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FOLDING TRAVEL AIDS
Dr Margaret Peel (Qld) (right) showed us her “Days” lightweight folding rollator with handy soft seat and backrest at the Sydney Polio Australia meeting. Folds down flat and can go as hand luggage on the plane.
Shirley Ellis (left) at the Geraldton clinic visit demonstrated her TravelScoot for those a bit more mobile - even goes on grass and light enough to stand and lift up steps!
For those needing a more substantial seat and armrests, this Luggie, (below) is a bit more sturdy. Not for going off-road, but the 4 wheels means legally okay to ride on bus or train. Folded length is 26”. All are available in Aust but for Margaret’s try the internet ?UK or Japan.

TRAVELSCOOT - a light (17 kg) compact folding electric mobility travel scooter with carry-bag. Folds 30” x 15” x 10”. Fits any size car boot and assembles in less than a minute. Max weight takes 145 kg and travels 10 km. Cost - about $2,600.

LUGGIE foldable scooter - Folds in seconds and ready to go! Undo your clips and scooter collapses. Lightweight lithium-ion battery lifts out with one-hand. Easily lifted into car or becomes wheeled luggage for plane travel with soft or hard wheeled-case. Weighs only 23 kg. Takes a person up to 114 kg in weight. Travels 15 km. Cost - $3,400.

MORPH foldable wheelchair wheels. Wheels fold to 32” x 12.5”. Weight in bag for hand luggage on plane is 7 kg. Avail internet.

Dr Niblett sent this one!
Welcome to the first 2014 WA polio newsletter.

We are well and truly back in action. As usual I have been at work for at least 50% of the time I was on holidays, attending to phone calls, emails and people needing more supplies and help over the holiday break. At least our faithful volunteers got 4 whole weeks off. I did get to Geraldton, my son Glenn coming to share the driving which made it easier.

Dr Niblett made it back here in time for Christmas, returning to PNG 14 Feb, after chairing our first Polio Management Committee meeting for the year. He hopes to be back here again next Christmas.

RAFFLE WINNERS
The last raffle was drawn at the Polio Christmas Party and the winners! - the framed Eagles Footy jumper went to the grandson of Esperance member Ellen Saltmarsh, who luckily lives in Perth and eagerly came to pick it up straight away! Second prize went to long-term member Eileen Smith of Dongara, third prize to member Peter Johannesen in Perth. Tickets for our next raffle are enclosed with this newsletter. The prize is a gorgeous blue hand-made quilt has been made and donated by Geraldton member Barbara Salmond. If you haven’t got tickets and want some just ring the Polio office.

Kevin Lehane’s story “Blessings in Disguise”
If anyone would like a full 2014 up-dated copy of this 28-page booklet by Kevin Lehane, summary of which featured in the last newsletter, Kevin is making this available free. Contact Kevin by email at - kevinlehane@bigpond.com for emailed version or me at the Polio Office for hardcopy if you don’t have email.

MEDICUS book review of WA Polio History Book
The AMA (WA branch) has done a review of our book which was on p66 in their Feb edition of Medicus. They have kindly given us permission to re-print it. (page 3) A number of doctors have been in to purchase a copy of the book since the Review went out. We have even had an order from a NSW doctor who was at IDB when Dr John Colebatch got polio. He has given us his story to add for the next book. Have you asked your doctor if he wants a copy? There are less than 150 left so if you haven’t got a copy yourself yet, please order now as we will not be re-printing and you may miss out.

NEW POLIO STORY BOOK
Last call for any more polio stories for this new book. You don’t have to have had polio in WA to be in it. If WA is now your home we count you as a WA polio survivor and your polio story can be included. Reference needs to be made to coming to live here as part of your story. But you must send it in or contact me in the next month. I am working on it now.

POLIO AUST RETREAT in SYDNEY 8 - 11 May
This 5th, 4-day Polio Health and Wellness Retreat will be at the peaceful St Joseph’s Centre in Baulkham Hills, Sydney. Cost $350 per person double or $400 single. Limit of 70 people. Preference given to people in NSW or those who have not attended a retreat previously. Details are on the Polio Australia website http://www.polioaustralia.org.au/retreat-2014 Book now if interested. Places filling fast. If you haven’t got a copy yourself yet, please order now as we will not be re-printing and you may miss out.

POLIO AUSTRALIA MEETING in December 2013
Jenny Jones and I attended this annual face-to-face meeting at the lovely St Joseph’s in Sydney, and this year took Jega along with us. Jega presented the talk she gave at our AGM/Book Launch last year which was well received, with everyone coming to breakfast next morning saying they had a RED CARD - Jega’s version of polio making you age 20 years ahead of your real age.

Jega was asked to use her ‘Late Effects Clinic’ expertise be part of a “Train the Trainer” program sponsored by Polio Australia to get more post-polio-knowledgeable physios and OTs available for polio survivors in the other states. We should do this in WA too.

