What's the joke?

IT'S PARTY TIME

Most parents are glad that it only comes once a year. So, too, are the members who gallantly organise Christmas parties for our children up and down the country each year, before collapsing exhausted into the nearest chair.

But the efforts are well worth while as these pictures of happy young guests at North London's last year's Christmas party show. Calipers are no bar to providing, or enjoying the entertainment, as you can see.

Your editor would be pleased to hear about the most successful spots in your branch's Christmas party, so that the tips can be passed on in next year's seasonal Link. Pictures, too, are always welcome.

Our cover

The heart of singer Frankie Vaughan is, as we all know, as fine as his voice. His efforts to promote clubs for boys who would otherwise roam the streets are legendary. So following the launch of the ASBAH campaign, he had no hesitation in appealing for funds for the Association when he made an appearance at Greasborough Social Club, near Rotherham.

Our cover shows Frankie with young Sophie Troop, of Rotherham. Her parents have been busy contacting clubs in the area in their fund-raising efforts.
Editorial: Your ‘local rag’ is hungry

By the time this issue appears, it will be well over six months since the launch of our National Campaign in March. I think it is fair to say that in those months, ASBAH has made fantastic strides.

One of the main aims of the Campaign was to raise funds. And this, considering the troubled economic times which affect us all, has met with no mean success. Our second objective—and just as important—was to gain publicity for the Association—to put spina bifida in the public eye.

The cumulative result of this was extremely encouraging. News stories and articles appeared in practically all of the National Press—from the Times to the Daily Mirror. Both television and radio gave extensive coverage.

But work remains to be done in making spina bifida and hydrocephalus household words—one of the big ideals of the Association and of Link.

Stories which “make” the National Press are rarities. Television and radio are also selective. But there is one sector of the “fourth estate” that has not yet been fully exploited—the local Press.

Many secretaries are doing magnificent work in this field, but here is a wealth of publicity of which every branch secretary and member can take advantage.

The local Press—weeklies and provincial dailies and evenings—are hungry for items, however mundane, which will interest the communities they serve. And it is by feeding this demand that branches can make their most valuable contribution towards our publicity endeavours.

Send your “local rag” details of all your activities, invite its reporters to your events and try to interest the editor in carrying a feature article on spina bifida or on your branch. And don’t forget that the local Press—as much as the Nationals—like warm, human stories about your members. Many such stories have appeared in Link.

The local Press is the backbone of our mass communication media. And every time the words spina bifida and hydrocephalus appear in print, it is another step forward in our campaign for national recognition.

Meanwhile, we must apologise for the inconsistency in the appearance of Link, which is causing concern to secretaries and members. My illness, I regret is still causing trouble and interfering with production. Our printers, too, have had production hold-ups. Until such time as we can employ an editor who can give his uninterrupted time to the publication, we hope that everyone will bear with us in these difficulties.
Adding to Mobility

A new dimension has been added to Maths lessons at Oakes Park School for P.H. children in Sheffield. Teacher Mr. C. A. Kirkham tells how it adds up to increased mobility, and enthusiasm.

Walking is without any doubt the most important physical activity in a child's development. Normally it is a natural stage of progression and commences early in life, usually following a pattern of crawling and standing.

With spina bifida children, however, walking will usually come much later in life, and only then as a consequence of much work by orthopaedic surgeons, physiotherapists and parents, and of a great deal of pain and discomfort by the child.

It will often create emotional problems through apprehension of falling and lack of balance. The desire to walk may be subdued by the amount of physical and mental effort required. Mobility in a wheelchair can be too easy.

One of the many anxieties of the parents of spina bifida children is the problem of walking and how it will affect their education and lives.

This account of the positive help a teacher may give to these children might alleviate some of this anxiety.

If walking can be related with academic subjects, mobility may be helped, interest stimulated and, perhaps most important of all, tensions lessened. It may also provide the stimulus for other chairbound children to make an effort when the moment arrives.

The corridor of a purpose-built school for physically handicapped children is an ideal place for the exercise. It may be long, straight and wide, with a handrail and a smooth but non-slip surface. There will be few obstructions and plenty of interested people. Any evidence of stress or strain will be easily observed by the medical staff and child-care assistants.

