

Volunteers Giving and Receiving

Anne Copeland

Welcome to the 16th issue of our

Annual Newsletter. Welcome also to the year of the Volunteer. As the name of our organisation suggests the service of the volunteer goes to the very heart of our work. We rely on our volunteers to drive our stroke club members to and from our stroke clubs every week. We also rely on them to provide all the activities in the club. Our phones and information service are manned by volunteers and our home visits are provided by volunteers.

The frequent outings and annual holidays could not happen but for the support of our volunteers. Our technical aids, which we give out on loan, are stored in a warehouse space provided to us on a voluntary basis. Fundraising is a difficult and often thankless job and this is also done by volunteers. This newsletter would not be possible but for the voluntary work it takes to put it together.



Each volunteer has their own story as to why they are involved in the work of the VSS. Anthony DeMello, S.J. writes provocatively in his book 'Awareness' that charity work is really self interest masquerading under the form of altruism. Perhaps he is right. On reflection I would not totally agree with him. But then there are as many motives as there are deeds. What unites all of us is the reality that we enjoy volunteering, that we are the receivers as well as the givers, that we are not storing up treasures in heaven but making our own lives more fulfilled on this earth. We enjoy it, we love it, and we need each other.

The increase in the value placed by society on material possessions puts greater pressure on all of us. These demands have meant that the hours spent working outside the home have increased. The nature of employment has also changed leaving little time or energy when the work day is completed. When a family member suffers a stroke both they and their fam-

ilies need the support of the wider family, friends and neighbours for practical help and emotional support. Knowing that this support is available contributes to their feeling of well-being and reduces their feelings of loneliness and insecurity. The work of the VSS is to support stroke patients and their families through these difficult times. Without the giving of our volunteers we could not continue with our work. Therefore I am grateful for this Year of the Volunteer. It gives me a wonderful opportunity to say aloud what we all feel in our hearts - Thank You. May you all continue giving of yourselves and encourage others to consider joining with us in our work.

May I wish all of you a good year.

Contents

Stroke Solutions	2
Laying Good Foundations	4
Gifts and Giving in North Dublin	5
And for this I thank the Lord	6
Westmeath Stroke Scheme	7
Around the Clubs	8
South Dublin Clubs	10
Stroke Awareness Day	11
The Schoolhouse that never was	12
'Without her loving support'	13
Theo's Office News	14
Recommended Reading	14
Money Matters	15

Stroke Solutions

There are definite medical advances in the treatment of Stroke. The key is rapid 'door to needle' time and rapid diagnoses. An attack on the brain, Stroke can lead to serious disability and death. Lisa Kelly and Dr. Desmond O'Neill examine the symptoms of Stroke and the best ways to fight it.

We are grateful to Ambulance Ireland for permission to reprint this article from their Spring 2001 issue - Editor.

Stroke is a devastating condition which remains the third highest cause of death in Ireland after heart disease and cancer. Over 8,500 people were admitted to hospital following acute stroke in the Republic of Ireland in 1997, the last year for which figures are available.

The in-patient mortality is 21% in the ERHA region. This high mortality is due to both the high rate of infection and thromboembolism and sequelae of the stroke itself. Morbidity is also very high with an estimated 30,000 people suffering residual disability ranging from mild dysarthrias to hemiparesis. 75% of strokes occur in people over 75 years of age and the recurrence rate is between 10 and 15%, highest in the first ten to thirty days after the initial stroke.

New Directions

Stroke has not been seen as an emergency of the very highest priority but this is changing for two reasons. The first is that we know that early treatment of stroke in a Stroke Unit is very effective: the Irish Heart Foundation has now recommended that every general hospital should have a Stroke Unit. There are Stroke Units in Tallaght Hospital, St. Camillus' Hospital in Limerick and Units planned for Blanchardstown, Beaumont and the Mater Hospitals. We have only to treat 14 people in a Stroke Unit to save a life or prevent serious disability. The second reason is that thrombolysis is likely to become a treatment option for stroke in Ireland but with a very short 'time to - needle' from the stroke, a maximum of three hours! An initiative to improve ambulance and health response to stroke has been launched in the UK, Improving Response (IRIS)

Risk Factors for Ischaemic Stroke

Non-modifiable:

Age
Gender
Race
Ethnicity

Modifiable:
Hypertension

Cigarette smoking
Diabetes mellitus
Life-style factors; obesity, physical inactivity, diet, emotional stress
Cardiac disease such as atrial fibrillation, valve disease, myocardial disease
Carotid artery disease
Previous stroke (overt or silent)
Previous TIA

Hypercholesterolaemia; role remains uncertain but linked to ischaemic heart disease and carotid artery disease

which seeks to inform lay people and professionals of all stages of stroke care of the need to treat stroke as an acute emergency.

Types of stroke

There are two subtypes of stroke; ischaemic and haemorrhagic. Acute ischaemic stroke accounts for 85% of events and is due to a cardioembolism or associated with carotid artery or heart disease in a majority of cases. We cannot tell the difference between the two clinically, and since the treatments are different, every patient with stroke needs a brain scan within the first 48 hours. There are many risk factors for ischaemic stroke but the most important modifiable risk is of untreated hypertension and smoking.

Diagnosis

Stroke is defined by the WHO as 'Rapidly developing clinical signs and symptoms of focal and at times global loss of cerebral function lasting more than 24 hours or leading to death within 24 hours with no cause other than vascular origin.' If signs and symptoms last less than 24 hours with no residual deficit then the diagnosis is of a Transient ischaemic Attack (TIA).