I presented the current Polio statistics we have been working on for the whole of Australia and you will find a summary of this on page 5. We need to add to our records from the other states and update our WA records further this year. A clear picture is starting to emerge. More on the WA analysis data in the next newsletter.

Our thanks go to Julia Sachs, a local 15-year old volunteer from USA who has been coming in doing data entry of the questionnaires after school for us for the last 18 months to get these stats ready to present.

NEW POLIO CLINIC RECORD BOOKLET
Jenny and I also presented a new pocket-size book we have been working on, to record your polio health details in, so that you have it all on hand whenever you see doctors and other health professionals. We are having these printed and a copy will be included in the June newsletter for you. If you need a copy earlier just ring the office. Particularly useful if you have surgery coming up. Also ask us to send you the anaesthetic cautions for polio papers as well if you have surgery ahead.

SUPPLEMENTS
I have included a page with hints on “how to take” the most commonly needed supplements to help with polio aches and pains. All can be purchased from us or posted out. Don’t forget Hirudoid cream for soft tissue injuries - it is magic. Ring first to make sure I am in the office. I am alone here 3 days of the week.

Tessa

Late Effects of Disability Clinic
Open to anyone aging with a long-term physical disability

Referral from GP needed to Dr Dade Fletcher at LEDC at RPH - Shenton Park Campus.

Send your referral to Tessa at the Polio Office together with an update of the Polio Questionnaire so that they are aware of your current polio status and problems.

Tessa will get these straight to Deb or Andrea at the Physio Dept for quick appointment. Follow-up later with Dr Dade Fletcher (currently 2-year wait to see Dade).

This is a FREE clinic provided particularly for polio survivors and your GP may not be aware of it.

APPOINTMENTS AVAILABLE QUICKLY NOW
Poliomyelitis in Western Australia: a history expertly explores the dreadful impact of polio in the State, says Elizabeth Nell.

Poliomyelitis, also called polio or infantile paralysis, has bedevilled international medicine and populations on a global basis for centuries. Even the *Old Testament* contains description of a child suffering from a debilitating disease that is now believed to be polio and there are many clear descriptions of the disease in 18th and 19th century literature.

It is now generally thought that polio is on the cusp of being eradicated as a threat to world health. If this does occur, it will be only the third time this has ever been achieved, joining smallpox and rinderpest.

While India is the latest country to be declared polio-free, there are challenges elsewhere, largely in Somalia and in parts of Pakistan declared off-limits to medical teams by a war lord.

But while the Australian community debates the importance of immunisation and the worrying drop in numbers of children who have been vaccinated, it is timely to recall a time just a generation ago when a highly infectious viral disease took hold on the public mind.

Western Australia has a very special story to tell of its particular polio experience and a newly-published book serves those interested in medical history and public health extremely well.

**Poliomyelitis in Western Australia: a history** by Tessa Jupp, Jan Lord and Lesley Steele is not the first examination of the issue in WA but it is certainly the most detailed at just over 450 densely-packed pages. All three authors have been touched by the disease in some way, either as a polio survivor (Lord & Steele) or as a nursing sister who have been touched by the disease via a vaccination program.

This fascinating book is not just a story of the fear generated by a terrible disease. It is also a success story of an immunisation program, the importance of herd immunity on a population and a multi-approach public health campaign.

The authors have married a summary of the cold facts of polio and the efforts made by the WA Health Department to originally contain it, to manage its impact on hundreds of West Australians and eventually to defeat the insidious disease via a vaccination program.

The authors have also gone to enormous trouble to track down and record the experiences of West Australians actually touched by the disease.

In many ways, this is one of the most appealing parts of this new book. The skilful weaving of the memories of many respondents is done extremely well - memories and stories taken out of my normal class... the first time I met this Mrs B who was a very nice lady, I did something and she made a comment “What's wrong with you, are you a cripple?” I think I didn't write something. But then she saw me walk and she wrote a letter of apology to my parents because she felt so bad about it, and yet I didn't take any notice because I was used to being called names”.

One student at St Hilda’s Girls School wrote: “During the polio plague we appeared in class spotlessly clean, with faces shining owing to much washing and scrubbing, and our fingernails had never been so clean in the whole history of our class… each morning as we ploughed manfully through large plates of ‘Willie Weeties’ to stop ‘Percy Polio’.”

By the 1950s, newspapers were running the latest numbers of “polio figures” on a daily basis often on the front page.

All the well-known stories around polio in the 1950s are included in this history but with more fascinating detail than ever before, including the experience of Queen Elizabeth II and her visit to WA in 1954, when it appeared the trip could be cancelled. Instead she stayed on the Royal Yacht cancelling plans to reside at Government House. Direct hand contact was banned, the Queen did not accept gifts, and bouquets had to be put on a stool or table in front of her.

By 1955, a vaccine developed by Dr Jonas Salk in the US was declared safe and its distribution began in Australia in June 1956.

