses, the pros and cons of different types and brands of electronic intra-oral devices with demonstrations being made to illustrate these. At all times John and I were included in any discussions being made, even being asked for our feelings, comments and suggestions on the subjects being raised. In fact, the entire, well-presented matters were interspersed with a great deal of interactive discussion.

The workshop finished with formal thanks being given to your Association for its financial assistance.

The day was completed with all the Speech Pathologists standing around a grand piano, having a great time and demonstrating how they could all sing like angels.

In all, a very rewarding experience, with one big benefit, among others, being the fact that I was meeting many of the Speech Pathologists, that had merely been a voice on the phone, on a face-to-face basis. Much appreciated.
CHRISTMAS PARTY 2005

To: The Treasurer, Laryngectomee Association
PO Box 58, Richmond, 2753

or

Alan Dawson, 3/10 May Street, Eastwood, 2122

Please reserve me.......tickets for our Annual Christmas Party at Ryde Eastwood Leagues Club, 117 Ryedale Road, West Ryde;

Monday 12th December, 2005, 12 noon - 3.00pm.

I enclose $25.00 for both each laryngectomee and each non-laryngectomee.

TOTAL ENCLOSED........................

NAME........................................

SIGNATURE.................................

ADDRESS....................................

MY GUESTS WILL BE........................

...........................................

...........................................

This form must be completed and returned to Alan Dawson or the Secretary/Treasurer by 30th November, 2005. Your receipt will be mailed to you. This receipt will be your entry so please remember to bring it with you on December 12th.

humour

WHAT MEN REALLY MEAN

"I heard you."
Really means....

"I haven't the foggiest clue what you just said, and am hoping desperately that I can fake it well enough so that you don't spend the next 3 days yelling at me."

"You know I could never love anyone else."
Really means....

"I am used to the way you yell at me, and realise it could be worse."

"You look terrific."
Really means....

"Oh, God, please don't try on one more outfit. I'm starving."

"I brought you a present."
Really means....

"It was free ice scraper night at the ball game."

"I missed you."
Really means....

"I can't find my sock drawer, the kids are hungry and we are out of toilet paper."

"I'm not lost. I know exactly where we are."
Really means....

"No one will ever see us alive again."
Have fun.....
PARTY PLANNING

Dramatic change of venue for this year's Christmas party, to be held at West Ryde rather than the City and on a weekday rather than the weekend. See Brian's message on page 3.

I will put in a party application form as usual in next month's 'Still talking', but in the meantime you are welcome to apply to Alan Dawson to reserve your seats at this year's bash.

We've spent a bit of time and effort in bringing our address list up to date. Please check your name and address details and if you notice any discrepancy in spelling, postcode or title etc. let either the Secretary or Editor know so we will have a point where we can be confident we have an accurate record of the membership.

Anyone interested in the 'Voice Symposium' can visit the website above for more information.

A.T.Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner. PO Box 31, Summer Hill, NSW 2130. Phone 02-9799-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, Hurstville Grove, 2220. Phone: 02-9580 5804

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, WOOLLOOMOO, PO Box 572. Phone 02-9334-1900. Fax: 02-9337-2676

Or contact the Social Worker at the hospital you will be attending.


APOLOGIES - Pat Lamont, Helene & Alex Szanyi, John Chaloner.

THE PRESIDENT Brian Gardner in the chair opened the meeting at 11 am. The minutes of the last meeting as appeared in the newsletter were taken as read.

Moved Carol Gardner, seconded Don Newby.

SECRETARY/TREASURER’S REPORT - AUGUST 2005

MEMBERSHIP
Three new members since our July meeting and they have been welcomed accordingly. The three new members are:

Mr George Grant of Barraba
Mr Alan Cowan of Toukley
Mr Carl Rasmussan of Hunters Hill

CANCER CONSUMER NETWORK PROJECT

Ms Lisa Maree Herron, the project co-ordinator for the ‘Cancer Consumer Network Project’ - a project being administered by the Cancer Council of Australia, has sought information about our Association. I have provided that information and also advised her that we will provide her with a list of subjects that were discussed by the National Laryngeal Support Committee before it was wound up some years ago. I have had no reply to our letter dated 29th July, 2005 so will try to contact her this month.

VOICE SYMPOSIUM OF AUSTRALIA - 15 - 17 Sept, 05

We have been advised of the limitations on the amount of literature we can provide the organisers of the symposium. We will be allowed to provide one (1) piece of A4 sized flyer or brochure for each satchel, so I have ordered the printing of 400 copies of our brochure.

NEWSLETTERS

Received newsletters from Victoria and South Australia and a letter from the Secretary of the New Voice Association of South Australia. Lorna Belcher has been the S.A. Secretary for 15 years as well as their Editor and Welfare Officer and as she is nearing her 80th birthday she certainly deserves a break from those duties. I’m sure that all our members will join me in wishing Lorna a long and happy retirement.

INCOME & EXPENDITURE 1/1/05 TO 16/8/05

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Adelaide Bank Trust A/C: $31068.49

Moved Lilah Walton, seconded Carol Gardner.

WELFARE OFFICERS REPORT - AUGUST 2005

I wish to report a reasonably busy month with sales transactions of some 90 stoma covers and 8 shower shields wending their way to various locations.

It was also a period of meeting people from different areas. Those included Kay Hehir from Coffs Harbour, staying with her son at Sylvania after her recent operation and Association member Khall Mouhanna and family from Peakhurst. A nice morning was spent with this latter group, sitting in the backyard and sipping small cups of delicious coffee. As always it is a pleasure to meet all these people and chat and hear their different experiences.

Regards to all. Bill Eccleston.

Moved Bill Eccleston, seconded Don Newby.

GENERAL BUSINESS - Re Christmas party combined with Western District on Monday 12th December. Lilah raised issue of those who worked, 40% of those who attend are from Western District anyway. Western District are supplying presents for raffle. Now at Ryde Eastwood Leagues Club.

Lilah Walton raised issue of microphone box. Enquiries to be made of Cancer Council as Association owns it. President take Lilah to check.

Mary Hallburton told of phone call from Welfare Officer Michelle at Westmead can support St Vincent’s patient. Don Newby said he may be able to help with info about throat and mouth cancer patients.

Next meeting 21st September 2005.

WESTERN DISTRICTS NEWS - AUGUST 2005

We have arranged to meet the Illawarra Laryngectomee Association at Woronora Dam on September 5th, 2005 for a barbecue.

Also, we have arranged to meet with the Gosford Branch at Gosford Leagues Club on Thursday October 20th, 2005 at 10.30 am.

Our combined Christmas party with Head Office will be held at Ryde Eastwood Leagues Club on December 12th, 2005.
XMAS PARTY

By Brian Gardner

After consultation with Western Districts Branch Social Secretary, Pat Dawson, and her committee, arrangements have been made to combine the two Christmas parties. The main two reasons being that about 35% of people who have attended our previous parties have been Western District members and this year they have changed their venue to the Ryde Eastwood Rugby Leagues Club, which is located in Ryedale Road, West Ryde, directly opposite the Railway Station. It is on MONDAY 12th December - please note the MONDAY.

The pros and cons of the amalgamation were discussed at length and it was agreed to combine with the idea to make this the best function so far. Pat and the ladies have already decided to buy better quality presents for the raffle at their party and have asked to supplement their outlay, which of course we will do. So the procedure of past years where you have supplied presents to be distributed is not required.

Alan and Pat Dawson have asked that all who intend going make contact with them on 02 9874 6868, and send your cheques to Alan at 3/10 May Street, Eastwood, 2122, so he can forward your receipts. Cost per head is $25.00. Pat said I'm allowed to tell you that there are a few surprises in store for us all. It has been a good year for the Association, so let's end the year with a great Christmas party.

Merry Christmas. Ho! Ho! Ho!

SHOWER SHIELDS

One of the main worries when becoming a laryngectomee is the possibility of getting water in the stoma and each day there is the prospect of that happening whenever you take a shower. The water jet can be avoided by strategically placing yourself and covering the stoma with one hand when facing the water flow but that means having to keep yourself continually aware of where you are in relation to the water.

The best way to take a shower has to be using a shower guard of some kind, like a baby's bib worn back to front. A shower shield from our Welfare Officer would be the ideal way to go, they are sturdy, comfortable to wear and allow for easy breathing when wearing. They are very long lasting except for the velcro ties, however they are readily replaced, just buy some adhesive velcro from the haberdasher or supermarket and sew onto the shower shield through the holes left where the discarded velcro was attached. The velcro can be replaced a number of times.

Wearing a shower guard makes life a lot easier especially when washing your hair, doing that one-handed can be really tricky. Buying a shower shield or making yourself one is a very good investment of time or money to give yourself peace of mind, enabling you to take your daily shower without worrying about water getting into your stoma.
TEP COMPLICATIONS

I was lucky after my laryngectomy and subsequent radiotherapy that when my Speech Pathologist first inserted a voice prosthesis in the tracheoesophageal puncture (TEP), I was able to talk right away and have had no major problems since. However, this is not always the case with every patient.

Studies have shown that failure rates range from 3% - 15% with common causes of voice restoration failure including patient motivation and learning capabilities. Also, patients with poor vision, arthritis or neurological disabilities have been found to be poor candidates for the TEP procedure.

Another cause of failure is pharyngoesophageal spasm, which appears to be caused by reflex contraction of the cricopharyngeal (also known as the upper esophageal sphincter) and constrictor muscles when the mid-oesophagus is distended with air and possibly from a reaction to reflux. It seems to be a cause of TE speech failure in 10% - 12% of patients. Further surgery including cricopharyngectomy and cricoid myotomies and pharyngeal neuromuscular resection are options for pharyngoesophageal spasm. Botulinum toxin (Botox) injection has also been successful in facilitating fluent TE voice production after muscle spasm and should be preferred over further surgery.

Other complications associated with TEP are: bleeding from around the tract (usually granulation tissue), air in the stomach, saliva leaking around or through the prosthesis, aphony during radiotherapy and coughing at night. More serious, though rare complications include: mediastinitis, cervical cellulites, cervical spine fracture, and aspiration of the prosthesis, which has been discussed in 'Still talking' a number of times.

DUCKING THE ISSUE

When business was slow, a salesman at the car dealership, where I work, would go for a walk in the back parking lot. A storm drain there was chronically plugged, and when it rained, a large puddle would form, attracting wildfowl. The water was often contaminated with oil and antifreeze. Noticing a pair of mallards swimming in this muck one day, the salesman sadly commented, "They're killing themselves and are too stupid to know it." With that, he shook his head, took a last drag on his cigarette and went back inside.

...John Chaplin

NEXT MEETING
The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 21st September, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.
There is parking on site and it is also a short walk from the Railway Station.
The meeting will be followed by a light luncheon.
Laryngectomees, Friends, Families, Professionals all WELCOME.

VALE

Regrettably, we are to advise that
Mr Donald Gray
of Lakemba
died on 3rd March, 2005 although we only became aware of his passing recently.

September 2005
ASK THE DOCTOR

As laryngectomees, what do we need to watch for in our breathing, wheezing, coughing, sneezing, or running noses, that means we should see the doctor?

People are often concerned that as a laryngectomee you are somehow different in how you deal with your respiratory tract. Well, the short and the long of it is "yes" you are different, but "different" is not necessarily bad. Removing your larynx and diverting your breathing through your stoma has removed the filtration and humidification provided by breathing through your nose, mouth and throat. That means you are breathing in, through your stoma, air that is drier and has more particulate matter. All of this dirty, dry, air can make you susceptible to lower respiratory tract problems.

We have talked at considerable length about proper stoma hygiene to improve the filtration and humidification of your inspired air. Prevention is the absolute best form of staying in good shape. Humidify, irrigate, drink water, wear a stoma cover, spend some time carefully cleaning the area around and just inside your stoma and have clean hands when touching your stoma. Stay moist, use good sense and good hygiene.

Now for the good news about having a stoma -- Your airway is directly accessible for troubleshooting, diagnostic evaluation and treatment. Normal nose breathers don't have that luxury. So what is it you need to look for?

1. A cough which is productive of blood may indicate anything from bronchitis to pneumonia to lung cancer. This needs to be looked into. Sure you may have a little blood streaking in your sputum, particularly if you slip up on your humidification, but if this persists, don't hesitate to check in with your nearest health care professional.

2. A cough which produces discolored mucous usually indicates an infection of some sort. This is the second big issue as it may indicate the need for a chest x-ray to look for a pneumonia. It also may indicate the need for some antibiotics.

3. More crusts in the stoma-add more humidity.

4. Increasing difficulty with breathing, particularly if it comes on suddenly, usually is caused by a crust lodged in the trachea. This calls for some tracheal first aid such as irrigating the stoma more frequently until the crust loosens up and becomes dislodged with coughing. If you are unsuccessful and are still having difficulty, GET SOME HELP!

5. Wheezing which is new in onset and noisy breathing is also usually caused by a crust narrowing the airway. You know what to do here.

6. Lastly, there is such a thing as having no problems and doing just fine. So what is wrong here? Did you get your chest x-ray this year? Remember that your laryngeal cancer puts you in a higher risk group for lung cancer, which can often get to a very advanced stage without the slightest hint of a symptom. Bottom line is an x-ray once a year.

Now for my disclaimer. Many of these breathing problems can mimic more serious health problems having to do with the lungs or the heart. As always, when in doubt check it out (with your doctor).