An experiment is being carried out with three spina bifida children in which walking is being combined with mathematics, working on the principle that the psychology of learning shows that sound and lasting learning can be achieved only through active participation.

Several times a week, these children walk with locked calipers, using pushing frames, tripods or sticks, as far as they can without becoming distressed and the distances are measured.

After the very important measuring, the children record their results on various graphs, the main aim being to walk a little farther each time. There is little active competition between the children themselves as each child is intent on beating his own previous record and competing with himself.

Each child has so far made a steady increase in the distance walked. They walk better and faster and are developing the ability to turn corners and change direction.

This approach to the periods of walking practice not only gives incentive to what is necessarily a laborious task, but also provides interesting material for the classroom work in mathematics, thus integrating several aspects of the handicapped child's development.

Some examples

Here are some examples provided by the children:

From my graph I discovered that my rate of progress was about the same each time I walked, my average rate of progress being about three yards.

I can now walk 90 yards, this is 270 feet. Since starting my graph, I have walked 490 yards, this is 1,470 feet.

If I continue to make my present rate of progress I should be able to walk about 100 yards in three weeks' time.

I am walking a longer distance in the same time, this is because my speed has increased.

I have walked 15 yards, this is about half way along the corridor, another 15 yards will be the complete length.

Today, I walked 20 yards, I will have to walk half as far again to complete the length of the corridor.

I walked down the corridor and measured it. I had walked 30 yards. We used my chair as a trundle wheel, and measured the distance, the
Concentration and enjoyment (above) as three youngsters go through their paces. Below: The day's achievement is recorded on a graph.

The answer was nearly the same. We had to find the circumference of the wheels first by using a piece of string. Each time a chalk mark on the wheel touched the ground, it had made a complete turn and covered the circumference of the wheel.

These are only a few examples of the work that can be done in mathematics using the information gained in walking.

The work continues to progress. There is an amazing amount of interest and the children's awareness of measurement is apparent. Most important of all, their progress in walking improves and with it their self-confidence in their own ability. One child has dispensed completely with her chair in school time.

There are many interesting off-shoots from this programme.

A post-polio boy now completes his graph each week showing how far he can swim—in lengths of the bath. A spina bifida boy who is not able to walk at all has a graph showing how many books he has read. A girl who has to diet and lose weight marks up each week how much she has lost.

There seems little doubt that this positive attitude towards a child's handicap can also help his mobility.
WE MUST BE OBJECTIVE

By Dr. J. Lorber

Nine out of ten children without hydrocephalus are intellectually fully normal and there are as many brilliantly intelligent children among them as among other groups of schoolchildren. The majority of these have no physical handicap either, and so attend ordinary school.

About one third of the group without hydrocephalus have handicaps usually consisting of weakness of the legs, or bladder problems. Many, but not all of these, need to attend special schools for the physically handicapped child. Much depends on the degree of the handicap and the local set-up.

The situation of those with hydrocephalus is usually more serious. Even so, about one in ten of these have no physical and mental handicap and attend ordinary schools. The next five out of ten are of normal intelligence, although very few come into the category of brilliant children. For these, places must be found in schools for the physically handicapped.

The remaining four are physically as well as mentally handicapped but only about one in the ten are so severely affected as to be ineducable.

National needs

If one translates these figures to national needs, and if one takes a figure of 600 spina bifida children reaching school age every year, the school authorities can plan well ahead. Based on these figures, about 400 spina bifida children a year will require special schooling facilities. Taken over the whole schooling period up to 16 years of age, some 4,800 places will be necessary in special schools to cater for the needs of children born with spina bifida.

This figure may well rise, as more and more children will get adequate treatment in the newborn period and more will survive with physical handicaps. The appropriate authorities are provided with these figures to plan for their future.

Recently, we have seen many widely differing figures about the number of such babies born in our country, about how many of them grow up to school age and just how intelligent they are. We are now in a very much better position to say more about this problem, because we have a central register for congenital abnormalities.

According to this register, it is not correct to believe that something like 3 or more out of every 1,000 children born in this country have spina bifida.

