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PERTUBOHAN KANAK² SPASTIK PULAU PINANG



THE SPASTIC CHILDREN'S ASSOCIATION OF PENANG

SOUVENIR YEAR BOOK

1969



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Perutusan Daripada

T.Y.T. Gabnor,

Pulau Pinang



Sebagai Penaung Persatuan Kanak-Kanak Spastic Pulau Pinang, saya dengan sukachita-nya menyampaikan Perutusan ini untuk di-muatkan di-dalam Buku Achara Chenderamata Tahunan Persatuan tersebut.

Saya ucapkan tahniah kepada Pengerusi dan ahli-ahli Jawatan Kuasa Persatuan ini di-atas daya-utama mereka menyelenggarakan Hari Terbuka Tahunan ini. Untuk menguruskan upacara seperti ini sudah tentu memerlukan usaha yang tidak mengenal penat-lelah. Oleh itu saya berharap dermawan-dermawan dan orang ramai akan berikhtiar untuk menjayakan Hari tersebut, supaya kanak-kanak kita yang kurang bernasib baik akan dapat mene'mati kehidupan yang lebeh berma'ana.

Saya berdo'a agar Hari ini beroleh kejayaan.

TUN SYED SHEH BARAKBAH,
S.S.M., P.M.N., S.P.M.K., P.S.B.

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of



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President's Message For Souvenir Year Book

It is six years now since the inauguration of the Spastic Children's Association of Penang and I am happy to say that in this short time the Association has made very good progress and has attained a reasonably high standard in its programme for the training and education of the spastic children of Penang.

On admission, quite a number of the children are completely helpless and immobile; but after receiving the proper guidance and exercise many are able to use their limbs and also walk for the first time. It is most gratifying to watch them at this juncture for one gets a feeling of satisfaction that all the work and care put in are beginning to show results.

These improvements and progress are made through the integrated efforts, attention and patience of our medical advisers and consultants, the physiotherapist and occupational therapists, the voluntary helpers and staff of the Spastic Training Centre. We are most indebted to them all for their dedicated honorary service in this rehabilitation programme.

I am pleased to say that the Association has succeeded in raising the money required to proceed with Phase II of our Building Project. Comprising 3 classrooms, a doctor's consultation room and a store-room, the extension to the Building is expected to be completed within three months.

This additional space will not only mean that the Training Centre can do away with the temporary partitions in the hall and other rooms but also that the Centre will be able to cater for more of the spastic children who need our help.

Finally, I wish to express our deepest appreciation to all those kind individuals, firms and organisations who have responded so generously to our appeal for donations, equipment and furniture for the Training Centre. May God bless them all for their kindness and benevolence.

Chet T. S. Chua
President.

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THE SPASTIC CHILDREN'S ASSOCIATION OF PENANG.

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Mr. S.M.I. Shaik Ibrahim

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Mrs. M. La Brooy



At breakfast each day the children enjoy sandwiches or biscuit and Milo. With tess enjoyment they also have vitamins daily.

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The Spastic Centre

425, Green Lane

Penang

GENERAL INFORMATION

THE ASSOCIATION

Objectives.

The Aims of the Association are as follows :

1. To make a survey of all spastic children under fifteen years of age in the State of Penang.
2. To assist in establishing a school and centre for therapeutic, educational and welfare services for spastic children.
3. To educate the public regarding causes and treatment of such handicapped children.
4. To raise funds to develop and maintain welfare and educational facilities for spastic children.
5. To assist and co-operate closely with government, civic or religious bodies concerned with or interested in spastic children.
6. To undertake any activities as are incidental or conducive to the attainment of the above objectives.



The children show a variety of facial expressions, some intentional, some involuntary, as they prepare for a music session.

GREETINGS

FROM

THE UNITED COMMERCIAL BANK LTD

Paid-Up Capital . . . M.\$11.4 million

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Other Reserves . . . M.\$17.8 million

Administration.

The management of the Association is vested in the Management Committee comprising seventeen members who are elected at the Annual General Meeting and consist of:

- President,
- 4 Vice Presidents,
- Hon. Secretary,
- Hon. Treasurer,
- Hon. Medical Advisor,
- Hon. Legal Advisor,
- 8 Other Members.

Membership.

The Association consists of:

- (a) Ordinary Members,
- (b) Life Members,
- (c) Honorary Members.

Ordinary Membership is open to anyone. Annual subscription is \$5/- per year or \$3/- per half year.

