National Parkinson Week, 1974

By the President of the United States of America

A Proclamation

Parkinson's disease is one of the most devastating afflictions threatening our older population. Experts have estimated that one in forty Americans past mid-life may develop the disorder. Over the centuries, it has caused incalculable suffering.

Nine years ago, when National Parkinson Week was first proclaimed, the outlook for Parkinson's disease patients was one of increasing darkness. Today, however, the prospect is one of dawning hope. Because of progress in drug treatment, thousands of Americans formerly disabled by Parkinson's disease are now leading more normal lives. Yet the battle is not won. Although drugs presently control the symptoms of Parkinson's disease, they do not cure or arrest it. Because the cause is still unknown, prevention is not possible.

With the great strides which have been made in treatment, however, we have reason to hope that research will soon find the cause of the disorder and thousands of our older citizens will be spared this disabling affliction. In recognition of the need to heighten public awareness of this disease, the Congress has, by Public Law 89–294, authorized and requested the President to proclaim annually National Parkinson Week.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby proclaim the week beginning October 27 as National Parkinson Week, 1974. I invite the Governors of the States, the Commonwealth of Puerto Rico, and other areas subject to the jurisdiction of the United States to issue similar proclamations.

I also call upon the Nation's communications media, the medical and health professions, Government and private agencies, and individuals concerned with Parkinson's disease to sponsor activities during that week designed to inform every American of the need for their support as we continue in our efforts to prevent and cure Parkinson's disease.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-eighth day of October, in the year of our Lord nineteen hundred seventy-four, and of the Independence of the United States of America the one hundred ninety-ninth.

Gerald R. Ford

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National Parkinson Week, 1975

By the President of the United States of America

A Proclamation

Of all the illnesses threatening our older citizens, Parkinson's disease is one of the most devastating. One in forty Americans past middle age may be afflicted. The human as well as monetary costs are virtually incalculable.

Ten years ago, when the first proclamation of National Parkinson Week was issued and signed into law, a diagnosis of Parkinson's disease was usually accompanied by advice to the family that little could be done. Today, there is much that can be done, and prospects are steadily improving. Advances in drug treatment have put many disabled workers back on the job and have enabled many retirees to live their normal lives. For some, the change has been a real miracle.

However, the battle is not over. Drugs can control the symptoms of Parkinson's disease, but they do not cure or arrest it. Since the cause is still unknown, prevention is not possible. Scientists are working constantly to find the cause. We must support them so the spectacular research momentum of the past ten years can be sustained.

NOW, THEREFORE, I, GERALD R. FORD, President of the United States of America, do hereby proclaim the week of October 26, 1975, as National Parkinson Week. I urge physicians, scientists and government and private agencies concerned with Parkinson's disease to sponsor activities designed to inform every American of the need to continue the struggle and the need of their support.

I invite the Governors of the States and appropriate local government officials to support National Parkinson Week activities, and I urge the Nation's mass communications media to join in encouraging all Americans to heed the message.

IN WITNESS WHEREOF, I have hereunto set my hand this twenty-fifth day of October, in the year of our Lord nineteen hundred seventy-five and of the Independence of the United States of America the two hundredth.

Gerald R. Ford

National Parkinson Week, 1975

By the President of the United States of America

A Proclamation

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IN WITNESS WHEREOF, I have hereunto set my hand this twenty-fifth day of October, in the year of our Lord nineteen hundred seventy-five and of the Independence of the United States of America the two hundredth.

Gerald R. Ford

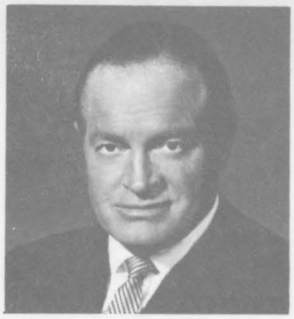
N
P
F
Message of Hope

NATIONAL PARKINSON FOUNDATION, INC.

SUPPORTING THE
NATIONAL PARKINSON INSTITUTE

National Parkinson Institute
1501 N.W. 9th Avenue
Miami, Florida 33136
Telephone 324-0156

New York Office
135 East 44th Street
New York, N.Y. 10017
Telephone 697-8050



BOB HOPE
Honorary
National Chairman

PLEASE REPLY TO:
1501 N.W. NINTH AVENUE
MIAMI, FLORIDA 33136

October 31, 1974

Ms. Margarite McAuliffe
Office of Public Liaison
White House
Washington, D. C. 20500

Dear Ms. McAuliffe:

Pursuant to our telephone conversation of October 29, we are enclosing a list of substantial citizens from all sectors, as well as our Board members, to whom we would appreciate your sending the National Parkinson Foundation Proclamation issued by President Gerald R. Ford.

We are deeply indebted to President Ford.

Many, many thanks for your cooperation.

Most respectfully,

Jeanne Levey

Jeanne Levey, Chairman

JL/cl
enc.

November 4, 1974

Dear

President Ford recently signed a Proclamation designating the week of October 27th as National Parkinson Week, 1974. In his Proclamation the President states, "Although drugs presently control the symptoms of Parkinson's disease, they do not cure or arrest it . . . With the great strides which have been made in treatment, however, we have reason to hope that research will soon find the cause of this disabling and thousands of our older citizens will be spared this disabling affliction."

The President asked that I send you the enclosed duplicate of his National Parkinson Week Proclamation as a small remembrance of this occasion. It comes to you with his very best wishes.

Sincerely,

William H. Baroody, Jr.
Assistant to the President

Enclosure

THE WHITE HOUSE
WASHINGTON

November 4, 1974

Dear

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Sincerely,

Bill Baroody

William J. Baroody, Jr.
Assistant to the President

Enclosure

NATIONAL PARKINSON FOUNDATION, INC.
Members, National Board of Directors

Mrs. Jeanne Levey, Chairman
1501 N. W. 9th Ave.
Miami, Fla. 33136

Ms. Marion Rovenger
13707 Kendall Lakes Circle, #213
Miami, Fla. 33143

Mr. Sidney Schreer
7001 N. W. 36th Ave.
Miami, Fla. 33147

Mr. Jacob Seidman
2 East 67th St.
New York, N.Y. 10002

Mr. Morris Kleinman
9861 E. Broadview Dr.
Miami Beach, Fla. 33154

Mr.Herbert Zemel
100 N.Biscayne Blvd.
Miami, Fla. 33132

Mr. Harold Kravitz
P.O.Box 176
Hialeah, Fla. 33011

Mrs. Alice Hornsby
c/o Southern Bell
666 N.W. 79 St.
Miami, Fla. 33126

Dr. Irving Lehrman
1701 Washington Ave.
Miami Beach, Fla. 33139

Mr. Harry Shubin
190 Palm Ave.
Miami Beach, Fla. 33139

MR. Nathan Slewett
5825 Collins Ave.
Miami Beach, Fla. 33140

Mr. Meyer Stein, President
N.Y. Chapter
400 Madison Ave.
New York, N.Y. 10017

Mr. Hugo Pollack
c/o Pollack & Stein
400 Madison Ave.
New York, N.Y. 10017

Lee M. Worley, Esq.
200 S. E. 1st St.
Miami, Fla. 33131

Mrs. Flora Frey, Chairman
Women's Division
1501 N. W. 9th Ave.
Miami, Fla. 33136

Mr. Irving Frank
11 Park Place
New YOrk, N.Y. 10007

The Hon. & Mrs. Claude Pepper
House of Representatives
Washington, D. C. 20515

Mr. Bob Hope
10346 Moorpark St.
No.Hollywood, Calif. 91602

Edwin J. Boyle, Jr., M.D.
Miami Heart Institute
4701 N.Meridian Ave.
Miami Beach, Fla. 33141

Mr.Art Forehand, Chief
Bureau of Community Medical
   Facilities Planning
1323 Winewood BLvd.
Tallahassee, Fla. 32301

The Hon. Harold Rosen
Mayor, City of Miami Beach
Miami Beach, Fla. 33139

The Hon. Maurice Ferre
Mayor, City of Miami
City Hall, 3500 Pan American Dr.
Miami, Fla.

The Hon. Stephen P. Clark
MAyor, Metropolitan Dade County
Dade County Court HOuse
Miami, Fla.

The Hon. Reuben O'D.Askew
Governor, State of Florida
Tallahassee, Florida

Leo Fox, Ph.D.
Associate Director
Collaborative and Field Research
National Institute of Neurological
   Diseases & Stroke
Dept. HEW
Bethesda, Maryland 20014

Fred Westall, Ph.D.
Assistant Research Professor
Salk Institute
P.O.Box 1809
San Diego, Calif. 92112

E.M. Papper, M.D.
Vice PRESident for Medical Affairs
 and Dean, School of Medicine
Univ. of Miami
P.O.Box 520875, Biscayne Annex
Miami, Fla. 33152

Edward W. D. Norton, M.D.
Bascom PAlmer Eye Institute
1638 N.W. 10 Ave.
Miami, Fla. 33136

Mr.Scott I. Peek, Chairman
State Hospital Advisory Council
c/o Data Dynamics, Inc.
3422 West Kenney Blvd.
Tampa, Fla. 33609

Dr. Edward F. MacNIchol, JR.
Marine Biological Laboratory
Woods Hole, Mass. 02543

~~The HOn. Caspar W. Weinberger~~
~~Secretary, Health, Education & Welfare~~
~~Washington, D. C. 20201~~

Donald B. Tower, M.D.
Director, National Institute of
Neurological Disease & Stroke
Dept. of H E W
National Institutes of Health
Bethesda, Maryland 20014

Eldon L. Eagles, M.D.
Deputy Director, National Institute
of Neurological Disease and Stroke
Department of H E W
National Institutes of Health
Bethesda, MAryland 20014

Mr. Walter Knott
Knott's Berry Farm
Buena Park, Calif. 90622

Mrs. Alton L. Jacobson
2675 Fletcher Pkway, #309
El Cajon, Calif. 92020

PAul S. Papavisiliou, M.D.
Brookhaven National Laboratory
Medical Dept.
Upton, New York 11973

~~Mr. L. William Seidman~~
~~15 Columbus Circle~~
~~New York, N.Y. 10019~~

Mr. Louis Hamburger
3095 Travelers Tower
26555 Evergreen
Southfield, Mich. 48076

Mr. & Mrs. William Rosenberg
300 Bay View Dr. Arlen House, Apt. 421
N.Miami Beach, Fla. 33160

Mr.Samuel Tucker
Tucker Charitable Trust
1274 Kane Concourse
Miami Beach, Fla. 33154

Keller Foundation
Mr. Henry A. Keller
6070 N.Bay Rd.
Miami Beach, Fla. 33139

Mr. and Mrs. René Aerts
6141 Donegal Drive
Orlando, Fla. 32811

Mr. Eugene Lyons Gene
220 Madison Ave.
New York, N.Y. 10016

MR. DeWitt Wallace,Co-Chairman
Reader's Digest
Pleasantville, N.Y. 10570

Mr. Robert A. M.Coppenrath
President, AGFA-GEVAERT, Inc.
275 NOrth Street
Teterboro, New Jersey 07608

Mr. & Mrs. Dan F. Rice
Rice Foundation
5 INdian Creek Island
Miami Beach, Fla. 33154

Mr.and Mrs. Morton Bright
3511 Alhambra Circle
Coral Gables, Fla.

Dr. and Mrs. James Lyons
George T. Baker Foundation, Inc.
4600 Sabel Palm Rd.
Miami, Fla. 33137

Mr. Arthur Courshon
Washington Federal Savings &
Loan Association
1701 Meridian Ave.
Miami Beach, Fla. 33139

Mr. Yale Cohen
49 Country Club Lane
Las Vegas, Nevada 89109

NPF

Message
of Hope

15 Years Of Progress In Parkinsonism

1957-1972

BOB HOPE
Honorary National Chairman

NATIONAL PARKINSON FOUNDATION, INC.
1501 N.W. 9th AVENUE MIAMI, FLORIDA 33136

BOARD OF DIRECTORS AND OFFICERS, 1973

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BOB HOPE

Chairman, National Board of Directors
MRS. JEANNE LEVEY

Vice Chairman, National Board of Directors
HON. CLAUDE PEPPER

National Chairman, Women's Division
MRS. CLAUDE (MILDRED) PEPPER

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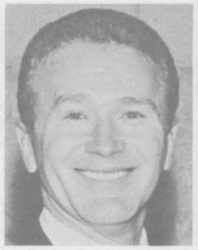
*Sam S. Spielberg
*Meyer Stein
Helen Sterne
Lee M. Worley
J. Lawrence Yenches, D.D.
Herbert Zemel

*New York
**Rochester, N. Y.


LUCILLE BALL


SHIRLEY BASSEY

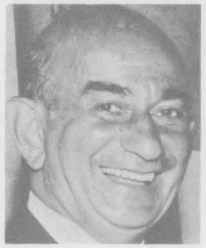

ANITA BRYANT

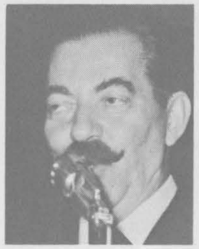

RED BUTTONS


JACK CARTER


CYD CHARISSE


BETTY CLOONEY


MYRON COHEN


JERRY COLONNA


BILLY DANIELS

Our Tribute To The Great Artists Who Have Shared With Us Their Talents Over The Years

Bob Hope has given impetus and made possible the original goal of the National Parkinson Foundation (NPF) and has become the focal point of our successful 15-year program.

His continued, untiring interest, giving his unique, skillful talents as well as his financial resources has sustained us in the past and will help bring to reality for the first time a singular research facility for clinical and basic research studies with a coordinated group of scientists in the related areas of the biological sciences. This facility will provide the opportunity for the specialists to explore and pinpoint the area of inception and probably find the cause and cure of Parkinson's Disease.

He has brought the greatest bevy of famous artists from all parts of the country with him to participate and share with us their genius and innate human qualities at the annual Bob Hope dinners.

To mention only a few, we have had Lucille Ball, Shirley Bassey, Polly Bergen, Janet Blair, the Impact of Brass group, Anita Bryant, Red Buttons, Jack Carter, Cyd Charisse, Betty Clooney, Myron Cohen, Jerry Colonna,


SAMMY DAVIS, JR.

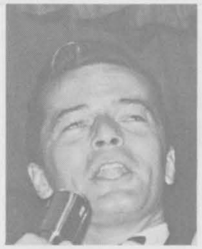

GLORIA DeHAVEN


JIMMY DURANTE


NITA DUVAL


EDDIE FISHER


EYDE GORME


ROBERT GOULET


SHECKY GREENE


PAT HENRY


HARRY HIRSCHFIELD


HELENA JACKMAN


JANE KEANE


GLADYS KNIGHT


ALAN KING

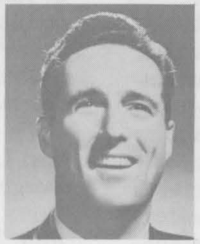

FRANCES LANGFORD

Billy Daniels, Sammy Davis Jr., Gloria de Haven, Jimmy Durante, Nita Duval, Eddie Fisher, The Five Gospel Jazz Singers group, Eyde Gorme, Robert Goulet, Shekky Green, Harmonicats, Pat Henry, Harry Hirschfield, Dolores Hope, Helena Jackman, Jane Keane, Gladys Knight and the Pips, Alan King, Frances Langford, Steve Lawrence, The McGuire Sisters, Tony Martin, Jack Mathers, Marilyn Maye, Sheila McRae, Hugh O'Brien, Patti Page, Arnold Palmer, Louis Prima, Anthony Quinn, Debbie Reynolds, Dick Shawn, Frank Sinatra Jr., Keely Smith, Lee Sohn, Ed Sullivan, Danny Thomas, Jackie Vernon and many others.

Our genuine thanks and appreciation to our dear Bob Hope and all the participants who have helped us fullfill this lofty mission. We hope the years ahead will provide rewarding comfort to each of these great personalities.


STEVE LAWRENCE


TONY MARTIN


JACK MATHERS


MARILYN MAYE


SHEILA McRAE


HUGH O'BRIEN


PATTI PAGE


ARNOLD PALMER


LOUIS PRIMA


ANTHONY QUINN

Fifteen Eventful, Historical Years of The National Parkinson Foundation

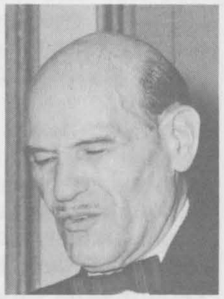
1957

As early as 1945, the S. *Jay Leveys* consulted *Dr. Lewis J. Doshay*, Director of the Parkinson Laboratories of the Neurological Institute at Columbia University, on Mr. Levey's illness.

It was from this encounter and at his suggestion that the whole idea of establishing a foundation came to life years later with Dr. Doshay becoming one of the central figures of the purpose and philosophy of the organization. He felt the necessity of people becoming aware of the dread disease, Parkinsonism.

As this dream became a reality, Dr. Doshay consented to become Chairman of the National Medical Advisory Board of the Foundation, and it was under his dedicated leadership that the Parkinson Institute attained national recognition. This man devoted 34 years of his medical life to Parkinson's Disease, writing a vast amount of material on this illness as well as developing most of the early drugs used for Parkinsonism for the pharmaceutical houses.


S. JAY LEVEY

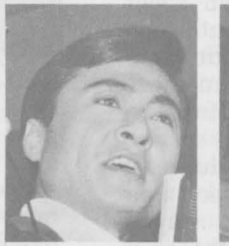

DR. LOUIS DOSHAY

The National Parkinson Foundation was founded at a meeting in the home of Mr. and Mrs. S. Jay Levey in Miami Beach during March 1957, the Charter being prepared by *Lee M. Worley* and signed by *Circuit Judge Ray Pearson.*

A New York Charter was organized by Cresap, McCormick and Paget,


DEBBIE REYNOLDS


FRANK SINATRA, JR.