Glenn E. Peters, M.D. ,
F.A.C.S.
Director, Division of
Otolaryngology-Head
and Neck Surgery
University of Alabama at
Birmingham,
Birmingham, Alabama,
USA

September 2005
GRANDMA

In the dim and distant past,
When life's tempo was not so fast,
Grandma used to rock and knit
Crochet, tat and baby sit.
When the kids were in a jam
They knew that they could call on Gran.
But today she's in the gym
Exercising and keeping slim
She's checking the web and surfing the net
Sending an email or placing a bet.
Nothing seems to stop or block her,
Now that Gran is off her rocker!

humour

A philosophy professor stood before his class and had some items in front of him. When the class began, wordlessly he picked up a large empty mayonnaise jar and proceeded to fill it with rocks, rocks about 2" in diameter. He then asked the students if the jar was full?

They agreed that it was.
So the professor then picked up a box of pebbles and poured them into the jar.
He shook the jar lightly. The pebbles, of course, rolled into the open areas between the rocks. He then asked the students again if the jar was full.
They agreed it was.
The students laughed. The professor picked up a box of sand and poured it into the jar. Of course, the sand filled up everything else. "Now," said the professor, "I want you to recognise that this is your life. The rocks are the important things - your family, your partner, your health, your children - things that if everything else was lost and only they remained, your life would still be full. The pebbles are the other things that matter like your job, your house, your car. The sand is everything else. The small stuff."
"If you put the sand into the jar first, there is no room for the pebbles or the rocks. The same goes for your life. If you spend all your time and energy on the small stuff, you will never have room for the things that are important to you.
Pay attention to the things that are critical to your happiness. Play with your children. Take time to get medical checkups. Take your partner out dancing. There will always be time to go to work, clean the house, give a dinner party and fix the disposal." "Take care of the rocks first the things that really matter. Set your priorities. The rest is just sand." But then...
A student then took the jar which the other students and the professor agreed was full, and proceeded to pour in a glass of beer. Of course the beer filled the remaining spaces within the jar making the jar truly full.
The moral of this tale is:
No matter how full your life is, there is always room for

BEER

A customer in a bakery was observed carefully examining all the rich-looking pastries displayed on trays in the glass cases.
When a clerk approached him and asked, "What would you like?" he answered, "I'd like that chocolate-covered, cream-filled doughnut, that jelly-filled doughnut and that cheese Danish."
Then with a sigh he added, "But I'll take an oat-bran muffin."
LIFE GOES ON

After the death of Pat Halliburton, meetings at Strathfield or Western Districts Branch will never be the same and will take a while before a feeling of normalcy returns. There are a number of references to Pat in this issue of ‘Still talking’.

I heard that Faith and Russell Green had an accident on their way to the funeral, fortunately with neither of them sustaining injuries even though their car was towed away. Brian Gardner commented that after 39 years in the Police it was the first time he had ever seen a Salvation Army Captain in full uniform directing traffic.

Brian received an email from Ken Bishop, son-in-law of Vernon (Tas) Smith, a laryngectomyee from Shellharbour who died in 1993. Ken contacted Brian after finding the ‘Still talking’ website. I have been having doubts about the usefulness of maintaining a website but when I hear of something like this it goes a long way to relieving them.

Reference is made in the minutes to limited availability of tickets to a session of the 7th Annual Voice Symposium in September. More information can be obtained from their website, see above.

A.T. Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill, NSW 2130. Phone 02-9799-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, Hurstville Grove, 2220. Phone: 02-9580 5804

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, WOOLLOOMOO, PO Box 572. Phone 02-9334-1900. Fax: 02-9357-2676

Or contact the Social Worker at the hospital you will be attending.
MINUTES


APOLOGIES - Mary Halliburton, Antoni Krasnodebski, Lilah Walton, Peter McGregor, John Chaloner.

THE PRESIDENT - Brian Gardner in the chair opened the meeting at 11 am. The President called for a minutes silence in memory of long standing active member Pat Halliburton. The President welcomed John and Beryl McLeod from Yamba. John is to have a laryngectomy on Friday and we all wished him well. Minutes of the June meeting as appeared in ‘Still talking’ were taken as read.

Moved Noel Gilder, seconded Faith Green.

SECRETARY/TREASURER’S REPORT - JULY 2005

MEMBERSHIP

Since our last meeting the following have become members and I have welcomed them to our Association:

Mr Joe Green of Banora Point
Mr Allan Ryan of Woy Woy
Mr Laurence Slattery of Kempsey

PATIENT SUPPLIES

Our Welfare officer and Voice Aids Officer have provided me with details of the supplies they have sent to members. It is surprising to find that so many have not paid for their shower shields, stoma covers, batteries etc.

To the members concerned “it would be appreciated if payment could be made as soon as possible”.

CORRESPONDENCE

1. Otago Hospital, NZ requesting shower shields (sent by Bill Eccelston).
2. Liverpool Hospital thanking LA for donation.
3. Telstra with information on pay system.
4. Newsletters from Victoria, Queensland, S.A.
5. Mr Laurie Wright - thank you for congratulations.
7. Not for Profit remuneration report.
8. Mr Barry Evans of Oberon reporting on his problems and achievements as a Laryngectomee.

YOU CAN SAY THAT AGAIN

In the past week I have sent 24 copies of YCSTA to Albury and South Australia so it looks as though there is no decrease in the number of operations.

Moved Bill Eccelston, seconded Carol Gardner.

WELFARE OFFICERS REPORT - JULY 2005

I can only but apologise for not being at last month's meeting. My wife and I had taken our new caravan to meet up with a group of friends for a weekend at Moss Vale and the weather was so brilliant, the number of things to see and do was so great we decided to stay another few days. It was when we were driving back on the Wednesday afternoon that I realised I should have been at the monthly meeting held that morning. Sorry!

A steady month for people requesting supplies, with an order even coming all the way from New Zealand requesting shower shields. That's about all for now, regards to everyone. Bill.

Moved Russ Green, seconded Carol Gardner.

GENERAL BUSINESS - The President pointed out to John MCleod and his wife that during the meeting they had heard three different methods used by laryngectomees to produce speech. Many options available.

President read the joke of the day!!

The Secretary was given permission to look into the purchase of a small microphone and amplifier to assist those at the meeting with weak voices and those who are having hearing problems.

The President has not yet received his Fax machine - it should be with him soon.

Five of our members attended the funeral of Pat Halliburton, unfortunately Russ Green was attacked from behind by another car on the way but soon found friends to assist.

Bill Eccelston reported that he had had a number of Phone calls after he brought up the subject of Laryngectomees taking the easy way out and allowing others to speak for them - wives of laryngectomees are rebelling!!

The President is going to approach Western Districts Branch with the idea of us combining with them at Christmas for a party.

Some members felt that our badge/logo which appears on the top of our letterhead is not interesting enough - do we need another - has anyone ideas - is there a designer out there?

7th Voice Symposium. An annual event mainly for voice professionals. This year is to be held in Sydney and the Association is a sponsor. We will receive a few tickets for the half day session devoted to alaryngeal speech - if you are interested contact Brian Gardner our President.

David Lamont is not too well, having had a fall but Patricia feels he is getting a little better and really doing well considering his problems.

There being no further business the President closed the meeting at 11.50am and we retired for a delicious lunch of gourmet sandwiches and prize winning cakes and pies and even chokey biscuits.

Next meeting 17th August.

WESTERN DISTRICTS NEWS - JULY 2005

We unfortunately lost one of our dear friends, Pat Halliburton, on 21st June.

Patrick was a staunch supporter of our Western Districts Branch for twelve years and will be sadly missed by all
MINUTES CONTINUED...

our members.

On behalf of all our members I wish to extend to Mary and family our deepest sympathy on the loss of a true friend.

Not only was Pat our Secretary but our representative at Head Office and was responsible for the Western Districts Branch news which appeared in 'Still talking' each month.

It was pleasing to see a good representation of our Association at the funeral service on 20th June. May he rest in peace.

Arranged for the 22nd July was a bus trip leaving Ryde/Eastwood Bowling Club at 9am.

Our Christmas party has been booked for Monday, 12th December from 12 noon to 3pm at Ryde/Eastwood Leagues Club which is almost opposite West Ryde Railway Station. There is plenty of parking and any of our members are welcome to attend at a cost of $25 per head.

PAT HALLIBURTON EULOGY

Patrick Edward Halliburton was born in Newtown in 1930. His father, James, came over from Scotland and he met and married Josephine Hayes who came from Eden, South Coast.

Pat was the second youngest of a family of nine children, one of whom died as a baby. Pat was the eighth child - with only one girl, Betty, coming after him. Betty, Doris and Jim, his sisters and brother, are with us today. Betty's husband, Frank, who was to give this talk is, unfortunately, unable to be present as he is at home with the flu. Jim's wife, Violet, is also here. We are indebted to Betty for personal details about Pat's early life.

As a child and as a young man, Pat was very quiet. His health was never all that good. At 18, he almost died from a ruptured ulcer. He always studied very hard and was rewarded with a scholarship to St Aloysius', Milson's Point, when a student at Christian Brothers Burwood. At this time he was living in the family home at Croydon Park. Betty said "he didn't like fuss" and that is how he came over to many of us - very quiet, reticent. In fact, some years later when Pat and I were talking about the Chem. Dip, we had both done at Ultimo Tech around the same time, I remarked to Pat that I couldn't remember him there. (He would have been two years ahead of me from what I can work out.) He replied, "Well I remember you. You were with that noisy bunch."

Pat was working at Mungo Scott Flour Mill while he was doing his course. This later became part of the Allied Mills Group. Pat was with them for about forty years. He was Chief Chemist of Allied Mills NSW for about twenty years. He did a fair bit of travelling within the state, interstate and, on occasion, overseas. On one trip - to Switzerland - he became ill and Mary made the trip over to bring him back. He was highly thought of in the company and got a good deal of satisfaction from the important position he held in it. Doug Weedon, the chemist at Arnott's who was in the same year as Pat at Tech. Doug is with us today - as are a number of Pat's former friends and working colleagues.

During his association with Brunton's Flour Mill, then Mungo Scott of the Allied Mills Group and, later, Goodman Fielder Wattie, Pat worked on many committees - some of them as an office-bearer, but I do not propose to go into these details. Suffice to quote from the citation when presented with the RACI Cereal Chemistry Division Founders' Award. "Pat Halliburton's significant contribution to the Cereal Industry and the Cereal Chemistry Division makes him a most worthy recipient for the Division Founders' Award". He was to be awarded this in 1963 - a year after his stroke. Since he was unable to attend, Linda Derrick, who had been his associate accepted on his behalf.

Pat was also involved in trying to raise the quality of the wheat being supplied to the mills and he used to advise growers as to the best strains, etc. His sister, Doris, remembers that when he used to come to visit her at Gulgambone, her husband Pat (now deceased) used to get him to go and talk to the farmers around there about the best kind of wheat to grow. While very knowledgeable about his field, he didn't like doing this too much since he didn't like putting himself forward. It was at Moree where he had gone to give one of his wheat talks, that he got the nickname, "Harry". It seems that he was putting up at a hotel there and all day long there was a Harry Burton being paged. Everyone eventually stumbled... Thereafter he often got "Harry".

Betty recalls that early in the piece he used to have a little, very bright red Morris Minor and he was very attached to it. I remember that Mary also was strongly attached to her little Morris Minor. Maybe this sparked the "spark".

According to Betty, Pat being so quiet, the family was delighted when Pat became engaged to Mary. Whatever brought them together, it was truly a wonderful union lasting 33 years. Pat had his stroke 13 years ago necessitating a laryngectomy and severely limiting his ability to do the things he wanted to do. In spite of all this he lived a full life and lived to see and delight in playing with his grandson, Harrison, who loved his "poppy". I believe, however, this was only a little foretaste of the present immeasurable delight he has in being in the presence of his Lord.

Pat was given an extension of thirteen years to a life that could easily have come to an end but for the presence of Annette Alexander, a qualified nurse, who was with him at work when he experienced his stroke in the laboratory. He was inside the hospital within 20 minutes and this no doubt prevented more serious consequences. He enjoyed these thirteen years to the full extent he was able, accepting his condition as a given and facing any setbacks with equanimity and courage. I never once heard him complain of his lot. He was, however, a bit inclined to give Mary pretty definite directions as to which lane she should be in when she was driving... I am sure he missed not being able to be behind the wheel himself.

Pat has gone to his Maker and to his reward. We celebrate his life, are grateful for his memory and thank God for a life well-lived.

Brother Ed Becker

August 2005
LETTERS TO THE EDITOR

Dear Members,

My name is Barry Evans. In July 2001 I was operated on for throat cancer. I was told my voice box would be removed. This worried me at the time as I was told if surgery was not done I could be dead in three days.

After surgery I was able to return home for two weeks before admission to Jean Colvin Hospital where I stayed while receiving radiation therapy for eight weeks. I traveled home each weekend by train.

I was interested in reading the article in 'Still Talking' about laryngectomees not talking enough and people rarely understanding them, or hearing them.

I attended speech pathology at St Vincents Hospital. At first I did not care about much but with all the time on my own I got thinking about my choices. I could go away and hide or take the help that was offered me. I chose the latter and really knuckled down to my exercises or homework as we chose to call it. Three months after surgery I was able to make a speech at our only daughter's wedding. Six months after surgery I returned to work full time.

My job is dispatch loader. I load trucks with M.D.F Board for interstate trips. In this job I have to talk to both drivers and co-workers, discuss loads, drop offs, weight and length of load.