Many rapid assessment tools have been developed for the early diagnosis of stroke such as the Face, Arm, Speech Test (FAST test) developed in the Freeman Hospital, Newcastle. This

assesses three parameters allowing rapid and accurate diagnosis of stroke by paramedics.

Face: Facial asymmetry, new drooping of the mouth, inability to show teeth when smiling.

Arm: Inability to raise affected arm above shoulder level

Speech: Difficulty with following simple commands or with articulation.

A study of 222 patients referred to the Freeman Hospital with suspected stroke using this simple scale showed paramedics had a very high level of accuracy (80%) in diagnosing acute stroke.

The signs and symptoms of stroke vary dependant on the site of occlusion and the degree to which the blood flow is interrupted. The classical presentation is of a sudden onset of hemiparesis in any individual of an atherosclerotic age group. Virtually any combination of symptoms, of brain dysfunction can occur however with combinations of hemiparesis, hemisensory loss and hemianopia. If the dominant cerebral hemisphere is involved then disorders of language can occur in expressive and receptive dysphasias. Other problems including various perceptual deficits can occur including agnosias (difficulty interpreting sensory data from the environment or one's body) and

apraxias (difficulties in formulating movements or sequencing activities) for example the patient may not be able to dress when asked to do so but is able to carry out all the individual movement required to do so.

Intra-cerebral haemorrhage

Intra-cerebral haemorrhage and sub-arachnoid haemorrhage account for 15% of total strokes. Sub-arachnoid haemorrhage is most commonly due to rupture of aneurysms or arteriovenous malformation. This may present with sudden severe unexplained headache often described by patients as 'the worst headache of my life'. Headache is commonly associated with loss of consciousness and vomiting. Enlarging aneurysms however can also cause a variety of neurological deficits including a palsy of the third cranial nerve (unilateral dilated pupil with loss of light reflex) or sudden onset hemiparesis or aphasia.

Risk factor for intra-cerebral bleed are most commonly hypertension, bleeding into an infarct or tumour and rupture of an aneurysm. The possibility of this diagnosis must be kept in mind in dealing with any patient on anti-coagulants. Use of cocaine and amphetamines are more unusual causes to be considered in younger patients.

Transient Ischaemic Attacks

In a TIA all signs and symptoms resolve within 24 hours and often patients will not present to hospital. However 12% of patients experiencing a TIA will go on to develop a stroke within one year and a further 5% per year after this. Diagnosis is more difficult than with stroke as often all signs have resolved by the time the patient presents. Thus early specialist assessment along with appropriate radiological imaging is indicated in any patient with a possible TIA.

Early Complications

Stroke especially affecting the brainstem or if reducing the level of consciousness can cause airway problems with airway compromise and respiratory arrest. It is therefore vital to ensure that the patient has a clear air-

Glossary of common stroke terms

Hemiparesis: Weakness affecting one side of the body

Sequelae: A condition following as a consequence of a disease

Hemianopia: Loss of vision for one half of the visual field of one or both eyes

Dysphagia: Swallowing Difficulty

Hypoglycaemia: An abnormally low concentration of glucose in the circulating blood

Pyrexia: Feverishness

Stenosis: Narrowing of arteries

Dysarthria: Slowed, slurred or distorted speech caused by weakening of the tongue or other muscles essential to speech.

Quadriplegia: Partial weakness of all four limbs

Diplopia: Vertical- double vision in which one image is seen at a higher level than the other.

way and is not in any respiratory distress. If the patient has a reduced level of consciousness then they are at risk of aspiration and developing further respiratory compromise.

In the acute phase post-stroke blood pressure can become very labile. Hypertension is common in this phase and it is recommended that it not be treated without prior medical review. The elevated blood pressure serves to increase blood flow to ischaemic penumbra of the brain and thus helps to limit damage from the stroke. Blood sugar should be checked as soon as possible as hypoglycaemia can both mimic a stroke and worsen the clinical features of one whereas hyperglycaemia can worsen ischaemic neuronal damage and cause a worse prognosis.

There is a high incidence of swallowing difficulties following stroke with some studies showing an incidence of up to 50%. Those patients most at risk of dysphagia are those male, aged greater than 70 years and with clinically more severe strokes. These patients have a high risk of aspirating and developing pneumonia. If in any doubt it is better to keep a patient nil PO until they can be fully assessed by a trained person. It is important to remember that the presence or absence of a gag reflex does not correlate with the presence of a swallow disorder and possibility aspiration.

Pyrexia post-stroke can be a part of the stroke itself or due to superimposed infection especially in patients that are presenting late to hospital. Pyrexia whatever the cause leads to a to a worsening of prognosis and should be treated to lower body temperature to normal.

Between 5 - 10% of patients develop seizures at the onset of a stroke. In any patient presenting with new onset epilepsy or status epilepticus one should be vigilant for an underlying stroke.

Deterioration in level of consciousness is an ominous sign and implies a poor prognosis. Causes include progression of the stroke and haemorrhage, transformation where bleeding occurs into an ischaemic area.

New Developments

The attitude towards stroke management is changing. There is a large move towards organised Stroke Unit Care with dedicated multi-disciplinary team looking after all stroke patients admitted to a hospital. The team consists of physiotherapist, occupational therapist, speech and language therapist, dietician, specialised nursing and medical staff. Stroke units lead to a reduction in death or disability with more patients being discharged home independently and less going onto long term care.