LEE SOHN


ED SULLIVAN


DANNY THOMAS


JACKIE VERNON


THE ANDREWS SISTERS


THE IMPACT OF BRASS

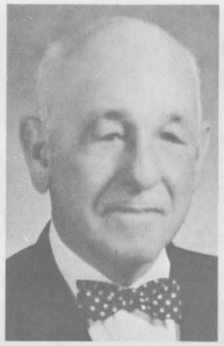
Management Consultants, in October 1957, the incorporation being approved by *Supreme Court Justice Samuel M. Gold. Edward Madden,* an early volunteer, who built many county blood banks, paid all expenses of Cresap, McCormick and Paget. *Hugo Pollock,* another early volunteer, provided the NPF with an office suite rent free and with all services provided for two years. In the summer of 1959 a permanent office was established at 135 East 44th St. in New York, where that office has been ever since.

Mr. Pollock, a friend of the Levey family, has consistently observed how Parkinson's Disease destroys the suffering patient and the family as well, remaining devoted to the cause of Parkinsonism throughout the years.

Meyer Stein, an associate of Hugo Pollock, has served in a legal capacity since the inception of the Foundation, together with Mr. Pollock. He has been responsible for expediting many substantial legacies, and under his direction all finances have been responsibly handled. His services have been of immeasurable value and it is difficult to describe the voluminous amount of energies expended through his kind offices.

William Bein was one of the valued early founders, working with *Sam Spielberg* in the New York office from the very beginning. Bill Bein spent his life in the world of philanthropy. He worked ten years without compensation with the NPF as a member of the National Board of Directors. His valuable direction and service have remained a constant guide and his spiritual quality, experience and philosophic approach have stayed with us throughout the years as a permanent symbol. He died in 1968 but his memory will endure.

Sam Spielberg, one of the original founders from the Foundation's inception, took over the New York office and has been its Treasurer and Secretary through all these years. He has been a consistent, ardent worker and has been responsible for bringing substantial funds to the Foundation.

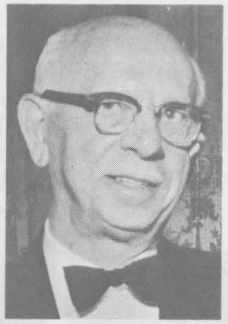

LEE WORLEY


EDWARD MADDEN

The New York office has successfully survived throughout these many years under Sam Spielberg's wise, economic direction.

The first public meeting on Parkinson's Disease was held in Chicago at the new Henry Booth House with an overwhelming audience. Dr. Lewis J. Doshay of Columbia University flew in from New York to address the meeting. The anxious faces, the crippled and maimed lives at this meeting developed an awareness that sparked new impetus to the whole movement in Parkinsonism, which has followed throughout the years.

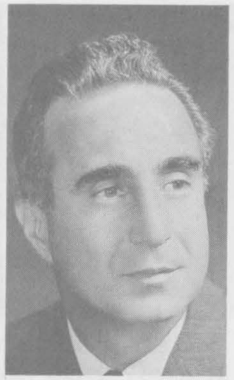

BILL BEIN


SAM SPIELBERG

1958

The first presentation, public meeting and discussion on Parkinson's Disease in Florida took place in the Rosewood Room of the Fontainebleau Hotel, Miami Beach, on January 28. *Senator Harry P. Cain* acted as chairman and *Dr. Peritz Scheinberg,* Associate Professor of Neurology of the University of Miami Medical School discussed Parkinson's and allied diseases. Some 300 people attended.


SEN. HARRY CAIN


DR. PERITZ SCHEINBERG

The premiere dinner of the NPF was held at the Fontainebleau Hotel on March 13 with Senator Harry P. Cain as Toastmaster. Principal speaker was *Dr. Homer Marsh,* Dean of the University of Miami Medical School.

1959

The first public service forum on Parkinsonism was initiated on Channel 2, Miami.

A group of eminent physicians took part in the discussion, Senator Harry P. Cain acting as moderator.

Among the participants were *Dr. George J. LeRoy,* University of Chicago, *Dr. A. M. Ornsteen,* University of Pennsylvania, and *Dr. Ralph Jones Jr.,* Professor and Chairman of the Department of Medicine, University of Miami.

Senator Harry P. Cain also acted as moderator at a free public meeting, held at the Miami Beach Auditorium on March 15th. Dr. Lewis J. Doshay of Columbia University, Dr. George J. LeRoy, University of Chicago, Dr. A. M. Ornsteen, University of Pennsylvania, Dr. Ralph Jones Jr., Professor and Chairman of the Department of Medicine, University of Miami and *Dr. Earl A. Walker* of John Hopkins University were the speakers on Parkinson's Disease. Some 3000 people attended this meeting, the largest single public meeting ever held on Parkinson's Disease.

On April 7 the annual dinner of the NPF was held at the Waldorf Astoria Hotel in New York City. Guest speaker was Dr. George LeRoy, Associate Dean of Biological Sciences of the University of Chicago, who pointed out that leaders of American science felt real concern because basic research had not received adequate support. He praised the NPF's program to raise money to finance a research grant to his division at the University of Chicago because progress toward a method of control or cure of Parkinson's Disease depends upon the accumulation of new information about the human nervous system.

A big luncheon was held at the Bay Harbor Island home of Jeanne Levey on Miami Beach, with about 85 women attending. On this occasion the Florida Women's Division was organized and *Helen Sterne* was elected its first president. She remained president for a number of years.

The Florida Women's Division has dedicated a sustaining interest to Parkinsonism and the Foundation from its very inception throughout all these years. *Flora Frey, Fern Schwartz Cohen, Johanna Bergmann* and many others have given time and love to the cause with great devotion.

The Women's Division of the NPF was organized at a special luncheon held in the New York home of Jeanne Levey, Chairman of the Board, in October 1959. Its function is to service as a working arm of the Board of Directors to promote public understanding of this dread disease and as an aid in raising funds for research and rehabilitation.

1960

The first annual *Bob Hope Dinner* took place on Valentine's Day at the Fontainebleau Hotel in Miami Beach, Florida with Bob Hope presiding, thus beginning his annual dinners with his large number of great stars. *Chuck Hall* acted as chairman.

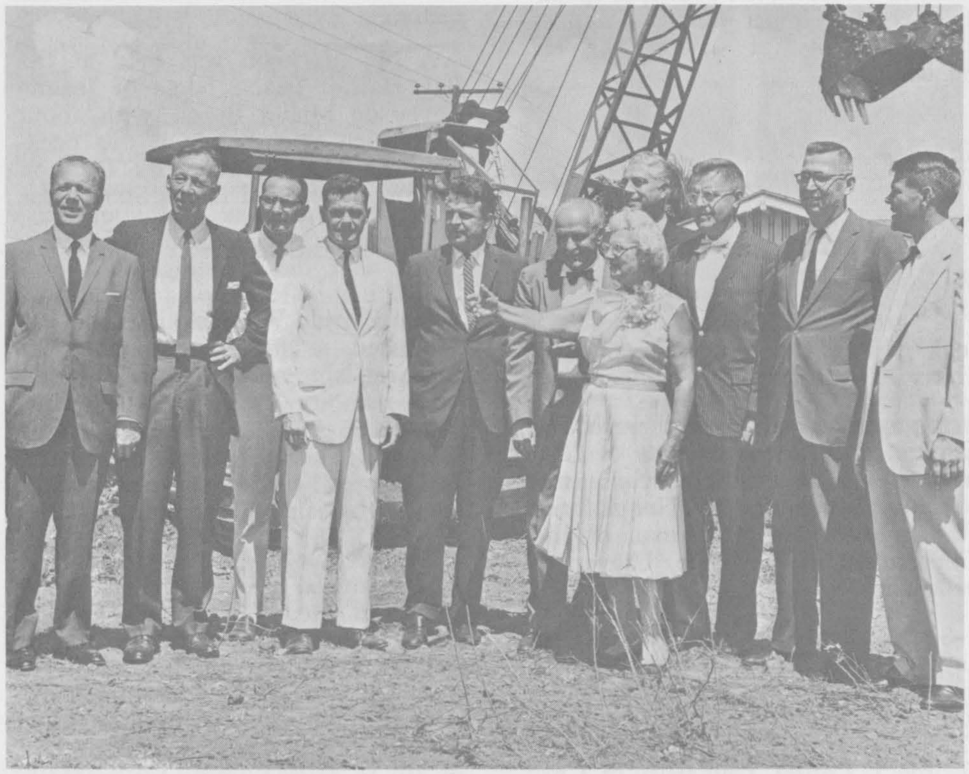
The University of Chicago received $25,000 from the NPF, as the first installment on a $150,000 gift for basic research on Parkinson's Disease. The grant established a senior research fellowship program in the division of Biological Sciences at that University.

Groundbreaking ceremonies for the construction of the National Parkinson Institute building at N.W. 9th Ave. and 15th St. in Miami took place on May 1st. This great milestone stirred thousands to the realization of the great need for such a building, the first in history to represent an attempt to do battle with Parkinsonism. *Dr. Samuel Gertman*, Director, Division of Gerontology at the University of Miami and Chairman of the Medical Advisory Board, Florida Chapter of the NPF, gave a speech entitled "The Goals of the Parkinson Rehabilitation Clinic" to commemorate the occasion.


DR. RALPH JONES


DR. SAM GERTMAN

Present to view the work being undertaken were *Dr. Irving Lehrman* of Temple Emanu-El, Senator Harry P. Cain, Dr. Emil P. Taxay, Instructor of the University of Miami School of Medicine, Dr. Ralph Jones, Jr., Chairman of the University of Miami School of Medicine, Dr. M. Eugene Flipse, Assistant Executive Chairman, Richard Bryce, Jeanne Levey, Dr. Robert B. Lawson, Interim Dean of the University of Miami School of Medicine, Commissioner Charles F. (Chuck) Hall, Dr. John H. Farrell, Chairman Dept. of Surgery, University of Miami School of Medicine, Dr. David H. Reynolds, Chief Division of Neurosurgery, University of Miami School of Medicine, Mayor Robert King High, and many other dignitaries and guests.


Groundbreaking on the National Parkinson Institute

The New York Women's Division had its first annual luncheon at "Tavern on the Green" on October 11, 1960. The guests numbering close to 500 reflected a quality of tone and distinction. The famous screen and TV star, *Teresa Wright*, was guest of honor. She spoke of her contact with *Margaret Bourke-White*, whose heroic struggle against Parkinson's Disease she portrayed so beautifully in "Sunday Showcase," the TV production of the Margaret Bourke-White story.

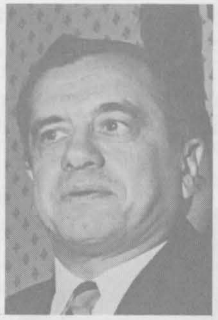
Another distinguished guest was Dr. Lewis J. Doshay, Chairman of the NPF medical advisory committee, who presented an interesting and informative talk on the treatment and care of the Parkinson illness, and the importance of supporting the NPF research program.

1961

The second annual Bob Hope dinner was held at the Fontainebleau Hotel in Miami Beach. Bob Hope flew in at his own expense from the West Coast to act as Master of Ceremonies. He was joined for the show by Polly Bergen, Tony Martin, Sammy Davis Jr., Dick Shawn and other celebrities.

Jeanne Levey went to Washington to try to obtain a government grant for construction of the Parkinson Institute building. She accompanied Representative *Dante Fascell* to the office of *Abraham Ribicoff*, Secretary of Health, Education and Welfare, for an interview on this matter. As a result, a federal grant was approved by the U.S. Government to be given to the NPF in the form of a U.S. Hill-Burton grant in the amount of $150,000 to be matched by the NPF from funds gathered from friends, for the proposed construction.


DR. IRVING LEHRMAN

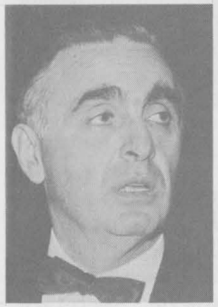

REP. DANTE FASCELL

A bronze bust of our founder, S. Jay Levey, was unveiled. This bust was to be placed at the new Parkinson Institute. It was sculptured by *Miss Zena Posever*. Because S. Jay Levey was a victim of Parkinson's Disease, the idea of making the world aware that Parkinsonism is a menacing illness was born, becoming the focal point of motivation through the eventful years to follow.

1962

The third annual Bob Hope dinner was held at the Fontainebleau Hotel. Guest of Honor was Secretary of Education, Health and Welfare Abraham A. Ribicoff, who presented Jeanne Levey with the $150,000 check from the Hill-Burton grant approved in 1961.

Dedication ceremonies for the National Parkinson Institute took place on May 13, 1962 and on June 1st, patients were admitted, the first ones being S. Jay Levey, *Maurice Frey* and *David Kaltman*. For the first time in history, the only institute exclusively devoted to treatment and care of Parkinsonism and its allied diseases started to function.



SEN. ABE RIBICOFF

DAVID KALTMAN

Patients received specialized diagnosis, their cases were studied, research on the progress of medical treatment was undertaken and psychological and social studies made. Applications came from all parts of the country, establishing the great need for such an institute.

The Wall of Hope was installed in the lobby of the Institute. This wall is a permanent symbol of the generous men and women who have made possible the first Parkinson Institute anywhere. We are proud to indicate that our record of achievement through the years has justified their faith and generosity.

THE THRIFT SHOP

An air conditioned Thrift Shop was opened at 1719 N.W. 10th Ave. with most attractive equipment and decorations. Volunteers from the Women's Division were asked to help in every possible way to make this a profitable project, with the proceeds going to the Parkinson Institute.

Many new fund raising devices were created by the Women's Division which brought in substantial sums through the years so that their record was and still is considerable.

1963

Florida Governor Farris Bryant and Bay Harbor Islands Mayor Shepherd Broad issued a joint resolution declaring February 10th to 17th National Parkinson Week.

The fourth annual Bob Hope dinner was held at the Deauville Hotel on February 14th. The dinner was emceed by Bob Hope, who made a generous cash contribution, flew down at his own expense and brought together for the show such performers as *Jimmy Durante, Janet Blair, Keely Smith, Tony Martin* and *Cyd Charisse* and *Allen and Rossi.*

During the same month, Jeanne Levey welcomed Bob Hope to the National Parkinson Institute, where he visited with patients and was interviewed by WTVJ television station for a special news broadcast.

A brain bank was set up for people who agreed to will their brains to the NPF. Brains subsequently have been sent to *Dr. Mary Bazelon* at the George Washington University. Such a study may help solve the mystery of Parkinson's Disease.

In May, Jeanne Levey was chosen as Dade County's Outstanding Citizen of the Year and in September was given a citation for outstanding contributions to the State of Florida, the citation being signed by Farris Bryant, Governor of Florida.

On October 9, 1963, Jay Levey, Co-Founder of the NPF, passed away. S. Jay Levey died and Jeanne Levey's work continues. Because of the fate that has befallen their lives, others may live.

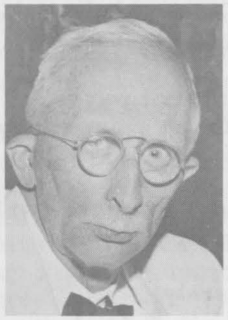
1964

The fifth annual Bob Hope dinner was held on February 14th at the Fontainebleau Hotel, with Bob Hope emceeing and Metro Mayor Chulk Hall presiding. The dinner has become an institution and has since been called "The dinner of the year."

Another symposium on Parkinson's Disease was held at the Fontainebleau Hotel from April 9 to 11 under the auspices of the NPF with a dinner held at the National Parkinson Institute for the people present at that symposium.

Scientists from various parts of the country attended and as a result, the monograph "Parkinson's Disease - Trends in Research and Treatment" edited by Professors *A. Barbeau* of the University of Toronto, Lewis J. Doshay of Columbia University and *Ernest A. Spiegel* of Temple University in Philadelphia, was published in 1965 by Grune & Stratton of New York and London.

MAYOR CHUCK HALL



DR. E. A. SPIEGEL

In December Jeanne Levey was presented with the 1963 Lane Bryant annual award to an individual for volunteer service to the community.

1965

The 6th annual Bob Hope dinner, held at the Fontainebleau Hotel on February 14th and emceed by Bob Hope, was a memorable occasion.

The letter that *President Johnson* sent Bob Hope commemorating this dinner had a message that is particularly fitting and inspiring.

From June 6 to 10th, the American Medical Association held its annual convention in New York City. The only exhibit on Parkinson's disease was the one set up by the NPF. Jeanne Levey was present at this convention.