This news was reported by *The West Australian* on 3rd July 1956 with the very racy headline “No Kicks against the Pricks as Salk Shots Begin” which reported the immediate start of mobile clinics.

But the battle against polio has been many faceted and has demonstrated that when science, governments around the world, public health workers, major charities and private donors unite as one, a disease can be eradicated for the good of humanity as a whole.

**RRP $35**  **Available Post Polio Network WA 08 9383 9050**
2004. Living and working as a forester in the remote sawmill town of Shannon River certainly had its good points as well as its drawbacks. To a forester, the forest is his castle and his cathedral. He loves the open air and vitality of living growing plants and animals that it represents. But one of the drawbacks of protecting the forest from wildfires is that holidays are always restricted during the high-risk summer months. So I was pleased to be given a rare 5-day visit to Perth, some 300 km away, in mid-December 1955. But an epidemic of polio was to rage with the heatwaves that summer in Perth.

Three weeks later, back home in Shannon River on Saturday 7 January 1956, I had to be excused an evening meal invite at the District Forester’s home due to a splitting headache and feeling nauseous. I spent the next 48 hours in bed and on Monday the 9th I could not focus my vision or speak clearly and all sounds grated unless I blocked off one ear.

The local Silver Chain nurse immediately had me sent off to the Pemberton Hospital where Dr Ryan suspected the worst and placed me in isolation. The next day I was subjected to a lumbar puncture that sent an agonising pain down my right leg. Dr Ryan spent most of the following night analysing the fluid from my spine. I had polio. He thought the worst was over for me and suggested all I needed was complete rest.

I couldn’t agree with Dr Ryan and insisted on being taken to Perth. Hospitalised at Shenton Park, my condition rapidly deteriorated, with paralysis in my right leg, severe vomiting and delirium, in a bed alongside throbbing iron lungs.

Soon I was moved to a general isolation ward to sweat it out in the heatwave for many weeks, with 5 other polio victims. There was no air conditioning in those days, not even any fans, and we all suffered from dehydration.

To make way for new cases that were now pouring in, we were sent home as soon as we were judged to be fit enough, but had to return daily for physio treatment. In my case, 6 weeks and just in time for my 28th birthday mid-March. I loved the hydrotherapy but the straight physio and nightly muscle cramps in leg and jaw were very painful. I was given biquinnate tablets on the NHS; she was using them for arthritis.

Over the years, the weakness in my right leg placed an extra burden on the left leg until by 1988, I needed a hip replacement. However the operation was not successful and after two dislocations, I had to have it redone in 1989. I feel that I’m lucky really, because trying to favour the hip-replaced left leg, now masks the permanent polio limp on the right leg. I must admit that I do go a little slower these days and recently have confined my building activities to an office-come-granny-flat at a daughter’s home for our Perth stopovers and a cubby house for two of our grandchildren.

These days I find research as a consultant in forestry and wood use, to be a useful adjunct to a modest superannuation stipend and the work can be carried out conveniently when the weather is unfavourable for gardening. Writing to governments and newspapers about the unwarranted demise of the native forest industry and offering positive solutions to correct the political mistakes keeps my mind active, even though my pleas seemingly fall on deaf ears.

2008 update. I have just turned 80 and reflect on the increasing post-polio problems during the last five years that have been sneaking up on me. Noticeably my balance has deteriorated resulting in falls that have damaged both shoulders and increasing chronic osteoarthritis in lower back and both hands. After my sixth operation on my hands the surgeon commented that I was due for “frequent flyer points”. Bike riding used to be a joy but it needs good balance so had to go. Golf was a pleasant way to exercise but when the second shoulder collapsed that became too painful. My father’s traditional “bent coppice-chestnut” walking stick enables me to still walk but after an hour-or-so I get cramps in legs and feet. When I told Tessa that I could no longer get biquinnate tablets on the NHS; she was appalled that I would consider taking them and immediately got me to switch successfully to magnesium powder.

Other “minor” irritations have been the need for a stent in a heart valve, stomach ulcers from anti-inflammatory drugs and since my wife Pat died in 2006, developing colitis and losing too much weight. Never-the-less I keep mentally active with voluntary work for the Institute of Foresters, convening conferences and lobbying the Government for improved management of our native forests. My passion is attempting to counter the nonsense of global warming.

Oct 2013 update. In Dec 2008, I had a heart attack needing my aortic valve replaced with a bovine one and a triple bypass. This has made my left leg subject to severe night cramps that don’t respond at all to magnesium - only to specific posture changes. The original polio ‘double vision’ resulting from the facial paralysis, has persisted to the present and polio has left my left eye noticeably weaker.