Causes of deterioration post - stroke

Neurological:

Progression/completion of stroke

Extension/early reoccurrence

Haemorrhagic transformation of infarct

Cerebral oedema

Obstructive hydrocephalus

Epileptic seizures

Incorrect diagnosis

Non-neurological

Infection

Metabolic derangement

Drugs

Hypoxia

Hypercapnia

In ischaemic stroke there is an occlusion of a cerebral artery or else a reduction of perfusion secondary to severe stenosis. This reduction in cerebral blood flow causes loss of neuronal electrical function, which becomes irreversible below a certain level of perfusion. At this level there is failure of cellular pathways leading to cellular swelling and death. New breakthrough treatments for acute

stroke have concentrated on the fact that when blood flow is reduced initially there is an area of neuronal cells, the so called ischaemic penumbra where damage is reversible.

Treatments such as thrombolysis aim to restore blood flow to these areas thus limiting damage caused and minimising disability from the stroke. Unlike the situation for myocardial infarction, thrombolysis has yet to be licensed in Europe despite being available in Northern America since 1995. The benefits of thrombolysis are substantial for a minority of patients but it has only been of proven benefit when given within three hours of onset of symptoms. This gives a very narrow door to needle time in hospital and ideally patients need to get to hospital within one hour after the onset of stroke symptoms to benefit from therapy. Other new treatments, which are at the trial phase at present, include neuroprotectant drugs, which protect neurones from the effects of reduced blood flow following stroke. These drugs are promising because they can not only be used along with thrombolysis but they have a longer 'door to needle time.'

There is cause for guarded optimism for further improvements in stroke

There is cause for guarded optimism for further improvements in stroke care in Ireland

care in Ireland, but this will depend on a concerted effort to take the illness seriously and to treat stroke as a 'brain attack' in the same way that we deal with heart attacks. We need to develop Stroke Units in every general hospital, and to develop community rehabilitation services on the model of the very successful unit at Baginbun Street Hospital in Dublin. Patients can also help themselves by joining the Volunteer Stroke Scheme, an organisation to support patients and their families after stroke.

References

1) Council on Stroke, Irish Heart Foundation. Towards improving Stroke Care in Ireland. Irish Heart Foundation, Dublin, 2000.

2) IRIS - Improving Response in Stroke. A report from the inaugural meeting of the IRIS campaign advisor, G. Gardiner - Caldwell Communications Ltd. April 1998

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In any patient presenting with new onset epilepsy or status epilepticus one should be vigilant for a underlying stroke.

BRAY & NTH WICKLOW



CARING for TODAY . RESEARCHING for TOMORROW

Michael Whelan Reports:

Laying Good Foundations

The Bray and North Wicklow Stroke Club was started in March 2000 by Michael Whelan who is a stroke victim himself.

The members of the club meet each Monday morning from 10 am 'til 1 pm in the Villa Pacis, beside Queen of Peace church on the Vevay Road, Bray.

The reason I choose this was because it was accessible for wheelchairs, being a single storey building, easy parking off the street, and accessible toilets.



We also have the services of a Physiotherapist, Ann Costigan, and we received a tape from Eileen Murtagh giving exercises to Music. In June we hope to have a speech Therapist coming to us, and we also have the old reliable Cup of Tea and chat every Monday.

Gifts and Giving in North Dublin

Erica O'Mara, North Dublin Supervisor

The most important gifts exchanged in our Monday and Wednesday Stroke Clubs between Volunteers and Stroke people are friendship, support and a sense of humour. Between Stroke people themselves this is very significant as each person has travelled the same road, wearing the same shoes. It is easier to accept help from someone who knows all about the difficulties and heartache of stroke and it is also possible to offer help or advice in return. This helps to inspire confidence and a spirit of independence.

Exactly the same is true of our Carers' Groups where feelings and fears are discussed and found to be common to all. Solutions to some problems are shared and friendship, support and a sense of humour once more are helpful beyond belief.

Club Anthem

A number of years ago, Bridie Kennelly, one of our Stroke ladies suggested we adopt the song 'If I can help somebody' to be our Club anthem. The idea was very apt indeed.

Our Monday Club, like the rest of us is clocking up the years and this year was our 14th Birthday which we celebrated in the Sheaf of Wheat in Coolock Village. As it was so near Easter we added in a Fancy Hat

Parade. The hats were stunning but it was Paddy Hammond's "Ducky Creation" that won the prize. Our cake with 14 candles was donated by Superquinn and the Annual trophies were awarded to Phyllis Harrison and the "Ducky" Paddy Hammond. At the last minute RTE asked if they could do a short film of the Club and of course that all added to the excitement and we had the pleasure of reliving the party a few days later on the telly.

Following a piece in the Northside People about the CIC - Citizen Information Centre I contacted Lucy McNamara of the Centre and she came and spoke to each of our Clubs and decided the best approach would be for her to attend each Club on the second week of each month giving individual stroke people a chance for a private consultation. This has worked extremely well and Lucy has our sincere thanks and appreciation. Grainne, our physiotherapist, has continued to put both Clubs through their paces every fortnight. Exercises are carried out to music and a cheery commentary.

Our combined Summer Outing went further afield than usual to the Bridgeford Arms Hotel in Drogheda on 10th July. It was recommended by one of our Volunteers, Nancy, and we were certainly very well looked after with great space and a lovely meal. We had Margaret on the banjo and Johnnie on the fiddle who came with us from Coolock, and provided some very lively music with solo spots, very well performed by various people. Dancing was also featured.

On the 19th September 40 Stroke people and volunteers set out for Dunganvaran taking in the two Northside Clubs and the Southside



Clubs. Some had met before and greeted each other enthusiastically while newcomers were given a warm welcome. Stopping for a break for lunch outside Carlow we finally arrived in Dunganvaran to luxurious bedrooms and a sumptuous evening meal.