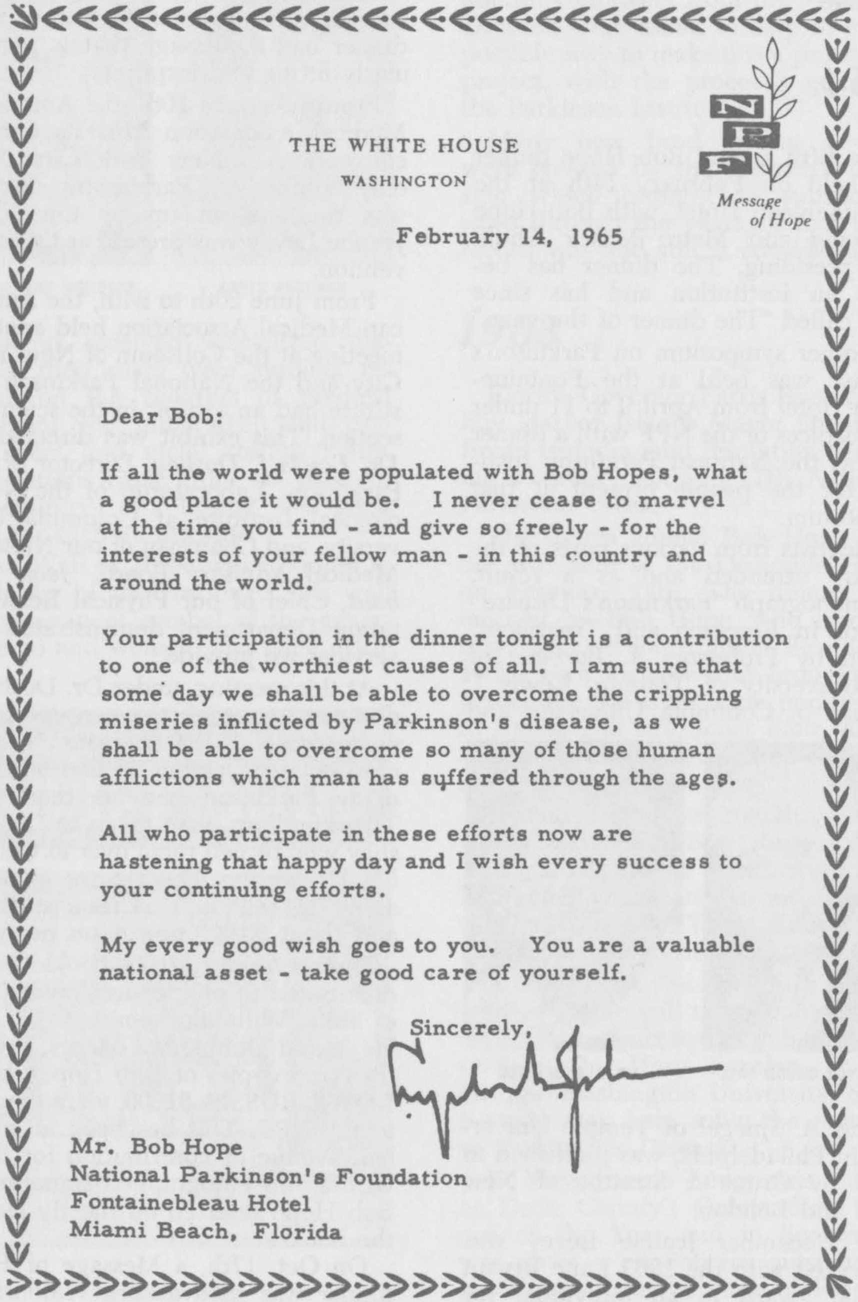
From June 20th to 24th, the American Medical Association held another meeting at the Coliseum of New York City and the National Parkinson Institute had an exhibit in the scientific section. This exhibit was directed by *Dr. Lewis J. Doshay,* Director of the Parkinson Laboratories of the Neurological Institute at Columbia University, and Chairman of our National Medical Advisory Board. *Jean Thibaut,* Chief of our Physical Rehabilitation Department demonstrated the services we provide.

At this meeting, under Dr. Doshay's direction, we took the census of approximately 15,000 persons from a cross-country section, to find out how many Parkinson patients there are. These findings were given to Dr. Doshay who turned them over to Columbia University. The figures came to about 1½ million Parkinson sufferers and about 60,000 new cases per year.

During August, 10,000 booklets were distributed to physicians showing this exhibit. With the consent of Bob Hope and Doubleday editors, several thousand copies of Bob Hope's book, I OWE RUSSIA $1200, were donated to the NPF. This has been an excellent avenue of contribution for those wishing an autographed signature of Bob Hope inserted on the fly leaf of the book.

On Oct. 17th, a Message of Hope dinner was held at the Waldorf-Astoria Grand Ballroom in New York, honoring the memory of *Irving Friedman*, co-founder and benefactor of the NPF. Sponsoring and attending were *General and Mrs. David Sarnoff*, Chairman of the Board of R.C.A., the eminent author *Eugene Lyons*, was the central speaker. *Helen Hayes and Mrs. Lyons, Senator Jacob Javits and Allan Jay Lerner* contributed with their presence to this memorable dinner.

On October 25, 1965, a joint resolution was issued by Congress proclaiming that week as annual National Parkinson Week. The proposal was presented and initiated by *Claude Pepper* and signed by *Vice-President Hubert Humphrey* and President Lyndon Johnson.



NPF
Message of Hope

THE WHITE HOUSE
WASHINGTON

February 14, 1965

Dear Bob:

If all the world were populated with Bob Hopes, what a good place it would be. I never cease to marvel at the time you find - and give so freely - for the interests of your fellow man - in this country and around the world.

Your participation in the dinner tonight is a contribution to one of the worthiest causes of all. I am sure that some day we shall be able to overcome the crippling miseries inflicted by Parkinson's disease, as we shall be able to overcome so many of those human afflictions which man has suffered through the ages.

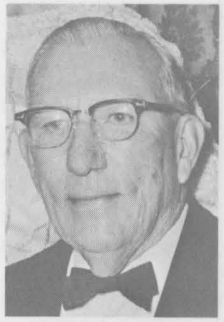
All who participate in these efforts now are hastening that happy day and I wish every success to your continuing efforts.

My every good wish goes to you. You are a valuable national asset - take good care of yourself.

Sincerely,

Mr. Bob Hope
National Parkinson's Foundation
Fontainebleau Hotel
Miami Beach, Florida

A Letter from President Lyndon B. Johnson



HON. CLAUDE PEPPER

MILDRED PEPPER

At the beginning of November, President Johnson called for a White House conference on health. This three day session culminated in a reception at the White House with 1500 scientists and professors from all parts of the country attending and the only persons representing Parkinson's Disease were Jeanne Levey, Chairman of the National Parkinson Foundation and the Honorable Claude Pepper.

They were received by Vice-President Hubert Humphrey and handed the Resolution proclaiming the annual National Parkinson Week. The aftermath of that Health Conference was that Jeanne Levey wrote a personal letter to President Johnson and received an excellent assurance that new impetus would be given to the problem of Parkinson's Disease. As a result, Congressman Pepper arranged to take Jeanne Levey before the Appropriations Committee, with *Fred Fogarty* and *Senator Lister Hill* presiding. The National Institutes of Health received their first appropriation earmarked for research on Parkinson's disease.

It is appropriate here to mention the continued, untiring interest that the Honorable Claude Pepper has manifested for the NPF throughout the years. He initiated and fathered great legislation, introduced many bills to further the interest, research and grants favoring our organization and always behind him, *Mildred Pepper* could be found, helping him and being a literal Rock of Gibraltar.

Unfortunately, 1965 did not bring only good things. Dr. Lewis J. Doshay, the father of the NPF dream, Chairman of the National Board of Medical Consultants of the National Parkinson Institute, died on November 6th. All the case history data, his books and manuscripts were presented to the NPF archives. These data have been most valuable for research studies and many of the patients of Dr. Doshay came to the National Parkinson Institute in Miami for treatment.

1966

The seventh annual Bob Hope dinner was held at the Deauville Hotel. Bob Hope faithfully emceed the affair as he has done in the past. U.S. Representative Claude Pepper attended, together with Mildred Pepper who shortly before had graciously accepted the Chairmanship of the National Women's Division of the NPF. Through her efforts, the Women's Division groups have developed substantially throughout the years.

Present also were *Senator Gale McGee* of Wyoming, Congressman *John Dent* of Pennsylvania, *Dr. Henry King Stanford,* President of the University of Miami, *Dr. Hayden C. Nicholsen,* Dean of the Medical School of Miami, and *Ralph Renick,* Vice-President of WTVJ Television of Miami.

Bob Hope was presented with the "Chair of Hope," designed by Jeanne Levey, prepared and upholstered by artist Michael Piuggi. This chair is now in Bob Hope's Trophy Room in North Hollywood. Claude Pepper also presented Bob Hope with a plaque, written by Jeanne Levey and made by Mr. Piuggi.

Sam Spielberg of the New York office presented Jeanne Levey with a substantial check made possible through the New York office's untiring efforts and fine management.

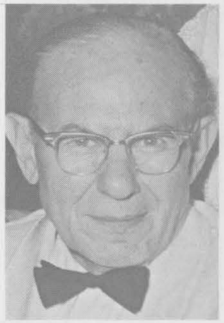
After being made custodian of Dr. Lewis J. Doshay's books, papers and manuscripts on Parkinson's Disease, the NPF established a Dr. Lewis J. Doshay library for literature on Parkinson's Disease, also a lectureship and a fellowship in memory of this physician who gave 34 years of his medical career trying to find a cure for this malady.

A new identification disk and record card were prepared to be distributed among Parkinson patients to protect them in case of injury or sudden illness.

"Hope through Research" a special publication prepared by the National Institutes of Neurological Disease and Blindness of the National Institutes of Health gave tribute to the NPF as a voluntary association dedicated to research and service on Parkinsonism.

Having two brothers affected with Parkinson's Disease, this illness became a major source of interest to *Jacob S. Seidman* of New York City, head of an accounting firm with offices in many foreign countries and considered one of the 10 largest accounting firms in the world. Great philanthropists, the J. S. Seidman family and the Seidman Foundation donated $250,000 to the NPF in memory of the late M. L. Seidman.

The NPF purchased a 13-story building in Miami from the Federal Housing Administration, the purchase being made possible to a large degree by this generous contribution. It was decided to name this building "The M. L. Seidman Parkinson Tower" in memory of Mr. Siedman's brother.



J. S. SEIDMAN

M. L. SEIDMAN

The purchase of this building made a reality of a hope long cherished by the national board of directors of the NPF, a unique philosophy with dual purpose: the possibility of a housing facility and an education program for the Parkinson patients and their families, as well as a research laboratory and varied rehabilitation departments covering the related services, treatment and care, all under one roof.

This idealism was not permitted to come to full fruition because of zoning restrictions and finally, after a number of years in which we were unable to achieve our purpose, we had to sell the M. L. Seidman Parkinson Tower in order to proceed with the dominant effort to reach our goal, to find the cause and cure of Parkinson's Disease. We are now proceeding to build the comfortable addition that will make our original purpose possible.

In June Jeanne Levey was presented with a Certificate of Appreciation by the Kiwanis Club on the occasion of her addressing the Hialeah-Miami Springs chapter.

During October, Metro Mayor Chuck Hall and Miami Mayor Robert King High issued a proclamation asking for local participation in observing National Parkinson Week beginning October 25th, concurrently with the nation-wide annual period proclaimed the year before by President Johnson.

1967

On February 14th the Fontainebleau was the site chosen for the 8th annual Bob Hope dinner. Bob Hope and his usual bevy of stars made this a great occasion. Speakers were *U.S. Senator E. L. Bartlett* of Alaska and Congressman *Daniel J. Flood* of Pennsylvania. *Senator and Mrs. Fred Harris* of Oklahoma and *Senator and Mrs. John J. Williams* of Delaware honored us with their presence.

Jeanne Levey had the privilege of being included in a good will tour, together with a group of people, with Claude and Mildred Pepper, to Italy, Israel, Spain and Greece. The American Embassy in each country met the group and briefed it on the problems besetting the respective governments.

Jeanne Levey, naturally, visited the important hospitals and universities, interested as always in seeking information about Parkinson's Disease. Unfortunately, practically no work was being done in any of the countries on the disease and few people had any real interest in the Parkinson problem.

It was during the visit to Spain that Jeanne Levey was surprisingly told by an eminent physician that *Generalisimo Franco* had Parkinson's Disease. This was confirmed in the December 11, 1972 issue of Time magazine in a report on The Unsolved Problems of Succession, a story of Spain today. Since this tour, we have been sending material to Israel and this country has become aware that Parkinsonism is one if its vital health problems.

In Italy, Claude Pepper and Mildred had an audience with *Pope Paul VI*. Dedicated as always to Parkinsonism, Claude Pepper asked His Holiness if he would bless the NPF and its founder. Before 10,000 people in the audience, and with a copy of our Newsletter in his hand, the Pope blessed the NPF and its founder.

POPE PAUL

REP. DAN FLOOD

Dr. Ernest A. Spiegel, a world renowned professor of experimental and applied neurology at Temple University in Philadelphia and *Dr. Mona Spiegel,* professor in colloid chemistry at the same university began a period of dedicated application in a new improved laboratory at the National Parkinson Institute on a research project that brought new hope for a possible breakthrough in the disease. This activity was to last 6 or 7 months of each of the next five years. The Spiegels have already contributed a great deal of knowledge to the many facets of Parkinsonism.

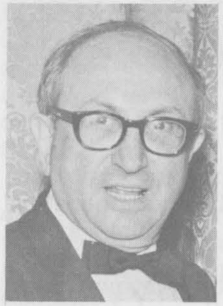
In 1947 Dr. Ernest A. Spiegel and Dr. H. T. Wycis of Temple University developed the first stereoencephalo tactic, in the form of an instrument that guides electrodes to the basal ganglia of the brain and pinpoints the area of the brain affected by the disease. This instrument is now on display at the Smithsonian Institute.

Dr. Mona Spiegel worked with the Fava Bean, developing an extract containing dopamine. Unfortunately, the quantities produced were minimal and patients had to ingest too much extract during the course of a day to get enough dopamine to be of any value, so this procedure had to be abandoned.

The Florida Women's Division of the NPF raised a sum of $10,000 which was used to purchase an electroencephalograph and its accessories. They also donated two Dodge station wagons to transport patients who do not have their own transportation to and from the Institute. Since then, the Institute has purchased two Volkswagen station wagons being used for the same purpose.

1968

At the ninth annual Bob Hope dinner held at the Fontainebleau Hotel, with Bob Hope emceeing, we had *Wilbur J. Cohen*, Secretary of Health, Education and Welfare as guest of honor. Drs. Ernest A. Spiegel, professor of experimental and applied neurology at Temple University in Philadelphia, and Mona Spiegel, professor in colloid chemistry at the same university, members of our medical staff, also honored us with their presence.


HON. WILBUR COHEN


DOLORES HOPE

We surprised Bob and Dolores Hope, who were celebrating their 34th wedding anniversary, with a tiered wedding cake and Dolores Hope delighted the large audience of 1200 people attending this dinner by singing, thereby exhibiting her innate talents.

Three major sources sparked national and international publicity for the NPF. One source was a letter by Jeanne Levey of the NPF written to Time magazine and published by them, telling about Bob Hope's interest in the fight against Parkinson's Disease and the work of the Foundation. Another source was an Associated Press news feature story by Ben Funk on the NPF and the third was a public radio announcement using Bob Hope's voice appealing for funds to fight Parkinsonism.

Letters and requests for information were received from all over the world as well as contributions. Patients came to visit us from many foreign countries. The maturity of work and progress of the NPF was taking on international significance.

As the Parkinson Institute became more firmly established, groups from several nursing schools came to see what has and could be done at the Institute. The School of Nursing of the University of Miami, the School of Nursing of Jackson Memorial Hospital, students in the associate degree program at Miami Dade Junior College, etc. visited us and our medical staff and heads of the Rehabilitation Departments lectured to these visitors.

We had a visit from *Miss Mary Switzer*, Administrator of Social and Rehabilitation Service of the Dept. of Health, Education and Welfare, who was our guest at the Seidman Parkinson Tower. She was fascinated with the idealism and possibility that the Seidman Parkinson Tower could be developed into an in-patient facility with a unified program of service and education for the Parkinson patient as well as a treatment and research center, all under one roof.

In 1959, *Dr. Oleh Hornykiewics*, Professor of Pharmacology at the University of Toronto, was in Vienna where he started analyses of the brains of patients who died of Parkinson's Disease, finding that a severe deficiency of dopamine in the extrapyramidal centers occurred in these patients. With this finding, Dr. Hornykiewics opened a whole new era of research and treatment of the Parkinson patient, by trying to find ways to replace the lack of dopamine in one of the main cells of the brain.

While various studies were being made on dopamine, it was observed by a number of scientists that the drug L-Dopa finds its way through the bloodstream of the body and passes the blood brain barrier, finally reaching the ganglia, a vital cell where the average person manufactures dopamine naturally whereas the Parkinson patients suffers a deficiency in this mechanism; and it is dopamine that energizes the motor system of the body.


HON. MARY SWITZER


DR. MONA SPIEGEL

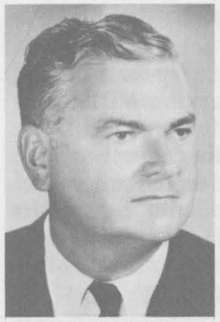
L-Dopa began to be used on patients, eliminating surgery and its hazards. At the beginning only small doses of this medication were administered to the Parkinson patient. *Dr. George Cotzias*, Senior Scientist of the Brookhaven National Laboratory at Upton, New York began to administer it in large doses, sometimes with dramatic results.

With this basis, the NPF shortly afterwards was one of the early centers licensed by the Food and Drug Administration, under *Dr. Merle Gibson*, to do experimental studies with L-Dopa.

1969

The tenth annual Bob Hope dinner held on February 22nd at the Fontainebleau Hotel was the biggest and best ever. Highlight of the evening was the presentation to Bob Hope of a specially struck 18 karat gold medal portraying his face sculptured in bas relief and honoring him for his "Decade of Devotion" to the work of the Foundation. Jeanne Levey presented the medal to him.