True, this high incidence does exist in certain parts of the country, particularly in Northern Ireland, Wales and Liverpool, where a high proportion of the population is of Irish or Welsh stock. It seems that the incidence of spina bifida is commonest in these races. The high incidence of spina bifida in people of Irish stock still exists generations after emigration, for example, to America. This was shown in a survey carried out in Boston, U.S.A.

There are considerable variations in the incidence of spina bifida within this country. It is least common in London and East Anglia, where only about 1 out of every 1,000 liveborn babies suffers from this complaint.

True number

In England and Wales, as a whole, about 1,200 infants were notified as having been born alive with spina bifida in 1966. The true number of cases may be more, because not every case is necessarily notified.

Of course, not all the infants survive, but more and more do every year. Already there are plenty of children who are of school age and who present problems of education to the parents and to the school authorities. There is a lot of ill-informed opinion about just how good these children are and what kind of education is most suitable for them. There are those who believe that the majority are ineducable and are physically so handicapped that education in a school is impossible.

At the other extreme, there are others, particularly inexperienced parents, who are over-optimistic and believe that their child is potentially capable for better education than the opportunities provided.

It is important therefore to have objective assessments of these children so as to provide a sound basis for the provision of their present and future needs. Full medical and intellectual assessment is made by specialists in our unit in Sheffield, where we treat over 120 such children every year.

These assessments indicate that of those spina bifida children who live to be of school age, 6 out of ten also have hydrocephalus. Many of those with hydrocephalus required operations to deal with this condition.
Working together

An example of how well co-operation between ourselves and other charities can be accomplished is at Woking, Surrey, where the local ASBAH branch and the Invalid Children's Aid Association have combined in setting up a play group for the physically handicapped.

It was in August, 1967, that Miss Hodges, principle social worker for the Surrey branch of ICAA contacted me to see if her association could help us in some practical way. The idea of a play group was thus born. Miss Hodges then made representation to the Woking Group for the Mentally Handicapped who kindly agreed to let us use their social centre two afternoons a week.

The next need was for voluntary helpers and these were recruited following approaches to local churches and women's associations. As a result 25 volunteers work off a rota system to help Miss Hodges who is in charge of each session.

The first started in February this year, with just four children, all with spina bifida. It was decided to start with only a few children so that they quickly aclimatised themselves. Others were added and the attendance now averages about nine children, the vast majority being spina bifida.

No age limit

There is no age limit, at the moment the children are aged 18 months to four years and they play for 2½ hours each Tuesday and Thursday afternoon.

Activities include playing with sand, water, pastry and paints while some even play ball. Music and singing are also included and there are many toys available. During the afternoon there is a break for drink and "roll call" when the "chariots" are pushed together to encourage the children to be sociable.

Children are brought from within a 10-mile radius, including Guildford, Godalming and Walton-upon-Thames. Three children come with their mothers and the rest are transported to and from the centre by members of the WRVS.

Mothers are made welcome, but once they feel happy in leaving the children they can do so since the basic idea is to make a break for the mothers as well as the children. However, Miss Hodges does not want the mothers to feel they are not involved.

Since the play group opened there have been meetings of parents and recently they saw a coloured movie film of their children enjoying themselves at the centre. This was made by Mr. Pressland, a committee member, of the Surrey branch of the ICAA and will be used by both charities in fund raising and educational lectures. We will be happy to loan copies to other branches, who are interested.

It is anticipated that a qualified nursery teacher will soon join the staff and the local ASBAH group has agreed to pay her salary for the first six months. It is hoped that Woking will form the nucleus of a growth of more such play groups in different areas, so that many more spina bifida children will enjoy the chance to learn by the patient work carried out by ICAA's social workers.

From the parents in our play group we say to the Invalid Children Aid Association, and to Miss Hodges and her volunteers in particular, thank you very much.

Please turn over for pictures.

Carnival time

During the summer, the Surrey branch was represented in carnivals at Cranleigh, Worthing and Guildford. A float carrying various types of equipment was awarded a special prize in the Guildford Parade. Mr. Holder, of Beare Green, was responsible for the idea of putting the floats into the carnivals and worked very hard to make them a success.

Success is hoped for at a Christmas bazaar to be held in Sutton with stalls for handicrafts, toilet requisites, cakes, toys, Christmas decorations, bottles, etc. On November 30th, a wine and cheese party will be held at the Friends' Centre, Queen Mary's Hospital, Carshalton. Tickets cost 5s.