Editor’s Note: A very frail Phil joined us for the Polio Christmas Party on 1 December 2013 and we were saddened to hear of his death a week later. Phil had so much wanted to see his polio story in print. I had promised it would be in the next Polio Story book - and it will.
Present Polio Statistics for Australia - Polio's Legacy

For the past few years we have been gathering information from polio survivors Australia-wide via Polio Australia to get some idea of the severity of the Late Effects of Polio on the polio population to present some facts and figures to State and Federal Governments. The chart below is where we are to-date. As noted the response from some states is very limited in terms of the number of polio survivors still living there. **We hope this report will encourage more to respond.**

In WA we have been collecting this data since 1989 and have had contact with 2,220 of an estimated 3,500 polio survivors in WA. 1,650 questionnaires have been returned over the years but taking out those who have died are now down to 1,238. This gives us a 75% return rate for WA which gives a reasonably realistic snapshot of what is happening to polio survivors in WA at the present time and this is likely to be the same Australia-wide.

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**AGE of Polios now**

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<td>(2) 0%</td>
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<td>(14) 1%</td>
<td>4%</td>
<td>3%</td>
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**HOWEVER -** I know that quite a few WA polios consider they have not changed much since they last filled in the questionnaire so have not updated their records which probably accounts for our low figures in use of aids and equipment, source of income, & ageing diseases eg diabetes, osteoporosis.

**SO I ENCOURAGE an update from all** those who did not do so last year or I will have to start phoning those **who have not sent in the 2013 questionnaire.**

So these figures indicate to me that the response from the other states is likely to be from those having the most problems as can be seen in the further problems column. Therefore the percentages will be higher. We also have not had a response from the lower age groups but we know there are younger polio people in the other states.

**ESTIMATE of Living Polios in Australia**

We have official government figures of polio contraction for all states from 1917 - 1972. They give a total of 30,202 Australia-wide recorded with having had polio.

WA records show 1,715 polios in that time. Since 1989 we have found 2,220. But our present figures show that only 44% of WA polios caught polio in WA. So 56% have migrated from other states and countries. This takes our figures to 3,500. Our death rate in known polios over the last 25 years is 25% and we could estimate at least 15% until 1990 giving us a likely loss of 40%. Applying these same ratios to the known figures of reported polio in other states we can predict that polio survivors still alive in each state are likely to be 120% of the original 1917 - 1972 figures for each state.

So we are looking for 36,000 polio survivors still alive in Australia, which is pretty close to the 1991 estimate of Charlotte Leboeuf, SA.

This makes 36,000 polio survivors still alive in Australia.
Weight Loss - the elephant's sufficiency by Tessa Jupp RN

My Grandad was always slim and my Grandma was a bit "plumpish". Grandad said that was because he only ate "an elephant's sufficiency", at least that is what we kids thought he was saying. We thought that was really funny, because an elephant is a big fat animal! He would try to explain but our minds were full of elephants. What he was really saying was - "an elegant sufficiency".

And that is really what the art of staying slim is all about.

The simple secret to not being fat (or overweight, or obese) is that you can eat anything you want (within reason) but to stop eating as soon as you are not hungry anymore. So you can eat anything you like and still keep losing the weight - and keep it off, so long as you:

1. Eat only when you are hungry and stop when you've had enough food to not be hungry (and always before you are full).

What we need is a plan for this to succeed. A plan that will last a life time, like Grandad had.

**ACTION PLAN**

1. **Set small short term goals.**
   - They should be so easy that even on your worst, hardest, most hectic day, you can still keep them for 24 hours. Example: GOAL - to be 1 or 0.5 kg lighter on the scales in the next day or two (or three, or a week). Then set your next goal a kg less again. These are achievable goals. Your goals shouldn't be anything that you can't do in a week.

2. **Weigh yourself every day at the same time.**
   - This helps to keep you on track. If you haven't come down at all then review the points below to see where you may have gone wrong. You can set a plan for this coming day to try to achieve this. Don't be too disappointed - there is always tomorrow to get it right. Pat yourself on the back, even if it is a small drop. Dropping 1, 2, 3 or 5 tenths of a kg is still going down. Remember, we vary by small amounts every day according to what and when we eat, activity for the day and how much time we are actually asleep.

   Best time to weigh is when you first get up (after emptying your bladder and dressed in the same clothes). If you gain any weight at all for two days in a row, have a sugar-free day or a soup-for-dinner day to get yourself back on track. Weigh before going to bed and compare with your wake-up weight. We do lose weight while we sleep.

3. **Get 7 to 8 hours sleep a night.**
   - While you sleep your body is doing a "clean-up, top-up and repair" job ready for next day. This actually lowers your weight. If you do not get enough sleep your weight won't drop so much overnight and you will start the next day at a higher weight level. Have a warm or hot bath or shower just before going to bed. This promotes sleep.

   If your brain won't shut down and let you drop off to sleep, take some zinc tablets half an hour before bed. (3-4 Zinc chelate 220 mg is a good dose)

4. **Give yourself a reward for achieving your goal.**
   - This should be something small, non-food, that you will enjoy and that motivates you to succeed. Example: meeting a friend, getting a video, going shopping (not for food). Something to look forward to always makes us feel better. And makes what we are doing seem more worthwhile.