Dr. Edward F. McNichol Jr., Director of the National Institute of Neurological Diseases gave an inspiring address, commending with high praise the work of the Parkinson Institute. He said that research into L-Dopa at the Institute was of great importance because more Parkinsonians were gathered at the NPF facility in Miami than any other location in the nation. He felt the Institute was making a substantial contribution in the medical and health world with its unique philosophical approach to Parkinson health care. Dr. McNichol had previously inspected the facilities at both the Institute and the Seidman Parkinson Tower.


DR. E. F. McNICHOL, JR.


DR. E. PAPPER

Master of Ceremonies that evening was Dade County Mayor Chuck Hall, who introduced Congressman Claude Pepper, National Vice Chairman of the NPF. Great entertainers who added to the splendor of the occasion, included *Jimmy Durante, Golfer Arnold Palmer, Singer Betty Clooney* and many others.

1969 was the peak year with regard to the number of patients seen and treated. Much of this had to do with the L-Dopa drug which made the headlines. The Seidman Parkinson Tower was filled with Parkinson families from all parts of the country as well as residents of foreign countries. There were 12,320 patient visits that year, 48,700 individual treatments and 322 new evaluations.

At the beginning, the four-month treatment to which the patients were submitted with L-Dopa was most rewarding, with many patients showing remarkable results. Sadly, this was not a sustaining record because the drug proved to lose its consistency. It developed side effects which caused many patients to drop out of the program.

Scientists are developing new paths that may hold even greater promise and these paths must be pursued because only through continued research can we hope to find the answers to the perplexing problems of the disease and a better understanding of the extension of the involvement.

Several research papers dealing with symptoms of Parkinson's Disease and the use and effects of L-Dopa were published in the course of the year. Among them were several of which the authors and co-authors were members of the NPF's medical staff. These are:

1. E.A. Spiegel, H. T. Wycis, H. A. Schwartz and F. R. Fabiani. The incidence of vegetative symptoms in Parkinsonism with and without bradykinesia. 3rd Symposium on Parkinson's Disease. Royal College of Surgeons, Edinburgh, Scotland, May 1968 (In Print.)
2. E. A. Spiegel, Indications for Stereoencephalotomy. American Branch. Atlantic City, September, 1968 (In Print.)
3. Mona Spiegel-Adolph, Ernest A. Spiegel, Frank R. Fabiani and John Calise, Urinary excretion of catecholamines after ingestion of Fava bean extracts. Proceed. Feder. Soc. of Exp. Biology, April 1969.
4. Henry T. Wycis and Ernest A. Spiegel, The value of L-Dopa in Surgical Treatment of Parkinson's Disease. The American Association of Neurological Surgeons, Cleveland, April, 1969.
5. E. A. Spiegel, M. Spiegel-Adolph, H. T. Wycis, E. G. Szekely, F. R. Fabiani and H. A. Schwartz. Restoration of speed in Parkinsonian and experimental brady — and akinesia. Accepted for presentation at 9th International Congress of Neurology, September, 1969, New York, N.Y.

1970

At the 11th annual Bob Hope dinner, we had the pleasure of having as guests *Dr. Roger O. Egeberg*, Assistant Secretary for Health, and Scientific Affairs, Dept. of Health, Education and Welfare, *Dr. Merle L. Gibson*, Director Division of Neuro-pharmacological drugs, Food and Drug Administration, *Dr. Pearce Bailey*, Assistant Director of the National Institutes of Health, Dr. George C. Cotzias, Senior Scientist of the Atomic Energy Commission, Brookhaven National Laboratories, *Dr. Emanuel Papper*, Vice President for medical affairs and Dean of the University of Miami and Doctors Ernest A. Spiegel, Professor of experimental and applied neurology at Temple University in Philadelphia, and Mona Spiegel, professor of colloid chemistry at the same university, both members of our medical staff.

DR. ROGER O. EGEBERG

DR GEORGE C. COTZIAS

The NPF has been most fortunate in having such an elaborate array of famous and important personalities in the vital niches of the medical and scientific world interested and collaborating in the work of the Foundation. The show offered at this dinner was excellent. We had such stars performing as Danny Thomas and Marilyn Maye.

On April 30th a dinner was given at the Seidman Parkinson Tower facility in honor of two of America's most distinguished leaders in medicine and health, Dr. George C. Cotzias of the Brookhaven National Laboratories and Dr. Edward McNichol, Director of the National Institutes of Health. Many distinguished medical men attended this dinner as well as our complete medical staff.

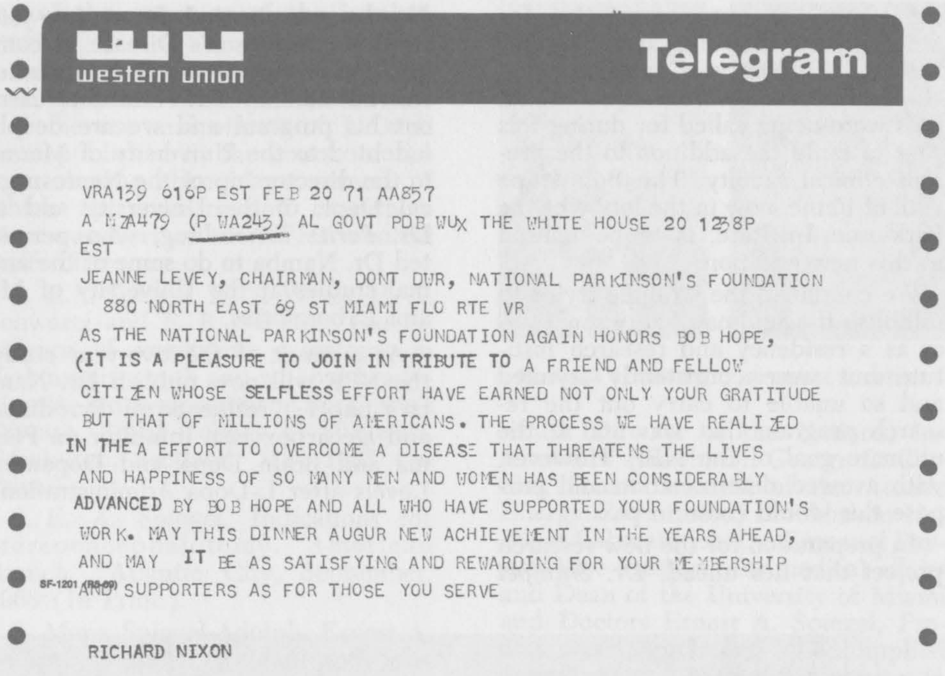
Our immediate goal for this year was to build an addition to the present clinical facility, to be named the Bob Hope Parkinson Research and Rehabilitation Institute, as a permanent symbol of our appreciation for the many contributions made by our beloved Honorary Chairman Bob Hope. Blueprints were completed and bids were being called for during this year to build the addition to the present clinical facility. The Bob Hope Hall of Fame, now in the lobby of the Parkinson Institute, is to be housed in this new addition.

We continued the struggle trying to establish the Seidman Parkinson Tower as a residency and research institute but were consistently stymied and so unable to carry out the research program that was and is the ultimate goal of the NPF. However, with avowed determination and purpose this would come to pass.

In preparation for the new research project that lies ahead, *Dr. Shimpei Namba* was invited for a two-year study on Parkinson's Disease. A combination of animal and human studies was initiated by Dr. Namba to carry out his program and we are deeply indebted to the University of Miami, to the directorship of the Neurosurgical Dept. of the University and to *Dr. Peritz Scheinberg*, who permitted Dr. Namba to do some of the animal studies at the University of Miami Laboratories.

As a result of the two-year study, the NPF will now publish Dr. Namba's paper: "Influence of Pyrodixine and Decarboxylase Inhibitor on Plasma and Brain Dopa and Dopamine Levels after L-Dopa Administration."

Dinner Honoring Drs. E. F. McNichol and George Cotzias



western union

Telegram

VRA139 616P EST FEB 20 71 AA857
A MZA479 (P WA243) AL GOVT PDB WUX THE WHITE HOUSE 20 1258P
EST
JEANNE LEVEY, CHAIRMAN, DONT DWR, NATIONAL PARKINSON'S FOUNDATION
880 NORTH EAST 69 ST MIAMI FLO RTE VR
AS THE NATIONAL PARKINSON'S FOUNDATION AGAIN HONORS BOB HOPE,
(IT IS A PLEASURE TO JOIN IN TRIBUTE TO A FRIEND AND FELLOW
CITIZEN WHOSE SELFLESS EFFORT HAVE EARNED NOT ONLY YOUR GRATITUDE
BUT THAT OF MILLIONS OF AMERICANS. THE PROCESS WE HAVE REALIZED
IN THE A EFFORT TO OVERCOME A DISEASE THAT THREATENS THE LIVES
AND HAPPINESS OF SO MANY MEN AND WOMEN HAS BEEN CONSIDERABLY
ADVANCED BY BOB HOPE AND ALL WHO HAVE SUPPORTED YOUR FOUNDATION'S
WORK. MAY THIS DINNER AUGUR NEW ACHIEVEMENT IN THE YEARS AHEAD,
AND MAY IT BE AS SATISFYING AND REWARDING FOR YOUR MEMBERSHIP
SF-1201 (R8-69) AND SUPPORTERS AS FOR THOSE YOU SERVE

RICHARD NIXON

Text of telegram from President Richard Nixon

1971

At the 12th annual Bob Hope dinner, which as usual, was one of the signal events of the year, we were again privileged in receiving a telegram from *President Nixon,* indicating his interest in the important work being done on Parkinsonism by the Parkinson Institute and commending our dear Bob Hope for his participation in it.

The dinner was honored by the presence of *Hon. Robert H. Finch,* former Secretary of the U.S. Department of Health, Education and Welfare, and Counsellor to the President of the United States. In his speech, among other things, he said:

"The pitched battle which all of us here wage against Parkinson's Disease is one whose success will be near and dear to me . . . We could be on the verge of solving the riddle of Parkinson's Disease, how it is caused, how it can be cured or arrested, and how it can be prevented.

"I can dare to make this bold statement because of the vital work you are doing here in Miami, for example, and because the work is backed up by substantial efforts in research that will answer these questions.

"Only a few years ago the only thought for Parkinson patients was that the disease process could be slowed so that they might enjoy a few more active years. Today, there is a new expectation that in a short while the process can be completely controlled or arrested. Then, over a million Americans will be freed from the virtual slavery of this tortuous crippler."

Through the efforts of Claude Pepper, these wise words of the Honorable Mr. Finch were made a part of the 1971 Congressional Record.

Our important participation, from the beginning in administering L-Dopa was recognized by the National Institutes of Health, which selected the National Parkinson Institute as the medical center to do a two-year study of case records. Dr. Edward F. McNichol, Jr., Director of the National Institute of Neurological Diseases and Stroke wrote us, telling why we were selected:

"Although the use if L-Dopa is a major breakthrough and a great improvement over anything else, not all cases of Parkinsonism are well controlled by it and some patients have serious side effects. To be able to develop still more effective treatment, a thorough understanding of the successes and failures of treatment is needed.

"The NPF appeared to be particularly suitable for such a study because it has a large patient population which is being followed up for a long time by correspondence with the patients and their physicians. There are excellent records of the patient's condition at the time of entry as well as on the patient's subsequent progress over a long period of time. It offers the opportunity to study Parkinsonism in a population that has Parkinsonism largely uncomplicated by other serious diseases. There is closer attention to unwanted effects of drugs and careful control of dosage.

"There is in depth experience that the Institute's staff has acquired in concentrating on a single disease entity. There is the rather unique opportunity provided to study the effects of an intensive physical therapy and rehabilitation program on the patient's well being. And finally, there is the opportunity to evaluate your technique of training a relative to care for the patient at home."

When L-Dopa, 250 mg. capsules began to be administered to patients, they cost approx. $1.50 per capsule. Jeanne Levey was instrumental in gradually reducing this high price until in 1971 she was able to bring the price down to five cents per 250 mg. capsule.

PRESIDENTIAL COUNSELLOR ROBERT FINCH

1972

The outstanding guest speaker for the 13th annual Bob Hope dinner was *Dr. Merlin K. DuVal,* Assistant Secretary for Health and Scientific Affairs, U.S. Department of Health, Education and Welfare. In the course of his speech, which is incorporated in the 1972 Congressional Record, again through the efforts of the Honorable Claude Pepper, Dr. DuVal, said these encouraging words:

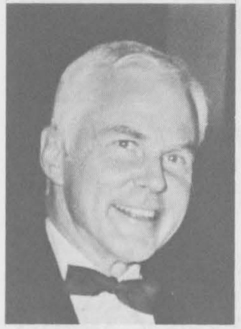
"Let me touch on some of our work in the battle against Parkinson's Disease. As we do in a number of areas, our first effort is to complement with a strong research support program, the efforts of groups like the National Parkinson Institute as they work more directly with patients. In addition to about 60 smaller, more specifically large projects, we are supporting targeted projects.

"One of them is a project of special interest to us tonight that I want to mention. This is a study that our own National Institute of Neurological Diseases and Stroke is conducting in collaboration with the National Parkinson Institute here in Miami. One of the things we would very much like to know is whether L-Dopa really affects the natural course of Parkinson's

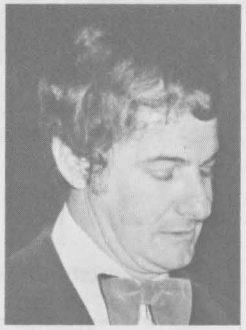
Disease or whether it represents purely symptomatic treatment.

"The National Parkinson Institute now has the largest L-Dopa therapy program in the world. It dispenses 100,000 2-½ mg. capsules a month, and it has uniform records on the largest population of Parkinson patients of any institution in the world.

"Mrs. Levey has told us of the plans for the Bob Hope Research and Rehabilitation Institute, which will encompass some 20 beds and laboratory facilities for 8 to 10 scientists. I can only say that we welcome and applaud this enterprise and wish you the best of good luck with it. As I have already suggested, the conquest of Parkinson's Disease will result from a partnership, an amalgam of public and private effort. Thus far, your share of the job has been handled admirably. My colleagues and I will do everything we can to match it."



DR. MELVIN K. DuVAL



SEN. KENNETH MEYERS

The eventful news in 1972 was that the Seidman-Parkinson Tower was sold with a feeling of deep nostalgia. This occurrence had its rewarding results in that it has made possible for the first time in the long struggle, the financial possibility to build a new million dollar addition that is now in process. Through the magnanimity of Mr. Jacob S. Seidman, the substantial gift of the M. L. Siedman bequest will generously be transferred and used to complete the new addition to the National Parkinson Institute and the Seidman memorial will be established as a permanent symbol in the new facility.

We are proud to announce that new chapters of the NPF were founded in Hollywood and Hallandale, Florida which will support the NPF in its purposes of helping and extending the services to the Parkinson patients.

A particularly beautifully worded Proclamation was issued in October by Florida Governor *Reubin O. D. Askew* commemorating the annual October 25th Parkinson week.

Jeanne Levey was given the 1972 Claude Pepper award, presented by South Shore Hospital at a dinner in her honor at the Fontainebleau Hotel on November 18. The Claude Pepper Award is given for outstanding contributions to the delivery of health services in Dade County. The trophy was presented to Jeanne Levey by the Honorable *State Senator Kenneth Meyers* of Miami.

A Decade of Devotion

This history would not be complete if we did not mention the valuable services of the unique personalities of the NPF staff. Different from most medical centers, the thread that is closely woven in with their daily tasks involves their devotion to the service of the patients.

The unusual personnel in the medical departments as well as all accompanying services is the reason why the Parkinson Institute is unequaled. What singles out our facility is that the NPF has created the making of specialists in the field of Parkinsonism because few men have the opportunity of being exposed to so many Parkinson patients.

THE PRESIDENT'S MESSAGE

Things That Lie Ahead

BY JEANNE LEVEY

In reviewing the past decade and a half, the milestones of the 15 eventful years have been filled with struggle, exhilaration and progress. The compilation of these years shows that the achievements obtained did not come about without tremendous efforts.

Filled with emotion, devotion and determination, the human spirit emphasized once again its ability to provide avenues for the seemingly insurmountable to become a reality.

The struggle became more evident since Parkinson's Disease was a forgotten illness long dormant and the awakening awareness became apparent when the first public meeting was held in Chicago and hundreds attended, so many with distorted bodies, stone-like stares and despair prevalent. However, the rewarding effect evidenced a new awakening which brought forth some recognition that this was a menacing illness, that there were some who cared and that the fight to carry on would prevail.

Then came the short-lived promise of the new experiment of cryothalamectomy (brain surgery). This had its fluctuating periods of hope which then faded and dimmed the enthusiasm because it was soon revealed that this was not the answer.

The first important fact that brought definite hope was the dream of Dr. Lewis J. Doshay that a research and rehabilitation institute be built, which became a reality in 1962. In this institute the Parkinson patient could receive the particular treatment and care eminently suitable for the sufferer of this illness.

Not too long after, came the wonder drug called L-Dopa and the enthusiasm electrified the obvious revelations of seeing the distorted bodies straightened, the frozen face become a warm, normal smile and the shuffling feet walk once again with a normal pace. These unbelieveable sights heightened the hopes that now at last the suffering patients would be freed from their bridled disability.

Without reckoning with time, again came another disillusionment. After some months of L-Dopa absorption, came the sad realization that this wonder drug was not yet the final answer and that additional research would have to be continued.