Life Membership is open to persons who have paid \$50/- at the time of entry.

Honorary Membership is open to persons who are members of other Spastic Associations or Child Welfare Associations with similar objectives as the Association. An Honorary Member retains his membership as long as he resides in the State of Penang.

Application for membership must be made on forms obtainable from the Honorary Secretary.

Finance.

A sub-committee of the Management Committee is responsible for fund raising.

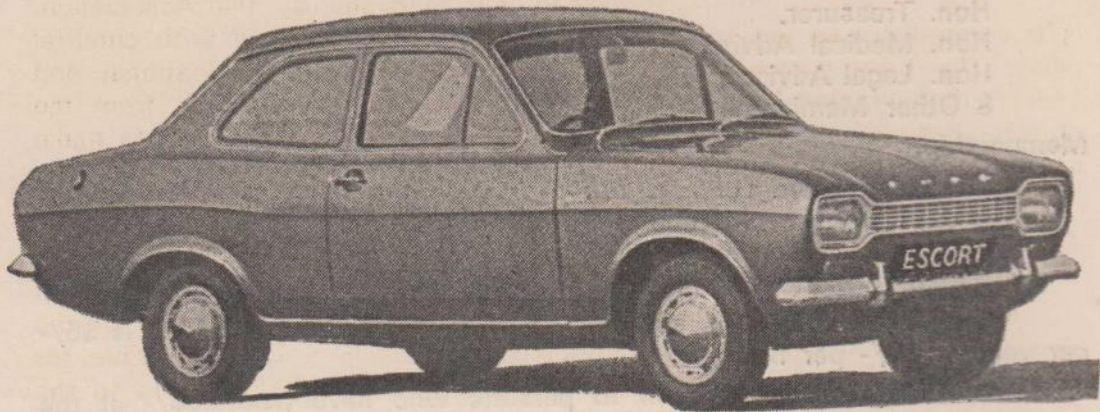
The monthly expenditure is more than \$1000/- per month. The funds of the Association are primarily raised by voluntary contributions and fund raising efforts. An annual grant of \$2000/- towards the expenses is given by the Social Welfare Department.

No fee is charged to the parents of children receiving treatment and education at the Centre.

Soon Bee, only 3½ year old, works hard to learn to control her arms and to learn to speak. She is progressing well.



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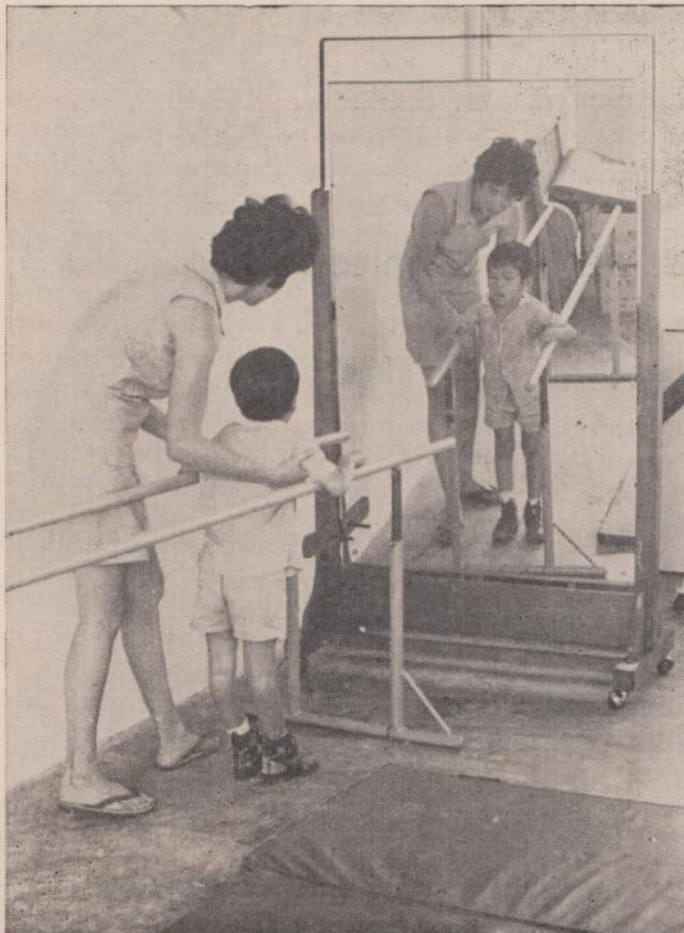
THE SPASTIC CENTRE

Function

The Spastic Centre, established and managed by the Association, is a comprehensive day-training Centre for children afflicted with cerebral palsy. The Centre provides medical treatment, physio, occupational and speech therapy, and education for a maximum of fifty children from the state of Penang. The emphasis in training is on assisting the child to make use of his maximum potential both physically and mentally.

