

POLIO PERSPECTIVE

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MILLIE MALONE LILL Editor WILMA J. HOOD Publisher
IN THIS ISSUE:

My Surprise Journey to a Brand New Foot

by Constance Ingram Foell

Oxygen: Too Much of a Good Thing

by Dr. Richard Bruno

The Pain of Exclusion

an excerpt from Delancy Place

Nerdlings and Me

by Millie Malone Lill

Web Corner

A Little Bit of Humor

A Sneaky Bit of Advertising For My New Ebook

by Millie Malone Lill

My Surprise Journey to a Brand New Foot

by Constance Ingram Foell

We are an incredible group of fighters, we polio survivors, I often call us “PPSers,” because unbeknownst to the rest of the country and world we’re small in numbers, yet we are actually large in numbers. What I mean by that is, 2 plus million isn’t much to rest of the population, but it is to all who live it. We survived so much, and we all “get” each other, even though we’re all different. Obviously genetically we’re different, but as PPSers we’re living in each other’s shoes. We can spot another survivor a mile away, and nod, without knowing the individual, it’s just “there!” As far as our histories go though, many of us relate very well to the treatments, hospitals, surgeries, anything at all remedial after we contracted Polio, and during the years of recovery. For many of us too, that was years and years of type A personalities working hard, and we never quit. To this day, we are still Type As as postpolio syndrome has hit us, both as survivors first initially and then survivors as PPS diagnosis was

suddenly and shockingly added. For me I denied it for at least five full years, thinking I was just fine, until one insidious day, I hit that “wall,” that we all have visited. What a wake up call!!

My journey is really much like any others in the PPS groups. As I’ve gotten older, now nearing 69, that word insidious became SO obviously appropriate again. Initially I was paralyzed mainly right side, and especially my right foot. I had tendon transplants, (3), and they worked for the most part, although my gait was off, and I often turned my ankle outward and literally would twist it, and down I went.

I figured it was the way it was always going to be, and I had no idea anything could be done about it. I also hadn’t been into an orthopedic clinic in at least 40 plus years. I was experiencing left “good side,” pain in the hip, which (never diagnose yourself) was what I thought was perhaps bursitis, or sciatica, or some other malady. I was amazed when I saw the x ray of that hip, and specifically that I had considerable arthritis that had built up so badly all along the left side, the ball joint of the hip was basically completely gone, and the surgeon said, “we need to get in there ASAP and do a total hip replacement,” and he went on to explain, along with that he would clean up (his words) all that arthritis.

The arthritis was so involved he had to go in at my left side, and not directly from in front as they most often do. I can’t even explain the difference....it’s like you’re sick and don’t know it until it’s over? Well I sure understood after that surgery, how amazingly free of pain I was. It was a relatively easy procedure, I wasn’t out long, and I have ALWAYS had a good advocate with me for the anesthesia issues we all need to know about. It all went perfectly. Healing was very fast, and I was up and around in a very short time.....except, the right polio foot began to change, and I mean abruptly very soon after the hip replacement surgery of June 10, 2014,.

I was falling daily, twisting even more and more, and the pain from this “new” way of walking was surreal. I was alarmed by the sheer “look” of every step, and I realized I was literally walking on the side of the foot, it had turned almost totally upside down, until I was walking on the side and not the BOTTOM of the foot!! By August, I was summoned back to the same orthopedic clinic to re visit the hip, but also to discuss the foot. The hip surgeon had consulted with his partner an ankle/foot specializing in deformities of feet and ankles. His sole practice is only that. So I saw Dr. Troy Watson for the first time September, 2014, and he was so booked, he said he couldn’t do anything until January, 2015. I went home with my forearm crutches to wait for an opening, and also a lot of thinking. Should I or shouldn’t I proceed with this?

I was heartsick over the wait from September to January, for two reasons. First insurance, after the first of the year, I was waiting for the usual changes, and also a new much better policy. At the same time, I had already begun with this orthopedic clinic and it would be best to stay with the old insurance for both surgeries, co pays etc., in order to get it paid for. That’s a whole different and added story that many are fighting. But then I got lucky, and there was a cancellation at just the right time.