If we are ever to find out why people get Parkinson's Disease, we now have the opportunity to develop the first coordinated clinical research which will make possible the investigation of the related disorders by studying the whole person with a concerted group of scientists, thus bringing us one step nearer to our ultimate goal, which is research and enlargement of our rehabilitation facilities.

The future is promising because the new Bob Hope Research Institute will initiate a unique program of clinical research with prominent scientists. Specialists everywhere will be invited. Through these efforts, we hope the possible cause and cure may be achieved.

The New Bob Hope Parkinson Research & Rehabilitation Institute

MEMORANDUM

THE WHITE HOUSE
WASHINGTON

October 29, 1974

MEMORANDUM FOR: Marguerite McAuliffe

The President has signed Proclamations entitled:

"American Education Week, 1974"

"National Parkinson Week, 1974"

Robert D. Linder

Robert D. Linder

THE WHITE HOUSE
WASHINGTON

Oct. 29

Spoke w/ Bd. member of the National Parkinson Foundation & they will send a list.

Oct 30

Spoke w/ Congressman Pepper's wife & discussed list.

DATE: 10/23

TO: Marguerite McAuliffe

I am now told by Pam Needham that such a proclamation *will* be issued. A copy should go to Jeanne Levey.

Roland L. Elliott

DATE 10/23

TO: RLE

2:45 pm —
per our phone
conversation.

Judy Beth Berg-Hansen

Dear Mrs. Levy:

Through the courtesy of Congressman Claude Pepper, your letter to President Ford has been received by ~~the~~ The White House. We certainly understand your interest in having the President proclaim a National Parkinson Week.

Since the President receives so many worthwhile requests to designate periods for special observance, the traditional and general guideline followed is that he issued proclamations only when authorized to do so by Congressional resolutions.

I am informed that such a resolution was passed in 1965 to authorize President Johnson to proclaim the week beginning October 27 in that year as National Parkinson Week.

Such a resolution has not been sent to President Ford, but should one come to him in the future, you may be sure it will be given the careful, prompt consideration it deserves. Perhaps you would want to discuss ~~the pos~~ with your Representatives and Senators the possibility of a ~~[illegible]~~ resolution for National Parkinson Week being introduced in the Congress.

With best wishes,

s, Paul A. Theis
Executive Editor

Mrs. Jeanne Levey
Chairman of the Board
National Parkinson Foundation, Inc.
1501 NW Ninth Avenue
Miami, Florida 33136

cc: The Honorable Claude Pepper, House of Rep., Wash., D.C. 20515
via William E. Timmons, attn: Elouise Frayer

PAT:WET:JEB:RLE:

DATE: 10/22

TO: JB —

Would you please prepare for PAT mtg.

Roland L. Elliott

THE WHITE HOUSE

WASHINGTON

Date: 10/21

TO: Roland Elliott

FROM: PAM NEEDHAM

Have heard nothing else about this. Advise that you tell them same thing Timmons did.

DATE: 10/15

TO: Jim Cavanaugh

Please advise – will such a proclamation be issued – might be a good idea.

Thanks

R

Roland L. Elliott

recd. 10/21/74

THE WHITE HOUSE
WASHINGTON

TO: Roland

FROM: PAUL THEIS

Will you prepare
reply. Thanks.

September 19, 1974

Dear Claude:

Thank you for your letter in support of the request contained in the letter that you enclosed for the President from Mrs. Jeanne Levey regarding a "National Parkinson Week."

I can understand and appreciate your and Mrs. Levey's interest in the President issuing such a proclamation. However, because he receives so many requests to set aside periods for special observance, the general guideline is followed that he issues a proclamation only when authorized to do so by Congressional resolution. I note that such a resolution was passed in 1965 which authorized the President to designate the week beginning October 25, 1965, as National Parkinson Week, but one has not come to President Ford for consideration. Nonetheless, I am passing along Mrs. Levey's letter, and I am sure that she will be receiving a response as soon as possible.

With warm regards,

Sincerely,

William E. Timmons
Assistant to the Presiddnt

The Honorable Claude Pepper
House of Representatives
Washington, D. C. 20515

√ bcc w/inc to Paul Theis - for reply to Mrs. Levey's letter addressed to the President

WET:EF:bll

CLAUDE PEPPER
14TH DISTRICT, FLORIDA

CHAIRMAN:
SELECT COMMITTEE
ON CRIME

COMMITTEE ON RULES

COMMITTEE ON INTERNAL
SECURITY

Congress of the United States
House of Representatives
Washington, D.C. 20515

JAMES F. SOUTHERLAND
ADMINISTRATIVE ASSISTANT

432 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515

DON PETIT
ELLIS VAUGHN
DISTRICT REPRESENTATIVES

DISTRICT OFFICE:
ROOM 823 FEDERAL BUILDING
MIAMI, FLORIDA

September 13, 1974

SEP 16 1974

Dear Mr. Timmons:

You will please find enclosed a letter to The President together with enclosures, from Mrs. Jeanne Levey, Chairman of the Board, National Parkinson Foundation, Inc., of Miami, Florida. The letter was delivered to my office with a copy for my information.

I respectfully request President Ford to give consideration to the request that he proclaim "NATIONAL PARKINSON WEEK" this year beginning October 25th. You will note Mrs. Levey states that each of the Governors of their respective states have proclaimed "NATIONAL PARKINSON WEEK" since 1965, and I believe such a proclamation would support greatly our Federal effort to assist in finding the causes and providing the treatment for this dread disease.

You know I would be grateful if you would expedite consideration of this matter.

Believe me,

Very sincerely,

Claude Pepper

Claude Pepper
Member of Congress

Mr. William E. Timmons
Assistant to the President
for Legislative Affairs
The White House Office
Washington 20500

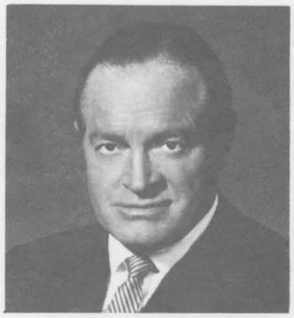
NPF
Message
of Hope

NATIONAL PARKINSON FOUNDATION, INC.

SUPPORTING THE
NATIONAL PARKINSON INSTITUTE

National Parkinson Institute
1501 N.W. 9th Avenue
Miami, Florida 33136
Telephone 324-0156

New York Office
135 East 44th Street
New York, N.Y. 10017
Telephone 697-8050



BOB HOPE
Honorary
National Chairman

PLEASE REPLY TO:
1501 N.W. NINTH AVENUE
MIAMI, FLORIDA 33136

September 10, 1974

The President
The White House
Washington, D. C. 20500

Dear Mr. President:

In 1965 the National Parkinson Foundation was privileged by President Lyndon B. Johnson who proclaimed that the week of October 25th be designated annually as "National Parkinson Week".

We have been exercising this privilege and are now seeking that you, Sir, be kind enough to proclaim "NATIONAL PARKINSON WEEK" this year beginning October 25th, as each of the Governors of their respective states have been doing since 1965.

We are enclosing a copy of a Proclamation issued by the Governor of Florida to give you an idea of the type of procedure that has been followed. Your consideration will be most helpful and be asured of our warm appreciation for your interest in helping and furthering our important work.

The National Parkinson Foundation, Inc. is a voluntary health agency constructed in 1962. We are the only facility of its kind exclusively devoted to the combined efforts of clinical and basic research studies. Our new addition, the Bob Hope Parkinson Research Institute, now under construction, will honor and be dedicated to our mutual friend, Bob Hope, who has been one of our consistent benefactors for the past seventeen years and has largely been responsible for the progress we have thus far achieved.

2...

The new structure will be completed by early 1975, and we hope that you will participate with us on this occasion.

Thanking you in advance for your kind cooperation in behalf of the men and women suffering with Parkinson's Disease,

Very respectfully yours,

Jeanne Levey

Jeanne Levey
Chairman of the Board

JL-ap
encls.
(1) 15 years of progress in Parkinsonism
(2) Psychological Factors in the Management of Parkinsons' Disease
(3) Copy of Joint Resolution - Public Law 89-294
(4) Copy of Proclamation by the Governor for the State of Florida
(5) Copy of a Congressional Record dated February 22, 1972

PROCLAMATION

State of Florida
Executive Department
Tallahassee

WHEREAS, nothing better demonstrates the deep human feeling and unity of the American people than the long, arduous and effective battle they have waged together to alleviate the ravages of disease and illness, and

WHEREAS, the work of the National Parkinson Foundation, Inc., of Miami, Florida, is a remarkably striking example of that feeling and unity, and

WHEREAS, said National Parkinson Foundation, Inc., has brought new hope to millions of victims of Parkinson's disease, and

WHEREAS, such hope is the result of the indefatigable and selfless effort and benevolence of the hundreds of people associated with the said National Parkinson Foundation, its leadership and associated groups and agencies, and

WHEREAS, the affiliate of said Foundation, the National Parkinson Institute of Miami, is devoted to research efforts and to the medical treatment and rehabilitation of Parkinson patients, and

WHEREAS, the work of said outstanding Foundation is signally honored each year during the period beginning October 25;

NOW, THEREFORE, I, Reubin O'D. Askew, by virtue of the authority vested in me as Governor of the State of Florida, do hereby proclaim the period, October 25-31, 1972, as

NATIONAL PARKINSON WEEK

in Florida in well merited recognition of the National Parkinson Foundation as an exemplary medical and humanitarian service to mankind.

IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capital, this 19th day of October in the year of our Lord nineteen hundred and seventy-two.

Reubin O'D. Askew
GOVERNOR

ATTEST:

Richard (Dick) Stone
SECRETARY OF STATE

H. J. Res. 571 PUBLIC LAW 89-294

Eighty-ninth Congress of the United States of America

AT THE FIRST SESSION

Begun and held at the City of Washington on Monday, the fourth day of January, one thousand nine hundred and sixty-five

THE WHITE HOUSE
OCT 21 1965
RECEIVED

GENERAL SERVICES ADMINISTRATION
RECEIVED
OCT 2 1965
NARS
OFFICE OF THE FEDERAL REGISTER

Joint Resolution

To authorize the President to proclaim the week beginning October 25, 1965, as National Parkinson Week.

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled, That the President of the United States is authorized and requested to issue annually a proclamation designating the week beginning October 25, 1965, as National Parkinson Week and inviting the Governors of the several States to issue similar proclamations. It is requested that such proclamation invite the medical profession, the press, and all agencies and individuals interested in a national program for the control of Parkinson's disease to unite during such week in public dedication to such a program and in a concerted effort to impress upon the people of the United States the necessity for such a program.

John W McCormack

Speaker of the House of Representatives.

Hubert H Humphrey

Vice President of the United States and
President of the Senate.

APPROVED

OCT 2 3 1965

Lyndon B Johnson

United States of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 92d CONGRESS, SECOND SESSION

Vol. 118 WASHINGTON, TUESDAY, FEBRUARY 22, 1972 No. 24

House of Representatives

A TRIBUTE TO PARTNERSHIP

(Mr. PEPPER asked and was given permission to extend his remarks at this point in the RECORD and to include extraneous matter.)

Mr. PEPPER. Mr. Speaker, on February 20, speaking before the 13th Annual Bob Hope Dinner to raise funds for the National Parkinson Foundation at the Fontainebleau Hotel at Miami Beach, Fla., Dr. Merlin K. DuVal, Assistant Secretary for Health and Scientific Affairs of the Department of Health, Education, and Welfare, delivered an outstanding address entitled "A Tribute to Partnership."

This dinner is a great event attended by some 1,200 people each year who have long given their loyal support to the problem of Parkinson's disease which afflicts 60,000 new victims every year in our country, which has an annual population afflicted with Parkinson's of 1½ million persons. Bob Hope, for 13 years the honorary chairman of the dinner, was again honorary chairman and was present and in his own inimitable way was master of ceremonies for the entertainment at the dinner, assisted by some of the outstanding artists performing on Miami Beach. My wife has long been the dinner chairman. I had the honor to be toastmaster on this occasion. The National Parkinson Foundation, with headquarters in Miami, provides treatment and rehabilitation for the largest number of Parkinson's patients in the world. The Parkinson Foundation is working in close concert in its research and rehabilitation with the National Institute on Neurological Diseases and Blindness and with other authorities.

The great genius of the foundation has been Mrs. Jeanne Levey who with her husband, a victim of Parkinson's, was the cofounder of the National Parkinson Foundation.

Dr. DuVal in his able and outstanding address not only took due note of the progress made in research upon Parkinson's disease but reviewed the meaningful results possible when the Federal and private resources of the country are brought to bear on a problem. From his vantage point as Secretary for Health and Scientific Affairs in the Department of Health, Education, and Welfare, Dr. DuVal was able to offer much hope in what can be accomplished in dealing with this tragic affliction by such Federal and private cooperation in the years ahead.

Mr. Speaker, I commend the scholarly address of Dr. DuVal to my colleagues and my fellow countrymen in the RECORD immediately following my remarks:

A TRIBUTE TO PARTNERSHIP

(Address by Merlin K. DuVal, M.D.)

This month, from a podium in Washington, a weekend neighbor of yours offered resounding tribute to volunteerism and to those who give so generously of their time and funds for the betterment of all of us. On that occasion, President Nixon—and Mrs. Nixon, who shares his appreciation of the enormous public good that emanates from private efforts—toasted the growing spirit of partnership between two sectors of our society. Here, tonight, we see a brilliant example of the kind of health achievement that is possible when both Federal and private resources are brought to bear on a problem.

The work of the National Parkinson Foundation and those who support it has been responsible for renewed hope for at least one million Americans afflicated by parkinsonism. On behalf of Secretary Richardson and our entire Federal health team, I want to compliment Mrs. Jeanne Levey, her officers and Board—with special reference to the dedicated efforts of Congressman and Mrs. Claude Pepper. I'm sure that you know that Congressman Pepper has been tireless in this efforts to further your cause from his office in Washington.

Bob Hope, your Honorary Chairman, was described last year by his fellow Californian, White House Counsellor Finch, as a "sort of one-man ambulatory HEW"—and I'll second that remark. I also noted that Bob Finch suggested that if we combine the generosity and energy of Bob Hope with the assets of Howard Hughes, this might make it possible to eliminate the Federal Government entirely. I'll second that too—but with one reservation. Let's not let Clifford Irving write the reorganization plan.

But for as long as the Federal Government stays in business, we at HEW will continue to do our very best to make a contribution in the health field.

Let me touch on some of our work in the battle against Parkinson's Disease. As we do in a number of areas, our first effort is to complement, with a strong research support program, the efforts of groups like the National Parkinson Institute as they work more directly with patients. Our own thrust is concentrated in the National Institute of Neurological Diseases and Stroke.

By now, the name of Dr. George Cotzias, the developer of L-Dopa therapy, and winner of a 1969 Lasker Award for Clinical Medical Research, has become thoroughly familiar to everyone with an interest in Parkinson's disease. We are proud to have supported Dr. Cotzias' work with L-Dopa, just as we are proud that we supported much of the research extending over the past 20 years which led up to this discovery. Even today, we are continuing to sponsor his program. He, too, is concerned primarily with the basic nature of parkinsonism. He has been working with possible alternates to L-Dopa, and is now studying reactions to the drug in animals.

He is particularly interested in finding a possible relationship of trace metals to parkinsonism (in fact his original interest was in manganese poisoning, the effects of which so closely resemble parkinsonism). He has been successful in breeding a strain of laboratory mice that does not absorb manganese and, incidentally, is also highly resistant to the toxic effects of L-Dopa. That parkinsonism might be traced to anything as simple as too much or too little manganese would be too good to be true, but we certainly think it's worth while to find out just what the relationship is.

We have some other major clinical groups that we're sponsoring—at the University of Colorado, and at the Albert Einstein College of Medicine in New York, for example.

The people at Colorado are doing a large study of the metabolism, or chemical fate, of L-Dopa in the body, in both animals and man. Simultaneously, they're studying the electrical activity of the peripheral nervous system and muscle in parkinsonism. Just recently they reported that they have found three distinct types of muscle fiber in human muscle, each with its own independent nerve supply. They're now trying to find out whether parkinsonism affects all three of the types, rather than one or two, and whether any difference can be found in the muscle tissue of patients on L-Dopa.

Our center at Albert Einstein was only inaugurated in 1971. This group also will devote itself largely to exploiting the research opportunities opened up by the success of L-Dopa therapy.

In addition to these large projects, we are supporting about 60 smaller, more specifically targeted projects. These cover a very broad range, and I won't try to describe them. One of them, though, is a project of special interest to us tonight that I do want to mention. This is a study that our own National Institute of Neurological Diseases and Stroke is conducting in collaboration with the National Parkinson Institute here in Miami. One of the things we would very much like to know is whether L-Dopa really affects the natural course of Parkinson's disease, or whether it represents purely symptomatic treatment.

The National Parkinson Institute now has the largest L-Dopa therapy program in the world. It dispenses about 100,000 2½ milligram capsules a month, and it has uniform records on the largest population of Parkinson patients of any institution in the world. We're currently analyzing data from this tremendously rich source to see if we can detect any life expectancy differences between pre- and post-L-Dopa patients. This study is going very well, and we expect to be able to report on it by the end of this year. Real knowledge of whether L-Dopa slows the progression of parkinsonism would give us a very important new research lead.