5. **Drink about 8 cups of fluid a day.**
   - Preferably thin liquids like water (spring is better), teas (green helps weight loss), soups, milk-less drinks and sugar-less drinks are better for us. If we are dehydrated the body will hang on to fluid as swelling, which adds to weight gain. Sugar and salt also retain fluid in the body so not lots of fruit juices.

6. **Don't eat snacks between meals.**
   - Remove or hide foods that you will be tempted to eat between meals. We need to only eat when we are hungry. Snacking stops us getting hungry for meals. If hungry, try a drink first. If still hungry then a few (but only a few) nuts will fill you up. Alternatively, try carrot or celery sticks or a piece of fruit but no more than 2 pieces of fruit per day.

7. **Don't eat after 8 pm.**
   - If you do need to eat after 8 pm, stay up for at least another 2 hours but preferably 3 before you go to bed. Remember it is okay to go to bed hungry. And if you wake up hungry, enjoy any breakfast you want (but only eat until you are no longer hungry).

8. **Don't eat until you ARE hungry.**
   - If you are not hungry when you wake up, just have a drink and wait till lunch time to eat. This works for O and B blood groups. If you are always hungry and need breakfast in the morning, have a light meal for tea the night before. (A and AB blood groups may be better eating this way ie high tea.) Often thirst is mistaken for hunger. Have a drink first to see if you are satisfied. Or replace a meal with soup. Again, only eat enough until you are NOT hungry.

9. **Stop eating when you are no longer hungry. Do not keep eating until you are full.**
   - When you sit down to eat, eat slowly, enjoy it. Chew it well. (Grandad always said to chew 100 times!)
   - We eat more food than we really need. Try eating smaller meals. Use a bread and butter plate to reduce the amount of food we put on our plates. Our stomachs will get used to eating less and less and we may need even smaller plates. Keep amount of types of food in proportion to the plate size. O and A2 blood groups need half the plate meat and half the plate veg. A1 and AB need a quarter meat to three quarters veg. B one third to two thirds veg.

Jupp RN

by Tessa Jupp RN

- A plan that will last a life time, like Grandad had.

- What we need is a plan for this to succeed. A plan that will last a life time, like Grandad had.

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10. Eat meats (protein) and vegetables or salad (carbohydrates). Not cereals and grains.
We are not going to be eating as much as before so make sure you eat the basic foods the body needs. We need protein, carbs and fats with every meal. Start preparing meals from basic raw foods not processed foods. We need white, orange (yellow or red) and green vegetables. We need red meats, fish, chicken, eggs or cheese as proteins. Cook in water, coconut oil, butter or olive oil only. Natural fats from meat as we cook are okay too. Cut out daily cereals and grains. This means no need for bread or toast, cakes, biscuits etc. Keep these for occasional treats or when eating out. Cut back on dairy. Use soups for meals. An egg flip or scrambled egg may be sufficient for a meal. Have lemon juice or vinegar-based sauces and dressings with meals to aid digestion and get more nutrition from your meal.

11. Stop eating as soon as your hunger is appeased. Stop eating as soon as you don’t feel hungry anymore - (so eat the best first). If you aren’t sure, stop eating. You can always start again a little later, but give your body time to realise when it already has enough fuel.

Think about it like filling your petrol tank. You stop when it clicks. Maybe you try to round it up a bit, but you don’t just stand there holding down the pump until petrol spills all over the ground because the tank is already full - you are paying for it. Eating beyond the point of the “click” is the same thing. You are overfilling your tank - and you pay for it. Only in this case, it doesn’t end up on the ground. It ends up on your thighs, your butt and your belly. Your body responds to a big meal by pumping out insulin from your pancreas. And since there is more fuel than your body needs, the insulin turns the excess fuel into MORE stored fat. So if you eat less food, your pancreas dumps less insulin into your system and you burn the food as fuel … rather than packing it away in your cells as fat. If you’re actually hungry 10 minutes after you stop, there will always be more food for you to eat.

12. Metabolism Booster
Hot spicy foods stimulate the metabolism and circulation without raising blood pressure. Add a little cayenne pepper to soup or main meals at least once if not twice a day to increase your metabolism and burn more fat. You can even add cayenne to hot water to make a spicy cayenne tea. Cayenne works even better if you add some black pepper too. A pinch of Celtic sea salt with meats too will help you get your needed minerals with your food as well as enhancing the taste of your foods. Don’t make food taste salty. Salt increases swelling. But when it is hot we need more electrolyes so lemon, apple or fruit juice mixes help.

We don’t need to exhaust ourselves with exercise to lose weight. Just do enough to get the blood moving round the body and the muscles moving. Make a list of small, easy things you can do to get you out of a chair and moving a little more. Gardening or walking the dog is a great non-lazy activity - even if you don’t go far. The goal is really just getting out there instead of sitting around. We’re not talking about burning up tons of calories or building muscle mass. We are just talking about getting away from our kitchens (and the temptations of eating) and onto our feet. Your body will tell you when you have moved enough. It is better to get up and move a bit every 30 - 60 minutes than to do an hour's continual exercise once a day. If you feel like doing more you can, but don’t make yourself tired doing it.