I was back at Dr. Watson’s office, and he went over the entire procedure, explaining he could not hold a thing back, that I needed to know ALL the facts, all the risks, all the “what ifs,” which we all understand before undertaking a 7 hour very intense and very intricate surgery. He even told me two very specific things. One being blood flow, if it during the surgery fails to flow correctly, if the foot turns color, if anything at all goes awry with that blood flow, I would likely lose the foot. On top of that, the polio leg is so tiny, they’d have to amputate, above the knee. A leg that small would never support a foot, calf prosthesis.

Now my brain is on overdrive as I’m desperately trying to decide if I can go forward with this, fear obviously the second dilemma, that made the first obstacle of insurance seem utterly ridiculous. My

emotions were on overdrive too, because I truly didn't know what to do. I knew that if I didn't do anything, since all the childhood tendon transplants had so badly failed, x rays showed each tendon had literally snapped into distinct pieces, therefore the foot was now curled into a club foot, as in a child born with a club foot. My foot was actually classified and diagnosed as a club foot. The foot simply appeared like (example) a "backward C."

Hence the reason for the acceleration of my mode of walking had become worse and worse. I had begun crawling, pulling myself up to my crutches, hopping with the good left side, now with the new hip (thank goodness, as it was now stronger and much more helpful) for my new mode of getting around, my mobility completely changed. All this in less than a year had changed from limping and a huge cardboard box of orthotics (I can see the heads nodding at this one sentence, of shoe orthotics, inserts, Dr. Scholl's, etc etc etc). We've all been there where we've become great shoe/shoe insert engineers, devising our own ways of wearing whatever we can find that works. My box had grown from a few to the entire box filled with such devices. To me it was, "what will work with what shoes today? I always got dressed with the picking out the shoes first, then the rest, instead of the abled bodied world of picking out clothing first, then accessories including shoes. I see the nods again ;). It's such an obvious and well known analogy. Right?

Ok so back to the rest of the story (Paul Harvey), after leaving Dr. Watson's office again, I went home to think, and also to schedule a scan, so that Dr. Watson could have clearer and better pictures on how much was involved how to plan this out to the letter. He said that his initial take was I could face anywhere from one to three surgeries. First the foot bones had to be broken, the leg had to be broken too. It sounds horrendous, but it all made sense, he was good at explaining and wouldn't let a thing go until he knew I got it. The ankle would be fused, and I would come out of surgery with 7 screws, a clamp, and a titanium plate, all holding the foot in correct position, and after healing, a brand new walking foot., flat on the floor, barefooted even! I would also be watched for the possibility of number 2 surgery, specifically important because the ankle had to be aligned with foot, ankle and knee perfectly. If it all didn't line up like I describe here, I'd be in for much more work and healing. Neither myself nor my surgeon wanted that, but he had to be ready if such was necessary and I had to be willing to go for it.

I'll never forget what I was told when I came out of anesthesia, which I was told was very fast. I had 3 anesthesiologists, I'll explain that further in my story. This incredible surgeon came to me, grabbed my hand, grinning like I've never seen before, and said, "we cut that Achilles and your foot turned into the right position right on the table, FLAT, and lined up like it knew exactly where to go!!" That was during surgery and the clamp, and most of the screws hadn't been "installed" yet. He added the best news I'd heard yet, no further surgeries are needed, you're perfectly aligned, and your blood flow throughout the entire 7 hours was perfect.

Just prior to going into OR, two of the anesthesiologists explained I had to be awake for what they called a 48 hour block of the ankle and foot. They said so much work would take place, that without this extra block pain medication, it would be akin to bone cancer pain. They warned me it wouldn't take long but was to say at the very least uncomfortable, but that after the surgery I would be totally glad I had that extra pain protection. They were quite right. I saw the after x ray, I will include with this writing, so the visual can be seen as to what they actually did. The whole thing was what I nicknamed a "medical engineering miracle marvel." And it is!! I went home the next day, even checked myself out, because the copay WHILE on the table went from \$285.00 a day to \$390.00!! I told Dr. Watson and he said "you'll be ok, I'll send home healthcare right to your house with you that Medicare will pick up and I understand perfectly." He said, "That's obscene that they have the nerve to up the copay while you're actually under anesthesia and on the table during surgery."

