

[Home](#) | [About](#) | [Newsletters](#) | [INvoice](#)

Update on GBS and CIDP Research

Newsletter No.28 - September 1999

From the address by Dr ANDREW J KORNBERG, Neuromuscular Laboratory, Royal Children's Hospital, Melbourne to the quarterly meeting of The IN Group held 11/8/99, Balwyn Library Meeting Room, 336 Whitehorse Rd.



I am looking at antibodies in blood from patients with Guillain-Barré (GBS) or Chronic Inflammatory Demyelinating Polyneuropathy (CIDP) as well as a few other nerve disorders. My research is around three different aspects.

What causes the disease?

Molecular mimicry is the "in thing" at the moment in research into neuropathies, as well as many neurological diseases. We believe that there may be some trigger such as a virus to set off the disorder. What in effect happens, is that there may be an infectious agent which has, as part of its structure, something that looks like a nerve. In a particular person the immune system gets confused and considers the nerve is in fact the bacteria or virus and then starts to affect the nerve. If it is a peripheral nerve then you have CIDP or GBS.

Can better tests be developed?

A lot of current research is in this area. There are structures around nerves called gangliosides. They act as receptors or signals for the nerves to function. These gangliosides also appear in many viruses and bacteria. This is the first evidence we have had for molecular mimicry. Much of my research is looking at gangliosides, not just GM1 but a variety of others for different nerve conditions. We have actually identified certain types of gangliosides that help to predict what sort of problem a person actually has. Also it can give you some prognosis. If you have high levels of a particular antibody in the blood you can predict a particular outcome. What we have to try and work out is how this antibody is formed and how it causes damage.

The first thing we actually did in our lab was to obtain some 500 blood samples of Fairfield Hospital patients who had been diagnosed with GBS. We looked at

specific types of antibodies and found these were rare in some 500 blood samples from normal blood donors. In patients who had GBS with weakness but without sensory problems such as tingling, many had had these antibodies. They usually had previously some sort of diarrhoea illness revealing campylobacter for example, an organism that may have precipitated the GBS.

There is another antibody which we are very interested in at our lab. This again is a very rare antibody in the normal population. People who contract peripheral neuropathy very quickly which affects their eyes, get wobbly on their feet, don't have reflexes, have Miller-Fisher Syndrome, a variant of GBS.

What is important with this antibody is, that if it is present, a lot of people are unaware of this condition and may get it confused with brain tumours or other conditions. Again, what we have shown in our lab, is that it seems to be causing the disease. We have shown by looking at different

nerves, tissue, brain, etc. What we do know is that by taking away the antibody by washing it out of the blood stream by plasmapheresis or giving intravenous gammaglobulin we make patients better much faster.

We have studied another antibody which is closely associated with GBS.

Most recently, our lab in collaboration with a place I used to work in at St Louis USA, found some antibodies in a structure of nerve. Some people who have CIDP may present as GBS. We found that this antibody was present in 20% of patients with CIDP. What was interesting was, that in all the patients that had this antibody had presented as GBS but ultimately had turned out to have CIDP. So what this says to us is, that if this antibody is present then this patient has a relatively high chance of having CIDP.

Better treatments?

The efficacy of treatment will depend very much on what causes the disease. We all know how efficacious intravenous gammaglobulin (IVIG) can be and are unhappy at its current shortage.

Nobody knows how gammaglobulin works. We reviewed recently the medical records of 119 children with GBS seen at the Royal Children's Hospital over a 23 year period. Probably this is biggest series ever, worldwide. Group 1, 56 of the children during 1975-87, who had no specific treatment, were compared with Group 2, 64 children during 1987-98 which included 31 treated with IVIG and plasmapheresis.

The benefits of therapy to Group 2 children were that they were ventilated for less time (10 v 17 days), spent less time as inpatients (9.3 v 18.7 days), commenced recovery from peak of illness faster (4.5 v 6.9 days), improved to a near normal level quicker (43.7 v 100 days), walked earlier after onset of GBS (11.3 v 33.8 days) and had less long term disability.

The benefits of therapy were also shown when comparison was made between the 31 of Group 2 who received IVIG and/or plasmapheresis and the 55 patients of Group 1. A larger proportion required ventilation (61% v 38%) but for shorter time (8.9 v 17 days). The other results were the same as above.

There are two good developments about the supply of Intragam (the CSL gammaglobulin). Firstly CSL are introducing a new process which should produce a significantly greater yield of Intragam from the blood donations by the middle of next year. Secondly the indications for use of Intragam have been made stricter, which means more supply for those with confirmed needs and it is understood the priority for GBS and CIDP patients is to be raised from B to A Category.