Admission to the Centre.

A sub-committee of the Management Committee comprised of the Hon. Medical Advisor, Centre therapists and teachers is responsible for admitting and discharging children. Before a child can be admitted to the Centre for treatment or education, he must be diagnosed as suffering from cerebral palsy and be under fifteen years of age. Appointments are made at the Centre.



Siew Cheng practises walking in physiotherapy with Mrs. Tham, the physiotherapist.

Staff.

The staff consists of an administrator, office clerk, Centre assistants, amah, driver, teachers and a physiotherapist. Doctors, occupational therapists and speech assistants volunteer their services regularly to supervise and co-ordinate the therapeutic programmes.

Volunteers.

The Centre depends upon voluntary helpers to implement its programmes. The Association lacks sufficient funds to employ a full complement of administrative assistants, doctors, therapists, social workers, teachers and helpers. Therefore, the existing staff and other qualified personnel serve as consultants to volunteers who carry out specific treatment or activities with the children. More than thirty volunteers offer their services at the Centre.

Transport.

The Centre has two vans which transport the children daily to and from the Centre. Staff and volunteers unable to provide their own transport also use Centre transport.



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GROUP ASSETS EXCEED \$7,800,000,000

Defination of Cerebral Palsy.

A "spastic" is a common way of referring to a person who has cerebral palsy. Cerebral palsy is a condition caused by damage to the brain. "Cerebral" refers to the brain and "palsy" to lack of control over the muscles. Various types of the disorder are classified according to the area of the brain affected. The three main types are the spastic individual who moves stiffly and with difficulty, the athetoid who has involuntary and uncontrolled movements, and the ataxic whose sense of balance and depth perception are disturbed.

Since cerebral palsy affects muscle control centres of the brain, its most common effects are akward, clumsy gait, lack of balance, tremors, guttural speech and grimacing. Spasms in varying degrees, mental retardation, perceptual dysfunction, defects in vision and deafness are also commonly part of the disorder.

Treatment.

Each type of cerebral palsy requires its own form of treatment. The main emphasis, however, is on the day-to-day teaching of small skills that will assist the child in normal growth and development.

1. Physiotherapy

The goal of Physiotherapy is to help the child to reach the highest possible level of physical functions in the most normal manner possible. By the use of special techniques of handling and exercising the child is trained in the sequence of development of a normal child—to hold up his head, to roll over, to crawl to co-ordinate the use of both hands together with head and eye control, to pull himself up, to stand and to walk. Each child is different in the degree and extent of disability; therefore, treatment must be geared to fit each child's need.

2. Occupational Therapy.

The goals of Occupational Therapy are basically the same as those of Physiotherapy but the manner of treatment changes. Games and play material are utilized to gain from the child the desired physical and mental response.

Because of the multiple and complex handicaps associated with cerebral palsy, Occupational Therapy becomes involved in many aspects of the child. A child may need to learn activities of daily living such as feeding, dressing and personal hygiene. He may need to develop balance, head and trunk control, arm and hand control. He may need training in perceptual areas so that he can correct or compensate for his inability to perceive reality in the proper way. He may need to learn social skills such as participating in a group, speaking out when appropriate, or behaving properly. Finally, he may need to learn to make constructive use of his free time



Din is delighted with his new walker — he can walk independently now for the first time in his eleven years. He manages well despite the fact he cannot use his arms or hands.