I use a low pressure voice prosthesis and my finger to cover the stoma for voice. If I had to wait for my wife to speak for me I'd be waiting a long time as she works as a night nurse at our local hospital. Thanks to a great speech pathologist and doctor I am doing fine. I am working, talking, using telephones and enjoying life. It's great to be alive.

Regards to all members

Barry Evans

PROVOX NID

I made a mention of this product on the front page of the May issue of 'Still talking'. I imagine that the NID stands for 'non-indwelling' and would be in direct competition with the Blom-Singer low-pressure prosthesis.

If you are a voice prosthesis user and are interested in trying another brand to compare price, longevity, ease of use etc, now is a good time to try out the Provox NID as LMA PacMed are giving away a free Starter Kit with each prosthesis, (while stocks last). The Starter Kit comprises a dilator, a brush set, a flush and a storage box for the prosthesis and accessories.

To learn more about this product either contact LMA PacMed Customer Service on 1800 656 059 or contact John Nicholson for a copy of the Provox NID brochure.

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 17th August, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon.

Laryngectomees, Friends, Families, Professionals all WELCOME.

VALE

Regrettably I have to report that the following members have died.

Mr Pat Haliburton of Caringbah
Mr D MacPherson of Auburn

we have extended our condolences to their next of kin and friends.

August 2005
EMERGENCY RESUSCITATION

For Larynectomy and Tracheostomy Patients

In the event of an emergency follow these simple steps CAREFULLY when trying to revive a larynectomy patient.

1. CHECK THE NECK
   A. Lie the victim on his back.
   B. Remove clothing from his neck, including the stoma cover, but DO NOT remove any tube that is in place.

2. CLEAR THE AIRWAY
   A. Wipe any mucus from the stoma or tube.
   B. Make sure that the stoma or tube is clear.

3. CHECK FOR BREATHING
   A. Listen and feel for air escaping from the stoma.
   B. Watch for movement of the chest and abdomen.
   If there is no regular breathing proceed to Steps 4 and 5.

4. POSITION FOR RESUSCITATION
   A. With the victim on his back and his head tilted backwards, level at his side. It will help to put a support such as a rolled up coat under his shoulders to ensure that the neck is fully extended.
   B. Place two fingers each side of the nose and your thumb under the chin.
   C. Close your fingers to prevent any escape of air from the nose and mouth.

5. RESUSCITATION
   A. Take a deep breath and place your widely open mouth over the stoma forming a seal
   B. Blow into the stoma until the victim's chest rises.
   C. Release your fingers between each blow.

IF THE CHEST DOES NOT RISE
It may be because of:
A. A nose and over the stoma.
B. A blocked stoma - try to clear any tube that may be present.
Only as a last resort remove the tube. DO NOT waste time by replacing the tube.

TRY AGAIN
Take another breath and blow again EVERY 4 seconds until medical advice is given.

IF THE VICTIM HAS HAD AN ACCIDENT IN WHICH WATER HAS ENTERED THE LUNGS
A. Lie the victim over your knee making sure that his stoma is lower than his lungs OR ensure lungs are above stoma using a pillow, etc.
Water will then flow through the stoma.
B. When the lungs are clear, proceed with steps 1-5.

The National Association of Laryngectomy Clubs
Ground Floor, 6 Robert Street, Walthamstow, London, E17 8EJ
Telephone: 0471-5819778

Awareness Campaign

August 2005
CANCER DRUG ADVANCES

A report in BusinessWeek Online said that in Orlando, Florida, during May this year the American Society of Clinical Oncology held their annual meeting. 30,000 specialists and researchers heard that a new generation of targeted cancer therapies are keeping patients alive longer, with minimal side effects.

After a long period of slow paced cancer research where advances were few and far between a major paradigm shift is occurring in the field of cancer treatment. Attendees heard reports on drugs that can be used on a patient once they become resistant to a particular therapy, indicating that cancer could become a manageable disease by using successive drug therapies.

New drugs which are proving successful include; Avastin, which won approval last year for the treatment of colon cancer has proven in clinical trials to be effective also in lung-cancer patients. Herceptin, a breast-cancer treatment and Tarceva, a lung-cancer drug. There is even a variation of Thalidomide called Revlimid that has proven effective in a group of diseases that affect the bone marrow. Many biotech companies are bringing new cancer fighting drugs on stream with respect to all types of cancer.

Chemotherapy is still the main treatment for most cancers with doctors and researchers still trying to find better ways to use these highly toxic drugs. Some of the best data reported at the meeting came from a study that added a new drug, Taxotere, to a traditional regimen of chemotherapy plus radiotherapy for lung cancer - 29% of patients who received Taxotere were still alive after five years, compared with 17% without.

CROSSWORD ANSWERS

ACROSS

DOWN

humour

WHAT MEN REALLY MEAN

"What did I do this time?"
Really means....

"What did you catch me at?"

"What do you mean, you need new clothes?"
Really means....

"You just bought new clothes 3 years ago."

"She's one of those rabid feminists."
Really means....

"She refused to make my coffee."

"But I hate to go shopping."
Really means....

"Because I always wind up outside the dressing room holding your purse."

"No, I left plenty of gas in the car."
Really means....

"You may actually get it to start."

"I'm going to stop off for a quick one with the guys."
Really means....

"I am planning on drinking myself into a vegetative stupor with my chest pounding, mouth breathing, pre-evolutionary companions."

And remember. It is easier to get forgiveness than permission.

August 2005
WHERE'S WINTER?

A amazingly warm and temperate weather we've been having. It has to turn nasty sometime, hopefully in August, as I intend having a holiday then.

I have changed the monthly meeting times for Dubbo, to more closely reflect reality. If anyone can spot any discrepancies in the monthly meetings list please advise me so I can make the relevant changes. I apologise to anyone who tried to attend a Dubbo meeting on a completely wrong day, but if I'm not aware of the facts there's not much I can do about it.

Talking to a friend on the bus to work about the newsletter, he suggested I put in a crossword. So, for the first time there's one on the back page. If it meets with a good reception I could make them a regular feature as they seem fairly simple to compile. What do you think?

A.T. Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill, NSW 2130. Phone 02-9739-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, HURSTVILLE GROVE, 2220. Phone: 02-9580 5604.

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, WOOLLOOMOOO, PO Box 572. Phone 02-6334-1900. Fax: 02-9357-2876. Or contact the Social Worker at the hospital you will be attending.
MINUTES


APOLOGIES - Patricia Lamont, Bill Eccleston.

THE PRESIDENT Brian Gardner in the chair opened the meeting at 11 am. Minutes of last meeting as appeared in the newsletter were taken as read.

Moved Russell Green, seconded Pat Halliburton.

SECRETARY/TREASURER'S REPORT - JUNE 2005

MEMBERSHIP

Our membership continues to grow and I have welcomed the following new members since our May meeting:

Mr Peter Mahony of Cronulla
Mr D J Honeymam of Auburn
Mr E G Plunkett of Bathurst
Mrs Iris Wright of Towradgi
Mr R E Partridge of Bolton Point
Mr Lester Richards of Lakemba

Our June Newsletter to Mr Ken Henry of Gosford has been returned endorsed 'No longer at this address'. If anyone knows his new address would they please let me know it.

CORRESPONDENCE

Not much mail since our May meeting but we did receive:

1. Newsletters from Victoria and South Australia.
3. Pro Bono Australia. Invitation to advertise in their Directory. Cost $180.00 plus. We decline.

We have forwarded our cheque for $3,000.00 to the 7th Voice Symposium of Australia - our sponsorship for our session at that Symposium. We have also sent them a brief on our Association, incurring our aims and activities.

INCOME & EXPENDITURE 1/1/05 TO 18/4/05

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Adelaide Bank Trust A/C: $30817.55

Moved Lilah Walton, seconded Peter McGregor.

SPEECH AIDS COORDINATOR'S REPORT - JUNE 2005

Updated battery prices:

Servox - 1 for $31.80 and 2 for $59.80.
Varta 9 volt - 1 for $20.20 and 2 for $36.60.

We thank the family of our late member Allan Cowgill of Bundanoon for the donation of two Servox and one NuVois speech aids and spare parts.

Moved Des Nicholson, seconded Faith Green.

GENERAL BUSINESS - Des Nicholson suggested a Fax machine be bought for the President to facilitate processing of information if ill health or other matters prevented an office holder from attending a meeting. Peter McGregor offered a Fax machine he no longer needed and the President accepted with thanks.

John Chaloner noted Lawrence Allan Wright had received an A.M. in Queens birthday honours for work with the Cancer Council, the Clinical Oncological Society and National Laryngeal Cancer Support Committee. The Association extends our congratulations to him.

Brian and Carol Gardner attended the Western Districts and Illawarra barbecue at Woronora Dam and enjoyed the day very much.

A positive story was recounted by Russell Green who, in his Salvation Army capacity, was collecting in a hotel and was approached by a man concerned about a friend. This friend, a new laryngectomee, only in his forties had threatened to commit suicide. Russell visited him in hospital and showed how life can still go on and be enjoyed. He was so successful that the lary is now on holiday in Thailand and is looking for ways to continue to indulge his love of surfing despite the laryngectomy.

Carol Gardner complimented Tony on his sterling job with the newsletter and particularly enjoyed the segment on hogs in the latest newsletter.

Tony once more raised the issue of speech pathologists who have not replied to the question of taking the newsletter by email. Mary Halliburton volunteered to contact them and clear up the matter when Tony sends the list of those concerned.

Meeting closed at noon and all adjourned for lunch.

Next meeting July 20th.

WESTERN DISTRICTS NEWS - JUNE 2005

An enjoyable day was had by all attending the barbecue with the Illawarra Group at Woronora Dam. Numbers were down but this was due to the flu epidemic and a change in the date for the picnic.

Our next bus trip will be Friday 22nd July to a destination to be decided.

Peg and Ron Fazakerley have taken off in their caravan for a vacation in Queensland. We were sorry to hear that Peg had a fall before they left and hope this has not affected their trip.

Social Secretary Pat Dawson has tentatively booked for our Christmas party on December 12th at Ryde Eastwood Club. More details will be in our later newsletter.
Following last month's article by Brian Gardner on the Isolated Patients Travel Accommodation Assistance Scheme, we have been forwarded a copy of a letter from the office of the New South Wales Minister For Health, signed by Cherie Burton MP, Parliamentary Secretary for Health. This letter demonstrates that there is a little bit of wiggle room around the 200km limit.

I write in response to your representations of 24 January 2005 to the Minister for Health, the Hon Morris Iemma MP, concerning distance calculations made for the purpose of assessing a person’s eligibility for the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS). The Minister has asked that I reply on his behalf. The delay in responding is regretted.

I am advised that IPTAAS Offices use a modified version of the software relied upon by the Ambulance Service of NSW for determining distances for their billing purposes. This system ensures that there is a consistent and impartial means of calculating distances traveled for the purpose of assessing a person's IPTAAS eligibility.

IPTAAS budgets are finite and there is a consistently high demand for assistance under this Scheme. Guidelines are in place to ensure that all applications are assessed in a fair and equitable manner so that there is a consistent approach across the state and that assistance is maximized to those people who are most disadvantaged by where they live in accessing specialist health care.

The IPTAAS Guidelines state that the primary target group for IPTAAS is patients in isolated and remote regions of NSW who need to travel more than 200kms (one way) from where they live to access inpatient or outpatient specialist medical treatment not available locally. Flexibility may be applied for specific categories of patients who reside marginally inside the 200km distance limit. Specifically, these are patients/guardians who are pensioners, Health Care Card holders or people with a weekly income equivalent to or less than the pension who reside within 180-200km (one way) and those with chronic medical conditions who travel 150-200km (one way) more than twice a week to access specialist medical treatment.

I trust that this information clarifies the situation. Should any of your constituents wish to discuss IPTAAS further, please advise them to contact Ms Janice Moreland, Statewide Coordinator for IPTAAS, on 1300 762 279.

Yours sincerely

So we now have a little more clarity regarding IPTAAS, and a contact.
ASK THE DOCTOR

Doctor, why did my friend have his TEP done at the same time as his surgery, I had my puncture done months later?

Let's discuss the timing of TracheoEsophageal Punctures. There are two opinions as to the proper time to do the procedure. There are surgeons who think that the TEP should be done as part of the laryngectomy (a primary TEP) and then there are those, myself included, who think it is best done as a separate procedure (a secondary TEP). Each camp has a long list of reasons why their approach is better and I will review those with you now.

The main advantage of the primary TEP is obvious: patients will be using their prostheses sooner during their convalescence. This saves a second operation and a second anesthetic. It also has the advantage that the feeding tube can be put into the esophagus through the puncture instead of through the nose, making the patient more comfortable. The main disadvantage has to do with wound healing and maturation of the stoma. The site of the puncture might shift relative to its position in the stoma, making placement of the prosthesis difficult.

Now, for the secondary TEP: I prefer to allow about eight weeks to pass between the time of the laryngectomy and the TEP. The main reason is I want to see how the wounds heal and, particularly, how well the stoma matures. It helps me to see if the stoma is going to shrink in size, called stenosis, and whether a stoma vent will be necessary. The patient needs to be swallowing well, especially foods like meat, as this indicates that the throat is the proper size. In addition, this allows some time for the initial pain and swelling from the laryngectomy to subside. I feel that I can do a better job and have more control of the positioning of the puncture inside the stoma after the stoma has fully healed. The down side, of course, is the need to have a second operation and the need to use a Servox for several weeks or months longer after the laryngectomy.

The bottom line is there are no differences in the speech results in comparing the large series of patients who had either the primary or the secondary TEP.