I am now nearing 6 months post op, and each day is better and better. I hadn't ever been able to wear

any shoes other than slip “ons,” with no backs, because my foot always came right out of the shoe. Now I have become a shoe junky, ;). Sleep not being a friend of mine, I’ll find myself trying on old shoes I saved (for no reason I thought), and also new ones, and LOVING tennis shoes, that I’ve never been able to wear, let alone walk in.

My mind goes back to the day that both surgeons said, “How’d you like to get rid of those crutches?” What do you do when you’re asked a thing like that?, I’ll tell you, you go into A BONAFIDE catatonic shocked statue, and stare, your mouth on the floor!!! The surreal feeling of “Is this me, standing, alone, with shoes on, then actually moving?”

I’m no hero, and I believed every word about healing, and about taking baby steps, and using a cane, just for insurance they said. There are some shoes that I truly need no cane whatsoever, but some I do need the cane. That’s so different from the years with crutches, and not being able to carry anything, and the constant falls. To date I’ve fallen once, but only because I tripped on an area rug. The foot is doing great. I have to give big praise to these guys. They not only know their stuff, their bedside manner was the best I’ve ever known.

At my last check up, I was told I had graduated, 6-8 weeks ahead of their projections and didn’t need to come back, that all 7 incisions were healing very very well and that there would be no need for even more physical therapy. That’s likely because I let them show me once, paid the co pay and did the rest on my own. And I learned sometime back that polio or not, we can do tai chi, and yoga, we just skip the ones we have no balance for. I’ve done both right along with healing and other PT.

The biggest thing of all is my list of “to do’s,” and/or BUCKET LIST. First thing I said when asked was SAND. “SAND?” I was asked, why such a thing as sand? I absolutely must go wherever I can to find SAND, I’ve never walked on it. I never could get any balance, now I know I’ll be able to walk on all kinds of sand, with or without shoes, and wet or dry, squishy, solid, whatever. I’m so pumped about this one thing, I’m looking at beaches constantly on the internet. AND I also drove my vintage 1979 VW River Blau Metallic Super Beetle Convertible, for the first time, in March and actually was able to brake with my polio foot. Heretofore I had to throw the gear shift into neutral and brake with the good left foot. I have done that since the 1960s when I got my first VW, today I’m on my 8th. It’s also more of my own physical therapy. Dr. Watson added that into his teaching plan regarding the surgery and the patient for this lecture to his med students. I’m also invited to come to the med school on his second day lecture of this surgical lesson plan to be a guinea pig, and I said “YESSSS OF COURSE I’LL DO THAT!!”

I know many who told me they wouldn’t attempt this for all the money or anything else in the world. I understand, but for me it was not a frivolous decision. It was a well thought out, even prayerful, emotional decision. I looked up everything I could find on this exact surgery. My incredible doctor told me that this exact surgery has been performed for over 40 years!! No one had ever approached me but then I hadn’t been into a orthopedic office as I said before, for at least that many years.

I am a little surprised that my rehab specialist, my physiatrist hadn’t visited this possibility. As an MD alone he’d likely studied orthopedics and that was a puzzle. But he had already closed up shop and left here, and I’d been his patient 17 years. It never came up, the huge callous I had on the outside of the polio right foot was looked at many times, and he said, “just take pumice and rub it after bath/shower,” or my favorite, “take a razor blade and keep shaving it down to a ‘livable’ level!!!!” Astounded? Oh my YES, I was astounded. But what do you do when you have one physiatrist in town, had a good rapport for 17 years? You follow and take your meds and do your best yourself, and as PPSers, we get on with it!! Most all PPSers I know do that willingly and as an absolute rule. We keep on truckin. It’s all we’ve ever known.