Acknowledgments

I would like to acknowledge the support of The IN Group (The Inflammatory Neuropathy Support Group Of Victoria Inc.) for its continuing support for my research. I have been able to buy computers and equipment and most importantly help in the salary for a research assistant.

A research assistant from England, Dr Serena Haywood, was able to review the data from the Children's Hospital.

We also received strong support from the Bethlehem-Griffiths Research Foundation.

Questions & Answers

Q. How does IVIG work?

A. We have theories. Gammaglobulin is made up of many antibodies, being mixed from thousands of blood donors. Some antibodies can block other antibodies. So the antibodies causing the attacks can be neutralised.

Q. What is "Chinese Paralysis Syndrome?"

A. There are epidemics of GBS amongst children living in the Chinese countryside. It is related to the campylobacter infection from chickens. The bacteria is the most common cause of infectious diarrhoea requiring hospitalisation.

Q. Is your research only with children?

A. No, my research is predominately with adults. We have had 120 children with GBS over the past 20 years. I look at nerve diseases that are very rare in childhood. CIDP occurs in childhood but is more common in adults.

Q. Do hospitals keep blood specimens from patients?

A. They normally keep for just one week. Fairfield was unique worldwide as a public and research hospital particularly for paralysis patients (initially polio) in keeping their blood specimens. I receive and keep blood specimens from patients who are referred to me for investigation.

Q. Why does stress increase the tingling and burning sensations?

A. When one is under stress there are more electrical discharges occurring in one's nerves. When your nerves are not working well you may get more intense sensations.

Q. You may go for two years and not have a burning sensation and for no reason it recurs. Why?

A. A lot of these sensations go up and down. With CIDP you can have good periods and then have relapses.

Q. Do calcium based tablets regenerate nerves like they do bones?

A. Everyone is different. There is no question certain vitamins and compounds can help some people. Unfortunately sometimes too much of such substances can cause harm.

Q. Can pregnancy cause GBS or CIDP?

A. There is a list of some fifty items that can trigger such peripheral neuropathies, mainly viruses and bacteria but includes vaccinations, car accidents and pregnancy.

Q. Does it affect the baby?

A. There is only one report, from India, of a baby being affected from a mother's GBS as against the many with no effect.

DIRECTOR'S REPORT Year 1998/9

Desperate Shortage of Intragam

Many of our members relying on Intragam for treatment of GBS or CIDP have been suffering during 1999 due to insufficient supply of this serum to meet the increasing demand.

AHMAC (Australian Health Ministers Advisory Council) set up a Working Party for "The Use and Supply of Intravenous Immunoglobulins" in November 1998. The IN Group, as well as our other State Societies and the Council of GBS/CIDP Support Groups of Australia, made submissions, calling for the Federal and State Governments to increase their funding so that sufficient Intragam would be available. The Australian Association of Neurologists presented a statement to the Working Party, strongly supporting the need of GBS and CIDP patients for Intragam treatment.

It is understood the Report of the Working Party will be presented to AHMAC on 4th August 1999.

Apart from the suffering caused to patients from not receiving their needed treatment, governments will face even greater costs for the extra medical and hospital attention as the health of patients deteriorate.

The IN Group also issued media releases and, inspired by action of member Geoff Walker and organised through the help of many members, delivered a Petition signed by over 5,000 concerned citizens to Dr Wooldridge, Federal Minister for Health on 22/3/99. The Petition called on Dr Wooldridge to ensure an adequate supply of Intragam and to increase the number of facilities for blood collection.

Responding to this concern, Dr Wooldridge issued a media release on 10/5/99 to announce he had established a Review of the Australian Blood Banking and Plasma Product Sector. It is expected the Review will run for about a year.

The Minister's statement also announced that his government had funded the provision of an emergency supply of Intragam to cover unforeseen "hiccups" in the usual supply.

It is to be hoped that AHMAC will take the necessary urgent action to implement their Working Party's recommendations so that sufficient Intragam is made available to meet the demand as soon as possible after the release of its Report scheduled for 4th August 1999.

Personal Support

The IN Group has continued to justify its existence, particularly through the personal support given to GBS and CIDP sufferers and their families and friends. Visits were made to patients and contacts made to their families at the Alfred Hospital, Caulfield Rehab Hospital, Royal Melbourne Hospital, Royal Talbot Rehabilitation Centre and St Vincent's Hospital.