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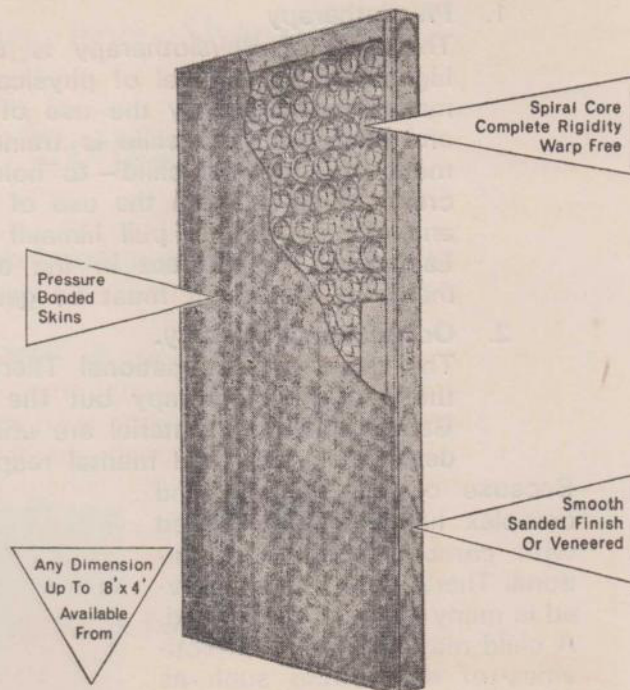
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PENANG.



3. Speech Therapy.

Speech Therapy for children afflicted with cerebral palsy aims primarily at encouraging the development of speech and correcting existing speech defects. The effectiveness of the speech programme depends to a large extent on the adequacy of the initial speech evaluation of the child. The therapist treats problems of breathing, dribbling, voice production, speech and language development, stammering and deafness.

Many children with cerebral palsy know what they wish to say but the effort of attempting to speak produces so much muscular tension involving muscles of the chest, throat, lips and tongue that they are unable to produce an intelligible sound. To overcome the frustration of such a difficulty, the child must first acquire relaxation. Having achieved this the child must continue with control of breathing and voice production. Throughout treatment the therapist aims to make therapy a happy enjoyable time so that the child **wants** to speak.

Although some children with cerebral palsy may never be able to speak because of extensive damage to the speech controlling areas of the brain, many others will develop intelligible vocabularies. Early treatment is essential.

4. Orthopaedic Treatment.

All the children are referred to the Orthopaedic Department of the General Hospital for consultation. When necessary, surgery is undertaken or appliances prescribed.

5. Medical Treatment.

Medical treatment is not directly provided at the Centre. A Medical doctor visits the Centre once each week and refers children needing treatment to the proper specialists. Between visits he is available for consultation.

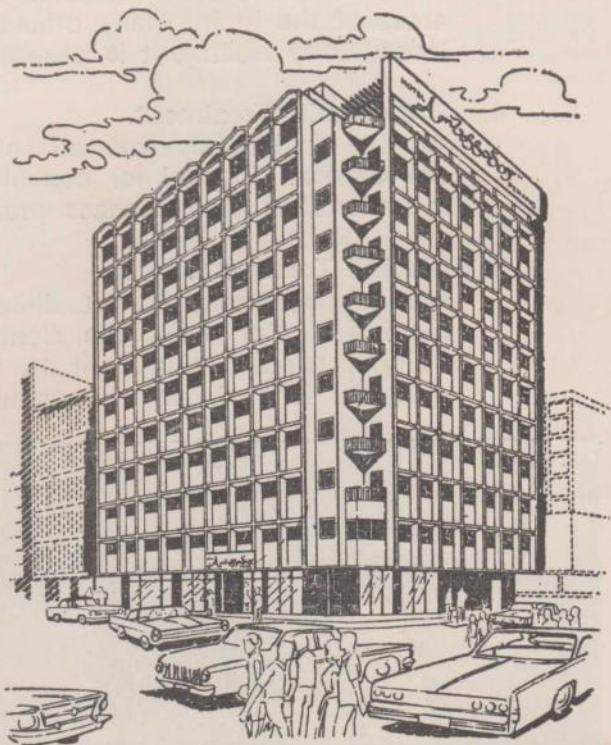


Mrs. Salt, volunteer occupational therapist, supervises Chye Huat, Moon Hau, Soon Meng and Thayaler during a "production group" session. The session is a workshop where the older children can earn money and learn the responsibilities of employment.

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55

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MALAYSIA

CABLE: 'AMHOTEL' TEL: 24101



Music is good therapy for cerebral palsy children and provides them with great enjoyment, For lack of a piano, a phonograph is used during regular music sessions.

Din cheered on by Lye Huat Bee Bee and Che'Nab experiments in our new "swimming pool," Members of the R.A.A.F. gave us this life raft which serves well as a pool for play and therapy for the smaller children.



Our new teacher provided by the Ministry of Education teaches Boon Hooi, June, Eng Wah and Soon Meng basic concepts through educational toys,

**Nescafé —
the coffee with life in it**



School for the Spastic.