Branch news for the next issue of Link should be sent to the editor by January 14th. Other articles and pictures much earlier please.

Star winners

A stars v sportsmen cricket match was played at Sutton in September in aid of the Spina Bifida Trust. Harry Secombe's eleven beat the Sutton Cricket Club team by 217 runs to 215. The winning shot was a four which came with the next to last ball of the last over.

Both Roy Castle and Harry Secombe played the fool as well as cricket, Roy retiring at 19 with a beautiful six. Ken Barrington and Colin Cowdrey made 118 runs between them and Colin delighted the crowd with three sixes off three successive balls.
FREEDOM FOR THE MOTHERS

Co-operation between Surrey branch and the Invalid Children's Aid Association means play group fun for these youngsters, and freedom for their mothers.

Our pictures show: left: Andrew Gunstone, two, whizzing along in his chariot; below: Kim Stedman, three, shares a secret with Miss Hodges, ICAA social worker.

Top right: Andrew gets to know himself—an essential part of growing up, often denied to handicapped youngsters who cannot reach adult-level mirrors at home; bottom right: Christopher Massey, two, co-ordinates pleasure and precision in a ball game.
Buy wisely for Christmas fun

One of the most rewarding sights on Christmas morning is a child sitting on the floor surrounded by his new toys. Young eyes shine with excitement and one does not wish to see this expression change to one of frustration because the toy is unsuitable for that child's capabilities. This could happen to any child but particularly it could apply to a handicapped child.

Nowadays there are so many toys on the market that it almost makes the choice more difficult. However, some toy manufacturers have given the needs of children great thought so that the toy may not only give pleasure but also have teaching value.

Paul and Marjorie Abbatt, Galt Toys, Adventure Playthings and Goodwood Toys are four such firms and their toys are strongly made to withstand rough and inquisitive handling. Nearly all their toys are suitable for the handicapped child and will provide hours of entertainment and also be of therapeutic value.

Special Interest

Thinking of the spina bifida and hydrocephalic children in whom we have special interest, I have listed toys which will benefit these two groups. I realise that in the majority of the children these two conditions will overlap but I hope that it may assist the parent, relative or friend to assess the toys they see in the shops and to decide which will prove best for the child's particular need.

Mobility and balance are two things to be encouraged in the child with weak legs and trunk, and the following toys can assist with stimulating and practising this.

Baby walkers: For those children already on their feet but needing something firm to hang on to. These will have to be suitably weighted so that the walker will not move too freely and so run away from the child.

Goodwood Toys do a very good version of this with extended hand pieces, but only make it in small quantities. Some firms make a very solid wooden doll's pram which serves almost as well as a baby walker. (Price range £2 19s 6d to £5 8s 0d).

Climbing Frame: A child may learn to move around on his feet and to pull himself up on to his feet by having a firm framework to hold. This is also very good for strengthening the arms as they can swing on the bars. Ingenious fathers would probably prefer to make this frame themselves as it is rather an expensive item. I would like to add that other children in the family will also enjoy playing on a climbing frame so it could be a combined present.

Blackboards: Again these need to be sturdy and the four-legged type are more stable. Better still the board could be hung or nailed to the wall and so the child can stand and balance while enjoying drawing with coloured chalks. (Price range 12s 11d to £4 3s 6d). But felt pens used on a wall mirror will do no damage to the mirror. This is a very useful tip I learnt from Miss Martin, the Superintendent Physiotherapist at Sheffield Children's Hospital.

Swings, nursery rockers, rocking boats, horses on springs: These are all greatly enjoyed by children and provided they have a cross bar are quite safe. They help the child to acquire balance and to appreciate moving freely in space. (Price range from £1 7s 6d).

Tyres on castors are another excellent toy for encouraging movement and may be played with equally by a normal or handicapped child. These go by various names, i.e. Adventure Runabouts, Big Buffer Roll-about. (Price range £4 14s 0d to £6).

Moving quickly

Another large toy that has possibilities in helping co-ordination and development for the arms is the Bounce-Back. This necessitates the child being able to move quickly in any direction from a sitting or standing position in order to field the ball. (Galt Toys, £3 7s 0d).