14. Keep busy. Idle hands are the devil for a diet.
Ever notice that if your hands are busy, it is really hard to eat. If you are struggling with not snacking and waiting until you are hungry to eat, do something with your hands - especially if it is a time you are used to snacking, like when you are watching TV. If you want to snack but aren’t really hungry, keep your hands busy. Do anything except eat. Chew gum, do a jigsaw, knit, crochet, sew, embroider, draw, paint, assemble models, origami, collect stamps etc.

15. Weight Maintenance
Really we are balancing what goes in against what the body uses. Our eyes have become bigger than our stomachs and we are now eating much more than the body actually needs. If our daily weigh-ins shows we are going up then we need to cut back on what you are putting in. Even going a day without food (a fast) won't hurt you (we do it when we are sick, or vomiting with a gastro). Once you have hit your desired weight, keep eating just enough to keep you there. You don’t have to be rigid and take all fun out of life, just balance any over-indulgences by cutting back later to lessen over-all intake for the day.

If weight stays the same we are eating a maintenance amount. To lose weight we need to eat less than we are.

If you find yourself turning to food for comfort or as a stress response, recognise it, admit to yourself what you are doing and still follow the rest of the rules for how to eat. Find another reward. Eat less. Leave the last bite, etc. Manage your stress. Don’t let food be in control. As kids, one was enough. Remember the elephant - oops - “be elegant”.

EASY CAYENNE “metabolic-stimulating” TREATS
Buy pre-made pastry sheets (or make your own).
Brush with a beaten egg.
Sprinkle with cayenne pepper, coarse black pepper and a little Celtic sea salt to taste.
Cut into small shapes with cutters or cut into small strips, you can twist single strips or twist two together.
Lay on lined tray and sprinkle with tasty grated cheese.
Bake in moderate - hot oven until slightly brown (10 mins)
Cool and keep in air-tight container. Keeps well or re-heat.
Helps burn those extra calories and is an allowed treat when you need to eat with visitors, or if you are hungry.
I was asked to give a talk on osteoporosis at OSWA on 1 Feb 2014. These days lots of people are concerned about bone density and doctors are pushing drugs like Fosamax, and also HRT, to say nothing of calcium and dairy foods high in calcium as a regime to prevent future bony fractures.

In the last newsletter I had an article warning on the dangers of excess dietary calcium causing self-induced pain that many were being subscribed strong pain-killers to combat. People rang to confirm this worked. My suggestion was to eliminate all dairy foods, including cheese, yoghurt, ice cream, cream and all animal milks from your diet for a fortnight to see if pain improves. ie use a milk substitute (not soya) like rice or oat milk or Coffee-mate, where you need milk.

This way you may have a real easy answer to get rid of pain or you will know that calcium is not the cause. NB - It can take at least a week to get all the problem excess calcium out of your system and stop the aches.

So let’s look at the actual structure of bone. Bone is living tissue and is continually renewing itself.

There is an 18% - 20% turnover of bone cells every year. We think of bone as solid and strong but bone is made up of an outer soft lining (periosteum) that has a good supply of blood and nerves; a small hard mineralised middle layer; a spongy interior with blood vessels and a central bone marrow that is red at the ends of long bones and yellow bone marrow that stores fat in the middle of the bone.

The red marrow produces stem cells for renewal and repair of the many different cells all over the body (eg when you scratch or cut yourself) and also to become red and white blood cells, platelets for clotting etc. 2.5 million red blood cells are produced every second.

Where bones meet ie joints, the lining periosteum is replaced with cartilage which is a buffer so you don’t have bone rubbing on bone, as in arthritis.

Tendons anchor muscle to the periosteum by fibres composed of collagen that infiltrate this outer lining. We have 4 different types of bone - long bones in arms and legs; short bones in wrist and ankles; flat bones in skull, ribs, pelvis and shoulder blades; irregular bones as in spinal vertebra, face, sinuses, knee cap, big toes. They all have these bony layers but only long bones have bone marrow. The hard compact bone has layers like a tree trunk and this is where the minerals are stored that provide strength to bones. Normal adult bone is comprised of 35% organic material, primarily collagen, and 65% minerals, mainly calcium and phosphate plus many other minor minerals.

Bone tissue is comprised of a mixture of minerals deposited around a protein matrix, which together contribute to the strength and flexibility of our skeletons. 65% of bone tissue is inorganic mineral, which provides the hardness of bone. The major minerals found in bone are calcium and phosphorus bound to the organic protein matrix. Magnesium, sodium, potassium and citrate ions are also present. The remaining 35% of bone tissue is an organic protein matrix, 90-95% of which is type I collagen. Collagen fibres twist around each other and provide the interior scaffolding upon which bone minerals are deposited. Collagen is primarily gelatine and Vit C.

