

NOTES AND NEWS

READERS ARE INVITED TO CONTRIBUTE VOLUNTARY ABSTRACTS OF NEW BOOKS AND ARTICLES OF INTEREST TO BPR READERS

The editors of the Bulletin of Prosthetics Research wish to take this opportunity to extend to readers an invitation to contribute voluntary abstracts. We believe there is a need for abstracts in BPR's field of Rehabilitative Engineering which is not being met.

It is assumed that voluntary abstractors will contribute comments on material they have encountered that bears upon their own area of professional training, current interest and current or recent activity. The material abstracted should be the published work of accredited individuals, or published under the auspices of accredited institutions, or have appeared in recognized scientific, engineering, or technical journals.

The very highly interdisciplinary nature of much work in BPR's field of rehabilitative engineering (see the Editorial in this issue of BPR) makes the task of abstracting an awesome chore which no small group of editors can ever hope to handle or pay for — or even administer on an assignment basis, at current levels of funding. However, the need for a source of abstracts that is truly interdisciplinary is acute. It is hoped that BPR can serve as such a source: it is hoped that readers will be inspired to contribute abstracts in the purely selfish hope that others will follow their lead, and thus trigger a quantity of abstracts that will be broadly helpful to a large number of readers. It is further hoped that a combination of self-direction and editorial hints will direct the efforts to obtain the broadest possible spread across the many fields and subjects which have application to the rehabilitative engineering effort.

OPEN HOUSE CELEBRATES THE OPENING OF THE NEW WESTERN BLIND REHABILITATION CENTER

An open house celebration on February 21, 1978, marked the opening of the new quarters for the Veterans Administration's Western Blind Rehabilitation Center, located on the grounds of the VA Hospital, Palo Alto, California. Described as the VA's first such center to be designed and built from the ground up as a facility for

visually impaired and blinded veterans, the two-story, \$2.9 million structure has an F-shaped floorplan. Details include interior color schemes intended to help low vision persons recognize different areas within the building.

The 38,000 square foot structure can accommodate up to 30 inpatients, both men and women. Treatment emphasis is upon a multi-disciplinary and highly individualized treatment approach to the problems associated with adjusting to loss of sight, according to Director Kenneth J. Wiley. In addition to the traditional training for safe and independent travel, there is a full range of recreational activities such as swimming and bowling, and the facility is prepared to assist the visually impaired veteran to adjust to his family and community. Counseling is available both for the veteran and for family members.

The new Western Blind Rehabilitation Center is expected to serve as a focal point in VA research and development in the field of visual impairment.

WEST ROXBURY'S NEW SCI CENTER IS OPEN

West Roxbury VA Hospital, West Roxbury, Massachusetts, has opened its new Spinal Cord Injury Rehabilitation Center to area veterans. Chief Medical Director, Veterans Administration, Dr. John Chase spoke at the dedication of the \$12 million center, calling it the VA's "newest, most advanced and innovative spinal cord injury facility."

The 150,000-square-foot, four-story building has 100 private and semi-private patient beds. "Complete freedom from architectural barriers" makes everything from telephones to braille elevator controls wheelchair-accessible; even the pool has a raised rim to help paraplegics get to the water from their chairs. A model apartment inside the center helps wheelchair-dependent patients relearn activities of daily living.

Dr. Alain B. Rossier, himself a paraplegic, heads West Roxbury's SCI service. He is internationally known for successes in rehabilitation as former chief of Spinal Cord Injury Service at Beau-Séjour Hospital, part of the University Hospital of Geneva, Switzerland. He also holds Harvard Medical School's first professorship in SCI rehabilitation.

INTERNATIONAL JOURNAL OF REHABILITATION RESEARCH

Under the auspices of Rehabilitation International, a new quarterly journal, International Journal of Rehabilitation Research, was

scheduled to begin publication this year. Articles will be presented at full length in English, German, or French, each preceded by a summary in all three languages.

Each issue is expected to contain articles on research in the field of rehabilitation of physically and mentally handicapped people, research abstracts, reviews and international bibliographies. The publishers are Dr. and Mrs. R. Schindele, of the Federal Republic of Germany.

The annual subscription rate is reported as DM 40.00 or U.S. \$17. For information: G. Schindele Verlag, Rheinstrasse 5, D-7512 Rheinstetten 3, Federal Republic of Germany.