With our coach and a very pleasant driver we toured around the countryside visiting a distillery one day and the Waterford Crystal factory another. On this latter tour Greg asked for a glass of water and it was brought to him in a crystal wine glass with the comment 'Sorry, we don't have any other glasses'.

Pure Magic

On our second day two ladies from the Dunganvaran Stroke Club called to meet us. Theo made the contact. Time was too short to arrange an event for all of us but a number of the Club's volunteers joined us for our last evening and we enjoyed the evening and the opportunity to compare notes. The same night Dick O'Sullivan, from the Hotel, played the piano for us going through many favourites. Noel Taylor from our Wednesday Club came and asked Dick if they could play together. Noel using his left hand and Dick his right played three pieces of pure magic with James Cullen standing behind Noel singing the song. A standing ovation was the only response to that and a very emotional one - we were all so proud of Noel. It was a great moment.

In this year 2000 our Wednesday Club celebrated its 10th Birthday and Sr Margaret very kindly treated us to a gorgeous homecooked lunch in the Club which was greatly enjoyed by all. Sr. Margaret is a true heroine in

our Clubs. This year's recipients of our Club awards were Molly Ivors and Frank Murphy, to their great surprise but of course well earned.

Our Christmas Party was once more in the Hollybrook Hotel. It's like a second home to us by now and the staff look after us so well. Bill Barry's grand-daughter gave us a display of Irish dancing and then Bryan Hoey joined us and sang for half-an-hour non stop - including the "Good-bye" song with the volunteers waving white hankies. Personally I think Bryan has dancing feet as well as a very talented voice. Our grateful thanks are due to him, as usual. The entertainment continued with the Monday Club Choir singing their hearts out with solo contributions adding lustre. They were all great performances.

"Who loves ya baby" ?

For the third year in succession we had our St Valentine's Day Poetry Competition with the standard higher

each year. Some poems were romantic, others funny and all showed talent. Dan Murphy was the Monday Club winner and Marie Kearns winner for the Wednesday Club and Frank Cole from the Monday Club the overall winner. Had St Valentine been there I'm sure he would have said "Who loves ya baby?"

On Thursday 15th March, 2001 we had our Darts match with the Mount Argus Stroke Club. Our team consisted of Paul, Declan, Doreen and Marie Kearns plus a few supporters. We got a tremendous welcome and fortified by tea, coffee, sandwiches and cakes we won the right to take the Vincent Marquess Shield back over the Liffey. It was our first time to win a match on the Southside which added to our delight. Best of all was the welcome, the friendship and the great atmosphere and the fun of it all. Thanks to Eileen and all at the Club - worthy opponents.

This seems as if its all parties and outings but there's a lot of hard work

behind the scenes. Our Volunteers and drivers have combined many years of service to our Clubs with their most frequent comment to any request being - "no problem". Sr Margaret and her helpers are always there too and sincere thanks are due to all. Thanks also to Superquinn for their generosity in supplying biscuits and birthday cakes as always. Most importantly thanks to all our Stroke people and their carers - all of whom are an inspiration to the rest of us.

We extend our sympathy to the family and friends of the following who sadly died during the year.

Yvonne Viale
James Cullen
Michael Reid.

I heard a lovely tribute recently made by one friend about another it was simply that "She has laughing eyes". Let us have laughing eyes or cause them - whichever or both.

AND FOR THIS I THANK THE LORD

Frank Cole

When I wake up in the mornings,
And I'm not in a hospital ward,
I turn my Eyes up to Heaven,
And for this I thank the Lord.

I look in on my children,
They are all in the Land of Nod,
All happy and healthy,
And for this I thank the Lord.

I look through the morning papers,
There is peace again in the North,
So I raise my eyes towards Heaven,
And for this I thank the Lord.

I hear the wife shout "If you're going out,
I will give you a loan if you're short,"
So I'm off to the Club or maybe the Pub,
And for this I thank the Lord.

Frank Cole is a member of the North Dublin Monday Stroke Club. He has an interest in writing poetry and was this year's overall winner in our St Valentine's Day Competition. He is also keen on quizzes and recitations.



*Firm friends following their strokes,
Yvonne & Enda.*



*Tom McDonnell, Dick Richards and
Brendan Geary - (The Gamblers) in
Tüney Stroke Club.*



*At the Christmas Party 2000 - Margaret
Hughes surrounded by her friends.*

Westmeath Stroke Scheme

Mary Mahon

The year 2000 was a very full and exciting year for both stroke people and committee. We started our year as usual with our annual Church Gate Collection. This was very well supported thanks to our patrons and collectors. Our first party was held in the Bloomfield Hotel at Easter. Hot lunch, music and dance was enjoyed by everyone.

Our next fundraising event was in May - our Annual 5-mile walk in Mullingar. This was well supported with a good turn out on the day. In the month of June we headed for Knock on our annual visit to the Lennon household. This was a great treat for stroke people and their carers. We stayed for four days. It is very relaxing and enjoyable; taking in the beautiful Knock air, strolling at your ease, no rush no fuss. It is so peaceful. We are deeply indebted to the Lennon family for all the years we have been going there. They make us feel just like family.

