

Don't Underestimate Stroke Victims

■ I applaud "Strokes: Brain Attacks That Cut Off Blood Flow" [Health News, April 26]. However, I wish to correct a misconception by the medical community, illustrated in a quote from the stroke center director of the New York Hospital-Cornell Medical Center. She said that after surviving a stroke, "improvement can go on for up to six months, but most of it has happened by three months."

My husband, Paul Berger, survived a massive stroke at age 36, the result of a ruptured aneurysm in the brain. It resulted in complete right-sided paralysis and total loss of language skills (aphasia). He received two months of inpatient rehabilitation, all his HMO contract provided, and was discharged severely disabled, able to say a few words and make some sounds. His paralysis left him unable to stand or to balance well enough to lean forward in the tub and adjust the faucets.

We paid out of our own pockets for intensive outpatient speech, physical and occupational therapy. After 18 months, he had relearned how to form sounds through a system of retraining similar to the way hearing-impaired children who have never heard their own voice learn to articulate.

In two years, he had a vocabulary of about 100 words. In five years, he could form simple sentences and had a vocabulary of about 1,000 words. In seven years, he could form more complicated sentences and had regained many complex, multisyllabic words.

By six months, he could stand and walk a few steps with another person's assistance. By nine months, he could stand and walk about a block with a cane; by two years, about six blocks with a cane. By five years, he could do a mile with a cane and a few rest stops. By seven years, he could walk a mile nonstop without a cane.

For the first 18 months, his paralyzed arm was so sensitive and its range of motion so restricted that he could barely tolerate being touched during therapy. For the first three years, when he was in a swimming pool his arm would float away from his body, causing pain too great to stay in the water. By the fifth year, the pain was gone, the range of motion increased significantly and strength improved to the point where he can swim laps for half an hour.

We learned of the benefits of long-term therapy from my husband's neurosurgeon.

Stephanie Mensh
Falls Church

Against Circumcision

■ Other than adherence to strongly held religious beliefs, there is no reason for circumcision ["Circumcision Pain an Elusive Target," Cutting Edge, May 24]. It does not prevent cancer, make a man a better lover or replace the simple act of washing for hygiene maintenance.



are not eligible for hormone replacement therapy, which, by keeping estrogen levels high, can retard or prevent the disease. As a cancer survivor myself, I read with interest "More Calcium, Says Federal Panel" [News, June 14].

After pointing out correctly that calcium and sodium intake sweeps calcium out of the body and dumps it into the urine, thus causing bone loss, you quote NIH panel member P. Heaney, who says that "people who are high in protein or sodium need to consume more calcium."

Why not decrease protein and sodium consumption accordingly? Adults who eat far too much of both substances should know what constitutes a diet high in protein. Isn't it time to publicize what constitutes the maximum intake of protein?

National Alliance of Breast Cancer Survivors

Bad Rap for Shepherds, Chow

■ "Biting Dogs by Breed" [Health News, April 26] and the Pediatrics journal on which it is based add valuable information to the database, but should not be used solely as a guide upon which to make decisions on what breed of dog is safe.

The study authors obtained breed information from the owners by telephone. My experience is that by using this method to ascertain the breed of German shepherds will be grossly overestimated. People not knowledgeable with many breeds frequently will call their large dog a shepherd or a mixed shepherd. When I see the dog, I can tell something other than a shepherd.

The authors also acknowledged that they reduced their sample population to only victims 12 years old or younger. The incidence of chow was no longer a statistically significant

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