The School is registered by the Ministry of Education and is staffed by teachers from the Ministry. The School offers primary education for children six to fourteen years of age.

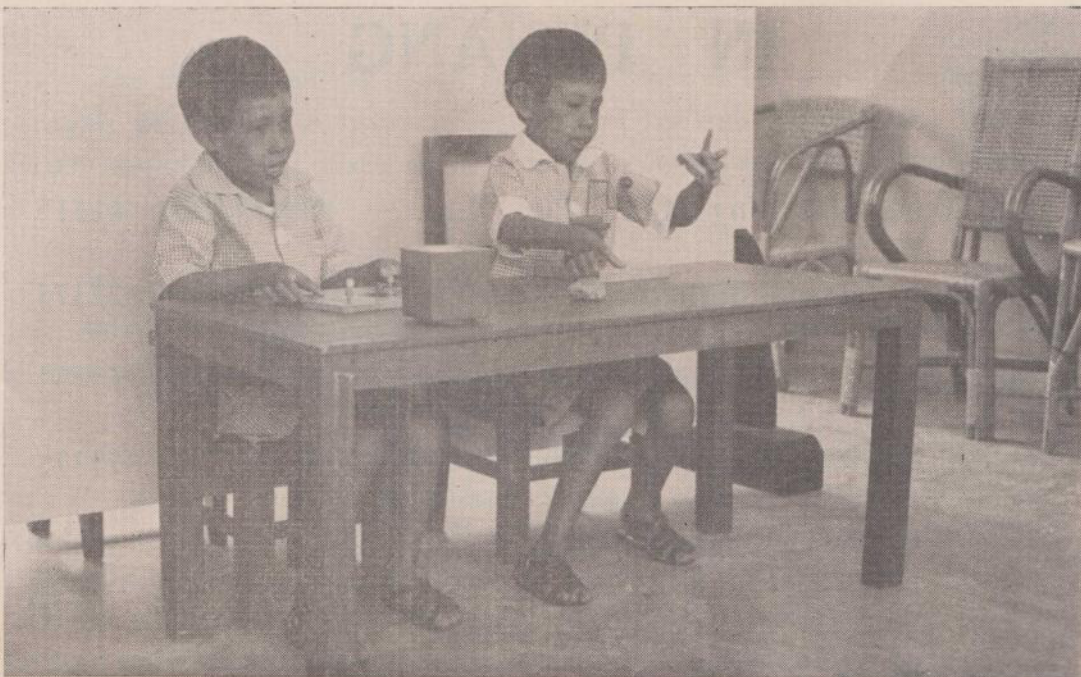
Education for children with cerebral palsy is equally as important as education for normal children. Some children with severe physical handicaps are normal or above in intelligence. Others, comprising the majority, have below normal intelligence but gain much from educational opportunities.

The overall goal of the education programme is to develop the intellectual potential of each child to its maximum. Because of the great differences in potential of each of the children, the individual aims of education vary. They may be to prepare the child for further education, to give him as full an experience as possible so that life has more meaning and value to him, or to teach him basic skills required for daily living.

Special equipment, teaching aids and teaching methods are often needed to teach the physically and mentally handicapped children. Individual tutoring is often required. Some classes may be unusual in size, duration and/or conduct.

Foster Parents.

The Foster Parent programme was indicated to ensure that each spastic child receives the help he so badly needs and deserves. The cost of providing one child with transportation, education, therapy, food and medical care amounts to thirty dollars per month. A Foster Parent provides this support for one child. The Foster Parent often also provides special equipment needed by his child such as shoes, walkers or splints. Further contact between Foster Parent and child is occasionally arranged at parties or excursions.



In occupational therapy, the twins are learning better co-ordination & discrimination in colour, size and shape through the use of toys.

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CEREBRAL PALSY

(Spastic Paralysis of Infants)

- Dr. Tan Ewe Aik, Hon. Med. Adviser.

The name SPASTICS is commonly used here in this country to mean the disease named after William John Little who gave his classical description of the condition more than a hundred years ago (1843).

We have yet no idea as to the incidence of the disease in Malaysia. Figures from Europe and America vary from 0.6 to 5.9 per 1,000 births. It is difficult to estimate the incidence of Cerebral Palsy in the Far East due to lack of data but there is no reason to believe it is any less prevalent in Asia and an average figure of 1.5 per 1,000 births would be a reasonable estimate.