VILMA CLARKE continued to arrange helpful meetings of our members in the North East Victoria area.

Such help has been backed up by the continuing support of our Patrons, Consultants, Committee, family and friends.

Good Questionnaire Response

Eighty seven members returned filled-in Questionnaire forms which is a most helpful response. The Questionnaire is based on one created by the GBS Association of NSW.

Also the detailed information could possibly prove helpful to a researcher into aspects of GBS and CIDP.

Membership

Over the year membership has increased from 265 to 295 which includes over 170 past and present IN sufferers. Thanks mostly to being on the Internet, 33 are from interstate and 61 from overseas - mainly from USA but also from Austria, Canada, Italy, Japan, New Zealand, The Philippines, Slovakia and UK.

I particularly thank the many members who donated generously to our cause. The \$10 annual subscription covers our running costs such as the newsletter "INformation". The donations, a wonderful \$3410 from members, allow us to expand our efforts, particularly in helping the research into GBS and CIDP being carried out by Dr ANDREW KORNBERG at the Royal Childrens Hospital. We donated another \$8500 to this research, \$2645 of which was donated by family and friends in memory of our sadly deceased member, Jenny Heffernan.

Quarterly Meetings

These meetings have continued to be popular. Quality speakers for the evening meetings - Dr SKANTHA VALLIPURAM, Pain Management Clinic, Alfred Hospital, on "[Chronic Pain Management](#)" August'98; VICTORIA ERSKINE-BEHR on "[Aromatherapy - helping recovery](#)" February'99; DEE WALDRON, occupational therapist Independent Living Centre, on "Help for Everyday Living" - were informative and led to interesting questions and discussion. A report on each presentation was published in our quarterly newsletter "INformation" as well as the report by Dr BRUCE DAY, The IN Group Consultant Neurologist, on the "9th International Congress of Neuromuscular Diseases" December'98.

Socials

The November Sunday Luncheon Party meeting was again a happy social get-together as well as a great fund-raiser. A total of \$10017.90 was raised, including \$323 from the delicious luncheon, \$409.90 from a blind auction, conducted with great fun by BARBARA BURZAK-STEFANOWSKI, \$110 from raffling a Christmas Hamper, and generous donations from members of \$115.

Twenty-five members and friends enjoyed the Winter Luncheon Social Party held on 6/6/99 at the Glen Waverley home of MARGARET and DOUG LAWRENCE. Adding to the pleasure of lunching in the delightful surroundings was the showing of a video "GBS - Striving to Recovery" made by the US based GBS Foundation International. The icing on the cake was the \$160 made from the occasion.

Another Film Luncheon was enjoyed by the eight who saw "Shakespeare in Love" at the Balwyn Cinema on 15/3/99. This was organised as a social but we also made \$12.00.

Cake Stall Fund Raiser

Our great fund raiser of the year, thanks to the initiative of Deputy Director MARGARET LAWRENCE, plus her helpers, was the Cake Selling Stall on Maling Road, Canterbury, on 2/5/98. All cakes and biscuits were sold in 3 1/2 hours on the Saturday morning raising \$1006.70.

Newsletter "INformation"

This quarterly publication is a vital means of communication to and between members. The Newsletter is yours so make the most of it. Thank you, MELVA BEHR, NORM BLYTH, DOROTHY BRENNAN, BETTY GERRAND, FRED HOOTON and MARGARET LAWRENCE for help with the mailing.

The National Council in action

Two meetings of the Council of GBS/CIDP Support Groups of Australia were held during the year by telephone Conferlink. The GBS Association of NSW has now joined the three founding members The IN Group of Victoria, The Neurological Resource Centre of SA and the GBS Support Group of Tasmania.

Its first bi-ennial newsletter "INvoice" was published. Our thanks go to CSL Limited for their generous financial support of \$600. A logo submitted by GEOFF MACQUALTER in the recent competition now adorns its masthead.

Action was taken by the State groups to publicise National GBS/CIDP Awareness Day 1/6/99.

Action is proceeding to promote and assist the formation of GBS/CIDP support groups for Queensland and Western Australia and to establish a national data-base of members willing to support those afflicted by GBS or CIDP. NSW and Victoria has the basis of such a data base with their Questionnaires.

Sponsorship and Support

The IN Group particularly wishes to thank CSL Limited for their continuing generous support. CSL gave \$900 to The IN Group for 1998/99 (included in the 1997/98 financial statement).