As of this very day, I’ll conclude with what I am now able to do that I never ever thought could be a

reality. I can walk in tennis shoes, flip flops, barefooted, other shoes, even with backs, without inserts, without using anything in that huge box of “devices.” It is surreal. It’s taken my brain a bit to “re learn.” It’s like my brain is actually saying, “You look familiar (that strange foot down there), but I don’t know you.” It’s like teaching the brain the foot and the foot learning the brain. I felt like I was introducing them, “foot this is brain, brain this is foot.” Do your best and make me proud. That’s my best way of putting it, because we all know polio broke that connection with our nerves to make our limbs, feet, arms, hands, etc move, and now I have a foot that feels like it’s been reconnected, literally with the nerves “fused” back together and the brain says move, and it does!!!

Now as a survivor I really did have to give myself a lecture. As follows, “You’re not bullet proof, you’re not cured of PPS, you’re not a gymnast, and you need to follow the rules of fatigue, pain, THE WALL, so don’t play HERO. It won’t work!!” At first admittedly I got carried away, and as I said I’d find myself up all night “playing,” but now I’ve found a balance and am doing, as Dr. Watson said, the best he’d ever seen. Made me feel pretty great. Not perfect by any means, but definitely proud.

Would I suggest this for other PPSers, my peers? Well, my PPS peers are the most important people first and foremost in my life. YES even before family. WHY? Because they get me, care about me, love me, all my faults and PPS and the whole package. That’s tremendous!! I would have to say it’s their call, of course. It’s important for each individual to do what is best for them. For me I have this insatiable need to drive my VWs, to go to as many car shows as I can, to commune with those I enjoy, to take a vacation (because I haven’t had one in over 16 years), and I have my bucket list at the ready, to carry out at least some of those things on my list. And of course walking on SAND is right there on that list. Things I’ve never done because I couldn’t for mobility reasons and for other reasons as well, depending on circumstances. I can see the head nods again. So many likenesses. This decision was another likeness amongst polio survivors. Others you try and explain your polio, your past, your surgeries and you watch their eyes glaze over. Clearly they have no interest, and do not want to hear you recite your PPS history, or explanation of what makes you who you are and why. It is, to me, a give up game, I no longer feel the need to justify a single thing, but make my life better and more comfortable, yes indeed, I do feel the need to do that, and that’s ultimately what made my decision to go forward with this surgery very easy.

It’s ultimately an individual ordeal totally. It was my time to decide if I could live with my club foot the way it was, or to go forward with the chance, a good chance, to make myself so much better. Do I still need my scooter? Of course, I will always need to guard fatigue, but now I can get off the scooter and cook dinner, and I can get off the scooter to go to a restaurant in the mall, but I can also now go into a restaurant, park and walk in. It’s a triumph I still can’t wrap my brain around, it’s so new and it’s so exciting,

But I cannot or rather will not recommend what I did, because it is so personal and the risks are so individual. We must do what WE FEEL is right for each of us. No one should undertake something like this from a suggestion. Instead they must weigh it for themselves, with many factors given them to know for sure it’s for them. If they do, I’m the first to tell them I’d be there for support and love. And I’d totally understand if they decided against it.

My love to all,

Constance Hanby



OXYGEN: TOO MUCH OF A GOOD THING?

By Dr. Richard Bruno

"'We will give you a little bit of oxygen'." "No we will not!"

Exactly right. Oxygen is like Tylenol in the hospital or in an ambulance. Don't feel well? They "give you a little bit of oxygen."

As with any other drug, there needs to be a REASON for the prescription of oxygen (O₂), because O₂ DEPRESSES polio survivors' damaged breathing control center in the brain stem. Also, a weak diaphragm causes some polio survivors to retain carbon dioxide (CO₂) which is toxic. If there are medical or surgical issues that cause MEASURED blood oxygen to drop to the low 90s, then both giving O₂ and TREATING the cause could be life saving.