VA COORDINATING COMMITTEE ON BLIND REHABILITATION HELD FIRST MEETING MARCH 27, 1978

The first meeting of the new Coordinating Committee on Blind Rehabilitation, meeting on March 27, 1978, considered the following: lack of full-time social worker/coordinators for VIS teams; identification of legally blinded veterans; identification of veterans with some vision for whom low vision aids would be useful; development and deployment of low vision aids; and accreditation of the Blind Rehabilitation Centers and their staffs.

The committee was co-chaired by VA Chief Medical Director Dr. John D. Chase and Chief Benefits Director Dorothy L. Starbuck. Dr. Paul Haber, VA Assistant Chief Medical Director for Professional Services, is committee Vice-Chairman. Other VA members included George Gillispie, Chief, Blind Rehabilitation; Carlton Enquist, Director, Social Work Service; Dr. Kenneth Myers, Director, Optometry Service; J. C. Pecarsky, Director, Compensation and Pension Service; and Dennis R. Wyant, Special Assistant to the Administrator. Deputy directors or representatives of Prosthetic and Sensory Aids, Veterans Assistance Service, Rehabilitation Medicine Service, and the Education and Rehabilitation Service also attended.

Committee members representing organizations included those representing the Blinded Veterans Association: BVA National President Ronald L. Miller; former VA chief of blind rehabilitation Russell Williams; BVA National Field Service Director Charles H. Monroe, Jr., and BVA Employment Director John Fales, Jr.

At the March meeting, BVA National Vice President William W. Thompson attended in place of Dr. Miller, Mr. Williams and Mr. Fales.

Also attending the March meeting was Loyal E. Apple, Executive Director, American Foundation for the Blind, a committee member.

**COMPREHENSIVE CARE FOR PEOPLE WITH ARTHRITIS:
A MULTIDISCIPLINARY SYMPOSIUM ANNOUNCED**

The University of California, San Francisco, has announced their next Arthritis course, to be held at the Holiday Inn, Golden Gate-way, San Francisco, on December 1 and 2, 1978.

The conference will present current concepts and treatment methods in a multidisciplinary format for an audience of physicians, nurses, physical and occupational therapists, and social workers. The faculty will be drawn from each of these disciplines. There will be joint sessions for all participants, as well as workshops designed specifically for each of the professional groups. All aspects of the diagnosis, treatment, and follow-up care of people with arthritis will be covered.

For information, please write or call Extended Programs in Medical Education, University of California, San Francisco, California, 94143 (415-666-4251).

**SECOND REHABILITATIVE ENGINEERING RESEARCH AND
DEVELOPMENT CENTER ESTABLISHED AT VAH
PALO ALTO, CALIFORNIA**

A second Rehabilitative Engineering Research and Development Center, to be located at the VA Hospital, Palo Alto, California, was established by Max Cleland, Administrator of Veterans Affairs. A year earlier he had announced the first such center at VAH Hines, Illinois (see BPR 10-28, Fall 1977, page 244).

Both centers will foster interdisciplinary cooperation in attacking problems caused by amputation, spinal cord injury, blindness, and other disabilities. The centers will expand upon work already under way at the hospitals.

INTERAGENCY CONFERENCE

An Interagency Conference on Rehabilitation Engineering was held at the Sheraton Park Hotel, Washington, D.C., Sept. 4-8, 1978, co-sponsored by Rehabilitation Services Administration of DHEW, the Veterans Administration, and the World Rehabilitation Fund and including participation by a number of agencies, their grantees or contractors, and private organizations. A total of 1200 individuals registered including colleagues from foreign countries. These registrants included government officials, research workers in many fields, clinicians, and disabled persons. The program included

plenary sessions, numerous simultaneous instructional seminars, and an extensive exhibit of results of government-stimulated developments from some 60 laboratories, agencies, or private enterprises.

On Monday and Friday mornings plenary sessions provided summaries of programs of each of the many sponsoring agencies, a presentation of accomplishments of this federally supported program, and a discussion by disabled individuals of the community base for delivery of services. In addition, a keynote address was delivered on Monday by Edward V. Roberts, Director, Department of Rehabilitation, State of California, and the promise of rehabilitation engineering was described by James Mayer for Max Cleland, Administrator of Veterans Affairs, and by Robert Humphreys, Commissioner, Rehabilitation Services Administration. The co-chairmen, Joseph Traub of RSA and Anthony Staros of VA, delivered opening and closing remarks.