Glenn E. Peters M.D.
Director, Division of Otolaryngology - Head and Neck Surgery
University of Alabama at Birmingham, USA

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 20th July, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon.
Laryngectomees, Friends, Families, Professionals all WELCOME.

VALE

Mr Steven Roper	of Tuggerah
Mr Kevin Richards	 of Picnic Point
Mr Mike Fisher	 of Berry

and we extend our condolences to their next of kin and friends.

July 2005
THYROXINE AND CELERY SEED

On May 23, ABC Radio National Health Report's Norman Swan was interviewing Geraldine Moses, who is one of the people running the Adverse Medicine Events Line at Brisbane's Mater Hospital. The Australian Council on Safety and Quality in Health Care is the body funding the service.

Apparently the project began with investigating the interaction of celery tablets with thyroid medication. Celery seeds contain substances including volatile oils, flavonoids, coumarins and linoleic acid. They are available as fresh or dried seeds, tablets, capsules of celery seed oil or celery seed extract in alcohol or glycerine.

Celery seed is a diuretic and is used to help treat urinary tract infection, as an anti-inflammatory for arthritis sufferers and can help reduce blood pressure. Pregnant women are advised against using it as it may stimulate the uterus and cause miscarriage.

Geraldine Moses said on the Health Report that the whole case series was started by a single case report from a lady who was taking thyroid hormone tablets but her doctor accused her of not taking the tablets. She said I am taking my tablets but I have started taking celery. When she stopped taking the celery her thyroid levels went back up again, when she started them again it fell again, so her stopping and starting proved that it might have been an interaction. We've now got 12 case reports of celery tablets interacting and causing the thyroid levels to drop.

A pharmacokinetic study of the thyroxine - celery interaction is under consideration by the Mater Hospital Pharmacy Services' Therapeutic Advisory Service. Since consumers often fail to volunteer details of self-medication with complementary medicines, prescribers and pharmacists should ask directly what herbal medicines consumers are taking. If celery seed tablets are being taken at the same time as thyroxine, it is strongly recommended that thyroid function tests are closely monitored and any suspected interaction reported.

The Adverse Medicine Events Line can be contacted online at http://www.mater.org.au/ame and by telephone on 1300 134 237.

SQUAMOUS CELL CANCER

Discussion of laryngeal cancer usually refers to "squamous cell carcinoma".

Carcinoma, of course, means cancer. A squamous cell is basically a cell which can be identified by the fact that it looks flattened and thin under a microscope, a bit like a fish scale. It is one of the cell types that form an epithelium such as the surface of the skin and linings of the oesophagus and upper gastro-intestinal tract.

Squamous cell cancer can involve cancerous changes to the cells that line the vocal chords. Laryngeal cancer is a malignant cancer, meaning that the cells can spread to nearby tissue or even spread to other parts of the body. The spread of cancer cells is called metastasis. Metastasized laryngeal cancer that is not treated can be fatal.
The wife couldn't get her dress zipped up in back, so she backed up to her husband and motioned for him to zip up her zipper. "I'll show you zipping", he thought, and briskly whipped it up and down the slide till it broke. He had to cut her out of her favorite dress, which didn't make her happier with him.

They went their separate ways to work, both boiling mad at each other. The wife did a slow burn all day. When she got home that evening, she walked through the garage and saw her husband under the car fixing something, with only his legs sticking out. She decided her moment of REVENGE had come. She leaned over, grabbed his pants zipper, and whipped it up and down. Quite contented, she walked into the kitchen, where she found her husband standing by the sink. Sheepishly, she asked him, "Who is in the garage, under the car?"

She was told it was a neighbor who had come over to help work on the car. The acutely embarrassed wife asked her husband to help explain the situation to the neighbor, and they both returned to the garage. They asked him to come out from under the car, but he didn't respond. When they finally dragged him out, he was unconscious and bleeding, from slamming his head into the underside of the car each time he got zipped by surprise!!

Foolproof - Irrefutable evidence of stupidity.

July 2005
I.P.T.A.A.S

Country members in particular should find Brian Gardner's article on Page 5 regarding the Isolated Patient Transport Accommodation Assistance Scheme of interest. Be sure to make your views known to either the Cancer Council or Brian.

This morning I heard a mention on the ABC Health Report something about celery tablets cancelling out the effects of thyroid hormone tablets. I will follow that up and put a story in 'Still talking' if it could concern us laryngectomies.

Our roving international reporter, Russell Green, reports this month on his recent trip to Hawaii where he met up with some of the local laryngectomies, check it out on Page 3.

Eight new members this month. It is sad to think that laryngectomies are still being performed so frequently. With the advances in diagnosis and treatment being made over recent years, I for one would have thought that numbers of new laryngectomies would have been reduced over recent years. However, that doesn't appear to have been the case.

Anyway, good luck and best wishes to all of you. Take care of yourselves.

A.T.Krasnodebski
MINUTES

MINUTES OF THE MAY MEETING OF THE
LARYNGECTOMEE ASSOCIATION OF NSW, HELD IN
THE UNITING CHURCH HALL, STRATHFIELD ON
WEDNESDAY 18th MAY, 2005.

PRESENT - B Gardner, J Nicholson, P Halliburton,
R Green, A Szanyi, W Eccleston, P McGregor, D Newby,
M Radi, C Gardner, D Nicholson, M Halliburton, F Green,
H Szanyi, P Lamont, D Kearney.

APOLOGIES - Tony Krasnodenski, Lilah Walton,
John Chaloner.

THE PRESIDENT Brian Gardner in the chair opened the
meeting at 11 am and welcomed visitor Doris Kearney
from Gulargambone. Minutes of last meeting as appeared
in the newsletter were taken as read.

Moved Pat Halliburton seconded Bill Eccleston.

SECRETARY/SECRETARY'S REPORT - MAY 2005

MEMBERSHIP

The following new members have been welcomed and we
hope they will find their membership useful:

Mr K A Lee of Coffs Harbour
Mr James Howard of Redfern
Mr D Findlay of Penrith
Mr J Lott of Wallsend
Mr R Blain of Peakhurst
Mr G Lucas of Hay
Mr Jim Hunt of Dural
Mr E Thompson of Mt Druit

SUBSCRIPTIONS

Several members have paid their subscriptions for 2005
but there are still 16 unfinancial members so we must
assume they no longer wish to remain members of the
Association.

CORRESPONDENCE

1. Lance Dowle & Co. Financial Care Agreement.
2. Trust Company of Australia. Financial statement of
Late E O Capper Residue Account.
3. Hunter Valley Branch. Concerning possible assistance
for one of their members.
4. Cancer Council of NSW. Seeking financial assistance
for those people, with cancer, who need help.

INCOME & EXPENDITURE 1/1/05 TO 18/4/05

Credit balance b/f $ 8690.25
Income $ 2765.25
$11455.50
Expenditure $ 5894.71
Credit balance c/f $ 5560.79

Moved Bill Eccleston, seconded Patricia Lamont.

WELFARE OFFICER'S REPORT - MAY 2005

For reasons I was not aware of, it would seem that the
last month was decreed as being my annual holidays. It
was the quietest period I've had as Welfare Officer.
Believe me, this is not a complaint. It did mean, however,
that I would be unable to write a report as there was
nothing to talk about.

Yet a phone call I received this week gave me some food
for thought. During the conversation, which was made by
the wife of a laryngectomee, the remark was made that,
even though there are (regrettably) laryngectomees all
over the countryside, the general public rarely hears them
speaking using their voice aids. Why is this so? A person
with poor eyesight attracts no attention by wearing
spectacles. People with poor hearing get no comment on
their use of a hearing aid; And this reasoning applies to
most of those with some degree, minor or major, of
handicap. Wheelchair, crutches, seeing eye dog, all
attract no comment. Yet the use of voice aids seem to be
minimal, to the point that the general public don't even
know the existence of them.

I could not give the caller the answer at the time, I am not
sure that I could do so now, however, the more I thought
of it the more I realised the comment was correct, to the
point that the realisation came to me that I was guilty of
the same offence. Relying, in most cases, on my wife
doing all the talking. Why is this so? Your thoughts and
comments would be appreciated.

Moved Des Nicholson, seconded Carol Gardner.

GENERAL BUSINESS - Welfare officer Bill Eccleston
reported receiving a phone call from the wife of a laryn-
gectomee saying most forms of disabilities e.g. deafness,
blindness, loss of mobility are highly visible and accepted
by the community in general so why are laryngectomees
almost invisible? There was lively discussion by those
present and some of the reasons put forward are as
follows: The reluctance of laryngectomees to use their
various speech aids perhaps through embarrassment or
fear of not being understood, a certain laziness and taking
the easy way out by allowing their partners to speak for
them or writing their requests. Some are even reluctant
to go out and become almost hermits. Des Nicholson said
that from the very first stage of post operation the laryn-
gectomee must take responsibility for their own speech
and one must really be "cruel to be kind" to force them to
practice to improve their communication skills and thus
improve their confidence. Carol Gardner pointed out the
fact that as laryngectomees do not speak as much as
before means there is less exercise for their lungs, so in
every way they must try to speak as much as possible.

Another discussion took place on the benefits of
radiotherapy before the operation. There was mixed
opinion on this as the results were sometimes beneficial
and at other times has no results at all so the jury is still
out on that. Most times the radiotherapy takes place after
the operation.

The President invited Doris Kearney to speak on
conditions in the inland where the drought is affecting
people so much more. She told of people fighting bank
closures, loss of work and the drought as well, which
made us realize how fortunate we are in Sydney.

The meeting finished at 12noon and all enjoyed a
pleasant lunch.

Next meeting Wednesday 15th June.
LETTERS TO THE EDITOR

Dear Tony,

My wife and I visited Honolulu recently. We have been before (Good deals!) and have tried to meet up with fellow laryngectomees but were unsuccessful. We contacted the Cancer Centre where they meet and obtained the day and time of their meeting (The group meet every 3rd Saturday of each month from 9.00 to 12.00). Fortunately we were to be there at that time.

There were twelve of us attending, four being wives, a very casual meeting. Discussion was the main thrust of the fellowship. Talking about problems associated with communication (phones etc); care of prostheses; ongoing handling of their own situations. There was much laughter as humourous incidents were shared. Probably what stood out was the variety of different prostheses in the group.

I gave them regards from we in Australia and they asked me to bring back their good wishes for all of us, which I do with pleasure.

Russ Green

GENE PROFILING

In January, Reuters reported that researchers at the University Medical Centre at Utrecht, Holland, have determined that certain cancers, such as head and neck squamous carcinomas, can be more readily identified by gene expression profiling than by a normal diagnosis. These cancers are often difficult to detect which can result in inappropriate treatment for some individuals.

Optimal prediction was achieved using the profiles of 102 genes in a set of tumours. Gene profiling correctly determined the metastatic state of 19 of 22 tumours analyzed. Further testing has shown that genetic profiling outperformed clinical diagnosis.

The Dutch researchers suggest that expression profiling will improve diagnosis and treatment of head and neck squamous cell carcinomas, both by reducing adverse side effects related to overtreatment and also reducing the risk of fatalities due to overlooked metastases in the case of "watch and wait" strategies.

THE FUTURE OF ARTIFICIAL LARYNGES?

A few years ago, Brian Shute of Communicative Medical, suggested that artificial larynges of today have become smaller, lighter, more efficient and user friendly, and should this trend continue into the future, we will likely encounter electronic devices that are more compact and energy efficient. They will possibly be implanted at the time of surgery and recharged monthly by way of a subcutaneous recharging coupler while the patient sleeps. They might utilize the existing musculature to control voice initiation and intonation.

Such devices might even harness the naturally existing electrical voltage of the body for operation. Devices in the future might allow for more sound production and vocal inflection, making it difficult to differentiate between normal and synthetic alaryngeal voice.

An artificial larynx implant would seem to still be a long way off but, as reported in March issue of 'Still talking', a hands-free artificial larynx is already on the market.
ASK THE DOCTOR

By far and away, the question that I am most frequently asked is "Doc, did you get it all?" I thought I might just explain this concept and let everyone know that the "get it all" really doesn't apply to cancer, i.e. malignancies. Let's start by reviewing just what a cancer is in the first place. A cancer is a lesion that has the capacity to act in a lethal fashion and ultimately result in the death of the patient. Cancers come about when a group of cells, for whatever reason, loose their normal control mechanisms and begin to grow out of control. As a result of this growth and loss of regulation some groups of these cells take on new genetic characteristics and become further programmed to carry out certain specialized functions. One of the most important new functions is the ability to invade the surrounding lymphatics and blood vessels and ultimately spread to other parts of the body. Therefore, cancers are programmed to spread.

The ability of a cancer to metastasize or spread to other organs can occur at any time during a lesion's development and growth. We usually see this happen with larger tumors, but even the smallest and earliest cancers possess this genetically programmed ability to metastasize.

Surgery and radiation therapy are designed to take care of the tumor that exists locally in the head and neck area. Unfortunately, at this time, there does not exist any form of therapy that can address cells that might get out and set up shop at other sites. The best we can hope for is early detection of any new sites of possible spread. That is why a program of close and careful follow up and surveillance is so important.

So, in summary, we hope to eradicate tumors in the head and neck area with surgery and radiation. Most times we can get everything, that we can see and feel, out.- But does that mean that we "got it all"? Most times it does indeed mean just that-but remember that we are dealing with a disease that by its very nature is designed to spread. So adopt a healthy life style and keep those follow up appointments.