The IN Group warmly thanks the ANZ Bank for its valuable support in waiving its charge for conversion of foreign cheques.

The IN Group Christmas Cards

We sold 56 packets of our quality IN Group Christmas Cards (12 in a packet for \$10), the return of \$560 being all profit. This leaves 120 packets for the next one or two years for selling, again all profit. Thanks to the Kew Primary School, both for their student's art and also their continuing help in sales.

Entertainment Books

Seventeen Entertainment Books at \$45 (\$50 posted) were purchased by members to give The IN Group a quick return of \$153. Both the Christmas Cards and the Entertainment Books will be available at our August and November meetings.

GBS/CIDP Awareness Day - June 1st

Our Secretary MELVA BEHR promoted the Day to the media and our Deputy Director MARGARET LAWRENCE arranged an interview on Community TV.

Logo for The IN Group

The Committee has adopted as its Logo the design submitted by member LOIS VOIGT as now printed on the "INformation" masthead.

Sale of Booklets

We have a steady demand for the GBS booklet published by the US GBS Foundation International and the CIDP booklet published by the GBS Support Group of the UK, both of which The IN Group has reprinted.

Similarly there is a steady sale for JUNE CATHCART's booklet Road to Recovery A-Z and JOHN POLLARD's Boy, is this Guy sick.

Thanks

Particular thanks to Secretary MELVA BEHR for her enthusiastic efforts; to Treasurer NORM BLYTH for keeping track

of incomes and expenditures; and to VILMA CLARKE, BETTY GERRAND, MARGARET LAWRENCE and ROSEMARY MACQUALTER for their sterling efforts in making our social activities such a success.

JAMES GERRAND,
Director.

TREASURER's REPORT for Year ending 30/6/99 (30/6/98)

INCOME and EXPENDITURE

INCOME: Membership fees	\$2100.20	(2618.74)
Donations	3409.99	(3208.24)
CSL sponsorship (Note. \$1,000 for 99/00)		(2400.00)
Donations Medical Research in memory Jenny Heffernan		2645.00
Sale of Christmas Cards	565.00	(939.50)
Sale of Entertainment Books, booklets, Videos	1204.00	(160.00)
Fund raising (Luncheons, Film Social, Auction)	2338.80	(2009.28)
Sale of Term Deposit	3000.00	
Miscellaneous	214.37	
Bank interest	42.65	(5.72)
	-----	-----
Total income	15520.01	(11981.48)
	=====	=====
EXPENDITURE: Newsletter "INformation"	\$1324.85	(1021.05)
Printing inc. GBS, CIDP booklets	133.00	(234.00)
Internet costs	809.20	(535.55)
Cost of Entertainment Books	801.60	(128.00)
Incorporation charge	33.00	(32.00)
Donation to RCH Research Foundation for Dr Kornberg's research	11550.00	(3000.00)
Purchase of Term Deposit		(3000.00)
Australian Council of GBS/CIDP Societies		(166.90)
Postage Stamps	438.60	(366.50)
Miscellaneous	405.58	(1592.14)
State Govt. Duty and tax	16.65	(20.64)
	-----	-----
Total expenditure	\$15512.48	(10096.78)
	=====	=====
Total income over expenditure	\$7.53	(\$1884.70)

ASSETS and LIABILITIES

ASSETS: Bank balance 30/6/99 (30/6/98)	\$7190.61	(7183.08)
Term Deposit		(3000.00)
Computer 486, cost \$2600, depreciation \$1850	750.00	(1000.00)
Epson Printer, cost \$520, depreciation \$420	100.00	(120.00)
Fax-Modem, cost \$444, depreciation \$404	40.00	(50.00)
Tape Recorder, cost \$46, depreciation \$31	15.00	(20.00)
Sony Audiotape Transcriber, cost \$300. dep. \$260	40.00	(50.00)
FM Public Address System, cost \$119, dep. \$79	40.00	(50.00)
125 Packets of Christmas Cards	1250.00	(1700.00)
	-----	-----
Total assets	\$9425.61	(\$13173.08)
	=====	=====

LIABILITIES: Nil.

N.Blyth/J.Gerrand,
Treasurer.

1999 Annual General Meeting

At the AGM held 11/8/99 the following were elected to the 1999/2000 Committee:

Director JAMES GERRAND
 Deputy Director MARGARET LAWRENCE
 Secretary MELVA BEHR
 Treasurer BRONWYN CLARKE
 Members VILMA CLARKE
 BETTY GERRAND
 ROSEMARY MACQUALTER
 PETER MALCOLM

The reports of the Director and Treasurer for the financial year 1998/99 (see pp3,4,5) were endorsed.