Of course there are other things we also have to find out about this interesting drug. As many of you know, one of the problems that has discouraged many patients, and their physicians, has been that the doses of L–Dopa that are necessary to obliterate tremors are so large that they also frequently produce severe, although reversible, side effects. The problem appears to stem from a natural protective mechanism that acts to prevent many drugs from getting into the brain from the blood stream. Small amounts of L–Dopa (and therefore less likely to produce side effects) are broken down so quickly in the body that adequate penetration into the brain doesn't take place. The main experimental approach to this problem, is through the use of certain "inhibitor" drugs which slow the breakdown of L–Dopa, thus allowing greater penetration, and permitting smaller doses. This is a tremendously exciting investigation because, if it's successful, it will enable us to help many of the 25 to 35 percent of Parkinson patients who cannot now tolerate L–Dopa.

We were most interested to learn that the National Parkinson Institute is negotiating with a drug company to test one of the inhibitors, known as "MK–486." This compound is being tried in a number of other centers and, if you haven't already heard it: the results are highly encouraging up to now. One group that we support in New York currently has 50 patients under treatment with MK–486, plus L–Dopa. They have found that they can reduce dosages by 80 percent, eliminate some side effects, and reduce many of the others to negligible levels.

Some other information of interest relating to long-term safety of L–Dopa has also been reported recently, patients who have been on the drug continuously for as long as three years have shown no serious untoward effects. Furthermore, we have no evidence that the drug causes any measurable alterations in brain tissue. This is very encouraging, indeed.

The data I have just discussed relates, of course, to specific treatment measures—their efficacy and the problems that are associated with them. They are of paramount importance to those of you who are so conscious of the progress of individuals suffering from Parkinson's Disease. But even beyond that awareness, I know that many of you here tonight have an even deeper concern. You look to the *total* health picture with a concern for those who are afflicted with a broad range of disorders. You have seen the appearance of health deficits which might not have occurred had we paid greater attention to preventive techniques. You have borne the burden that escalating costs have placed on consumed and provider alike—to say nothing of the enlarging price of the Federal budget allocated to health. And you have experienced the inadequacies of traditional methods of insuring against the expense of both chronic and acute disorders.

We, at HEW, have increasingly come to a better understanding of these matters—something the voluntary organizations have known for a long time—while dollars are important, the efficient and well-planned use of those dollars is absoluately vital. For too long, we have received only a partial return from Federal health expenditures; today, we must insist that every dollar we spend produces the maximum possible benefit to American health consumers.

This philosophy is the cornerstone of the comprehensive health strategy I came to Washington to implement, at the request of our President. And my associates and I have started to implement it. We began by streamlining the operation of HEW—the second largest but most complex of all government departments. For years, people have said that HEW couldn't be managed. I'm here to tell you it can be managed and under the inspired leadership of our Secretary, Elliot Richardson, it *is* being managed; and well too, in my judgment.

At HEW our concern is not, weapons systems, national parks or highways—it's people—their health; their education; their well being and their welfare. My one concern, in the Department, is health. And our goal is to make it possible for all people to have ready access to good health care at a price that is reasonable and can be reasonably afforded. We are emphasizing the prevention of disease, the control of costs and the quality of the product. And we intend to achieve these objectives without destroying the freedom which has been responsible for so many of the advances in American health technology. We are not yet prepared to bankrupt the nation with paternalistic health protection schemes. We do not think that government has the right to rob the individual citizen of his own right to choose the physician and the health facility that he believes are best equipped to meet his needs.

More simply stated, our strategy is an interlocking effort to encourage the reform and renovation of the entire health care system through more skillful health planning, health research, health manpower education and health services. And I am gratified that you who are associated with the National Parkinson Foundation also recognize the need for a fresh and innovative approach in your work with patients. I refer, of course, to the concept utilized in the Tower of Hope. This unique facility undertakes rehabilitation and research in effective, new ways—providing an environment more closely resembling the "real world" to which the chronic patient and his family must adapt.

Mrs. Levey has told us of the plans for the Bob Hope Research and Rehabilitation Institute, which will encompass some 50 beds, and laboratory facilities for 8 to 10 scientists. I can only say that we welcome and applaud this enterprise and wish you the best of good luck with it.

As I have already suggested, the conquest of Parkinson's Disease—like most of our other health challenges—will result from a partnership, an amalgam of public and private effort. Thus far, your share of the job has been handled admirably. My colleagues and I will do everything we can to match it.

Thank you.

Message
of Hope

15 Years
Of Progress
In Parkinsonism

1957-1972

BOB HOPE
Honorary National Chairman

NATIONAL PARKINSON FOUNDATION, INC.
1501 N.W. 9th AVENUE MIAMI, FLORIDA 33136

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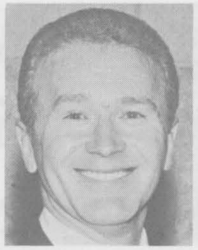
LUCILLE BALL


SHIRLEY BASSEY


ANITA BRYANT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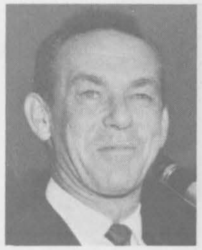
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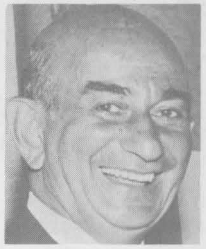
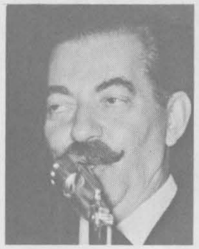
CYD CHARISSE


BETTY CLOONEY


MYRON COHEN


JERRY COLONNA


BILLY DANIELS

Our Tribute To The Great Artists Who Have Shared With Us Their Talents Over The Years

Bob Hope has given impetus and made possible the original goal of the National Parkinson Foundation (NPF) and has become the focal point of our successful 15-year program.

His continued, untiring interest, giving his unique, skillful talents as well as his financial resources has sustained us in the past and will help bring to reality for the first time a singular research facility for clinical and basic research studies with a coordinated group of scientists in the related areas of the biological sciences. This facility will provide the opportunity for the specialists to explore and pinpoint the area of inception and probably find the cause and cure of Parkinson's Disease.

He has brought the greatest bevy of famous artists from all parts of the country with him to participate and share with us their genius and innate human qualities at the annual Bob Hope dinners.

To mention only a few, we have had Lucille Ball, Shirley Bassey, Polly Bergen, Janet Blair, the Impact of Brass group, Anita Bryant, Red Buttons, Jack Carter, Cyd Charisse, Betty Clooney, Myron Cohen, Jerry Colonna,


SAMMY DAVIS, JR.

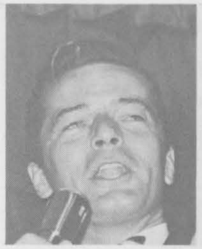

GLORIA DeHAVEN


JIMMY DURANTE


NITA DUVAL


EDDIE FISHER


EYDE GORME


ROBERT GOULET


SHECKY GREENE


PAT HENRY


HARRY HIRSCHFIELD


HELENA JACKMAN


JANE KEANE


GLADYS KNIGHT


ALAN KING

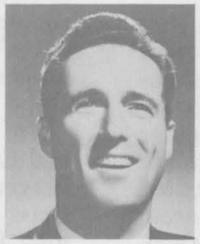

FRANCES LANGFORD

Billy Daniels, Sammy Davis Jr., Gloria de Haven, Jimmy Durante, Nita Duval, Eddie Fisher, The Five Gospel Jazz Singers group, Eyde Gorme, Robert Goulet, Shekky Green, Harmonicats, Pat Henry, Harry Hirschfield, Dolores Hope, Helena Jackman, Jane Keane, Gladys Knight and the Pips, Alan King, Frances Langford, Steve Lawrence, The McGuire Sisters, Tony Martin, Jack Mathers, Marilyn Maye, Sheila McRae, Hugh O'Brien, Patti Page, Arnold Palmer, Louis Prima, Anthony Quinn, Debbie Reynolds, Dick Shawn, Frank Sinatra Jr., Keely Smith, Lee Sohn, Ed Sullivan, Danny Thomas, Jackie Vernon and many others.

Our genuine thanks and appreciation to our dear Bob Hope and all the participants who have helped us fullfill this lofty mission. We hope the years ahead will provide rewarding comfort to each of these great personalities.


STEVE LAWRENCE


TONY MARTIN


JACK MATHERS


MARILYN MAYE


SHEILA McRAE


HUGH O'BRIEN


PATTI PAGE


ARNOLD PALMER


LOUIS PRIMA


ANTHONY QUINN

Fifteen Eventful, Historical Years of The National Parkinson Foundation

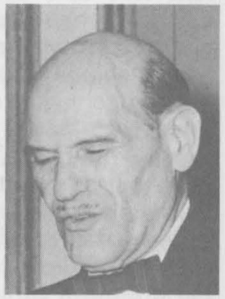
1957

As early as 1945, the S. *Jay Leveys* consulted *Dr. Lewis J. Doshay*, Director of the Parkinson Laboratories of the Neurological Institute at Columbia University, on Mr. Levey's illness.

It was from this encounter and at his suggestion that the whole idea of establishing a foundation came to life years later with Dr. Doshay becoming one of the central figures of the purpose and philosophy of the organization. He felt the necessity of people becoming aware of the dread disease, Parkinsonism.

As this dream became a reality, Dr. Doshay consented to become Chairman of the National Medical Advisory Board of the Foundation, and it was under his dedicated leadership that the Parkinson Institute attained national recognition. This man devoted 34 years of his medical life to Parkinson's Disease, writing a vast amount of material on this illness as well as developing most of the early drugs used for Parkinsonism for the pharmaceutical houses.


S. JAY LEVEY


DR. LOUIS DOSHAY

The National Parkinson Foundation was founded at a meeting in the home of Mr. and Mrs. S. Jay Levey in Miami Beach during March 1957, the Charter being prepared by *Lee M. Worley* and signed by *Circuit Judge Ray Pearson.*

A New York Charter was organized by Cresap, McCormick and Paget,


DEBBIE REYNOLDS


FRANK SINATRA, JR.


LEE SOHN


ED SULLIVAN


DANNY THOMAS


JACKIE VERNON


THE ANDREWS SISTERS


THE IMPACT OF BRASS

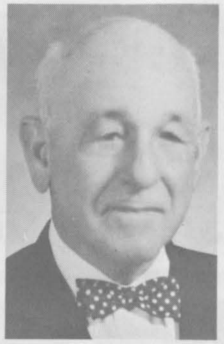
Management Consultants, in October 1957, the incorporation being approved by *Supreme Court Justice Samuel M. Gold. Edward Madden,* an early volunteer, who built many county blood banks, paid all expenses of Cresap, McCormick and Paget. *Hugo Pollock,* another early volunteer, provided the NPF with an office suite rent free and with all services provided for two years. In the summer of 1959 a permanent office was established at 135 East 44th St. in New York, where that office has been ever since.

Mr. Pollock, a friend of the Levey family, has consistently observed how Parkinson's Disease destroys the suffering patient and the family as well, remaining devoted to the cause of Parkinsonism throughout the years.

Meyer Stein, an associate of Hugo Pollock, has served in a legal capacity since the inception of the Foundation, together with Mr. Pollock. He has been responsible for expediting many substantial legacies, and under his direction all finances have been responsibly handled. His services have been of immeasurable value and it is difficult to describe the voluminous amount of energies expended through his kind offices.

William Bein was one of the valued early founders, working with *Sam Spielberg* in the New York office from the very beginning. Bill Bein spent his life in the world of philanthropy. He worked ten years without compensation with the NPF as a member of the National Board of Directors. His valuable direction and service have remained a constant guide and his spiritual quality, experience and philosophic approach have stayed with us throughout the years as a permanent symbol. He died in 1968 but his memory will endure.

Sam Spielberg, one of the original founders from the Foundation's inception, took over the New York office and has been its Treasurer and Secretary through all these years. He has been a consistent, ardent worker and has been responsible for bringing substantial funds to the Foundation.

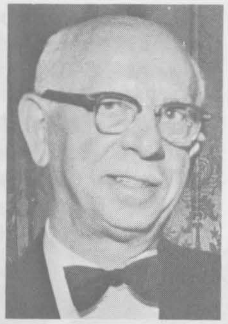

LEE WORLEY


EDWARD MADDEN

The New York office has successfully survived throughout these many years under Sam Spielberg's wise, economic direction.

The first public meeting on Parkinson's Disease was held in Chicago at the new Henry Booth House with an overwhelming audience. Dr. Lewis J. Doshay of Columbia University flew in from New York to address the meeting. The anxious faces, the crippled and maimed lives at this meeting developed an awareness that sparked new impetus to the whole movement in Parkinsonism, which has followed throughout the years.

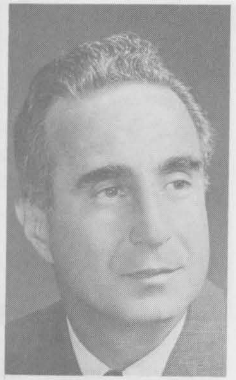

BILL BEIN


SAM SPIELBERG

1958

The first presentation, public meeting and discussion on Parkinson's Disease in Florida took place in the Rosewood Room of the Fontainebleau Hotel, Miami Beach, on January 28. *Senator Harry P. Cain* acted as chairman and *Dr. Peritz Scheinberg,* Associate Professor of Neurology of the University of Miami Medical School discussed Parkinson's and allied diseases. Some 300 people attended.


SEN. HARRY CAIN


DR. PERITZ SCHEINBERG

The premiere dinner of the NPF was held at the Fontainebleau Hotel on March 13 with Senator Harry P. Cain as Toastmaster. Principal speaker was *Dr. Homer Marsh,* Dean of the University of Miami Medical School.

1959

The first public service forum on Parkinsonism was initiated on Channel 2, Miami.

A group of eminent physicians took part in the discussion, Senator Harry P. Cain acting as moderator.

Among the participants were *Dr. George J. LeRoy,* University of Chicago, *Dr. A. M. Ornsteen,* University of Pennsylvania, and *Dr. Ralph Jones Jr.,* Professor and Chairman of the Department of Medicine, University of Miami.

Senator Harry P. Cain also acted as moderator at a free public meeting, held at the Miami Beach Auditorium on March 15th. Dr. Lewis J. Doshay of Columbia University, Dr. George J. LeRoy, University of Chicago, Dr. A. M. Ornsteen, University of Pennsylvania, Dr. Ralph Jones Jr., Professor and Chairman of the Department of Medicine, University of Miami and *Dr. Earl A. Walker* of John Hopkins University were the speakers on Parkinson's Disease. Some 3000 people attended this meeting, the largest single public meeting ever held on Parkinson's Disease.

On April 7 the annual dinner of the NPF was held at the Waldorf Astoria Hotel in New York City. Guest speaker was Dr. George LeRoy, Associate Dean of Biological Sciences of the University of Chicago, who pointed out that leaders of American science felt real concern because basic research had not received adequate support. He praised the NPF's program to raise money to finance a research grant to his division at the University of Chicago because progress toward a method of control or cure of Parkinson's Disease depends upon the accumulation of new information about the human nervous system.

A big luncheon was held at the Bay Harbor Island home of Jeanne Levey on Miami Beach, with about 85 women attending. On this occasion the Florida Women's Division was organized and *Helen Sterne* was elected its first president. She remained president for a number of years.

The Florida Women's Division has dedicated a sustaining interest to Parkinsonism and the Foundation from its very inception throughout all these years. *Flora Frey, Fern Schwartz Cohen, Johanna Bergmann* and many others have given time and love to the cause with great devotion.

The Women's Division of the NPF was organized at a special luncheon held in the New York home of Jeanne Levey, Chairman of the Board, in October 1959. Its function is to service as a working arm of the Board of Directors to promote public understanding of this dread disease and as an aid in raising funds for research and rehabilitation.

1960

DR. RALPH JONES

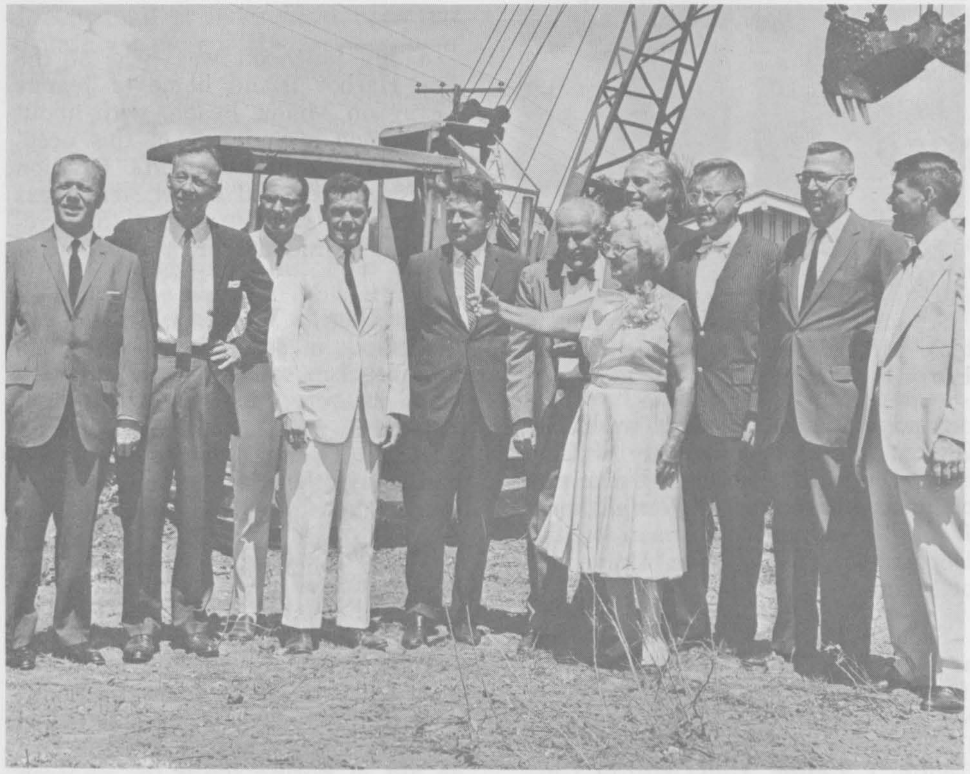
DR. SAM GERTMAN

The first annual *Bob Hope Dinner* took place on Valentine's Day at the Fontainebleau Hotel in Miami Beach, Florida with Bob Hope presiding, thus beginning his annual dinners with his large number of great stars. *Chuck Hall* acted as chairman.