Glenn E. Peters M.D.
Director, Division of Otolaryngology - Head and Neck Surgery
University of Alabama at Birmingham,
Birmingham, Alabama, USA

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 15th June, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon.
Laryngectomees, Friends, Families, Professionals all WELCOME.

VALE

With regret we have to advise that...

Mr Colin Clarke
of Coburn
a member for many years, passed away in February. Naturally, we extend our condolences to his wife, Bonny, and to his relations and friends.

June 2005
By far and away, the question that I am most frequently asked is "Doc, did you get it all?" I thought I might just explain this concept and let everyone know that the "get it all" really doesn't apply to cancer, i.e. malignancies. Let's start by reviewing just what a cancer is in the first place. A cancer is a lesion that has the capacity to act in a lethal fashion and ultimately result in the death of the patient. Cancers come about when a group of cells, for whatever reason, loses their normal control mechanisms and begin to grow out of control. As a result of this growth and loss of regulation some groups of these cells take on new genetic characteristics and become further programmed to carry out certain specialized functions. One of the most important new functions is the ability to invade the surrounding lymphatics and blood vessels and ultimately spread to other parts of the body. Therefore, cancers are programmed to spread.

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With regret we have to advise that,
Mr Colin Clarke,
of Goulburn
a member for many years, passed away in February. Naturally, we extend our condolences to his wife, Bonny, and to his relations and friends.

VALE

June 2005
That's an unusual word - what does it mean? I didn't know myself until the other day. It turns out that as far as laryngectomees are concerned it is a very important word, especially for our country members. In brief, it all started last month when I received a letter from John Lovett, Secretary of our Hunter Valley Branch. John was seeking assistance for Colin and Robin Laird, who live at Forster. Colin had his laryngectomy last November and then earlier this year had to start post-operative radiotherapy treatment. Colin had to travel from his home in Forster to the Mater Hospital, Newcastle, a distance of 176km each day for five weeks. Obviously Robin could not drive Colin down and up every day so it meant a week stop over, home for the weekend and back again etc. etc.

That's when IPTAAS comes in or at least should have, but NO! Let me explain...... IPTAAS is the Isolated Patient Transport Accommodation Assistance Scheme. In principle it means that whilst you are receiving specialist medical treatment at the discretion of your local Area Health services you are eligible to receive financial assistance, albeit that assistance is $33 per night per single room, or $40 per double room, and a fuel subsidy of 12.7c per kilometre where travel to the specialist is by private car or economy class surface rail or bus ticket. But wait, there's more to come. The Lairds found themselves ineligible for the financial assistance because they lived 176km from Newcastle, not 200km as required by the NSW Government. In Victoria, South Australia and Western Australia the distance is only 100km one way, in Tasmania it is 75km while in Queensland it is only 50km. But wait, it's not over yet. It appears that under the Scheme your local hospital's Welfare Officer retains a discretionary power in special circumstances. I don't want to turn this into an attack on the poor state of affairs in the State Health Department but I do have to be critical of same. As you know the system has been regionalised and a number of centres are under the one umbrella, administration and budget-wise. In doing so the Health Minister has been smart enough to totally isolate himself, surrounded by bureaucrats. Any lobbying, letters and/or requests are simply referred back to your Regional Administrator's office.

So what the Lairds were required to do was approach the Welfare Officer at the Mater Hospital Newcastle and present their case for special dispensation. The Welfare Officer has the power to make a decision or forward the application with her comments and recommendations to the Regional office for a final decision and we all know what that would have been - the 24km short would have raised its ugly head. We all know that most stories have a happy ending and in this case the compassionate and devout Sisters at the Mater Hospital found a way to assist and with the help of other friends and family the Laird's problem was resolved.

But this story should not end there. You watch, now the Association is aware of the IPTAAS problem it will reappear again. Members travelling from the country for their operations and having to return to the city or a regional centre for their therapy and the 200km will come into play.

On a more positive note I can report that the Cancer Council of NSW is acutely aware of this problem and the significant limitations of the NSW Scheme, in relation to the distance eligibility criteria and is campaigning strongly to have the IPTAAS guidelines amended to reduce the disadvantage and burden of NSW patients who need to travel for specialist treatment. The Cancer Council of NSW has scheduled a forum in the immediate future to further raise awareness of the problem and yours truly has been invited to attend and speak.

If you have any constructive information or have a specific problem in this area let the Association know. Better still, you can contact Anita Tang, Director - Health Strategies, at the Cancer Council on 9334 1963, fax 9326 9328, or her Assistant, Sarah Ford on 9334 1753 and talk to them personally.

Some time this week I am to receive brochures and postcards and other resources about the IPTAAS saga which I intend to mail out to all the Branches and hopefully receive some useful feedback to present at the upcoming forum.

Kind Regards
Brian Gardner - President
THE WONDER DRUG - HUGS

Submitted by David & Rita McClymont

Have you ever wondered how effective hugs are? You rarely give a hug that is not appreciated, or receive one that does not make your day a little bit brighter. They are particularly effective in treating everyday problems like stress, worry, anger, frustration, sadness or sorrow, and even the occasional nightmare. They are available without prescription. Can you think of any medication that has such pleasant side effects.

Hugs are good for you. They are non-fattening, they don't cause cancer, and they don't give you cavities. They are all natural; they contain no preservatives, artificial sweeteners or other chemical additives. They are cholesterol free and contain one hundred percent of the recommended daily allowance of hope and kindness. Hugs don't need batteries, tune-ups or x-rays. They are a completely renewable source of energy and are energy efficient. They are non-taxable as well as fully returnable. They can be safely used in all kinds of weather - as a matter of fact they work especially well during cold and rainy days.

The best thing about hugs is that you can use them without special training or prior experience. They don't require any instructions or a manual and tapes. But a word of caution for those who are trying it for the first time: You should never wait until tomorrow to hug someone who needs it today. Once you realize how good it feels you'll want to do it all over again.

Yes - hugs are extremely addictive. Consider yourself hugged.

humour

There were two blonde guys working for the council. One would dig a hole, the other would follow behind him and fill the hole in. They worked furiously all day without rest, one guy digging a hole, the other guy filling it in again. An onlooker was amazed at their hard work, but couldn't understand what they were doing. So he asked the hole digger, "I appreciate the effort you are putting into your work, but what's the story? You dig a hole and your partner follows behind and fills it up again." The hole digger wiped his brow and sighed, "Well, normally we are a three-man team, but the guy who plants the trees is sick today."

A city slicker was visiting a dude ranch and being showed around. As they were walking the visitor said to one of the cowhands, "Are we going to be driving that big bunch of cows over there?"

The hired hand replied, "Not bunch, it's a herd."

"Heard what?"

"Herd of cows."

"Sure I've heard of cows," exclaimed the slicker, "there's a bunch of 'em right over there."

Laughing stock - Cattle with a sense of humour.
PROSTHETIC CHANGES

Pat Halliburton has drawn my attention to changes that have occurred with the supply of Blom-Singer products. Monarch Medical are no longer the agents for Blom-Singer items. These are now being handled by Hospital Supplies of Australia (a subsidiary of Australian Pharmaceutical Industries) who are located in Newcastle and can be contacted on phone number 1300 005 279.

Also, LMA PacMed are supplying a low pressure Provox prosthesis by Atos Medical. Anyone interested in learning more about that can contact LMA PacMed on 1800 656 059 or call John Nicholson and ask for a brochure.

I was fortunate this month to get an excellent article from David Blevins on breathing as a laryngectomy and ways to increase or at least maintain your lung capacity. I hope it proves useful to our membership.

The cold weather will kick in any minute now. Remember to keep your stoma warm and moist to avoid excessive crusting and bleeding.

A.T. Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill, NSW 2130. Phone: 02-9799-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, Hurstville Grove, 2220. Phone: 02-9560 5804.

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, Woollahra, PO Box 572. Phone: 02-9334-1900, Fax: 02-9367-2679.

Or contact the Social Worker at the hospital you will be attending.
MINUTES


APOLOGIES - John Chatoner.

THE PRESIDENT Brian Gardner in the chair opened the meeting at 11 am. Minutes of last meeting as appeared in the newsletter were taken as read.

Moved Tony Krasnodebski, seconded Bill Eccleston.

SECRETARY/TREASURER'S REPORT - APRIL 2005

MEMBERSHIP

Our reminder about subscriptions for 2005 has resulted in the payment of those subs. by most members. There are still 24 members who are not financial for this year and they will receive a reminder later this month.

The sole new member for this month is:

Mr Ian Dempster of Punchbowl

and we hope he will be able to attend future meetings of our Association.

CORRESPONDENCE

In response to their request our entry in the Directory of Australian Associations has been entered in the forthcoming edition of that publication.

LMA PacMed P/L has supplied some copies of the Provox voice prosthesis brochure and these copies are available for those interested. Their Customer Service Freecall is 1800 658 059.

Newsletters were received from Victoria and South Australia.

INCOME & EXPENDITURE 1/1/05 TO 18/4/05

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Moved Carol Gardner, seconded Pat Halliburton.

WELFARE OFFICER'S REPORT - APRIL 2005

It has been a reasonably calm period since my last report.

Stoma covers and patient packs are still in demand but for some unknown reason not in the quantities of previous months. However, the popularity of the single thickness covers continues to confirm the fact that it was a correct move to put these into production.

Again another month of rewarding visits to laryngectomists underlines the importance of these meetings, made not only by myself but other devoted members of our Association.

Regards to all. Bill.

Moved K McDonald, seconded Peter McGregor.

GENERAL BUSINESS - Tony Krasnodebski reported sixteen speech pathologists still receiving newsletter by mail. Letter to be sent requesting them to receive newsletter by E-mail or pay $10 fee.

Des Nicholson said, important that speech pathologists need to be kept in contact of developments in Association.

Peter McGregor noted that Royal North Shore photocopies and distributes the newsletter widely.

VOICE SYMPOSIUM

Brian Gardner received call from Pauline Dooley re Voice Symposium, (spoke of at last meeting), requesting confirmation of sponsorship of Voice Symposium for the amount of $3000.00 which would make the association a session sponsor and entitle the logo to be displayed in various venues. 3-4 persons could also attend a session specifically on Laryngectomists. One item of promotional material will be included in the delegates satchels. The confirmed date for the symposium is 15th-17th September 2005, with the date of our session to be advised.

On checking records it has been found that 24 members have not paid due fees for association membership. If fees are not brought up to date presently the newsletter will be discontinued.

Peter Dixon raised concerns over those who cannot afford fees and will risk being cut off from the help of the association. However, it is in the constitution that the annual $10 fee must be paid and this amount has been deemed reasonable.

Carol Gardner said if those who have not paid don't receive newsletter, it is unlikely they will notify the Association of deaths of Laryngectomists, she also noted that people who receive something for nothing do not value it as much as those who pay even a small fee.

Pat Lamont reported David is improving slightly although there is some trouble with thefts at his convalescent home.

Mary Halliburton raised the question of the Andrew Denton interview, he is currently overseas at the moment but will be approached to consider raising the issue of Laryngectomists receiving no oxygen through nose and mouth.

Meeting closed 12 noon and all adjourned for lunch.

WESTERN DISTRICTS NEWS - APRIL 2005

The barbecue with the Illawara group at Woronora Dam will now be held on Friday 27th May.

* * *

2
LARYS AND BREATHING

By David Blevins

The Problem

The least understood consequence of becoming a laryngectomee is the gradual decrease most of us experience in lung capacity and the efficiency of our breathing process. The respiratory process where oxygen is taken in and carbon dioxide is expelled declines in larys along with the volume of air our lungs can hold in the months and years after our surgery, unless we work to keep this from happening. This hidden side-effect for laryngectomees stands in stark contrast to the consequences which are more obvious such as loss of the original voice and having to breathe through the stoma.

We notice other consequences soon after surgery such as not being able to smell much and having to deal with a flow of mucus coming from the stoma. But this loss of breathing capacity and efficiency is not as obvious, and is not even well understood by many medical professionals, particularly in the U.S., since much of the research on this issue has been done in Europe and Japan. Some medical personnel even continue to hold outdated beliefs including, for example, that laryngectomees are actually better off since they use less energy to breathe than non-larys. Research during the last couple of decades has clearly shown this idea to be wrong.

Why it Develops

To understand why we lose lung capacity and breathing efficiency requires that we understand the changes in our anatomy which occur with the laryngectomy surgery. The before and after diagrams here, show that the surgery permanently separates the lungs and most of the trachea (windpipe from the upper part of the respiratory system—the nose, mouth, and throat (pharynx). This bypassing of the nose, mouth and throat actually does make it easier for us to breathe, assuming that the stoma is of adequate size. But rather than being an advantage, this turns out to produce the problem. Because it is easier for us to breathe our lungs no longer inflate and deflate as fully as they did before the surgery. And over time, this reduces the useable capacity, or volume, of our lungs. An expression from physical fitness applies here—"Use it or lose it".

The reason it is easier to breathe and we lose lung capacity is that the upper part of the respiratory system also provided resistance to the flow of air. Our incoming air had to enter the two small nostrils and move in an upward and then curved direction past nose hairs and sticky mucus lined tissues on its way down to the lungs. The lungs had to work harder by more fully inflating to move air through that long pathway. Now it takes a shortcut in and out the stoma, there is much less resistance, and the lungs do not fully inflate. According to the experts, the critical factor occurs with exhalation (called "back pressure" or PEEP-Positive End Expiratory Pressure). It is this part of the breathing process which prevents the collapse of the alveoli, or little air sacks, in our lungs.