In the month of July we were proud and privileged to accept an invitation from John and Mary McManus to the opening of a dream home. A dream comes true for John. John suffered a stroke some years ago - a young man that did not sit down. For John there was only one to do, Fight it. It took John a few years to get the house finished. With the great help of his wife, Mary, neighbours and friends, John achieved his goal. On a beautiful Summers day in July John and Mary opened their beautiful house to the public. Hundreds of people from far and wide came to see the beautiful stone structured house that John had transformed from stone ruins to a beautiful mansion. He also transformed the gardens with stonewalls all round flower beds, tillage gardens, and all the outhouses were transformed back to their original structure. Mrs Small the founder member of the VSS was there on the day. She was so proud of John's achievement, Annie and her late husband Willie saw this house derelict for many years. Willie, Lord rest him, had many a chat with John over the stonewall while work was progressing. The beautiful lilac trees that were there for years had to be demolished for the work to progress. But knowing the love that John and Mary has for the countryside the two lilac trees were replaced in the front garden. They are

now named Willie and Annie. The VSS committee are very proud of John on his achievements. It gives us a great will to go in our work, a sense of satisfaction, and encouragement. We are deeply indebted to John and Mary for their generous donation.

Our next party took place in October this was a great success - great crowd from throughout the County, lovely meal and beautiful music. The Christmas party seems to get better every year - a very large attendance, beautiful Christmas dinner in a delightful Christmas atmosphere, lovely music and of course a very jolly Santa.

The two Clubs are doing extremely well - monthly get together with music song and dance, a game of bingo and a cup of tea with lovely cakes. The Mullingar Club was 10 years in operation in October 2000. The club has gone from strength to strength run by three ladies, Maggie, Mary and Mary. At County level we are deeply indebted to these ladies for their kindness and their work throughout the years.

This ends our achievements for the year 2000. With God's help we will write again in 2001.



*The presentation of the cheque
L to R, Mary McManus, Annie Small, Mary Mahon, John
McManus & Jackie Murray, Chairperson W.S.S.*



*L to R, Mary McManus & Annie Small outside the lovely
restored house and a small glimpse of the manicured gardens.*

Around T



*Molly Burns & Frank Murphy
Club Persons of the Year (Wednesday Club).*



*Catherine & Paula Hanlon proudly showing their medals from
Mini - Marathon 2000.*



*Volunteers North Side Stroke Club
L - R Teresa, Anne, Tess, Denis, Rosaleen, Kitty & Nancy.*



Patricia & Vera on the coach to Dungarvan - 2000.



Duncan & Phyllis Lorraine - on holiday to Dungarvan.



Dom & Micheal on the Dungarvan trip.



Out for the morning, Angela, Yvonne, Rita & Denis.



George Long & Alex Tuohy at Temple Manor Grove.

he Clubs



Jim Lawlor & Shay O'Brien on holiday.



Stephen Kerr, Patti Craden, & Paddy Kelly listening to the music.



Rose, Phil & Kay at a party in Temple Manor Grove.



Bridie, Dennis & Des.



Betty & Marie .



Both Darts Teams - North Side & South Side (North Side won).

South Dublin Clubs

Eileen Murtagh, South Dublin Supervisor

It is almost seven years since I became involved with the Volunteer Stroke Scheme. The past year has been busy with increasing numbers of people referred to the Scheme. In that time I have seen many Stroke Club members become good talkers and communicators after their initial contact when they were struggling to get their message across. Our Stroke Clubs in Taney and in Kimmage provide support to enable people to communicate with their club colleagues and to participate in club activities.

In our weekly stroke Clubs, Physiotherapist, Afric, puts the members through an all round exercise programme. Our Volunteers keep the stroke clubs going each week. The club activities have a fun element and humour plays a big part. These activities include darts, table quiz, dominoes, bridge, scrabble and poker. Other activities that take place in the clubs are painting, crafts, memory games, discussion groups and occasional talks. Members often get help and advice from their stroke colleagues as well as from volunteers in the clubs.

Aromatherapy

Those who do as much as they can and try to keep active, appear to make good progress with their recovery. Some members have mentioned that aromatherapy massage helped to relieve tension and was good for the

circulation. The Volunteer Stroke Scheme have a list of books about Stroke. Some of those books have articles telling how to deal with depression and the psychological effects after stroke.

Club members and their friends and families got involved in the annual fundraising event of the Women's Mini-Marathon on June 11th. This was a great day out. Thanks to those who ran or were pushed in the wheelchair and who raised so much money in sponsorship.

On June 14th, Taney club members and volunteers went on a day outing to Royal Marine hotel, DunLaoghaire. We had a nice lunch in Toddy's bar which was reasonable in price. Afterwards, we had a tour of the Maritime museum nearby. Robert Brennan, historian, gave an interesting talk to our group. Replicas of the Asgard and the Leinster which were made by prisoners were there on display. Access to the old building was difficult but we managed to get those in wheelchairs up the steep ramp with help from the staff there.

On June 29th, Mount Argus and Taney clubs were at a garden party in Marie & Shay O'Briens in Temple Manor Grove. The weather had been unpredictable beforehand. We were delighted to see the garden set out with tables covered with lovely coloured cloths. There was also a big moveable tent, should it rain. It didn't. Paddy brought a big cake donated by Superquinn, Ballinteer, and wine, donated by the Willows pub, his local hostelry. After our meal Dennis who is a friend of Shay's took out his accordion and entertained all with ballads and all kinds of songs. It was a long day for Shay & Marie but it was great for all.

On July 13, both clubs descended on Bridie & Arthur Lyons in Ballinteer for a garden party. Bridie and volunteers helped serve the food outside in the garden. There was nice easy con-



versation and Jimmy Palmer entertained with his funny monologues. Sadly, Jimmy has since died. Two volunteers told a funny duet. The song 'Dublin Town in 1962' was well performed by George. Our host surprised us with a pop number on his guitar. Thanks to Bridie and Arthur for letting us take over your home and garden.