Other essential nutrients include manganese, boron, zinc, vitamins A, C, D, K, B6, B12 and folate. Newly-formed, incomplete mineralised bone loses its stiffness and can become deformed under the strain of body weight. Too much calcium and insufficient other minerals results in brittle bones more likely to fracture.
Normal replacement of bone cells occurs when osteoclasts use protein-digesting enzymes to dissolve old bone, creating a space for new bone to be laid down by osteoblasts. Too much bone may be removed if the body needs more of the other minerals stored in bone eg magnesium for cramps, manganese for tendons, or if our bodies are too acidic from all the sugars and processed foods we eat these days. So calcium in bones can be released from bone to maintain the pH (acid-alkaline) balance and is then lost in urine as it goes out with the acid it had to neutralise. Scientific studies show high levels of calcium excretion in urine when people eat an acidifying diet.

When blood calcium is high we make hormones to place it into bone but if magnesium levels are low, this chemical action stops and calcium is deposited in soft tissues like joints and stones.

Dr Guy Abraham MD, a USA research gynaecologist and endocrinologist in PMT and osteoporosis has found strong evidence that women with osteoporosis have a deficiency of a chemical that can only be made when they take twice as much magnesium as calcium. Calcium taken without magnesium makes bones brittle and more likely to fracture.

A Spanish study in 2005, looking into why deer antlers were breaking, found that the cause was low levels of manganese not calcium. Further human studies showed that manganese was needed as the “glue” that stuck calcium into the bone. Other work by West Australian teacher Rex Newnham PhD DO ND also found that borax (boron) was the “cement” needed to combine all these minerals incl calcium into bone cells.

So maintaining correct levels of all these nutrients allows the body to work properly thus correcting both osteoporotic and arthritic problems. Borax also normalises the sex hormones, both male and female so there is no need for HRT or bisphosphonate drugs like Fosamax that interfere with normal bone remodelling.

In fact research shows that the rise in testosterone levels with borax has shrunk prostate tumours and reduced PSA levels. Borax has also significantly improved memory and cognition in the elderly as well as alleviating joint and bone pain. Borax has helped remove toxic metals, toe fungus and psoriasis too.

Osteoarthritis is caused by degeneration of the cartilage at the end of bones allowing them to touch. This can be caused by wear-and-tear and insufficient nutrients to maintain and renew cartilage. Gelatine and Vitamin C are the 2 primary ingredients for cartilage but also needed are Vitamins A, D, B6, B12, K and folate, zinc and fish oils. Bone matrix is 25% water, 25% protein (collagen) and 50% minerals. Cartilage matrix is 70% water, 15% collagen protein and 15% glyco-(sugar) protein. Matrix is protein fibres embedded in a fluid gel or solid substance.

**Rheumatoid arthritis** is a chronic inflammation of the synovial membrane of the joint resulting over time in painful deformity and immobility, especially in fingers, wrists, feet and ankles. This inflammation can be caused by initial infection or injury. Excess calcium is deposited in the inflamed tissue causing abnormal stiff immobile inappropriate bony growths. Both of these arthritic conditions can result in surgical joint replacements. However early intervention with extra magnesium, gelatine, borax, Vit C, B6, manganese and dietary changes can be another way of dealing with these problems. Chicken broth and other bone broths can be effective too. Borax is also an old remedy.
**Back, knee, disc and other aches & pains**

**TREATMENTS to try for ACHES & PAINS**

- Eliminate all dairy foods for a fortnight to see if pain improves (ie getting too much calcium)
  - **Take**
    - Magnesium for tight muscles, cramps, fractures
    - Gelatine to rebuild cartilage & spinal discs
    - Borax to rebuild bone, joint pain, fractures
    - B6 for sharp trapped nerve pain or numbness
    - Magnesium for stiffness, tendons, twinges
    - Water to hydrate the discs for cushioning
    - B12, Vit A, Vit D, Vit C for all body linings
    - Fish oil etc for synovial fluid in joints

**HOW TO TAKE - BORAX (for bone)**

- Once a day only –
  - Lick top one third of clean forefinger, dip into borax powder (get pharmaceutical grade not supermarket)
  - Lick off what sticks to your finger
  - Wash down with a pleasant drink – have ready
  - Improvement in bone pain levels within a day or so depending on severity – can be within hours!
  - Take daily until all pain gone - works on bunions and gout too. For fractures take for 6 - 8 weeks with Mg
  - Resume for short while if niggles re-appear later
  - For osteoporosis (silent) take till bone density adequate NB take magnesium twice a day also for osteoporosis