The University of Chicago received $25,000 from the NPF, as the first installment on a $150,000 gift for basic research on Parkinson's Disease. The grant established a senior research fellowship program in the division of Biological Sciences at that University.

Groundbreaking ceremonies for the construction of the National Parkinson Institute building at N.W. 9th Ave. and 15th St. in Miami took place on May 1st. This great milestone stirred thousands to the realization of the great need for such a building, the first in history to represent an attempt to do battle with Parkinsonism. *Dr. Samuel Gertman,* Director, Division of Gerontology at the University of Miami and Chairman of the Medical Advisory Board, Florida Chapter of the NPF, gave a speech entitled "The Goals of the Parkinson Rehabilitation Clinic" to commemorate the occasion.

Present to view the work being undertaken were *Dr. Irving Lehrman* of Temple Emanu-El, Senator Harry P. Cain, Dr. Emil P. Taxay, Instructor of the University of Miami School of Medicine, Dr. Ralph Jones, Jr., Chairman of the University of Miami School of Medicine, Dr. M. Eugene Flipse, Assistant Executive Chairman, Richard Bryce, Jeanne Levey, Dr. Robert B. Lawson, Interim Dean of the University of Miami School of Medicine, Commissioner Charles F. (Chuck) Hall, Dr. John H. Farrell, Chairman Dept. of Surgery, University of Miami School of Medicine, Dr. David H. Reynolds, Chief Division of Neurosurgery, University of Miami School of Medicine, Mayor Robert King High, and many other dignitaries and guests.



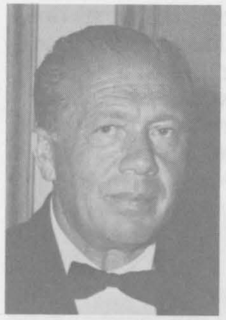
Groundbreaking on the National Parkinson Institute

The New York Women's Division had its first annual luncheon at "Tavern on the Green" on October 11, 1960. The guests numbering close to 500 reflected a quality of tone and distinction. The famous screen and TV star, *Teresa Wright,* was guest of honor. She spoke of her contact with *Margaret Bourke-White,* whose heroic struggle against Parkinson's Disease she portrayed so beautifully in "Sunday Showcase," the TV production of the Margaret Bourke-White story.

Another distinguished guest was Dr. Lewis J. Doshay, Chairman of the NPF medical advisory committee, who presented an interesting and informative talk on the treatment and care of the Parkinson illness, and the importance of supporting the NPF research program.

1961

The second annual Bob Hope dinner was held at the Fontainebleau Hotel in Miami Beach. Bob Hope flew in at his own expense from the West Coast to act as Master of Ceremonies. He was joined for the show by Polly Bergen, Tony Martin, Sammy Davis Jr., Dick Shawn and other celebrities.



DR. IRVING LEHRMAN

REP. DANTE FASCELL

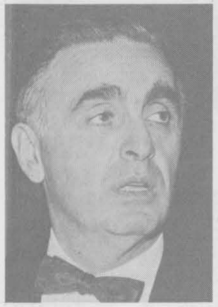
Jeanne Levey went to Washington to try to obtain a government grant for construction of the Parkinson Institute building. She accompanied Representative *Dante Fascell* to the office of *Abraham Ribicoff,* Secretary of Health, Education and Welfare, for an interview on this matter. As a result, a federal grant was approved by the U.S. Government to be given to the NPF in the form of a U.S. Hill-Burton grant in the amount of $150,000 to be matched by the NPF from funds gathered from friends, for the proposed construction.

A bronze bust of our founder, S. Jay Levey, was unveiled. This bust was to be placed at the new Parkinson Institute. It was sculptured by *Miss Zena Posever.* Because S. Jay Levey was a victim of Parkinson's Disease, the idea of making the world aware that Parkinsonism is a menacing illness was born, becoming the focal point of motivation through the eventful years to follow.

1962

The third annual Bob Hope dinner was held at the Fontainebleau Hotel. Guest of Honor was Secretary of Education, Health and Welfare Abraham A. Ribicoff, who presented Jeanne Levey with the $150,000 check from the Hill-Burton grant approved in 1961.

Dedication ceremonies for the National Parkinson Institute took place on May 13, 1962 and on June 1st, patients were admitted, the first ones being S. Jay Levey, *Maurice Frey* and *David Kaltman*. For the first time in history, the only institute exclusively devoted to treatment and care of Parkinsonism and its allied diseases started to function.


SEN. ABE RIBICOFF


DAVID KALTMAN

Patients received specialized diagnosis, their cases were studied, research on the progress of medical treatment was undertaken and psychological and social studies made. Applications came from all parts of the country, establishing the great need for such an institute.

The Wall of Hope was installed in the lobby of the Institute. This wall is a permanent symbol of the generous men and women who have made possible the first Parkinson Institute anywhere. We are proud to indicate that our record of achievement through the years has justified their faith and generosity.

THE THRIFT SHOP

An air conditioned Thrift Shop was opened at 1719 N.W. 10th Ave. with most attractive equipment and decorations. Volunteers from the Women's Division were asked to help in every possible way to make this a profitable project, with the proceeds going to the Parkinson Institute.

Many new fund raising devices were created by the Women's Division which brought in substantial sums through the years so that their record was and still is considerable.

1963

Florida Governor Farris Bryant and Bay Harbor Islands Mayor Shepherd Broad issued a joint resolution declaring February 10th to 17th National Parkinson Week.

The fourth annual Bob Hope dinner was held at the Deauville Hotel on February 14th. The dinner was emceed by Bob Hope, who made a generous cash contribution, flew down at his own expense and brought together for the show such performers as *Jimmy Durante, Janet Blair, Keely Smith, Tony Martin* and *Cyd Charisse* and *Allen and Rossi.*

During the same month, Jeanne Levey welcomed Bob Hope to the National Parkinson Institute, where he visited with patients and was interviewed by WTVJ television station for a special news broadcast.

A brain bank was set up for people who agreed to will their brains to the NPF. Brains subsequently have been sent to *Dr. Mary Bazelon* at the George Washington University. Such a study may help solve the mystery of Parkinson's Disease.

In May, Jeanne Levey was chosen as Dade County's Outstanding Citizen of the Year and in September was given a citation for outstanding contributions to the State of Florida, the citation being signed by Farris Bryant, Governor of Florida.

On October 9, 1963, Jay Levey, Co-Founder of the NPF, passed away. S. Jay Levey died and Jeanne Levey's work continues. Because of the fate that has befallen their lives, others may live.

1964

The fifth annual Bob Hope dinner was held on February 14th at the Fontainebleau Hotel, with Bob Hope emceeing and Metro Mayor Chulk Hall presiding. The dinner has become an institution and has since been called "The dinner of the year."

Another symposium on Parkinson's Disease was held at the Fontainebleau Hotel from April 9 to 11 under the auspices of the NPF with a dinner held at the National Parkinson Institute for the people present at that symposium.

Scientists from various parts of the country attended and as a result, the monograph "Parkinson's Disease - Trends in Research and Treatment" edited by Professors *A. Barbeau* of the University of Toronto, Lewis J. Doshay of Columbia University and *Ernest A. Spiegel* of Temple University in Philadelphia, was published in 1965 by Grune & Stratton of New York and London.


MAYOR CHUCK HALL


DR. E. A. SPIEGEL

In December Jeanne Levey was presented with the 1963 Lane Bryant annual award to an individual for volunteer service to the community.

1965

The 6th annual Bob Hope dinner, held at the Fontainebleau Hotel on February 14th and emceed by Bob Hope, was a memorable occasion.

The letter that *President Johnson* sent Bob Hope commemorating this dinner had a message that is particularly fitting and inspiring.

From June 6 to 10th, the American Medical Association held its annual convention in New York City. The only exhibit on Parkinson's disease was the one set up by the NPF. Jeanne Levey was present at this convention.

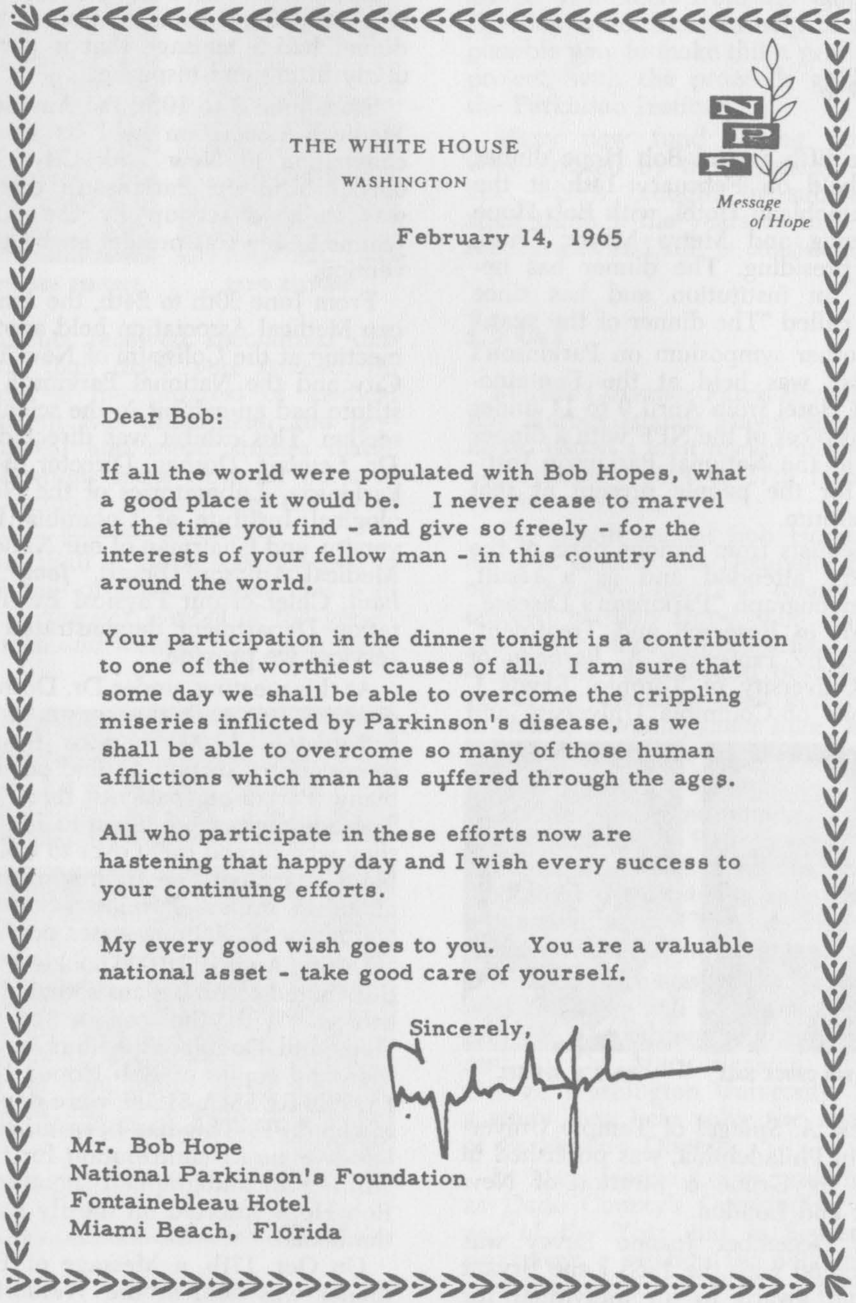
From June 20th to 24th, the American Medical Association held another meeting at the Coliseum of New York City and the National Parkinson Institute had an exhibit in the scientific section. This exhibit was directed by *Dr. Lewis J. Doshay*, Director of the Parkinson Laboratories of the Neurological Institute at Columbia University, and Chairman of our National Medical Advisory Board. *Jean Thibaut*, Chief of our Physical Rehabilitation Department demonstrated the services we provide.

At this meeting, under Dr. Doshay's direction, we took the census of approximately 15,000 persons from a cross-country section, to find out how many Parkinson patients there are. These findings were given to Dr. Doshay who turned them over to Columbia University. The figures came to about 1½ million Parkinson sufferers and about 60,000 new cases per year.

During August, 10,000 booklets were distributed to physicians showing this exhibit. With the consent of Bob Hope and Doubleday editors, several thousand copies of Bob Hope's book, I OWE RUSSIA $1200, were donated to the NPF. This has been an excellent avenue of contribution for those wishing an autographed signature of Bob Hope inserted on the fly leaf of the book.

On Oct. 17th, a Message of Hope dinner was held at the Waldorf-Astoria Grand Ballroom in New York, honoring the memory of *Irving Friedman,* co-founder and benefactor of the NPF. Sponsoring and attending were *General and Mrs. David Sarnoff,* Chairman of the Board of R.C.A., the eminent author *Eugene Lyons,* was the central speaker. *Helen Hayes and Mrs. Lyons, Senator Jacob Javits and Allan Jay Lerner* contributed with their presence to this memorable dinner.

On October 25, 1965, a joint resolution was issued by Congress proclaiming that week as annual National Parkinson Week. The proposal was presented and initiated by *Claude Pepper* and signed by *Vice-President Hubert Humphrey* and President Lyndon Johnson.



THE WHITE HOUSE
WASHINGTON

Message of Hope

February 14, 1965

Dear Bob:

If all the world were populated with Bob Hopes, what a good place it would be. I never cease to marvel at the time you find - and give so freely - for the interests of your fellow man - in this country and around the world.

Your participation in the dinner tonight is a contribution to one of the worthiest causes of all. I am sure that some day we shall be able to overcome the crippling miseries inflicted by Parkinson's disease, as we shall be able to overcome so many of those human afflictions which man has suffered through the ages.

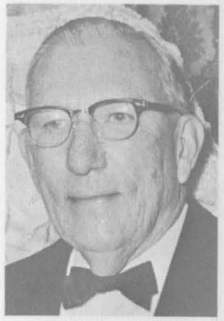
All who participate in these efforts now are hastening that happy day and I wish every success to your continuing efforts.

My every good wish goes to you. You are a valuable national asset - take good care of yourself.

Sincerely,

Mr. Bob Hope
National Parkinson's Foundation
Fontainebleau Hotel
Miami Beach, Florida

A Letter from President Lyndon B. Johnson



HON. CLAUDE PEPPER

MILDRED PEPPER

At the beginning of November, President Johnson called for a White House conference on health. This three day session culminated in a reception at the White House with 1500 scientists and professors from all parts of the country attending and the only persons representing Parkinson's Disease were Jeanne Levey, Chairman of the National Parkinson Foundation and the Honorable Claude Pepper.

They were received by Vice-President Hubert Humphrey and handed the Resolution proclaiming the annual National Parkinson Week. The aftermath of that Health Conference was that Jeanne Levey wrote a personal letter to President Johnson and received an excellent assurance that new impetus would be given to the problem of Parkinson's Disease. As a result, Congressman Pepper arranged to take Jeanne Levey before the Appropriations Committee, with *Fred Fogarty* and *Senator Lister Hill* presiding. The National Institutes of Health received their first appropriation earmarked for research on Parkinson's disease.

It is appropriate here to mention the continued, untiring interest that the Honorable Claude Pepper has manifested for the NPF throughout the years. He initiated and fathered great legislation, introduced many bills to further the interest, research and grants favoring our organization and always behind him, *Mildred Pepper* could be found, helping him and being a literal Rock of Gibraltar.

Unfortunately, 1965 did not bring only good things. Dr. Lewis J. Doshay, the father of the NPF dream, Chairman of the National Board of Medical Consultants of the National Parkinson Institute, died on November 6th. All the case history data, his books and manuscripts were presented to the NPF archives. These data have been most valuable for research studies and many of the patients of Dr. Doshay came to the National Parkinson Institute in Miami for treatment.

1966

The seventh annual Bob Hope dinner was held at the Deauville Hotel. Bob Hope faithfully emceed the affair as he has done in the past. U.S. Representative Claude Pepper attended, together with Mildred Pepper who shortly before had graciously accepted the Chairmanship of the National Women's Division of the NPF. Through her efforts, the Women's Division groups have developed substantially throughout the years.

Present also were *Senator Gale McGee* of Wyoming, Congressman *John Dent* of Pennsylvania, *Dr. Henry King Stanford,* President of the University of Miami, *Dr. Hayden C. Nicholsen,* Dean of the Medical School of Miami, and *Ralph Renick,* Vice-President of WTVJ Television of Miami.

Bob Hope was presented with the "Chair of Hope," designed by Jeanne Levey, prepared and upholstered by artist Michael Piuggi. This chair is now in Bob Hope's Trophy Room in North Hollywood. Claude Pepper also presented Bob Hope with a plaque, written by Jeanne Levey and made by Mr. Piuggi.

Sam Spielberg of the New York office presented Jeanne Levey with a substantial check made possible through the New York office's untiring efforts and fine management.