Poulaphouca House, Hollywood, Co, Wicklow was the final outing in July. This was a dull but warm day. It was a nice journey by coach through Spawell, Tallaght, Brittas and Blessington. We were given a big room for ourselves where we enjoyed a three course lunch and a sing song afterwards. It was hard to leave the nice atmosphere there.

Tasting

Twenty people from the south Dublin stroke clubs travelled to Dungarvan in September. Our colleagues from the north Dublin clubs joined us. This was a four day holiday, travelling by PAB Coach Tours. The tour of Middleton Distillery included whiskey tasting. Two of our group volunteered for the tasting. Certificates received as qualified whiskey tasters were treasured. On the way back, the journey took in Ladyswell bridge, a statue of the great Christy Ring outside Cloyne football grounds and Ballymaloe House with its lush fields of vegetables. Lawlors Hotel looked after us all well.

In November, a small group were brought shopping to Liffey Valley shopping centre. The centre has electric wheelchairs and several ordinary wheelchairs for shoppers' use.

The Christmas dinner was held on December 14. Fifty nine people sat down to dinner which was cooked by two excellent chefs, Tony and Jimmy. Mick Hyland played tunes and ensured the dance floor was busy all day. Steve Bennett once again came to entertain us. Thanks from us all,

Steve. Thanks also to Charlie Dolan for organising all the soft drinks and to Guinness for the beer.

Will I mention the darts match? Ah yes. The northsiders beat us on home ground. The date was March 15 2001. Nevermind, we enjoyed having them

over to our club for the game and we know what we are up against for the next match.

It is now Easter and we have bright days when members can venture outside again a for little walks and the clubs think about group outings. We

have a reliable group of volunteers who drive and keep clubs going each week. The volunteers make an invaluable contribution to the VSS overall and especially to the clubs - all of us owe them a lot. Thanks for the extra driving on other days during the year too.

**Volunteer Stroke Scheme,
Irish Heart Foundation
with St. Camillus Hospital
(Stroke Unit).**

Stroke Awareness Day

Eileen Murtagh

On 21st April, I was present at the Stroke Awareness Day in Jury's Hotel, Limerick.

The day was organised by the Volunteer Stroke Scheme and the Irish Heart Foundation with St. Camillus Hospital Stroke Unit. The opening address was given by Michael Finucane T.D. who was very knowledgeable on the gaps in the Health Service. It was chaired by Dr. David Clinch and Professor Declan Lyons. The first speaker was Dr. Michael Watts, Limerick Regional Hospital. He gave a good presentation on Prevention and Management of Acute Stroke.

Other speakers were Dr. Ruth Loene, Consultant in Old Age Psychiatry, Marian Mulreney, Physiotherapist who spoke on Physical Rehabilitation following Stroke. Tony Quilty, Community Welfare Officer, said they were 'the Safety Net of the Social Welfare System'.

There was time for discussion afterwards and the panel were generous with their time in answering people's queries. Anne Copeland gave an excellent closing speech to a well attended Open Day.



*Carers, Phyllis Lorraine & Ilse Geary at the party,
Temple Manor Grove.*



Pictured from L - R , Terry, Erica and Paddy.



*L - R, Marie & Bride, sisters, Volunteers Dungarvan Stroke Club.
Barbara, Kathleen & Bridget, Mount Argus Stroke Club.*

The Schoolhouse that Never Was

The anonymous writer of this piece is one of our own VSS members.

It was in 1922 that O'Reilly's daughter got married and within months announced her pregnancy. O'Reilly was elated and he intended to make a contribution to the festivities by offering the Parish Priest one of the few level fields in the Parish as a site for a new school to replace the rat infested insanitary remains of what might have passed for a school 100 years previously.

Poor O'Reilly reasoned that the school might be ready by the time the child as yet unborn would be old enough to attend.

The deal was done for the princely sum of one pound for the outright purchase of the approximately half an acre field.

In the fullness of time Mary gave birth to a male child whom we shall call Patrick. A great amount of enthusiasm came over the small parish.

There was great toing and froing of successive Parish Priests, County Councillors, T.D.'s and Petitions and Deputations to the Department Of Education the Office of Public Works and the Department of Finance.

Lowest Tender

In the spring of 1939 the 'ultimate' achievement had been reached. The Contract Documents went out to tender and were duly returned complete with the necessary bonds and on the Big Day a committee witnessed the opening of the tenders. Elation all round - the lowest tender was well below the architect's estimate.

A man whom we will call Maguire was a parishioner - a good contractor renowned for quality workmanship - had a wife and nine children and was very generous, performing numerous Buck shee - Thank you jobs for the Parish Priests, Curates and successive Teachers - a genuine Good Samaritan.

Could Maguire be given the contract?

His wasn't the lowest tender. But then the Government was not obliged to accept the lowest or any tender. The Battle Royal - raged within the local Committee already divided on the issue, the Parish Priest, the Curate, the Teachers, Maguire's friends and apparent opponents, County Councillors, T.D.'s and even one Minister of State. Everyone had an opinion.

Should the man who was not the lowest tenderer be awarded the contract. It wasn't the amount of the difference between Maguire's tender and the lowest tender. It was the principle. The Battle raged between the parties and the civil service departments in Education, Public Works and Finance. It raged for months - on more than one occasion an irate person put his hand in his pocket and flung a collection of coins on the table, to be answered across the table by the remark that the intended recipient was not named Judas. There was a slight lull for the month of August - the holiday period and the committee would resume on the 5th September. Alas on the first of September the tanks of the German Panzer Divisions rolled into Poland.