The canvas tunnel through which a child has to crawl can be great fun. Galt toys make this and it is known as the Galt Tunnel. (Price £4 17s 6d).
Adaptations may be made to tricycles (as seen in a past edition of *Link*) and also to go-carts, which may then be operated by hand and the children become very skilful at manipulating them.

The toys I have mentioned so far are all rather expensive but many of these no doubt can be made by an inventive father or uncle. A pool of such toys could be held by the local ASBAH group to be loaned out. A library of toys for handicapped children has been started in Enfield with great success.

There are many other smaller toys which are of equal value because they give the child a chance to feel shapes, sizes, textures and to appreciate colour. Many children with hydrocephalus experience difficulty in manipulating small objects and also of being aware of their own relationship to other objects. Therefore any toy which requires concentration in placing things in the right position, balancing and building one shape on another will have considerable therapeutic value as well as being fun to do.

The following are examples of this type of toy:

**Galt Toys.**

- Shoelace toy £1.18.6d
- House Posting box 1s.0d
- Screwing rod 1s.12d
- Lift out picture boards 16.9d
- Early jigsaws 8.9d
- Play bricks 1s.5d
- Construction sets 2s.17d
- Threading cubes 9.6d
- Giant crayons 3s.11d
- Finger paints 1s.5d
- Play-doh 6s.11d

**Goodwood Toys.**

- Thread-a-bloc £1.5s.3d
- Sack of blocks 15.6d
- Giant hammer £2.11.6d
- Peg etc. 2s.9d

**Paul and Marjorie Abbott**

- First building
  - Bricks 1s.17d
  - Abacuses 1s.5d
- Threading toys 17.6d
- Mosaics from 19.0d
- Dressing Aid for legs 2s.3d
- Dressing Aid (Buttoning Jacket) 2s.16d

These are only a small selection of toys available which can mean money well spent and ample reward to the giver when they see the joy and benefit that the toys bring to the child. Addresses of the major toy firms:

**Galt Toys,**
30/31 Great Marlborough Street, London, W.I.

**Paul and Marjorie Abbott,**
94 Wimpole Street, London, W.I.

**Goodwood Toys Ltd.,**
Lavant, Chichester, Sussex.

**Adventure Playthings,**

The "Whizz Bang" is an ideal present for spina bifida boys and girls. It is a self-propelled trolley which is used, and recommended by the W. J. Sanderson Hospital School, Gosforth, Newcastle-upon-Tyne.

Headmaster Mr. D. H. Lee says: "We are interested in it partly because it affords better exercise for the upper body than merely propelling a wheel chair."

The school's medical consultants, however, insist that two modifications should be made before the toy is given to handicapped youngsters. There should be improved support for the legs (as demonstrated here by Kenneth Burn) and more padding on the back-rest.

Available from most good toy shops, the "Whizz Bang"—now improved with rubber tyred wheels—costs about nine guineas.
Life is never dull for four-year-old Clive Wright, even though he has no playmates. Clive lives on a farm near Grantham, Lincs., with his parents, and his friends are the animals.

At birth this spina bifida boy had no movement below the waist. But movement came, in his left leg first, then gradually in both, after a closure operation immediately after birth.

When he was 14 months old his mother and grandmother taught him to crawl. Six months later came an operation on his feet and Clive was soon using a baby walker. Another operation was necessary to strengthen one of his feet, and Clive has a valve, and is awaiting a hip operation.

Apart from his grandparents who live next door, and an 18 month old sister, Clive's nearest neighbours live a quarter mile away from the farm. He had white rabbits, a budgie, two dogs and three cats for pets at the last tally with "more to come".

The little boy loves tending the new born animals—deliveries are pretty regular at Heslins Barn Farm. He enjoys rides on the tractor and trailers, too. Milking time is his greatest joy when he stands at the gate and shouts "come on then moo cows" waving his arms about. He often holds the bucket for the calves to drink from and talks to them all the time.

There are ample opportunities for mischief too.

One afternoon his mother was frantic because Clive had been missing for two hours. Eventually he was found in his grandmother's hen house. All the hens were fluttering around after being let out by Clive and the little boy was chuckling in a mound of broken eggs.