But, without a respiratory or other disease causing O₂ to be in the low -- for example for coming out of surgery or using CPAP or Bi-Pap -- polio survivors should not just be given "little bit of oxygen" for no reason. If you just have apnea or shallow breathing during sleep, CPAP or Bi-Pap should bring your O₂ into the normal range without need for extra O₂.

CO2: THE GAS POLIO SURVIVORS HAVE TROUBLE GETTING RID OF.

Polio survivors retaining carbon dioxide is not discussed enough. I got a call from an anesthesiologist in North Carolina about a polio survivor who'd had her gall bladder removed and in the recover room was "fighting the tube" placed in her windpipe during the surgery. Well, nearly every post-op patient "fights the tube." But, the nurses thought she was having trouble breathing, even though her measured O2 was 96%, so they turned up the O2. Turns out the patient's trouble was retaining CO2; the extra O2 depressed her breathing, she went into respiratory arrest and died. The anesthesiologist almost cried when I explained this to him.

"Why don't we know about this!?" he asked.

I thought, "If only North Carolina had the Internet where a doctor could search 'surgery, breathing, polio survivors' and find the Post-Polio Library and 'Preventing complications in polio survivors undergoing surgery'." http://postpolioinfo.com/lib_surgical.php

Yes, yet again, polio survivors have to read and know more than their lazy and ignorant physicians, to just say "no" to anything that could cause harm and always discuss with the anesthesiologist before any test (e.g., a colonoscopy) or surgery using anesthesia that polio survivors can retain CO2 and the dangers of O2 suppressing breathing.

The Pain of Exclusion *an excerpt from Delancy Place*

Today's **encore** selection -- from "The Pain of Exclusion" by Kipling D. Williams. Our need to matter and our need to belong are as fundamental as our need to eat and breathe. Therefore ostracism -- rejection, silence, exclusion -- is one of the most powerful punishments that one person can inflict on another. Brain scans have shown that this rejection is actually experienced as physical pain, and that this pain is experienced whether those that reject us are close friends or family or total strangers, and whether the act is overt exclusion or merely looking away. Most typically, ostracism causes us to act to be included again -- to belong again -- although not necessarily with the same group:

"Studies reveal that even subtle, artificial or ostensibly unimportant exclusion can lead to strong emotional reactions. A strong reaction makes sense when your spouse's family or close circle of friends rejects or shuns you, because these people are important to you. It is more surprising that important instances of being barred are not necessary for intense feelings of rejection to emerge. We can feel awful even after people we have never met simply look the other way.

"This reaction serves a function: it warns us that something is wrong, that there exists a serious threat to our social and psychological well-being. Psychologists Roy Baumeister of Florida State University and Mark Leary of Duke University had argued in a 1995 article that belonging to a group was a need -- not a desire or preference -- and, when thwarted, leads to psychological and physical illness. Meanwhile other researchers have hypothesized that belonging, self-esteem, a sense of control over your life and a belief that existence is meaningful constitute four fundamental psychological needs that we must meet to function as social individuals. ...

Nerdling and Me

by Millie Malone Lill

Back in the day, I was a computer nerd. Thus the verb “nerdling” which I stole from a techno geek friend of mine. If anyone wanted a computer upgraded or hardware replaced, help with a software problem, I was their man...er...woman. I usually worked for my children. My usual pay was that they would take me out for supper. I was going to have a T shirt made with the slogan “Geek for Hire, Will Nerdle for food.” It was fun and I got to spend time with some interesting people. I also taught a class for seniors to introduce them to the Internet.

That was then. I loved being online, which I still do. I got on the Internet in the summer of '96 and an entire new world opened up for me. My husband had died three years before and my vocational rehabilitation counselor was adamant that I learn to use a computer so I could earn a little money to supplement my laughably tiny, cute little Social Security Disability check. I'd never worked outside the home, unless you count raising three sons, caring for a very sick husband, running a farm, babysitting with 10 kids, milking cows, nursing sickly calves back to health and avoiding having to take care of hogs as work. Social Security did not.