**HOW TO TAKE - MAGNESIUM (Mg) (for muscles)**

- Take all minerals on empty stomach
- Take magnesium chelate capsules 500mg or powder
- Do not take tablets or other mixtures (not as well as absorbed)
- Do not take calcium supplement as well and restrict dairy foods
- Take 1 capsule or one quarter scoop (1ml scoop) twice a day (only lasts for 12 hours before top-up needed)
- Increase by 1 capsule’s worth every 2-3 days to bowel tolerance ie just below the diarrhoea point
- Take extra straight away if cramps/headache/ backache, hiccups, restless legs, tight muscles, constipation, develop, then still take normal dose unless getting diarrhoea

**HOW TO TAKE - GELATINE (for cartilage & tendons)**

- Boiling water needed to activate gelatine better
- Take 1-2 heaped teaspoons of plain gelatine crystals in hot drink of coffee, Milo, cocoa, cuppa soup, Bonox, tea etc as preferred. Do not sprinkle on your cereals - not activated - body will use as protein fuel, not for cartilage
- Take 1-2 times a day if problems not severe (3-4 times a day if severe)
- Take away from meals (30 mins before or 2 hours after) ie morning or afternoon tea and/or supper time
- If bad arthritic pain or low bone density, take up to 4 heaped teaspoons per day in hot drinks
- Stir till gelatine dissolved
- Continue to stir frequently or it may settle to bottom of cup and you end up with coffee jelly!
- Can add extra gelatine to packet of jelly crystal to make thicker or bigger jelly (add a bit more water too)

**HOW TO TAKE - MANGANESE (Mn) (for tendons)**

- Split dose so taking twice a day on empty stomach
- Take 4 x 200mg manganese chelate per day for tinnitus (2 + 2)
- Take 6 x 200mg per day (3 + 3) for tendon injuries or bad stiffness (can take up to 8/day - 4 + 4)
- May get diarrhoea when taking too much so increase till that point then reduce slightly
- Generally takes months/year or two before injury problem completely resolved (stiffness only takes day or so)
- Take until no problems return when stop taking (helps to reduce pain too)
- May need to keep on a low maintenance dose long term anyway ie 2-4/day

**HOW TO TAKE - VITAMIN B6 (for nerves and synovial membranes)**

- Take all of dose together on empty stomach in the morning. Don’t take at night - may keep you awake
- If tablets taste really sweet then you may need 2-4 tablets of B6 x 200mg/day
- If no taste then 200mg daily may be sufficient
- If tastes really yuk!!! then you probably don’t need to take - but check the taste of a tablet daily/weekly if sharp nerve pain continues or returns later. NB consider need for B1 for nerve problems as well (4 x 250mg morning)
- Do Quick early warning hand test - bending only last 2 finger knuckles (not 3) touch finger tips to base of fingers
Sitting by the window of her convent, Sister Barbara opened a letter from home one evening. Inside the letter was a $100 bill her parents had sent. Sister Barbara smiled at the gesture. As she read the letter by the window, she noticed a shabbily dressed stranger leaning against the lamp post below. Quickly, she wrote, "Don't despair. Sister Barbara," on a piece of paper, wrapped the $100 bill in it and putting it in an envelope set off for a walk down the street. Not wanting to make a fuss, she slipped the envelope into his hand as she walked past. With a puzzled expression and a tip of his hat, the man accepted it and she went on off down the street.

The next day, Sister Barbara was told that a man was at the door of the convent insisting on seeing Sister Barbara. She went down, and found the stranger waiting. Without a word, he handed her a huge wad of $100 bills. Bewildered she asked "What's this?" "That's the $8,000 you have coming Sister," he replied. "Don't Despair paid 80-to-1."

Paddy was in New York. He was patiently waiting and watching the traffic cop on a busy street crossing. The cop stopped the flow of traffic and shouted, 'Okay, pedestrians.' Then he'd allow the traffic to pass. He'd done this several times, and Paddy still stood on the sidewalk. After the cop had shouted, 'Pedestrians!' for the tenth time, Paddy went over to him and said, 'Is it not about time ye let the Catholics across?'

Computer Repair Service
We know how frustrating it can be when modern technology breaks down and we don’t know how to fix it. Thank goodness for Help-Lines.

Caller: Hi, our printer is not working.
Customer Service man: What is wrong with it?
Caller: Mouse is jammed.
Customer Service man: Mouse? ... Printers don't have a mouse!!!
Caller: Oh really? I am going to send you a picture!
POST POLIO MEMBERSHIP is by Donation to the Network (due 30 June each year)

All Donations to Post Polio Network are Tax-deductible

We need to set up a fund to use for an assistant for Tessa to help run the Polio Office so she can do more clinical appointments to assist polios and their families and do more clinical research.

I would like to pay a donation membership to the Post Polio Network of WA

suggested PPNWA Membership Donation $20 or more $.........
Pensioner Membership Donation $10 or more $.........
I would like to also pay a Donation for a PA to assist Tessa $.........

Total amount enclosed $.........(receipt in next newsletter)

Name ________________________________________
Address ________________________________________

If undelivered return to:
Post Polio Network of WA Inc.
PO Box 257
Subiaco
Western Australia 6904

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