Cont’d on Page 4

May 2005
A related idea is referred to as dead air. Before becoming a laryngectomee, in order to push the carbon dioxide out from our lungs we first had to push the dead air already in the trachea, throat, mouth and nose out ahead of lung air. When we were ready to inhale, we had to first inhale all of that dead air which did not contain much oxygen before the fresh air containing more of it reached our lungs. In order to get the oxygen we needed we had to more fully expand our lungs to make room for the dead air and the fresh oxygen-rich air. You might be able to visualise the dead air issue by imagining that you are breathing through a long tube. Then imagine how much easier it would be to breathe if the tube were much shorter.

What Can Be Done About It

There are at least three ways in which laryngectomees can lessen the deterioration of their respiratory systems: exercise, wearing a type of HME (Heat/Moisture Exchange) filter which has the resistance feature, and practicing with a modified incentive spirometer. I will emphasize the use of the incentive spirometer here, but briefly discuss the other two approaches.

Along with "use it or lose it," another expression used in physical fitness is "no pain, no gain." And the more times you engage in activities which cause you to have to catch your breath, the better for your lungs. Laryngectomees do engage in all kinds of strenuous physical activities. There was a recent article on a lary from the Netherlands who competed and finished the New York City marathon this past autumn, and at least some larys participate in virtually any physical activity you can imagine.

If your idea of exercise is to get out of bed or make the journey to the refrigerator for a cold beer, you may need to begin with a modest exercise program. Walking is a good way to start a physical fitness regimen. The faster you walk the more your heart and breathing rates go up. And the more you exercise your lungs the more they retain volume and efficiency. If you have any doubts about your ability to exercise safely, get a physical check-up with your doctor before beginning. But frequent exercise obviously helps to maintain lung capacity and breathing efficiency.

HME (Heat/Moisture Exchange) filters have been referred to as "artificial noses". They perform several functions of the nose such as filtering the air we breathe, warming it up, and retaining some of the moisture in exhaled breath within the filter until we inhale again.

Cont’d on Page 5

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 18th May, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon.

Laryngectomees, Friends, Families, Professionals all WELCOME.

LARYNGECTOMEE SUPPLIES,

available from Bill Eccleston:

Stoma Material; $7 per metre.

Shower Shields; $32 each.

Stoma Covers; $4 each.

These are prices for members, postage is extra.

Cont’d on Page 5
Cont'd from Page 4

It turns out that before becoming laryngectomees the ideal condition for air in our lungs was air filtered clean of impurities, at close to the body temperature of about 98 degrees Fahrenheit (36°C), and close to 100% relative humidity. HMEs cannot duplicate our pre-lary air conditioning system, but can significantly improve it.

In addition to these three functions of filtering, warming and humidifying, HMEs can also provide some resistance to incoming air and make us work a little harder to breathe and thereby retain better lung capacity and efficiency. Research has demonstrated that the sooner after the laryngectomy surgery an HME with resistance is used the more it is tolerated and likely to continue to be used. After the lung capacity has decreased it is more difficult to get laryngectomees to use the HMEs since they may make it feel like it is too difficult to get their breath. Several brands of HMEs are also available for use by hands-free TEP prosthesis speakers (ATOS Provox, InHealth and Kapitex).

HME brands which are specifically designed to emphasize resistance are the Provox finger occluded cassette which comes in two levels of resistance (regular and high flow), and the Kapitex brand which comes with three levels of resistance (night-greatest resistance; day-regular resistance; and a minimum resistance one for use when exercising). Some laryngectomees can use the Provox Trachi-naze Plus HME system which can be used without an adhesive baseplate.

This is similar to the use of the ATOS or the InHealth filters with the Barton-Mayo Button (lary tube). Both the Barton-Mayo and Trachi-naze Plus must be measured by a clinician for both diameter and length. By making you work a little harder to breathe, the HME forces your lungs to more fully deflate, and then expand.

A third approach to retaining lung capacity is the use of the incentive spirometer. The one shown in the photograph costs about $12 U.S. Choose the type with a one way valve. Hospitals often provide patients with these instruments to work with prior to discharge, particularly if the person was on oxygen while in hospital. The incentive spirometer can be modified for laryngectomee use by substituting a large diameter baby bottle nipple for the mouthpiece. Just cut the nipple part off the baby bottle nipple making the hole smaller than the diameter of the spirometer's breathing tube. Slip it over the tube.

To use the spirometer, (1) hold it upright (2) exhale (3) place the nipple over your stoma (make a good seal) (4) inhale slowly to raise the piston in the chamber. The spirometer shown will indicate if you are inhaling at the recommended rate, or speed. Continue inhaling and try to raise the top of the piston as high as you can (5) when you cannot inhale any more.
remove the mouthpiece and hold your breath for at least 10 seconds (this part of the process has been shown to cause the lungs to inflate to their maximum extent). Rest, and then repeat the process. Cough when you need to. Doing this exercise throughout the day is most beneficial. Move the indicators on the spirometer when you increase the volume, and chart your progress.

The amount of decrease in lung volume and breathing efficiency laryngectomees experience depends on the individual and his or her general activity level. But since many of us became laryngectomees as a result of smoking and are vulnerable to developing additional breathing problems, doing what can be done to retain the best and most efficient respiratory systems makes a lot of sense.

humour

Bad News Headlines
- March Planned For Next August
- Blind Bishop Appointed To See
- Lingerie Shipment Hijacked--Thief Gives Police The Slip
- L.A. Voters Approve Urban Renewal By Landslide
- Patient At Death's Door--Doctors Pull Him Through
- Latin Course To Be Canceled--No Interest Among Students, Et Al.
- Diaper Market Bottoms Out
- Croupiers On Strike--Management: "No Big Deal"
- Stadium Air Conditioning Fails--Fans Protest
- Queen Mary Having Bottom Scraped
- Henshaw Offers Rare Opportunity to Goose Hunters
- Women's Movement Called More Broad-Based
- Antique Stripper to Display Wares at Store
- Prostitutes Appeal to Pope
- Teacher Strikes Idle Kids
- Lawyers Give Poor Free Legal Advice
- Juvenile Court to Try Shooting Defendant
- Kin Killer Sentenced to Die for Second Time in 10 Years
- Cancer Society Honors Marlboro Man
- Nicaragua Sets Goal to Wipe Out Literacy
- Autos Killing 110 a Day--Let's Resolve to Do Better
- 20-Year Friendship Ends at Altar
- War Dims Hope For Peace
- If Strike Isn't Settled Quickly, It May Last
- Half of U.S. High Schools Require Some Study for Graduation

May 2005
NON-PAYMENT OF SUBSCRIPTIONS

Again we have a situation where a number of our members have failed to pay their subscriptions for the coming year. Your subscription should really be paid by the end of December, but as it is a holiday period and there is no January newsletter there is no fuss made about it other than a reminder in the February newsletter.

However, we anticipate that everyone who is interested in being a member of the Laryngectomee Association has plenty of time from November, when the advice is posted in the newsletter, until the end of February to do the right thing and get their $10 (or $5 for those receiving ‘Still talking’ by email) subs in to the Treasurer.

It can hardly be the cost as $10 in this day and age is virtually a token payment and doesn’t even cover the cost of printing and postage. So, if you aren’t interested in the affairs of your fellow laryngectomees, the sooner we stop wasting resources on those who don’t care, the better.

By the end of April we will have our list of current paid-up members fully up to date.

A.T. Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill, NSW 2130. Phone 02-9799-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, HURSTVILLE GROVE, 2220. Phone: 02-9560 5864

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Bowling Street, WOOLLOOMOOO, PO Box 572. Phone 02-9334-1900. Fax: 02-9557-2876

Or contact the Social Worker at the hospital you will be attending.
MINUTES


APOLOGIES - Lilah Walton, John Chaloner, Tony Krasnodebski.

THE PRESIDENT Brian Gardner in the chair opened the meeting at 11 am. Minutes of last meeting as appeared in the newsletter were taken as read.

Moved Pat Halliburton, seconded Bill Byfield.

SECRETARY/TREASURER’S REPORT - MARCH 2005

MEMBERSHIP

The following new members have been welcomed during the past month:

- Mr N Gilpea of Dulwich Hill
- Mr K Hammond of East Kempsey
- Mr N Nolte of Raby

CORRESPONDENCE

Letter thanking our Association for our congratulations to Prof. C J O’Brien on his appointment as an AM in the New Year Honours List.

Letter from Shirley Chorley wishing all members a Happy Easter.

Advice from the Cancer Council that they are revising our membership list. This action became necessary when an output of names in early March showed many errors in the computer.

MEMBERSHIP FEES

There are still quite a lot of members who have not paid their fees for 2005. At this meeting we should decide what, if any, action should be taken.

INCOME & EXPENDITURE 1/1/05 TO 15/3/05

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Moved Bill Byfield, seconded Faith Green.

WELFARE OFFICER’S REPORT - MARCH 2005

Again a busy month, particularly in the area of visits to laryngeectomees, for a variety of reasons. Plus the supply of stoma covers to all areas of NSW, including, unfortunately, a higher than normal quantity of patient packs.

Visits included one to Herb Nolte and partner of Raby and as always a pleasure just to sit and chat with two very nice people. A trip to Bidwell was also rewarding.

I had a phone call from Les Smith of Armcliffe who gave the sad news of the passing away of his father, James Leslie Smith of Engadine, at the age of 87 years. He had been a laryngeectomee for some 17 or 18 years and departed this world just short of the 65th anniversary of his marriage to his wife Merna. As it turned out, Les and his dad were friends of Bruce Darlington, well remembered by most members. I certainly do as Bruce was one of my first visitors in hospital after my own operation. The talk with Les was a long one, as I also grew up in Armcliffe and we spoke of the way we all lived back in those halcyon days.

Trust everyone has an enjoyable Easter break. Bill.

Moved Carol Gardner, seconded Peter McGregor.

GENERAL BUSINESS - Bill Byfield brought photos of hands free speech aid which was discussed by John Chaloner at last meeting. More information about the appliance will appear in a future newsletter.

The problem of non-payment of subs was once again raised with various methods of dealing with the issue raised. Peter McGregor suggested a paragraph in the newsletter which was backed by Carol Gardner. Harry Stone said a note included in the newsletter would be better but some felt this would be more work for our busy editor. Pat Halliburton reminded meeting of last year’s decision to wait until April then cease newsletter. Carol Gardner said the membership has been reduced to $10 and Les Nicholson recalled the rules of the association required payment of dues. Tony Krasnodebski is to be contacted re an excerpt in the newsletter.

The President has been following the problem of the articles held by the late Eric Smith in his capacity as Welfare Officer for Western District Association. His calls to the executor of the estate have not been returned and it appears the goods which included voice appliances and stoma covers and amounted to a not insignificant amount, may have been thrown out. However more enquiries are being made.

Carol Gardner read a letter from the Voice Symposium Convention to be held in September, offering a sponsorship position and pointing out advantages of this. This will be further discussed at a later date.

An exchange of views on the problem of advertising the fact that laryngeectommes are neck breathers was both interesting and worrying with members telling of horror stories of medical staff at all levels being unaware of this and trying to give oxygen through the nose. The President is to approach Andrew Denton as one of the most watched shows on T.V.

Margaret Patterson is to be also approached regarding the next hospital visitors course.

Guest speaker Pauline Dooley who had been delayed because of some confusion regarding directions now gave an interesting talk about the symposium which will include medical professionals from all over the world and will include demonstration operations showing the latest
techniques in throat surgery. She then invited questions and members were able to share with her their concerns about the ignorance of some doctors and nurses about neck breathers and administering oxygen. She agreed this is of concern and pointed out that ambulance staff are all trained in this technique but although it is part of medical training it can be lost in the sheer volume of information and needs to be reinforced. The decision whether to take part as a sponsor will be further discussed at the next meeting. Next meeting is April 20th.

Lunch was then enjoyed by all.

\[\text{WESTERN DISTRICTS NEWS - MARCH 2005}\]

A very enjoyable day was had by all who attended our bus trip to Bulli on Friday 4\textsuperscript{th} March. This trip was transferred from Monday 28\textsuperscript{th} because of a theft of the number plates from the bus. Nevertheless the visit to Janett's Royalty House was well worth the wait.

The trip on 22\textsuperscript{nd} July has been cancelled.

Our next trip will be a barbecue at Woronora with the Illawarra group on 15\textsuperscript{th} May.

President Janet Berghammer is off on a holiday in China and we wish her a safe and enjoyable trip.

\[\text{THYROXINE STORAGE}\]

In June 2003, Sigma Pharmaceuticals, the manufacturers of thyroxine in Australia; Oroxine and Eutroxsig, were advised by the Therapeutic Goods Administration that those drugs were now required to be refrigerated at all times.

Previously you only had to keep them in a cool, dark, dry place below 30\textdegree C. The drug administration discovered that the potency of these products were reduced at the end of their shelf life and reduced the shelf life from 24 months to 12 months. However, this has been extended to 18 months as long as the tablets are kept refrigerated. Both Oroxine and Eutroxsig, which are identical products in every respect, should only be kept un-refrigerated for up to 4 weeks, below 25\textdegree C and out of the light.

If people have difficulty in maintaining their routine by having to relocate their thyroxine to the fridge, they can obtain a seven-day pill box which would only necessitate going to the fridge once a week and thereby maintain the routine they currently employ. These pill boxes are particularly useful if you have a regimen requiring a different dosage each day.