Three concurrent seminars were conducted Monday afternoon, and both morning and afternoon on Tuesday, Wednesday, and Thursday, for a total of 21. Topics covered a wide range which included prosthetics, orthotics, wheelchairs, aids for the blind and deaf, communication systems, automotive driving aids, seating, pressure sores, total joint replacement, spinal stabilization, micturition management, architectural aids, and vocational rehabilitation. → Multiple speakers at each seminar presented a broad view from the perspective of different disciplines and organizations.

Tape recordings were made of all sessions, and slides were copied. Tape cassettes of sessions, accompanied by somewhat enlarged black-and-white reproductions of slides, may be purchased for individual sessions or for the entire conference. Detailed information may be obtained from:

Insta-Tape, Inc.
1139 So. Fair Oaks Avenue
P.O. Box 2926D
Pasadena, Calif. 91105

**DR. JOHN F. LONTZ HONORARY FELLOW OF AMERICAN
ACADEMY OF MAXILLOFACIAL PROSTHETICS**

John F. Lontz, Ph. D., has been named an Honorary Fellow of the American Academy of Maxillofacial Prosthetics in recognition of his contributions to that field through the VA-sponsored Temple University School of Dentistry project on Maxillofacial Restorative Biomaterials and Techniques, conducted at the VA Center, Wilmington, Delaware. Readers of this Bulletin will be aware of his sustain-

ed efforts on matching the stiffness of biomaterials to that of adjoining tissue, developing practical and economical methods for forming polysiloxane prosthesis with adequate strength, and testing their safety by tissue culture methods. He was active in the organization and conduct of the First International Symposium on Facial Prosthetics in Arnhem, The Netherlands, in April, 1976. His summary appeared in BPR 10-25, Spring, 1976.

The American Academy of Maxillofacial Prosthetics is composed primarily of dentists interested in this subspecialty. Four of its early leaders, Drs. Stewart, Knox, Cleaver, and Gearhart, were active in the VA program.

LEO HAROLD RILEY, M.D.

1919 - 1977

Unfortunately, relatively few physicians display a continuing and constructive interest in the medical and rehabilitation problems peculiar to blind patients particularly those whose disability is adventitious and either progressive or complete. One of the rare exceptions was lost to the field with the death of Dr. Leo H. Riley on October 28, 1977.

A warm human being, he was a specialist in internal medicine with particular interest in diabetes (a common cause of blindness). Dr. Riley was particularly suited to his duties in medical supervision of the several rehabilitation activities of Boston's Catholic Guild for the Blind at Newton, Massachusetts (now the Carroll Center for the Blind, renamed for the late Father Thomas Carroll, who recruited Dr. Riley and other talented and devoted people to staff a rehabilitation center for newly blinded adults, a home and rehabilitation program for elderly blind, and the American Center for Research in Blindness and Rehabilitation, or ACRIBAR).

Dr. Riley was Director of Research for ACRIBAR and held faculty appointments at Tufts University School of Medicine, Boston College Graduate School, Boston University Graduate School of Education, and Harvard Medical School. He was the author of numerous papers.

We worked particularly with Dr. Riley when ACRIBAR evaluated 14 models of the early ultrasonic "torch" or guidance device for the blind, and the Battelle and early Mauch Visotoner reading aids. Dr. Riley struggled with the usual problems of low reliability of new aids, recruitment and retention of subjects, and development of selection, training, and measurement methods. His adventures were recorded in contractor progress reports and a paper in this Bulletin.

Dr. Riley's awareness of the value of the long cane and his wry sense of humor were illustrated while we were watching a demonstration of the ultrasonic Torch in the VA Central Office Building in Washington. As the demonstration moved out to the loading dock, with erratically placed hand trucks, a ledge and dangerous drop-off to the roadway, and erratic noises from the street, Dr. Riley muttered "Canesville, U.S.A.!" We miss his professional knowledge, concern for the individuals, and awareness of the human, medical and technical problems of blindness.

EUGENE F. MURPHY