Another time Clive tried to follow a cat up a big ladder on to the bails under the dutch barn. Fortunately his mother was nearby to rescue him when he realised he had reached the point of no return.

Mrs. Wright says that her biggest problem is Mark's bowels, but she hopes that increased mobility after the hip operation may solve this.
for two busy people

Ann Cheryl Wilton—Cheryl to her friends in the Staffordshire Association—has been paralysed in her lower limbs since she was born with spina bifida nearly 21 years ago at Keele, Staffordshire.

But she makes sure that this does not keep her inactive. In fact, her energy and drive are the envy of many a person able to get around normally.

She is a lieutenant in the Girl Guides, a tawny owl in the Brownies, a member of a youth club at her old school and of a social club for handicapped people.

Her other interests include listening to all kinds of music, writing to overseas pen-pals, attending Staffordshire Association meetings and going to evening classes, where she has mastered cookery, art-craft, archery, hair-dressing, make-up and typing.

And at the moment she is organising a jumble sale in aid of Association funds.

Cheryl attended an ordinary school until she was twelve and spent the final three years at Blackfriars School for the Physically Handicapped where she was extremely happy. She left with G.C.E. certificates in cookery and English.

Her one big disappointment is that she has been unable to find a suitable job in the area. Poor eyesight forced her to give up the only position she has had since leaving school.

But busy Cheryl doesn’t sit about. As our picture shows, she can be frequently found helping out at the Keele service area shop on the M.6, where her mother is manageress.

CRUTCH GRIPS: Children using their crutches a lot may develop hard skin on the palms of their hands. Dr. Scholl’s Adhesive Foam provides a very simple way of “cushioning” the grips. Available at chemists.

THREE-WHEELER BIKES: Three-wheeler bikes are available through the Ministry of Health for our youngsters, but there is not a size small enough for the under-fives. Triang’s “Baby Atom” is excellent as it has the chain-drive we require, yet is small enough to fit a child with inner leg measurement 13”-17”. One of the easiest assembled “foot-holders” for the child is a cheap pair of roller skates (with their wheels removed) screwed on to the pedals, with the straps for holding the feet securely. “Baby Atom” bikes cost around £5.

NO PARKING: As more and more towns have parking problems it should be remembered that most councils will look very favourably on requests for parking facilities when you have the disabled person in the car. Usually a disc is issued for display on the car.

National Trust

The National Trust has been surveying its historic houses and gardens from the point of view of disabled visitors.

Some have very much less easy access than others, but there are properties where there are ramps for wheelchairs, where the car park is near the main entrance, and where most of the attractions are on ground floor level. At quite a large number wheelchairs are available.

Properties within reach of London which are specially convenient for the physically handicapped include Ickworth, near Bury St. Edmunds; Polesden Lacey, near Dorking; Sheffield Park, Sussex and Petworth, Sussex. Further afield the charming Brownsea Island, Dorset, offers wheelchairs in which the disabled may explore its many delights.

Information on the facilities available at a particular National Trust property, or advice on selecting a property for handicapped people to visit can be obtained from Mr. Tom Burr, The National Trust, 42 Queen Anne’s Gate, S.W.1.
Every skill can be turned to fund-raising advantage. This is the first part of two articles aimed at the needlewoman. Use up all your oddments of wool and fabrics to make a beautiful bedspread which can be sold for £25.

This article tells you how to crochet; in our next issue you can learn how to knit and sew for a patchwork quilt, and how to make the finished product.

Headquarters would be pleased to hear from any members or groups willing to make up the finished bedspreads, instructions for this, too, will appear next time.

CALLING ALL NEEDLEWOMEN

By Jean Fletcher

Each crochet square or knitted triangle uses scraps of wool or synthetic yarn in two or more colours from any one of the lists below. Wool and synthetic yarn may be mixed, but don't mix wool or yarn of different thicknesses. To get more choice of colour, try pooling oddments with your friends.

These are the colour lists for crochet squares or knitted triangles.

LIST ONE
Any shade of red
including maroon and magenta.
Any shade of pink.
Any shade of orange.
Any shade of purple, mauve or lilac.

LIST TWO
Any shade of blue
including navy.
Any shade of green.
Blue-ish purple or lavender.
Black.
White.