The major understanding and management of Cerebral Palsy have occurred only over the last 30 years. It is now known that almost any part of the brain can be affected from either CONGENITAL causes such as defective formation and development of the brain, or ACQUIRED causes which can range from Cerebral Haemorrhage resulting from brain injury at birth due to difficult labour, forceps delivery, prolonged labour with Asphyxia and congestion of the brain, to prematurity and delay in clotting of the blood and jaundice in the newborn; or arising in early infancy from certain infections of the brain such as Encephalitis and Meningitis.

The result of all the above possible causes is an infant or child with paralysis or either one, two, three or all of its limbs, a paralysis that is usually spastic (stiff) that may or not be accompanied by varying grades in defects of intelligence.

If the condition is recognised and treated early under the age of one year before the disordered postures and movements have become established, much of the disability may be prevented in many cases.

We have, in the Spastic Children's Association, made a first big step in trying to map out an effective programme to be developed for the management of these poor unfortunate children. Much of our efforts are entirely voluntary and we have as yet no official backing or recognition. Our aim is to work towards helping those mentally normal cerebral palsied children who would require normal education in a special school equipped to assist their motor disability. At the same time we have to help those with subnormal mentality by providing parental counselling and special training centres.

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The cerebral palsied children besides the disorders of motor function in many instances are handicapped further by epilepsy, defective speech, hearing and vision as well as spatial discrimination.

The ultimate care of the cerebral palsied children demands the integrated efforts of a team of devoted experts including The Teacher, Medical Social Worker, E.N.T. Surgeon, Ophthalmologist, Orthopaedic Surgeon, Speech Therapist, Physiotherapist, Occupational Therapist, Vocational Officer, Neurologist, Educational Psychologist, Psychiatrist and Paediatrician.

Let us hope that one day we may have just such an integrated effort.

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THE FLAVOUR
WHERE THE FUN IS...
EVERYTIME!**



"CEREBRAL PALSY"

(Spastic Paralysis of Infants)

- Dr. Tan Ewe Aik, Hon. Med. Adviser.

Perkataan 'Spastics' seringkali di-gunakan dalam negeri ini dengan membawa erti 'sa-jenis penyakit' yang di-namakan daripada William John Little yang memberi gambaran mengenai keadaan-nya lebeh sa-ratus tahun dahulu.

Kita belum lagi ketahui akan permulaan penyakit ini di-Malaysia. Perangkaan dari Eropah dan Amerika berbedza dari 0.6 hingga 5.9 dalam 1,000 kelahiran. Sangat sukar untok mengagak kejadian 'Cerebral Palsy' atau penyakit otak di-Timor Jauh oleh keranan kekurangan butir2 kenya-taan tetapi tidak ada sebab untok menggangap yang penyakit ini kurang kedapatan dalam Asia dan angka hitong panjang ia-lah 1.5 bagi 1,000 kela-hiran. Angka ini boleh di-jadikan tafsiran yang sa-wajar-nya.

Pengertian yang besar dan pengelolaan terhadap penyakit ini telah berlaku dalam masa tiga puluh tahun yang lepas. Sekarang telah di-ketahui bahawa mana-mana jua bahagian otak boleh di-jangkiti penyakit oleh sebab kesilapan sa-masa kelahiran saperti kesalahan bentok dan penyuboran otak atau dari puncha2 yang terbit dari tabiat sendiri, saperti kerosakan otak sa-masa kelahiran oleh kerana kesusahan bersalin, kelambatan bersalin serta payah hendak bernafas dan kesesakan otak hingga ka-perengkat kelahiran sa-belum tiba waktu-nya dan sakit mambang; atau dari kechil lagi di-hinggapi oleh panyakit bengkak dalam bahagian otak.

Keadaan2 yang tersebut di-atas itu boleh menyebabkan sa-saorang bayi atau kanak2 jadi kebas dan kaku di-beberapa bahagian anggota-nya dan di-sertai dengan berbagai perengkat kechachatan dalam segi kecherdasan.

Kalau keadaan-nya di-kenal dan di-ubati awal-awal lagi sa-masa umur belum chukop sa-tahun di-mana bentok badan dan gerak-geri-nya yang ter-salah menjadi kekal, kebanyakan daripada kechachatan itu dapat di-elakkan.