The foregoing shows the importance of not using your Oroxine or Eutroxsig past the use by date as that indicates when the product may start losing its potency. Whenever you fill your prescription for thyroxine, make sure the pharmacist does not obscure the expiry date. The pharmacist will also be keeping thyroxine in a refrigerator.

\[\text{LARYNGECTOMEE DJ!!}\]

I recently learned that one of our members, Dennis Leo of Kurri Kurri, is a radio DJ on CHRFM 96.5 in the Hunter Valley.

Dennis had his laryngectomy last October and has had an amazing readjustment to have been able to continue running his kitchen manufacturing business and also to being a radio announcer.

Goes to show you can do anything you put your mind to.
**ASK THE DOCTOR**

**QUESTION:** Dr. Peters, there was a big discussion recently on the WebWhispers online group about using ointments inside or around the stoma. What do you recommend in the use of antibiotic or antibacterial ointments?

**ANSWER:** That's a very interesting question. I think that if the stoma has "matured" or completely healed that nothing is needed. If a raw area develops from say using your speech prosthesis then a short course of an antibacterial is indicated until the area heals. I would not recommend a routine daily use of such products when nothing is wrong with the stoma.

I can think of three reasons that routine use should be discouraged. The first thing that comes to mind is that most antibiotic ointments have a petrolatum (i.e. petroleum) base. If a big "glop" of that stuff gets aspirated and finds its way into the lungs then a lung abscess could result. The second has to do with the fact that the main function of having petrolatum in a medicine is that it makes a seal on the surface. That is why we use it on a fresh wound, 'cause it seals the bad guys out. The other thing it does though is to seal moisture and any surface bacteria IN as well. This will create a situation that is chronically "wet" and actually damage normal skin. The last thing has to do with resistant bacteria. When bacteria are chronically exposed to an antibiotic they mutate in such a fashion that they become immune or resistant to that drug. That is why antibiotics should always be used sparingly and only when truly indicated. The classic example of this is the horrible practice of prescribing antibiotics to treat a cold which is generally caused by a virus.

So, when you have to use an antibacterial medication to treat an area of irritation around your stoma, use it sparingly and use a water soluble CREAM that won't risk damaging the lungs.

Glenn E. Peters, M.D., F.A.C.S.
Director, Division of Otolaryngology - Head and Neck Surgery
University of Alabama at Birmingham, Birmingham, Alabama, USA

**LARYNGECTOMEE SUPPLIES,**
available from Bill Eccleston:
Stoma Material; $7 per metre.
Shower Shields; $32 each.
Stoma Covers; $4 each.
These are prices for members, postage is extra.

**NEXT MEETING**
The next meeting for the Laryngectomie Association of NSW will be held on Wednesday, 20th April, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.
There is parking on site and it is also a short walk from the Railway Station.
The meeting will be followed by a light luncheon.
Laryngectomies, Friends, Families, Professionals all WELCOME.

**VALE**
Regretfully we have to report that the following member died earlier this month:
Mr B. C. de Foussnel of Bellevue
and our condolences go to his family and friends.

April 2005
THE POPE HAS A TRACHEOTOMY

Pope John Paul II, who suffers from Parkinson's disease and has been in hospital recently, was taken to hospital again in late February where surgeons performed a tracheotomy operation on him on February 24th.

The operation, an incision into the windpipe, took about 30 minutes and ended without complications. A tracheotomy is a routine operation that typically requires a general anaesthetic, but can be a risky procedure for elderly people in fragile health, such as the Pope. It is not the operation so much that is a concern but the anaesthesia.

The Pope began speech and respiratory therapy following the surgery to ease his latest breathing crisis without any indication of when he might speak again in public or leave hospital. The tube in his neck was likely to be left in when he left hospital, which could mean an elevated risk of infection, limit his activities and restrict his ability to speak. Another complicating factor is his increasingly curved posture with the head and neck tilted forward that also decreases respiration.

My interest in this story was highlighted when I visited my doctor on the Monday following the Pope's operation. My doctor was commenting on the fact that the Pope and myself, being of Polish extraction, both having holes in our necks. I said that someone told me that in astrology, and my being a taurean, that people under that sign were susceptible to medical problems connected to the neck. My doctor has a new laptop computer, which he is playing with as a new toy, and did a search on Pope John Paul II and discovered that the Pope's birthday is only four days apart from mine. What a coincidence.

I don't think it has made me give any more credence to the zodiac and astrology but if I remember, as an exercise, with the membership renewal registrations at the end of the year I may ask members to note the day and month of their birth and see if there are any clusters in our laryngectomee community with regard to dates of birth.

The Pope, of course, has since left hospital and gone back to the Vatican.
humour

A bank officer heard this explanation for a farmers money troubles:

It all started back in 1966 when they changed pounds to dollars, me bloomin overdraft doubles. Then they brought in kilograms instead of pounds and me woolclip dropped by half. Then they changed rain to millimeters and we haven't had a inch of rain since. They brought in celsius and it never got over 40; no wonder me wheat wouldn't grow.

Then they changed acres to hectares and I end up with half the land I had. By this time I'd had it and decided to sell out. I got the place in the agent's hands when they changed from miles to kilometres. Now I'm too far out of town for anyone to buy the stinking place.

A large, unsavory-looking man visited the pastor's home and asked to see the minister's wife, a woman well known for her charitable impulses. "Madam," he said in a broken voice, "I wish to draw your attention to the terrible plight of a poor family in this district. The father is out of work, the mother is ill and the children are hungry. They are about to be turned into the cold, empty streets unless someone pays their rent, which amounts to $400." "How terrible!" exclaimed the preacher's wife. "May I ask who you are?"

The sympathetic visitor applied his handkerchief to his eyes. "I'm the landlord," he sobbed.


WHAT MEN REALLY MEAN

"We're going to be late." Really means....
"Now I have a legitimate excuse to drive like a maniac."

"Hey, I've read all the classics." Really means....
"I've been subscribing to Playboy since 1972."

"You cook just like my mother used to." Really means....
"She used the smoke detector as a meal timer, too."

"I was listening to you. It's just that I have things on my mind." Really means....
"I was wondering if that red-head over there is wearing a bra."

"Take a break, honey, you're working too hard." Really means....
"I can't hear the game over the vacuum cleaner."

"That's interesting, dear." Really means....
"Are you still talking?"

"Honey, we don't need material things to prove our love." Really means....
"I forgot our anniversary again."

"That's women's work." Really means....

"It's difficult, dirty, and thankless."

"Will you marry me?"
Really means....
"Both my roommates have moved out, I can't find the washer, and there is no more peanut butter."

"You know how bad my memory is."
Really means....
"I remember the theme song to 'F Troop', the address of the first girl I ever kissed and the Vehicle Identification Numbers of every car I've ever owned, but I forgot your birthday."

"I was just thinking about you, and got you these roses."
Really means....
"The girl selling them on the corner was a real babe."

"Football is a man's game."
Really means....
"Women are generally too smart to play it."

"Oh, don't fuss. I just cut myself, it's no big deal."
Really means....
"I have actually severed a limb, but will bleed to death before I admit I'm hurt."

"I do help around the house."
Really means....
"I once put a dirty towel in the laundry basket."

"Hey, I've got my reasons for what I'm doing."
Really means....
"And I sure hope I think of some pretty soon."

"What did I do this time?"
Really means....
"What did you catch me at?"

April 2005
HAPPY EASTER

Disappointing turnout at the February meeting with the same committee continuing as there were no new nominations for any of the positions. Looks like the Association could collapse in a heap one of these days.

John Nicholson is sounding very positive after his recent operation and anticipates being at the March meeting with everything back to normal. David Lamont is currently in a nursing home in Mosman and we hope to see him again before too long.

Odd summer we’ve been having, although the rain has been welcome greening up the parks and gardens and giving a slight boost to catchment water levels. Once Easter comes we start the slide towards winter again; not something that I look forward to.

Hoping you are all keeping in the very best of health.

A.T. Krasnodebski
MINUTES

MINUTES OF THE 46TH ANNUAL GENERAL MEETING
OF THE LARYNGECTOMEE ASSOCIATION OF NSW,
HELD IN THE UNITING CHURCH HALL, STRATHFIELD
ON WEDNESDAY 16TH FEBRUARY 2005.

PRESENT - B Gardner, P Halliburton, J Chaloner,
B Hodges, W Eccleston, R Green, A Krasnodebski,
C Gardner, L Ceconi, F Green, N Hanson, M Ploenges,
M Halliburton, L Dowie, P Lamont.

APOLOGIES - Peter McGregor, Phyllis Ploenges,
John & Des Nicholson.

THE MEETING started at 11am with the President Brian Gardner in the chair.

ELECTION OF OFFICE BEARERS

No nomination was received for any position so the former committee agreed to stand again. They are:

President - Brian Gardener.
Vice Presidents - Bill Eccleston and Pat Halliburton.
Secretary/Treasurer - John Nicholson.
Welfare Officer - Bill Eccleston.
Speech Aides Co-ordinator - John Chaloner.
Newsletter Editor - Tony Krasnodebski.
Minute Secretary - Mary Halliburton.

No financial report was given as the Secretary/Treasurer was in hospital. Our Accountant, Lance Dowie, gave an explanation of how our finances were being managed. Regarding the bequest, a sub committee decision to invest $500,000 through Skandia Australia Limited in accordance with the statement of advice prepared by Lance Dowie of Count Wealth Accounts is confirmed.

Moved Pat Halliburton, seconded John Chaloner.

The Annual General Meeting closed and the monthly February meeting was held.

MINUTES OF THE FEBRUARY MEETING OF THE
LARYNGECTOMEE ASSOCIATION OF NSW, HELD IN
THE UNITING CHURCH HALL, STRATHFIELD ON
WEDNESDAY 16TH FEBRUARY, 2005.

PRESENT - as AGM

APOLOGIES - as AGM

THE PRESIDENT - Brian Gardner in the chair opened the meeting. Minutes of last meeting as appeared in the newsletter were taken as read.

Moved Faith Green, seconded Russell Green.

SECRETARY/TREASURER’S REPORT - FEBRUARY 2005
(Read by Carol Gardner)

MEMBERSHIP

The following new members have been welcomed into the Association:
Mr P Robinson of Bathurst
Mr J Watson of Bulli
Mr C G Laird of Forster
Mr M Granetti of Prestons
Mr B A Evans of Oberon
Mr R Peille of Bidwell
Mr J Mucarana of Voyager Point

CORRESPONDENCE

1. Thank you card in respect of our sympathy card to the family of the late Alan Cowgill.
2. Australian Taxation Office. Confirmation that our Association is a public benevolent association and is entitled to endorsement for the following tax concessions:
   Income tax exemption,
   GST concession,
   FBT exemption.
3. Bexley Uniting Church. Inviting 1 or 2 members to their 10th annual service of worship ‘Celebrating Community Service’ on Sunday March 23rd at 9.15 am at the church at 29 Gladstone Street, Bexley.
4. Numerous requests for stoma covers etc.
5. Invitation to include our Association in the Directory of Australian Associations. No charge. Accepted.

INCOME & EXPENDITURE 1/1/05 TO 7/2/05

Credit balance b/f $41854.57
Income $628.97
$42483.54
Expenditure $480.65
Credit balance c/f $42002.89

Moved John Chaloner, seconded Pat Halliburton.

WELFARE OFFICER’S REPORT - FEBRUARY 2005

Members will be pleased to know that I have been justifying my existence over the past months. January and February to date has been the busiest of my career as your Welfare Officer, with orders for over 70 stoma covers and 15 shower shields having been processed, plus the normal, unfortunately steady, demand for ‘patient packs’. The lightweight, single thickness, stoma covers have been an instant success, with demand outstripping supply. A further order for 50 of these has been placed, so I will soon be able to fulfil all back orders.

Many visits to laryngectomees and their families have been made, some at the request of Speech Pathologists, and the reactions plus comments made as a result have been very rewarding, confirming the value and merits of such visits.

On a personal note could I just say “Thank you” to all well-wishers, you will be pleased to know that results to date are very encouraging.

See you all soon, with my very best wishes being extended to your new committee. Bill.

Moved Carol Gardner, seconded Maralyn Ploenges.

SPEECH AIDS CO-ORDINATOR’S REPORT - FEB '05

In 2004 your Association provided the following loan speech aids to our members:
- Servox - 9 times
- Nu-Voic - 3 times
MINUTES CONTINUED...

Cooper Rand - 1 time
TruTone, Solatone - NIL

We also supplied to our members, at a reduced cost, 27 Varta batteries for the Servox and Romet speech aids, 7 Servox batteries and 4 Varta 9 volt batteries as used in the Nu-Voisc, Solatone, TruTone and Cooper Rand speech aids.

We thank the family of our late member Jack Heywood of West Tamworth for the donation of his Cooper Rand speech aids and spare parts.

With the abovementioned spares and those I already held I now have quite a stock of Cooper Rand replacement parts - new cords, new tubes (both plain and with the blue plastic tip) and used tone generators and clips. I don't think many of our members use the Cooper Rand but would those who do please contact me, by mail or phone, when they need something and we can probably fix them up.

Moved Carol Gardner, seconded Faith Green.

GENERAL BUSINESS - Maralyn Ploenges met Forster member Mr Laird at the Newcastle meeting. John Chaloner spoke on a hands free appliance called JusTalk. Tony covers the article from an American company in the newsletter in detail. Although there are many advantages it was felt that the cost of $1000 American was too expensive to trial one for the Association. It was decided to wait 6 to 12 months and see what further results occurred.

John Nicholson is home from hospital and making steady progress.

Bill Eccleston said there are positive reports on his problems.