LIST THREE
'Muddy' orange.
'Muddy' yellow.
Any shade of brown, fawn, beige.
Grey.
Black.
Cream, natural.
White.

LIST FOUR
Bright red.
Bright blue.
Very bright yellow.
Very bright green.
Clear purple.
Clear orange.
White.
Black.

Crochet squares are really easy to make. There is no need to crochet like an expert. Just do it like you knit. Hold the hook as you hold the right-hand knitting needle (or the left-hand one if you're left-handed) and put the wool round the hook just as you put it round the needle when knitting.

Only three stitches are used in the squares:

Chain stitch (CH)

Make a slip loop with wool. Put hook in loop. Put wool round hook and draw through.

Slip stitch (SS)

Insert hook into a stitch. Put wool round hook. Pull wool through both that stitch and the loop already on hook.

Half Treble stitch (HT)

Bring wool in front of hook. Insert hook into a space. Put wool round hook and draw it through the space. Put wool round hook again and draw it through all three loops now on hook.

Thickness of yarn Size of hook Number of rounds per square
3 ply 11 11
4 ply or quickerknit 8 9
double knitting 7 7
6 ply or treble knitting 3 5

Each square should measure about 5 inches across when completed.

These are the eleven rounds:

1: Crochet a chain of 5 CH stitches. SS into first stitch, so making a circle. Bring wool in front of hook. Put hook through circle and do 3 HT, 1 CH, 3 HT, 1 CH, 3 HT, 1 CH, 3 HT, 1 CH. Now
SS into top of first HT stitch. Cut wool (leave a long enough end for sewing in later). Pull wool-end through loop on hook. You've now made the central 'flower' of the square, with 4 petals and 4 spaces.

2: Change colour. Put hook into one of the spaces. Draw a loop of the new wool through. Bring wool in front of hook. Put hook back into the space and do 3 HT, 1 CH, 3 HT, 1 CH. Now do 2 petals in each of the other 3 spaces in the same way. SS into top of first HT stitch of round. Don't cut wool.

3: Same colour as previous round. Do 2 petals in each of the corner spaces and one petal in each of the side spaces. There must be 1 CH between each petal. At end of round SS into top of first HT of round. Cut wool and draw it through loop on hook.

4: Change colour in the same way as you did in round two. Continue to crochet 2 petals in each corner space and 1 petal in every side space.

5: As round three unless you're using 6 ply. If using 6 ply only one petal must be crocheted in each corner space, these corner petals to have 4 HT stitches. Now your 6 ply square is complete.

6, 8, 10: As round four

7, 9, 11: As round five, doing a single petal of 4 HT stitches in each corner if it's your last round. (For number of rounds see table above.) When you've completed the square, sew in all the wool-ends neatly so that no sign of them appears.

Instructions on what to do with your finished squares will be given in the next issue of Link.

Thanks !

I would like to thank several adult spina bifida sufferers who are now married, have children and have sent me information about themselves and their families. The results are so far very encouraging and hold out good hope that spina bifida sufferers can not only have children, but that they are almost always normal. I would like to hear about more yet, before giving more precise results.

Dr. J. LORBER.

For research

Earlier this year, a £68,000 Congenital Anomalies Research Unit was opened at Sheffield University by Sir Isaac Wolfson.

The unit, the cost of which was donated by the Wolfson Foundation, has been designed primarily for the investigation of Spina Bifida and Hydrocephalus.

These toy cars are the same model, but they incorporate two different brainwaves.

Automatic fun is for six-year-old spina bifida boy John Sokolowsky of Plymouth (above). His car was originally an ordinary Austin pedal car. But a family friend converted it with a motor mower engine and a 12-volt car battery. Now the car is capable of an exciting 5 m.p.h.

The second car, belonging to Alan Marshall, of Severn Beach, Bristol, was adopted for hand-propulsion by Mr. F. C. Lambert of Henleaze, Bristol.

Now it has a lever by which six-year-old Alan can "pump" the car along. And a delight to its young owner it has real headlights, a horn that works and model sparking plugs to give it an authentic look.

If enough people showed interest in having cars like this one adapted, Mr. Lambert could get the conversions done by a factory.
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