Kami telah membuat satu ranchangan untok menguruskan kanak2 yang miskin dan malang ini. Kebanyakan daripada usaha2 kami sa-mata-mata-nya sukarela sahaja dan hingga ka-saat ini kami belum dapat sokongan dan pengiktirafan yang rasmi. Tujuan kami ia-lah bekerja untok menolong kanak2 chachat itu yang akan memerlukan pelajaran biasa di-sa-buah sekolah khas dan lengkap dengan alat2 untok membantu bahagian2 badan mereka yang chachat itu. Kami mesti menolong juga kanak2 yang chachat di-bahagian kecherdasan otak-nya dengan mengadakan tempat2 latehan khas dan badan2 penasehat.

Kanak2 ini juga di-halang oleh penyakit gila bagi, penutoran yang terganggu serta penglihatan dan pendengaran yang kurang baik.

Untok menjaga dan mengelola kanak2 chachat ini perlu di-adakan sa-kumpulan pakar2 yang sunggoh-sunggoh berbakti kapada mereka. Pakar2 ini termasuk-lah guru, pegawai kebajikan sukarela dan beberapa orang doktor yang mahir dalam sa-suatu jurusan perubatan.



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RENAULT  **10**

大 腦 麻 痺 症

(兒童之痙攣癱瘓)

(5) Tan Ewe Aik 醫生，醫學義務顧問

痙攣(Spastic)一名在此處區域通常意指一種疾病。此病名係在百餘年前(1843)為 William John Little 所擬，並曾將其情況引經據典加以闡述。

吾人未甚知悉此病在馬來西亞其數實有多少。在歐洲及美洲其數每千個嬰兒誕生中從 0.6到5.9不等。在遠東區域由於缺乏統計紀錄，實難估計此大腦麻痺症之實數。但決無可置信在亞洲是少數流行，其實較有理由之估計，在每千個嬰兒誕生中平均數約為 1.5。

在卅餘年前對此大腦麻痺症之發生，始較為明瞭及其處理。現在明瞭在腦之任何一部份皆能受其影響。或由於先天之使然，如腦部之缺憾。或由後天招致之使然，為從腦部出血分佈結果；為由於出生時過於艱難施手術致腦部受傷；為分娩時施用鉗出手術延火工作致腦部窒息而腦充血；為早產時遲延凝結血液；為初生時即感染黃疸病；為新生時而染上某一種傳染病；為腦病及腦膜炎等等

以上種種可能因素結果，將使每個嬰兒或兒童之四肢，或一隻，二隻，三隻，或全部癱瘓，癱瘓尋常是抽筋（生硬），或許或非隨同不同程度之天賦缺憾。

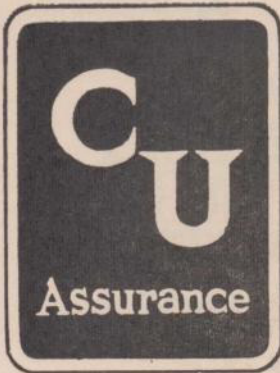
設若當在一歲以下，而在不正常姿勢及行動成事實之前，便認出此病情而早加以治療，在諸多情況之下，諸多殘廢，或可避免者也。

在痙攣兒童院，吾等曾作第一步試圖訂立有效計劃以發展此一般可憐不幸兒童之處理。吾等多數是自願效勞，吾等並無正式背靠或公認。吾等目標是為一般心理正常之大腦麻痺兒童而服務。彼等需要一所特殊設備學校受正常之教育，及幫助彼等無能力之行動。同時吾等應幫助一般經由父母評定是低能智力之兒童及特別訓練設施。

大腦麻痺兒童除活動官能不正常外，再加以羊癲瘋，口吃，聽覺及大視覺如空間之識別等等不利條件。

大腦麻痺兒童最後之關注照顧，需要集合一羣熱心效勞之專家包括，教師，醫生，耳鼻喉外科醫生，眼科專家，整容外科專家，口吃治療專家，Physiotherapist生理學家，職業病治療家，職業工作人員，神經學家，教育心理學家，精神病學家，及小兒科學家等。

讓吾等希求有一天吾等可獲得此輩集合熱誠效勞人士！



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WHY NOT BECOME A FOSTER PARENT

Perhaps you are not in a position to volunteer your services at the Centre but would still like to take a more intimate interest in the welfare of the children than a straight forward donation to the Association would allow.

Why not become a "Foster Parent"? This is the title given to those who wish to associate themselves with the work being done for a individual child.

The cost is \$30/- per month which covers the actual outgoings which the Training Centre must expend to care for one child.

Already eighteen of the thirty children at the Centre are "adopted" but the twelve who are not yet included in this scheme are no less deserving of sympathy and support.