I always had little sidelines to earn spending money. I baked and decorated cakes, made leather items, made and sold jewelry, things like that. At the time of my husband's death, I was designing knitting patterns for Knitting World magazine. Using a typewriter meant that if I made a mistake, I had to start over. My counselor told me that a computer would be perfect for that because it isn't printed till it's exactly right. Once I got the computer, however, I became too involved with other things and quit designing my patterns.

I loved that computer, pitiful though it seems now. I went online at the first opportunity. I immediately did a search for Post Polio. Wow! That was amazing. I'd never knowingly met another polio survivor, so when I discovered an email list for polio survivors sponsored by St. Johns University, I was thrilled. As I discovered later, I had probably met many polio survivors in my life, but since we were taught not to mention that we'd had polio, I didn't realize it.

I went from being a total outsider, misfit, oddball who just did not quite match her peers to a relatively normal woman with a bunch of soul mates within the polio community. I struck up many friendships, one in particular with a Canadian woman who was, like me, a mother of three sons, living alone on a farm, and a polio survivor. We met with several other polio survivors in a polio chat room at 9 pm every evening. Carolann and I became very good friends and when she was invited to travel from her home in Ontario, Canada, to Louisiana to be a guest in another polio survivors home, she asked me if I wanted to go along. I have no idea why I said yes as that was totally opposite to my usual very conservative, plodding way. We planned to leave the day after Christmas. When I told my kids about it, they said, “Do you know anyone in Louisiana??” I said that I did and that I'd be traveling with Carolann. “Carolann who?” was their question. I told them I'd get back to them because I didn't at that point know her last name. Do you wonder that my children thought I was crazy?

That began about 4 or 5 years of traveling with Carolann. We would go into the chat room and say, “We are going to...” and name our final destination, giving our route. “Do any of you want to meet up along the way for coffee or a meal?” And we would plan our trip from there. We had no money at all, really, but we camped in the van and cooked our meals at rest areas. Sometimes we would spend a night or two or sometimes longer with friends or family. We met polio survivors all over Canada and

the US and it was the best fun of my life. I'd been writing for Gleanings for about 10 years by then, so a lot of the people we met felt as if they already knew me. I must say it is an odd feeling when a perfect stranger comes up to you and talks to you about your life and your writing as if you were neighbors or at least acquaintances, when in reality you have no idea who this person is.

One of our friends worried about our traveling all by ourselves, so he sent his own guardian angel by the name of Burly and Burly watched over us very well on our trips. We never had an accident and the one time we had a breakdown it was right beside the Chrysler dealership (we drove a Plymouth Voyager) with people who took excellent care of us. Burly did an excellent job of watching out for us.

Traveling by van is not as easy for me now, but I still travel all over the world via my computer. When my grandson Evan was born here in Denison, Iowa, I was in Canada. I saw his nursery picture online and sent it to South Africa to a friend of mine there before his parents held the picture in their hands. Every day I open Facebook and see the sweet faces of my family on the West Coast, my family in New York State, my sister in law in Canada, my family right here in town. I write an online newsletter, Polio Perspective and continue to write my column for Gleanings, all sent to be published by way of my computer.

Technology has left me sort of in the backwaters lately because it has developed so rapidly. I now have a Smarter Than Me phone, which I don't use to its full capabilities, as well as a 7" tablet that I mainly use as an e-reader, a desktop computer and printer/scanner/copier, and a small laptop for when I travel. I could still change out a CD read/writer or a hard drive, but most pre-schoolers are far more proficient with the new electronics than I am. My great granddaughter could take her mommy's phone, find the music, and dance before she was 2 years old. I don't even have music on mine, don't know how to put it on there and don't care. I know enough to get by. After all, by the time you are as old as I am, your brain is stuffed to the brim with information. For every new thing I learn, I have to forget at least one other thing in order to make room.

I may not be able to keep up with technology, but my computer and I are best buds. I don't think it makes me less sociable at all. How could that be, when I have friends online that I have met in person as well as those I have not. Letter writing did not make us less sociable, so I don't believe computers do, either.