Patricia Lamont gave an account of David's stroke and ongoing problems. He is in a nursing home and the President and wife are to visit him there.

The President reported that Sydney is to host the 7th Voice Symposium conference this year.

Carol Gardner reported that the maker of the stoma covers is having trouble with supplies of the ribbing for the neck. She feels that the purchase of relatively small amounts means there is often a variation in colour. It was thought that buying it through the Association would lead to buying in bulk leading to a saving both in that and not paying GST.

Pat Halliburton said that the death of Eric Smith has lead to articles belonging to the Association being held by the executor of the estate and they refuse to release them.

The President is to send a letter from the NSW Association to obtain the release of the supplies.

The meeting closed at 12noon and a convivial lunch was enjoyed by all.

WESTERN DISTRICTS NEWS - FEBRUARY 2005

At the AGM on Tuesday 8th the following Committee was elected:

President Janet Berghammer
Vice-President Maralyn Ploenges
Treasurer Alan Dawson
Secretary Pat Halliburton
Welfare Officer Ron Fazakerley
Social Secretary Pat Dawson
Minute Secretary Mary Halliburton
Committee Members Daphne Fogarty, June Coutts, Tess Pritchard.

Bookings have been made bus trips on 27th Feb (Thirroul), 15th May (Woronora), 22nd July (to be decided), 5th Sept. (Wornora), 30th Nov (Mt. Tomah). To relieve the work load on the Social Secretary each bus outing will be organized by a different member.

The death of our long time member and Welfare Officer, Eric Smith, occurred recently. Unfortunately we were not informed.

Testimonial of late Eric Smith

Eric Smith passed away apparently before Christmas but unfortunately we only found out when we rang the Dougherty Apartments where he lived. Eric was a very private person and we did not even know when he was in hospital on several occasions.

Although constantly ill, Eric carried out his duties as Welfare Officer for the Western Districts branch in a caring, thoughtful and approachable manner. All who dealt with him were impressed by his quiet gentlemanly personality, coupled with a quirky sense of humour.

He will be sadly missed as a very good member who also donated to the branch on several occasions.

Goodbye Eric old friend and rest in peace.

Allan Dawson

March 2005
HANDS-FREE ARTIFICIAL LARYNX

A U.S. Company named JustMed, Inc., has developed a hands-free artificial larynx. At the time of writing this, it is not available in Australia but it would appear to be a step in the right direction for users of electro-larynges.

The JusTalk Digital Audio Larynx is the world’s first hands-free, switchless artificial larynx. You wear a headset which is held on firmly with cheek pads with a boom microphone that sits in front of your mouth. The headset is connected to a speaker which can be positioned anywhere on your body or clothing. Once you have your settings organised; pitch - high, medium, low, and volume for the speaker and headset from a whisper to very loud, you are in business. The system switches itself on when you talk and off when there is a pause.

As this is very new technology I imagine that there will be a few initial hiccups with the system before it is on a par with a proficient ordinary artificial larynx user. However, JusTalk will have a software upgrade capability which should mean improvements can be incorporated at a low cost without having to replace the entire unit. Anyone who requires the use of both hands and to talk at the same time, this gadget could prove a godsend.

The rechargeable battery used with JusTalk should provide about 20 hours of continuous operation. Also, should you be somewhere with no facilities to use the battery pack recharger, the battery pack can be replaced with 3 AA alkaline batteries.

The company is working on a phone adapter that will allow you to plug into a cell phone giving hands-free use of both the phone and the artificial larynx.

So it is early days yet, but this looks to be the future of artificial larynges. If you would like to see the full details of the JusTalk Digital Audio Larynx go to www.justmedinc.com.

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 16th March, at the Uniting Church Hall, Carrington Avenue, Strathfield at 11 am.

There is parking on site and it is also a short walk from the Railway Station.

The meeting will be followed by a light luncheon. Laryngectomees, Friends, Families, Professionals all WELCOME.

Regrettfully we have to report that the following members are deceased.

Ms Joan Cridchley of Bonnyrigg
Mr Jack Heywood of Tamworth
Mr Eric Smith of Chatswood

and our condolences go to their families and friends.
DEPRESSION

Last year, the Western Australian Support Group newsletter ran an article from the 'West Australian' newspaper of October 11 that I think is worth repeating here, as I am sure the situation would be replicated in NSW.

Doctors Learn To Deal With Hidden Depression Of Cancer Patients

More than half the people diagnosed with cancer then suffer clinical depression or anxiety, which often is not diagnosed and can have severe ramifications, according to cancer experts.

The National Cancer Control Initiative will begin a series of national workshops in Perth today to teach GP's and medical specialists how to detect and deal with emotional problems a diagnosis of cancer can cause.

The workshops will use world-first clinical guidelines approved by the National Health and Medical Research Council covering psychological, physical and social problems and sexuality and fertility issues.

NCCI director Mark Elwood said health professionals often underestimated the impact on mental health of a cancer diagnosis. "This often undetected and untreated emotional fallout can have severe long-term effects, not just for the person with cancer but for their family, social networks and employment," he said.

WA Cancer Council clinical oncology group executive officer Paul Katris said better treatments for cancer meant people were living with the disease for longer and needed continuing help.

Jane Turner, the head of the Psychological Guidelines Development and Implementation Group, said doctors were trained to treat physical symptoms and traditionally had not looked for emotional problems.

It was normal for patients to feel sad or anxious for a few days after diagnosis but they did not have to put up with long-term depression.

WA Cancer Council counselor Karen Anderson said the council provided counseling for patients and had a phone service for people in remote and regional areas or who were house-bound.

A report accompanying the guidelines said up to 50,000 people diagnosed with cancer each year would suffer clinical anxiety or depression.

People felt distressed and fearful about the diagnosis and up to two-thirds experienced long-term emotional distress.

RUNNING ON EMPTY

This is another book review. The author, Robyn Koumourou, lives in Melbourne and was diagnosed with hypothyroidism at the age of thirty. Since then she has been involved with Thyroid Australia in telephone support, research and educational seminars on thyroid disease.

Apparently 1 in 14 Australians suffer with a thyroid condition with hypothyroidism being the more common disorder. Thousands of Australians suffer with unrelenting fatigue, weight gain, muscle weakness, recurrent infections, cold intolerance, hair loss, skin conditions and depression, never considering a malfunctioning thyroid gland as a possible cause of their ill health.

Often an underlying thyroid problem is overlooked.

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or misdiagnosed and sometimes poorly investigated and inadequately treated. The classic signs and symptoms of hypothyroidism may mistakenly be attributed to depression, stress, anxiety, age, another condition or simply seen as psychosomatic. Those of us who had a thyroidectomy along with the laryngectomy know only too well the difficulty in maintaining the correct balance of thyroxine to avoid the worst of the symptoms.

Robyn's book 'Running On Empty' explains the thyroid gland and hypothyroidism in easy to understand, matter-of-fact language. The ISBN number is 0 9577670 5 6. You can find out more about the book by writing to Cocoon Books, PO Box 7429, Upper Ferntree Gully, Vic, 3156 or check out Thyroid Australia's website.

There was a man who could not give a convincing explanation about his broken arm. He kept muttering something about trying to stick his arm through his car window that he thought was down.....

That was the public version, in private, he confessed that it happened when his wife brought some potted plants indoors after they had been out on the patio all day. A friendly garter snake had hidden in one of the pots, and later slithered out across the floor, and the wife spotted it.

"I was in the bathtub when I heard her scream," he related. "I thought she was being murdered, so I jumped out of the tub, and ran to help her. I didn't even grab a towel." "When I ran into the living room, she yelled that a snake was under the couch. I got down on all fours to look for it, and just then my dog came up from behind and 'cold-nosed' me. I guess I thought it was the snake, and I fainted dead away.

"My wife thought I'd had a heart-attack and called for an ambulance. I was still groggy when the medics arrived, and lifted me onto a stretcher." "Just as they were carrying me out, the snake came out from under the couch, and obviously frightened one of the medics. He dropped his end of the stretcher.....and that is when I broke my arm."

WHAT MEN REALLY MEAN

"Let's take your car." Really means....

"Mine is full of beer cans, burger wrappers and completely out of gas." Really means....

"Woman driver." Really means....

"Someone who doesn't speed, tailgate, swear, make obscene gestures and has a better driving record than me."

"I don't care what color you paint the kitchen." Really means....

"As long as it's not blue, green, pink, red, yellow, lavender, grey, mauve, black, turquoise or any other color besides white." Really means....

"It's a guy thing." Really means....

"There is no rational thought pattern connected with it, and you have no chance at all of making it logical." Really means....

"Can I help with dinner?" Really means....

"Why isn't it already on the table?" Really means....

"Uh huh," "Sure, honey," or "Yes, dear." Really means....

Absolutely nothing. It's a conditioned response like Pavlov's dog drooling.

"Good idea." Really means....

"It'll never work. And I'll spend the rest of the day gloating." Really means....

"I've just spent our last $30 on a cordless drill." Really means....

"My wife doesn't understand me." Really means....

"She's heard all my stories before, and is tired of them." Really means....

"It would take too long to explain." Really means....

"I have no idea how it works." Really means....

"I'm getting more exercise lately." Really means....

"The batteries in the remote are dead." Really means....

"That's interesting, dear." Really means....

"Are you still talking?"
WELCOME TO 2005

Hoping to see a good turnout at the February meeting to elect the new committee for 2005. All positions are up for re-election each year.

The Christmas party at the Bowlers Club was a success even after a few guests went on a wild goose chase prior to arrival. A couple of regulars were unable to attend owing to their being in hospital. David Lamont, following a stroke and Helene Szanyi having broken her arm in four places, we hope to see both of them again soon.

Our Welfare Officer, Bill Eccleston, told me that he has been diagnosed with a further, inoperable, throat cancer and will be undergoing a course of radiation and chemotherapy treatment to try and overcome it. Our very best wishes must go to Bill at this time.

Laryngectomee supplies remain at the same prices from Bill. There are now choices in the material used in making stoma covers, all still at $4.00 for members. You can choose the tie type as provided in patient packs, a normal, double thickness, velcro fixed one or the new lightweight, single thickness, velcro fixed style. Non-members pay a slightly higher price. Post and packaging is additional to the price of items purchased.

A.T.Krasnodebski

WHO TO CONTACT


FOR SPEECH AIDS, BATTERIES PARTS AND ADVICE ON REPAIRS - John Chaloner, PO Box 31, Summer Hill, NSW 2130. Phone 02-9799-1154

FOR STOMA COVERS, SHOWER SHIELDS, STOMA COVER MATERIAL AND WELFARE MATTERS - Bill Eccleston, 14 Seymour St, Hurstville Grove, 2220. Phone: 02-9580 5804.

FOR ACCOMMODATION ASSISTANCE WHEN NEEDING OUT-PATIENT TREATMENT AWAY FROM HOME - Cancer Council of NSW, 153 Dowling Street, WOOLLOOMOOO, PO Box 572. Phone 02-9334-1900. Fax: 02-9357-2876

Or contact the Social Worker at the hospital you will be attending.
PARTY PHOTOS
TARGETING CHEMO SIDE EFFECTS

The ABC in December reported that scientists at Westmead Millennium Institute have inserted a human liver gene into a mouse to observe how well the liver metabolises chemotherapy drugs in the body.

They have been able to model exactly what happens with toxicity levels in cancer patients in response to anti-cancer drugs, giving insights, that were not previously available, into how drugs work.

A patient named Evan Worthington had been diagnosed with bowel cancer two years previously and had experienced problems during his first course of chemotherapy. Nausea, loss of appetite, weight loss and feeling generally unwell.

Apparently the body tries to fight off cancer as if it were an infection and starts an inflammatory response which affects how well the liver can process drugs. Evan was better able to tolerate his second course of chemotherapy after being given anti-inflammatory drugs to reduce the toxic side effects of his cancer treatment.

TOBACCO VICTORY

On November 30, 2004 Peru became the fortieth country to ratify the Framework Convention on Tobacco Control (FCTC) treaty which makes the FCTC become binding international law for participating countries.

The global treaty bans tobacco advertising, promotion and sponsorship and puts in place international standards to prevent Big Tobacco from interfering in countries’ national health policies.

Hopefully this landmark victory will put other abusive industries that profit at the expense of our health and human rights on notice that they can be compelled to look out for the interest of their customers and employees.

humour

One young man now confesses that several years ago he went to a family reunion with extremely red ears and had a heck of a time trying to explain how it occurred. (He never did admit they were burned!)

"Burned how?" was the natural question. His ears had gotten burned during one of those long, lazy weekends of nothing but football watching and drinking beer.

"I was deeply engrossed in the game, and my wife was ironing near by. She left the room, leaving the iron near the telephone. The phone rang...Keeping my eyes glued to the TV set, I grabbed the hot iron and put it to my ear, thinking it was the telephone."

So how did both ears get burned, we may ask.

"I hadn't anymore than hung up, when the man called back!!"

LARYNGECTOMEE SUPPLIES,
available from Bill Eccleston:
Stoma Material; $7 per metre.
Shower Shields; $32 each.
Stoma Covers; $4 each.
These are prices for members, postage is extra.

NEXT MEETING

The next meeting for the Laryngectomee Association of NSW will be held on Wednesday, 16th February, at the Uniting Church Hall, Carrington Avenue, Strathfield. at 11 am.

There is parking on site and it is also a short walk from the Railway Station.
The meeting will be followed by a light luncheon.
Laryngectomees, Friends, Families, Professionals all WELCOME.