Would you like to adopt Abdul Rahim? He is nine years old, an Indian-Muslim boy who has been in the care of the Association for one year. Rahim is unable to sit or stand as yet and has very poor control of his hands and legs. He understands Tamil, Malay and some English but finds difficulty in speaking due to his condition. Rahim is mentally normal and will benefit from the training and education which is being given to him.

Very soon he will sit up by himself, in the distant future he may walk independently. He will certainly learn to speak more clearly and this alone will be rewarding because Rahim is a happy and likeable boy who loves to join in group activities and even verbal participation will give him a sense of achievement and fulfilment in a life which will always be difficult.

Perhaps you would like to adopt Boon Hooi?

Boon Hooi has just come to the Centre - he is six years old and can move around by hopping on knees and hands.

Like Rahim, Boon Hooi is mentally normal and will respond to the lessons which are given at the Centre. He will soon be able to walk with the aid of calipers and one day might be able to graduate from the Centre to carry on his education at a normal school.

Arthur comes from a Eurasian family who are Christian. He is fourteen years old and cannot speak because he is deaf and has not yet learned to recognise sounds as being meaningful.

Arthur can walk, however, and has a certain amount of control over his hands. The immediate aim of the help given to him at the Centre is to teach him to read so that he can gain comprehension of the world around him.

Despite his handicaps, Arthur is a polite and cheerful boy and it is a measure of his personality that he is always willing to help with the younger children and those less capable than himself.

Will you help?

If you cannot come personally to the Centre, will you consider adopting one of the children there?

The cost is only \$30/- per month.

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Mrs. Tham, the physiotherapist, uses the life-raft swimming pool to give therapy to Din. Din is learning more relaxation and better control of arms and legs.

Theam Huat exercises his legs with Mrs. Pillai, a voluntary helper, during a physiotherapy session.



Soo Meng and Boon Hooi show off their equipment. Soo Meng was completely immobile before given the specially designed walker. Boon Hooi is now walking instead of crawling. He also is wearing calipers to accustom the muscles in his feet to proper positioning.

ACKNOWLEDGEMENTS

The Spastic Children's Association of Penang deeply regrets that the recent disturbances prevented the holding of the Spastic's Charity Ball which was scheduled to be held on Saturday 7th June.

Nevertheless the Dance Sub-Committee decided that they should not allow the work which had been put into the preliminary organisation of the Ball to be wasted and the decision was taken to go ahead with an "Open Day" at the Centre, the preparation of the Year Book and the sale of Lottery tickets.

These three activities as well as giving welcome publicity to the Association, have resulted in the raising of approximately \$4,500/- towards the cost of the extension to the Spastic Centre.

The Association's grateful thanks are due to the members of the Dance Sub-Committee under the Chairmanship of Mr. A. Arulanantham and the following generous donors who have contributed to the success of this publicity and fund raising effort:-

Malaysian Singapore Airways

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\$50./- voucher as ticket sellers prize

The Advertisers in this 1969 Year Book for their generous support.



Mrs. Hussein, a volunteer, and Che' Nab combine work and play in an effort to develop and improve speech.



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150 comfortable and beautifully decored edge to edge carpeted rooms and suites. Each room and suite is fully air-conditioned with control switches, Balcony, Four band music system, Ice Box (Refrigerator) telephone in rooms and bathrooms. All rooms offer a magnificent view.

Service:

Merlin's courteous staff provide a 24 hour room service.

Dragon Palace:

Situated on the first floor; richly decored Chinese Restaurant accommodating 500 guests. Famous for it's exquisite Cantonese dishes and Tim Sum prepared by expert cooks from Hong Kong. A Cocktail Lounge is attached. Dancing and first class floor-shows nightly.

Edinburgh Restaurant:

On the 13th floor, offers a panoramic view of the Island. First class Western cuisine for the Gourmet. Cocktail Bar offering any variety of drinks and wines. Dancing and top-class floor shows nightly.

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Revolving Roof-top Restaurant on the 15th Floor provides a superb view of the whole Island. A paradise for the keen photographer from Penang's tallest building.

Pago Pago Lounge:

To relax in comfort overlooking the Swimming-pool with it's surroundings of beautiful tropical plants.

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Opened at all times for a tete-a-tete.

Chiengmai Bar:

Drink in comfort with an attractive Thai setting.

Carmen's Inn:

A cellar night-club with Spanish Decor.

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