Emergency

Within hours Government had declared a state of emergency. All new school building work had to cease and any proposals for new schools were postponed.

It was in the 1960's that the file passed to our anonymous Engineer. A brand new modern school was proposed for

the site and the new question was 'How frequently would the site be subject to flooding?' He gave the matter instant attention. Within twenty four hours he had put a grid of levels on the site and contoured the area. He already possessed the relevant levels of the adjoining river. One week of calculations and the answer was that if the level of the concrete sub-floor was 12 inches above the level of the top of a 3x3 peg which he had placed, then the empirical formulae indicated that it would be safely above the 1,000 year flood level. He explained that the accuracy was correct to + or - 15% i.e. 850 - 1150 years.

The Engineer added the notes that he didn't expect to be around long enough to verify the accuracy of the various formulae upon which the calculations were based! Within the week the file was on its way and he waited for another spell of the Generation Game.

It was not to be.

Hammering Noise

Two years later by a strange coincidence our Engineer friend was driving along the road beside the site and heard a heavy hammering noise. He stopped the car, walked back along the high hedge and what did he find? Two carpenters roofing the school. He returned to his car and drove away with pride. But pride comes before the fall!

At that moment the Minister for Education was signing an order in Dublin. A number of schools were to be closed and the children were to be bussed to nearby community schools. Next day the Minister made the official announcement at a dinner in Limerick, at which he suddenly had a heart attack. He died within hours.

The order which he signed remained and was put into operation in the forthcoming September. The lovely school was never used as such but was sold by public tender for use as a private house.

So concludes the true story of the School in the County Cavan which was delayed for such a long time by the difference in price of two tenders. I was informed that the difference was nine pence and three farthings.

"Without her loving support...."

Jim Byrne

My name is Jim Byrne, and I suffered a Stroke in October, 1998 and this will be my account of how I have found it being a stroke victim and the difficulties I have found to date.

A brief history of myself - I was born in 1942 in a small village called Kiltegan in West Wicklow, the son of farmers. I was the oldest of three. I have two younger brothers. I married Ann my wife in October 1963, and we have five children, and five grandchildren, all of whom have been tremendous support throughout my illness. Health-wise I have recently found out that I was born in an area where there were clusters of people who suffered with thyroid glands, otherwise known as goitre.

I worked in golf course management from 1963 until I had my stroke in 1998. I started my golf course management career in Elm Park Golf and Social Club in Donnybrook and it was in Elm Park that my GP was a member.

I attended him on a regular basis, and it was found that I had a problem with my thyroid gland. I had the traditional swelling in the neck which is an obvious sign and my GP referred me to a specialist in St. Vincent's hospital to have it examined and dealt with. A Professor Donovan informed me during my visits to Vincent's hospital that this gland would have to be removed for my long term health prospect and it was removed by Professor Connell. I did enjoy good health after this event.

It was not until some years later that I began to get heart palpitations, and spent some time attending James Connolly hospital and after some consideration it was agreed, that a pacemaker would be needed. The pacemaker was fitted in the Mater by Maurice Neleagan, and the palpitations soon stopped but I had to take blood thinners to make things a little



easy with the pacemakers. Some years later I had to have some dental treatment in the dental hospital - five teeth by Dr. Fisher. After that I was allowed back to work.

Stroke

I was two weeks back at work when, sitting beside the fire at home, enjoying a cup of tea, I felt head first towards the fire unaware of what was happening to me. But my wife Ann certainly knew straight away that I had a Stroke. With the help of neighbours who called an ambulance, I was taken to James Connolly hospital where I spent six difficult months, three of these months very ill. At this stage I had lost the use of my left arm and leg and practically all my left side. I was under the care of Dr. Barry.

In James Connolly Hospital I attended physiotherapy. The plan then was to have me transferred to the National Rehab centre - and after intensive physio I managed to walk with the aid of a tripod. I was discharged after seven months. I found it difficult when I came home, but I was grateful that I was able to move around the house even though this was a slow process. The house had to be adapted. The garage had to be converted to a

bedroom and bathroom which helped as I was unable to get upstairs.

The Road Back

I continued to attend James Connolly hospital outpatient physio department which helped a lot. I was then discharged from there and proceeded to get a private physio who calls to the house, all of which has helped me to get where I am today. I have reasonable mobility, but no more than that.

The one thing I would say about getting stroke is the lack of information from doctors and hospitals about what happened - is it likely to happen again? and what should you do to make sure it doesn't happen again? That would be my comments as I found it. I also feel that there should be follow-up medicals by a district nurse if only to see how one is getting on, as the shock to the system is enormous. I also would have liked to be told at the outset about possible problems such as kidney trouble, sight, hearing and seizures after a stroke. These things you are not informed about, you have to pick them up along the way.

Now I attend a day care centre once a week which I enjoy. I am getting about slowly but am grateful that I am able to get about.

I am yet unable to drive but it is my ambition to return to driving in the next year or so. I miss my work, but I keep in touch with a few of my colleagues, so I'm still in tune with what's going on. Myself and Ann bought a mobile home last year, and look forward to summer in Courtown as the Caravan park is easy for me to get around, and I have some friends down there. I am also lucky that I have a wonderful wife, Ann, who helps and supports me every day. Without her loving support life for me would have been very different and for that I'm eternally grateful.

I would like to wish all readers of the magazine good healthThank you.

Theo's Office News

Theo Davis, Honorary Secretary.