Supply of Intragam

The shortage of Intragam is slowly being overcome, it seems. The Red Cross Blood Service has been reorganising its collection of blood and blood plasma and distribution of Intragam such that presently there is a small increase in the supply of Intragam to those in need such as we GBS and CIDP patients.

CSL is developing means of substantially increasing the yield of Intragam from the blood plasma supplied by the Red Cross Blood Service. The increase in Intragam is expected by midyear 2000.

The report of the Working Party set up to Review the Use and Supply of Intravenous Immunoglobulins by the Australian Health Ministers Advisory Council (AHMAC) has been delayed further by some further checking of some of its recommendations. AHMAC is now expected to release the Report at its next meeting in October. It is understood the Report will recommend the upgrading of the treatment by Intragam of CIDP and GBS patients from the present B level to A level.

Review of the Australian

Blood Banking and Plasma Product Sector

Sir Ninian Stephens, Chairman of this Review, set up by Federal Health Minister Dr Michael Wooldridge, has invited The IN Group to make a written submission to this longterm Review with closing date 17th September 1999.

WE were pleased to receive a visit by BARBARA INGALLS of the Red Cross Blood to seek the views of The IN Group in regard to this review. At short notice MELA BEHR, BETTY and JAMES GERRAND, and ROSEMARY MACQUALTER of The IN Group Committee assembled to meet Barbara and made the following points.

The present shortage of intragam had to be overcome as soon as possible as many of our members were suffering from lack of its treatment.

We wanted the Report of the Working Party to be released without delay because we understood it raised the priority of use of Intragam for CIDP and GBS patients to Category A.

We wanted the voluntary system of blood and blood plasma donation be made easier for donors by having more collection centres including at hospit als.

If more government funding, Federal and State, was needed to obtain more donors and for the cost of manufac- turing more Intragam, such funding was imperative to save many CIDP and GBS patients from deteriorating into longterm hospital care.

More Federal and State Government and private funding was needed for medical research into GBS and CIDP such as being carried by Dr ANDREW KORNBERG at the Royal Children's Hospital.

Barbara Ingalls advised that she would return in early September to discuss further this important Review before The In Group makes its submission.

Film Luncheons

Twelve of our members at the Balwyn Cinema on Wednesday 28th July enjoyed "The Winslow Boy", the following sandwich & cake lunch and a social chat . \$24 to our funds, including a donation of \$10, was an "icing on the cake".

"Tea with Mussolini" (\$10) on Tuesday 31st August at 11am is the next party.

As the cinema only gives us less than a month's notice any member or friend who would be interested in coming to future film luncheons should give their name and telephone number to BETTY GERRAND tel 9853 6443 who will telephone to advise of the forthcoming attraction.

The IN Group Christmas Cards

These quality Christmas Cards are again available at \$10 a packet of 12 (\$12.50 inc. postage). All sales are now a direct donation to The IN Group.

Use the order form on the back of the posting wrapper or purchase direct at our November Social Luncheon Party, Sunday 14th November.

1999/2000 Entertainment Books

An Entertainment Book cuts \$25 or so from your bill at selected restaurants, less formal dining, theatres, sporting events, hotels. Its use is valid to 1st June 2000.

You buy an Entertainment Book from The IN Group for \$45 (\$50 inc. postage). Each sale returns \$9 to The IN Group.

Support is the Name of our Game

A helpful match

Early in June I received a call that a Mr Peter Cook undergoing treatment for GBS at the Mercy Hospital wanted a visit from someone who had been through what he was experiencing.

I consulted the Questionnaires to see what person would suitably match the situation and asked member Daniel Tate if he would visit Peter. The following is from Daniel's report to me.

Dear James,

I chatted with Peter for somewhere between an hour and an hour and a half last Thursday. Peter was in good spirits under the circumstances. He has a fantastic attitude about the whole process which is of course a major part of the battle. Peter had quite good movement in his upper body and some strength still in his lower body.

It seems that mine and Peter's development through the early stages had some strong similarities most notably the trip from rehab back to hospital that we both had to do and then eventually back to rehab. I think Peter was genuinely pleased to see that I had gone through the "relapse" thing and ended up fit and well today from a "living proof" perspective. Of course Peter's main question was at what point did I see myself turning the corner with my recovery. That was a hard one to answer because as I explained to him at the start of the recovery it is really hard to see the improvements. Peter's main question was no doubt due to the major psychological concern that he has and that I know I had, being, can I be sure that it is in fact GBS and not CIDP. I basically said that you have to be positive about it and that on the facts it doesn't look likely you have CIDP, which is pretty much what his neurosurgeon said.