Web Corner

Disability Connection Newsletter

<https://www.disability.gov/disability-connection-february-2015/>

How to Eat Right for Your Blood Type

<http://livingtraditionally.com/eat-right-blood-type/>

Falling Occurs Far Too Often

<http://agerrtc.washington.edu/node/215>

Benefit of Napping

http://www.webmd.com/sleep-disorders/news/20150210/naps-may-improve-your-health?ecd=wnl_day_030915

Vaccination Pros and Cons

<http://www.myragoldick.com/4687/vaccination-pros-and-cons/>

Inside Arthur C. Clarke's Mysterious World

<http://www.thedailybeast.com/articles/2015/03/14/inside-arthur-c-clarke-s-mysterious-world.html>

Lab Test Interpreter

<http://www.medsipo.com/>

Accessible Homes, Apartments, Vacation Places to Rent

<http://www.accomable.com/>

The Great American Sleep Recession

<http://www.cnn.com/2015/02/18/health/great-sleep-recession/index.html>

How to Pay for Long Term Care on a Fixed Budget

<https://usodep.blogs.govdelivery.com/2015/03/27/how-to-pay-for-long-term-care-on-a-fixed-budget/>

A LITTLE BIT OF HUMOR

***Florida woman stops alligator attack with a small Beretta pistol* .**

This is a story of self-control and marksmanship by a brave, cool-headed woman with a small pistol against a fierce predator. What is the smallest caliber that you would trust to protect yourself? A Beretta Jetfire testimonial... Here is her story in her own words:

"While out walking along the edge of a pond just outside of The Villages with my soon to be ex-husband discussing property settlement and other divorce issues, we were surprised by a huge 12-ft. alligator which suddenly emerged from the murky water and began charging us with its large jaws wide open. She must have been protecting her nest because she was extremely aggressive. If I had not had my little Beretta Jetfire .25 caliber pistol with me, I would not be here today! Just one shot to my estranged husband's knee cap was all it took....

The 'gator got him easily and I was able to escape by just walking away at a brisk pace. It's one of the best pistols in my collection! Plus the amount I saved in lawyer's fees was really incredible."

..and now for a little bit of sneaky advertising for my new ebook:
SQUARE PEGS, ROUND HOLES 'N' PIGEONHOLES
By Millie Malone Lill

Millie's Back And You Can Have Her!

Millie Malone Lill, the "Mark Twain of polio survivors," returns to random harvest with her combination of mid-western charm and razor-sharp wit in Square Pegs, Round Holes 'n' Pigeonholes. Join Millie in her native Iowa, on her trips through America and then into Canada, where's she's run off with a Canadian truck driver! It's scooter versus eighteen-wheeler...and if you know Millie, you know who wins that race, eh?

Another 198 pages of pure Millie. If you are a polio survivor (or wish you were) you will love her new book as much as her first best-seller, Hot Water, Orange Juice 'n' Kids.

PRAISE for Hot Water, Orange Juice 'n' Kids...

..."Millie's writing? In a word, spectacular! In eight words: incredibly insightful, wonderfully witty, marvelously moving, fabulously funny. Millie Malone Lill is one of my favorite writers, period."

..."A Midwesterner's delight, filled with humor and warmth. Millie finds life to be a stern taskmaster and still manages to find the fun in it. Her upbeat outlook is refreshing in these turbulent times."

..."I love Millie's humor! Just when you think she's serious you realize she has hit your funny bone with a serious tap! She describes life -- even the not so funny parts -- in ways that make you feel you can cope again."

..."Millie Malone has put together a delightful collection of thoughts and ideas, expressing them in her unique, humorous style. Many of her stories deal with the problems of living with a disability, something most people will be able to relate to at some point in life, and dealing with frustrations, which everyone can relate to at every time of life."

(Remember: the profits from the sale of this book and others from randomharvestbooks.com go to help support the International Centre For Polio Education.)