The office has been kept busy during the past year - most telephone call received were requests for our Information Packs. As usual a large proportion of invoices and monies received back included complimentary remarks about the pack. I am delighted to report that at long last the Information Pack is being streamlined and it looks as though the finished product will be easier to follow and more pleasing to the eye as well as being much more compact.

In February, the office computer gave me some trouble. It is hard to believe that we have it over 6 years now. Having to revert to the trusty typewriter proved to me what a labour saving device the computer really is. At the time of putting this piece together, I am still without it, but hopefully in the very near future my "mouse" and I will be reunited and once again life will much easier in the office.

During the past year our Treasurer, Mrs. Anne Tuite, left Dublin to live in Cork and was unable to continue her trojan work for the VSS. We miss her very much but we were fortunate to acquire the services of Mr. Billy Gillen who kindly took over the task of Treasurer for us.

At the A.G.M. Alex Tuohy was also nominated and accepted a place on the Committee of the VSS. The ideas brought by the new blood on the committee seems to have given new life to us and it is with



renewed vigour that we look forward to the future.

The poster for hospitals and doctors' surgeries is well on its way and hopefully will be available over the next few months. This has been in the pipe line for a good few years now.

We have Alex Tuohy to thank for getting both the Poster and the new Information Pack off the ground. His expertise in this line is awe inspiring.

I would once again like to thank Mr. Mike Glynn and all his staff in Brainwave Irish Epilepsy Association for their continued help and kindness given to me during the past year in their premises were they have afforded us office space.

Also thanks to my fellow committee members and of course Eileen and Erica who bear with me so well.

I hope all our readers have a lovely Summer.

RECOMMENDED READING



These books have proved very helpful to stroke patients and their families and are very well written.

After Stroke

Stroke!
A Self-Help Guide.

Return to Ithaca

Who Cares?
A guide for all who cares for others.

Stroke
A practical guide towards recovery.

Whose hand is this?

Depression
The Common Sense Approach.

A Stroke
in the family.

My Year Off

Stroke
at your fingertips.



Anyone having difficulty tracing these books should contact the Honorary Secretary, Theo Davis - Telephone: 01 - 455 9036 (Monday, Wednesday, Thursday mornings)

MONEY MATTERS



John L'Estrange Reports

Once again we had a good year on the financial front in 2000.

The Eastern Regional Health Authority gave us £25,000 for 2001. The VSS is most grateful to the Authority for its continuing support.

A Table Quiz was held in UCD, Belfield on 7th March 2001. It was organised by Caroline Hussey, Anne Kelliher, Gerry Horgan and John L'Estrange, all from UCD. They were helped by Siobhan Hayes, Michelle Murphy and Una L'Estrange. Many companies donated prizes.

First Prize: Aisling Reynolds - Feighan with a team from Economics.

Joint Second Prize: Fergus Gaines and Madeline O'Dwyer.

Una L'Estrange spoke at the end of the evening. She made special mention of Caroline Hussey, Registrar UCD, who acted as quizmaster. The net gain was £1,500.

A wide range of commercial firms helped us again e.g. Banks, Building Societies, Insurance Companies, Manufacturing Firms and Retail outlets.

We have listed below, in alphabetical order, the main companies who have helped us in 2000.

We are grateful to them for their generosity.

Abbot Laboratories

Aer Rianta

Allied Irish Banks

Amdahl Computers

Bailey's Irish Cream

Bank of Ireland

Becton Dickinson

Bristol-Myers Squibb Co.

Burmah-Castrol

Bus Eireann

Calor Kosangas

Cassidy Wine

Conways Pub

ESB

Fitzpatrick Castle Hotel

Fitzwilton

Fyffes

Gallagher

Wellcome

Glaxo

Grange Pub

Guinness

Hoechst

Heineken

Iarnrod Eireann

IBM

Irish Cement

Irish Distillers

Irish Life

Jet Oil

Killiney Court Hotel

Marks and Spencers

McCormacks

New Ireland Assurance

Novartis

Odlums

O'Neill Bros.

PMPA

Quinnsworth

Rhone-Poulenc Rorer

Roches Stores

Royal Insurance

Sealink

Smurfits

Stena Line

Stillorgan Bowling Club

Statoil

Zoological Gardens

Aims of the Volunteer Stroke Scheme

1. To help people who suffer from speech and allied problems as a result of a stroke.
2. To offer each patient a volunteer who will visit singly for about an hour at a time on a regular weekly basis.
3. To provide a club where patients can meet and be further helped.
4. To provide outings from time to time.
5. To create a greater awareness and understanding of stroke through effective and relevant publicity.

Volunteer Stroke Scheme

249 Crumlin Road,
Dublin 12.
Phone: 01 - 4559036
Fax: 01 - 4557013

Patrons:

Dr. Morgan Crowe
Dr. Mark Delargy
Mr. Vincent Keaveney
Dr. Angela McNamara

Registered Charity
CHY 6989

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This issue of VSS News has been typeset by Alex Tuohy.
Alex, a long time activist in VSS has had a stroke himself and was recently elected to the Committee of VSS.

VSS News is distributed to
hospitals and Health Boards
throughout the country free of charge.
Organisations requiring copies of
VSS News please contact:

The Editor,

249 Crumlin Road, Dublin 12.

Phone: 01 - 4559036,

between 10.00 am and 12.30 pm on Monday,
Wednesday or Thursday.

More **volunteers** and **drivers** are required by the
VSS.

Contact us at the number given above or write for
further information.

I wish to subscribe to the Volunteer Stroke
Scheme and I enclose £10.00 for 2001.

Name.....

Address

.....

.....

Phone.....

Cheques should be made payable to the
Volunteer Stroke Scheme.

Signed

Date