Thank you for the opportunity to visit Peter I found it beneficial for myself and I hope that Peter got something out of it to. I would be happy to visit Peter again (I have given him my contact details) or anyone else that needs a hand.

*Daniel Tate
From over the border*

Dear James,

At the end of September last year I was diagnosed with CIDP at Royal Prince Alfred Hospital, Sydney and am presently receiving IVIG treatment. I would like to join your group to possibly find out more about CIDP.

My concerns about the shortage of Intragam has meant that I can only expect to receive, if I am lucky, one dose every 4 weeks. This is only, at best, enough to prevent me from getting worse. What I find difficult to handle is that I am being told that I will eventually get back to normal; all I need is more regular Intragam and that its supply will SOON improve!

JANET HESSE, Berry NSW

A reply after receiving information.

Dear James,

Thanks for your note and the CIDP booklet which was very helpful. Please find application form and cheque for \$50 to cover fees, booklet and a donation.

I have done a little bit for the cause by seeing my local Federal member, Joanna Gash, and made her aware of the Intragam problem and asked her to find out what is being done to help improve the supply. ...

JANET HESSE

CAGED

A mind active
A body paralysed.
Pacing
Pacing.
Let me out!

Iron bars caging me,
Tubes tied to machines,
Blanketed in pain
Pacing
Pacing.
Let me out!

A knotted stomach
Strangling the scream
That echoes the despair.
Pacing
Pacing.
Let me out!

Let ME be!
Will I ever BE again?
What will the ME be like?
The ME that's locked up,
Unable to BE!

JAN LANE 7/11/97

(Thank you, Jan, for sharing your experience of coping with GBS at the Royal Melbourne Hospital. James Gerrand)

From the Internet

A request from Rome

Hello, I'm Laura from Rome. My brother-in-law has CIDP but is unable to improve although many treatment (you can read them in the file I've attached with the letter of his discharge from the hospital. Have you ever had any case like this? Please contact me as soon as possible...

Laura

Dear Laura,

To my layman's eye your brother in law's condition appears more to do with GBS than with CIDP but I will see if my neurologist (and a Patron of The IN Group) can throw any light about it when I see him tomorrow on a regular visit about my CIDP.

If you send me your address I will airmail you a CIDP booklet ...

Best wishes to your brother in law and regards,

James Gerrand, Director.

Hello Mr. Gerrand,

Thank you very much for answering me so soon, but I think that you understand how is important to receive as soon as possible news about this strange disease.

My address is: Laura Di Bianco Via Clemente X, 1400166 - Roma Italia.

Again about the situation of Gianluca, my brother in laws, doctors are not sure to give him cyclosporin because here in Italy, they say, is in an experimental phases. Is it really???

This could be the last treatment he might receive...

Ok hoping to hear soon from you, bye

Laura

Dear Laura Di,

I have airmailed you the CIDP booklet plus The IN Group brochure and latest newsletter "INformation".

I also referred to my neurologist the medical history of your brother in law's stay at hospital. In regard to the use of cyclosporin, he has found it quite useful in some cases over the past nine years.

You will also note that the CIDP booklet includes its use as one of possible treatments.

Best wishes and regards,

James Gerrand

Internet, the Great Link

As well as those mentioned above we have sent information following requests by email through the Internet to Mrs Patricia Nast (Florida USA), Kathy Sheridan (California), Lyn Anderson (Delaware USA), Laurie & Norm Kermoade (Nebraska USA), Janis & David Freed (California USA), Andrea Kipper (New York USA), Bruce Charlton (New York USA), Annette de Courcey (Castlemaine VIC).

To end on a lighter note.

The English Language!

Why are a wise man and a wise guy opposites?

Why do overlook and oversee mean opposite things?

If horrific means horrible, does terrific mean terrible?

If a pig loses its voice, is it disgruntled?

Why do women wear evening gowns to nightclubs? Shouldn't they be wearing night gowns?

If love is blind why is lingerie so popular?

"I am" is reportedly the shortest sentence in the English language. Could it be that "I do" is the longest sentence?

If lawyers are disbarred and clergymen defrocked, doesn't it follow that electricians are delighted, musicians denoted, cowboys deranged, models deposed, tree surgeons debarked and dry cleaners depressed?

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