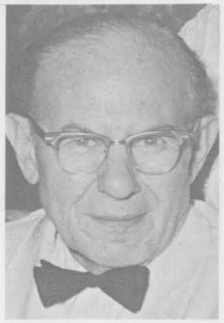
After being made custodian of Dr. Lewis J. Doshay's books, papers and manuscripts on Parkinson's Disease, the NPF established a Dr. Lewis J. Doshay library for literature on Parkinson's Disease, also a lectureship and a fellowship in memory of this physician who gave 34 years of his medical career trying to find a cure for this malady.

A new identification disk and record card were prepared to be distributed among Parkinson patients to protect them in case of injury or sudden illness.

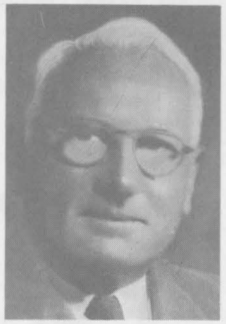
"Hope through Research" a special publication prepared by the National Institutes of Neurological Disease and Blindness of the National Institutes of Health gave tribute to the NPF as a voluntary association dedicated to research and service on Parkinsonism.

Having two brothers affected with Parkinson's Disease, this illness became a major source of interest to *Jacob S. Seidman* of New York City, head of an accounting firm with offices in many foreign countries and considered one of the 10 largest accounting firms in the world. Great philanthropists, the J. S. Seidman family and the Seidman Foundation donated $250,000 to the NPF in memory of the late M. L. Seidman.

The NPF purchased a 13-story building in Miami from the Federal Housing Administration, the purchase being made possible to a large degree by this generous contribution. It was decided to name this building "The M. L. Seidman Parkinson Tower" in memory of Mr. Siedman's brother.



J. S. SEIDMAN



M. L. SEIDMAN

The purchase of this building made a reality of a hope long cherished by the national board of directors of the NPF, a unique philosophy with dual purpose: the possibility of a housing facility and an education program for the Parkinson patients and their families, as well as a research laboratory and varied rehabilitation departments covering the related services, treatment and care, all under one roof.

This idealism was not permitted to come to full fruition because of zoning restrictions and finally, after a number of years in which we were unable to achieve our purpose, we had to sell the M. L. Seidman Parkinson Tower in order to proceed with the dominant effort to reach our goal, to find the cause and cure of Parkinson's Disease. We are now proceeding to build the comfortable addition that will make our original purpose possible.

In June Jeanne Levey was presented with a Certificate of Appreciation by the Kiwanis Club on the occasion of her addressing the Hialeah-Miami Springs chapter.

During October, Metro Mayor Chuck Hall and Miami Mayor Robert King High issued a proclamation asking for local participation in observing National Parkinson Week beginning October 25th, concurrently with the nation-wide annual period proclaimed the year before by President Johnson.

1967

On February 14th the Fontainebleau was the site chosen for the 8th annual Bob Hope dinner. Bob Hope and his usual bevy of stars made this a great occasion. Speakers were *U.S. Senator E. L. Bartlett* of Alaska and Congressman *Daniel J. Flood* of Pennsylvania. *Senator and Mrs. Fred Harris* of Oklahoma and *Senator and Mrs. John J. Williams* of Delaware honored us with their presence.

Jeanne Levey had the privilege of being included in a good will tour, together with a group of people, with Claude and Mildred Pepper, to Italy, Israel, Spain and Greece. The American Embassy in each country met the group and briefed it on the problems besetting the respective governments.

Jeanne Levey, naturally, visited the important hospitals and universities, interested as always in seeking information about Parkinson's Disease. Unfortunately, practically no work was being done in any of the countries on the disease and few people had any real interest in the Parkinson problem.

It was during the visit to Spain that Jeanne Levey was surprisingly told by an eminent physician that *Generalisimo Franco* had Parkinson's Disease. This was confirmed in the December 11, 1972 issue of Time magazine in a report on The Unsolved Problems of Succession, a story of Spain today. Since this tour, we have been sending material to Israel and this country has become aware that Parkinsonism is one if its vital health problems.

In Italy, Claude Pepper and Mildred had an audience with *Pope Paul VI*. Dedicated as always to Parkinsonism, Claude Pepper asked His Holiness if he would bless the NPF and its founder. Before 10,000 people in the audience, and with a copy of our Newsletter in his hand, the Pope blessed the NPF and its founder.

POPE PAUL

REP. DAN FLOOD

Dr. Ernest A. Spiegel, a world renowned professor of experimental and applied neurology at Temple University in Philadelphia and *Dr. Mona Spiegel*, professor in colloid chemistry at the same university began a period of dedicated application in a new improved laboratory at the National Parkinson Institute on a research project that brought new hope for a possible breakthrough in the disease. This activity was to last 6 or 7 months of each of the next five years. The Spiegels have already contributed a great deal of knowledge to the many facets of Parkinsonism.

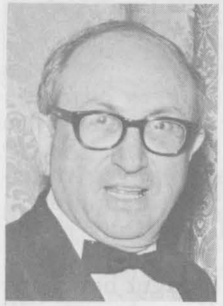
In 1947 Dr. Ernest A. Spiegel and Dr. H. T. Wycis of Temple University developed the first stereoencephalo tactic, in the form of an instrument that guides electrodes to the basal ganglia of the brain and pinpoints the area of the brain affected by the disease. This instrument is now on display at the Smithsonian Institute.

Dr. Mona Spiegel worked with the Fava Bean, developing an extract containing dopamine. Unfortunately, the quantities produced were minimal and patients had to ingest too much extract during the course of a day to get enough dopamine to be of any value, so this procedure had to be abandoned.

The Florida Women's Division of the NPF raised a sum of $10,000 which was used to purchase an electroencephalograph and its accessories. They also donated two Dodge station wagons to transport patients who do not have their own transportation to and from the Institute. Since then, the Institute has purchased two Volkswagen station wagons being used for the same purpose.

1968

At the ninth annual Bob Hope dinner held at the Fontainebleau Hotel, with Bob Hope emceeing, we had *Wilbur J. Cohen*, Secretary of Health, Education and Welfare as guest of honor. Drs. Ernest A. Spiegel, professor of experimental and applied neurology at Temple University in Philadelphia, and Mona Spiegel, professor in colloid chemistry at the same university, members of our medical staff, also honored us with their presence.


HON. WILBUR COHEN


DOLORES HOPE

We surprised Bob and Dolores Hope, who were celebrating their 34th wedding anniversary, with a tiered wedding cake and Dolores Hope delighted the large audience of 1200 people attending this dinner by singing, thereby exhibiting her innate talents.

Three major sources sparked national and international publicity for the NPF. One source was a letter by Jeanne Levey of the NPF written to Time magazine and published by them, telling about Bob Hope's interest in the fight against Parkinson's Disease and the work of the Foundation. Another source was an Associated Press news feature story by Ben Funk on the NPF and the third was a public radio announcement using Bob Hope's voice appealing for funds to fight Parkinsonism.

Letters and requests for information were received from all over the world as well as contributions. Patients came to visit us from many foreign countries. The maturity of work and progress of the NPF was taking on international significance.

As the Parkinson Institute became more firmly established, groups from several nursing schools came to see what has and could be done at the Institute. The School of Nursing of the University of Miami, the School of Nursing of Jackson Memorial Hospital, students in the associate degree program at Miami Dade Junior College, etc. visited us and our medical staff and heads of the Rehabilitation Departments lectured to these visitors.

We had a visit from *Miss Mary Switzer*, Administrator of Social and Rehabilitation Service of the Dept. of Health, Education and Welfare, who was our guest at the Seidman Parkinson Tower. She was fascinated with the idealism and possibility that the Seidman Parkinson Tower could be developed into an in-patient facility with a unified program of service and education for the Parkinson patient as well as a treatment and research center, all under one roof.

In 1959, *Dr. Oleh Hornykiewics,* Professor of Pharmacology at the University of Toronto, was in Vienna where he started analyses of the brains of patients who died of Parkinson's Disease, finding that a severe deficiency of dopamine in the extrapyramidal centers occurred in these patients. With this finding, Dr. Hornykiewics opened a whole new era of research and treatment of the Parkinson patient, by trying to find ways to replace the lack of dopamine in one of the main cells of the brain.

While various studies were being made on dopamine, it was observed by a number of scientists that the drug L-Dopa finds its way through the bloodstream of the body and passes the blood brain barrier, finally reaching the ganglia, a vital cell where the average person manufactures dopamine naturally whereas the Parkinson patients suffers a deficiency in this mechanism; and it is dopamine that energizes the motor system of the body.


HON. MARY SWITZER


DR. MONA SPIEGEL

L-Dopa began to be used on patients, eliminating surgery and its hazards. At the beginning only small doses of this medication were administered to the Parkinson patient. *Dr. George Cotzias,* Senior Scientist of the Brookhaven National Laboratory at Upton, New York began to administer it in large doses, sometimes with dramatic results.

With this basis, the NPF shortly afterwards was one of the early centers licensed by the Food and Drug Administration, under *Dr. Merle Gibson,* to do experimental studies with L-Dopa.

1969

The tenth annual Bob Hope dinner held on February 22nd at the Fontainebleau Hotel was the biggest and best ever. Highlight of the evening was the presentation to Bob Hope of a specially struck 18 karat gold medal portraying his face sculptured in bas relief and honoring him for his "Decade of Devotion" to the work of the Foundation. Jeanne Levey presented the medal to him.

Dr. Edward F. McNichol Jr., Director of the National Institute of Neurological Diseases gave an inspiring address, commending with high praise the work of the Parkinson Institute. He said that research into L-Dopa at the Institute was of great importance because more Parkinsonians were gathered at the NPF facility in Miami than any other location in the nation. He felt the Institute was making a substantial contribution in the medical and health world with its unique philosophical approach to Parkinson health care. Dr. McNichol had previously inspected the facilities at both the Institute and the Seidman Parkinson Tower.


DR. E. F. McNICHOL, JR.


DR. E. PAPPER

Master of Ceremonies that evening was Dade County Mayor Chuck Hall, who introduced Congressman Claude Pepper, National Vice Chairman of the NPF. Great entertainers who added to the splendor of the occasion, included *Jimmy Durante, Golfer Arnold Palmer, Singer Betty Clooney* and many others.

1969 was the peak year with regard to the number of patients seen and treated. Much of this had to do with the L-Dopa drug which made the headlines. The Seidman Parkinson Tower was filled with Parkinson families from all parts of the country as well as residents of foreign countries. There were 12,320 patient visits that year, 48,700 individual treatments and 322 new evaluations.

At the beginning, the four-month treatment to which the patients were submitted with L-Dopa was most rewarding, with many patients showing remarkable results. Sadly, this was not a sustaining record because the drug proved to lose its consistency. It developed side effects which caused many patients to drop out of the program.

Scientists are developing new paths that may hold even greater promise and these paths must be pursued because only through continued research can we hope to find the answers to the perplexing problems of the disease and a better understanding of the extension of the involvement.

Several research papers dealing with symptoms of Parkinson's Disease and the use and effects of L-Dopa were published in the course of the year. Among them were several of which the authors and co-authors were members of the NPF's medical staff. These are:

1. E.A. Spiegel, H. T. Wycis, H. A. Schwartz and F. R. Fabiani. The incidence of vegetative symptoms in Parkinsonism with and without bradykinesia. 3rd Symposium on Parkinson's Disease. Royal College of Surgeons, Edinburgh, Scotland, May 1968 (In Print.)
2. E. A. Spiegel, Indications for Stereoencephalotomy. American Branch. Atlantic City, September, 1968 (In Print.)
3. Mona Spiegel-Adolph, Ernest A. Spiegel, Frank R. Fabiani and John Calise, Urinary excretion of catecholamines after ingestion of Fava bean extracts. Proceed. Feder. Soc. of Exp. Biology, April 1969.
4. Henry T. Wycis and Ernest A. Spiegel, The value of L-Dopa in Surgical Treatment of Parkinson's Disease. The American Association of Neurological Surgeons, Cleveland, April, 1969.
5. E. A. Spiegel, M. Spiegel-Adolph, H. T. Wycis, E. G. Szekely, F. R. Fabiani and H. A. Schwartz. Restoration of speed in Parkinsonian and experimental brady — and akinesia. Accepted for presentation at 9th International Congress of Neurology, September, 1969, New York, N.Y.

1970


DR. ROGER O. EGEBERG


DR GEORGE C. COTZIAS

At the 11th annual Bob Hope dinner, we had the pleasure of having as guests *Dr. Roger O. Egeberg*, Assistant Secretary for Health, and Scientific Affairs, Dept. of Health, Education and Welfare, *Dr. Merle L. Gibson*, Director Division of Neuro-pharmacological drugs, Food and Drug Administration, *Dr. Pearce Bailey*, Assistant Director of the National Institutes of Health, Dr. George C. Cotzias, Senior Scientist of the Atomic Energy Commission, Brookhaven National Laboratories, *Dr. Emanuel Papper*, Vice President for medical affairs and Dean of the University of Miami and Doctors Ernest A. Spiegel, Professor of experimental and applied neurology at Temple University in Philadelphia, and Mona Spiegel, professor of colloid chemistry at the same university, both members of our medical staff.

The NPF has been most fortunate in having such an elaborate array of famous and important personalities in the vital niches of the medical and scientific world interested and collaborating in the work of the Foundation. The show offered at this dinner was excellent. We had such stars performing as Danny Thomas and Marilyn Maye.

On April 30th a dinner was given at the Seidman Parkinson Tower facility in honor of two of America's most distinguished leaders in medicine and health, Dr. George C. Cotzias of the Brookhaven National Laboratories and Dr. Edward McNichol, Director of the National Institutes of Health. Many distinguished medical men attended this dinner as well as our complete medical staff.

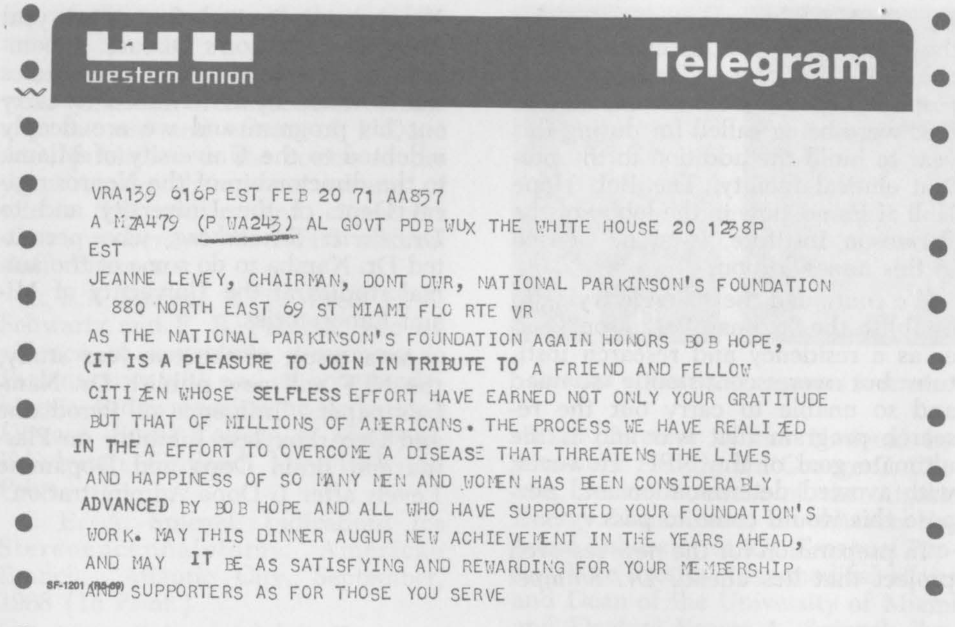
Our immediate goal for this year was to build an addition to the present clinical facility, to be named the Bob Hope Parkinson Research and Rehabilitation Institute, as a permanent symbol of our appreciation for the many contributions made by our beloved Honorary Chairman Bob Hope. Blueprints were completed and bids were being called for during this year to build the addition to the present clinical facility. The Bob Hope Hall of Fame, now in the lobby of the Parkinson Institute, is to be housed in this new addition.

We continued the struggle trying to establish the Seidman Parkinson Tower as a residency and research institute but were consistently stymied and so unable to carry out the research program that was and is the ultimate goal of the NPF. However, with avowed determination and purpose this would come to pass.

In preparation for the new research project that lies ahead, *Dr. Shimpei Namba* was invited for a two-year study on Parkinson's Disease. A combination of animal and human studies was initiated by Dr. Namba to carry out his program and we are deeply indebted to the University of Miami, to the directorship of the Neurosurgical Dept. of the University and to *Dr. Peritz Scheinberg*, who permitted Dr. Namba to do some of the animal studies at the University of Miami Laboratories.

As a result of the two-year study, the NPF will now publish Dr. Namba's paper: "Influence of Pyrodixine and Decarboxylase Inhibitor on Plasma and Brain Dopa and Dopamine Levels after L-Dopa Administration."


Dinner Honoring Drs. E. F. McNichol and George Cotzias



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Telegram

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JEANNE LEVEY, CHAIRMAN, DONT DWR, NATIONAL PARKINSON'S FOUNDATION
880 NORTH EAST 69 ST MIAMI FLO RTE VR
AS THE NATIONAL PARKINSON'S FOUNDATION AGAIN HONORS BOB HOPE,
(IT IS A PLEASURE TO JOIN IN TRIBUTE TO A FRIEND AND FELLOW
CITIZEN WHOSE SELFLESS EFFORT HAVE EARNED NOT ONLY YOUR GRATITUDE
BUT THAT OF MILLIONS OF AMERICANS. THE PROCESS WE HAVE REALIZED
IN THE A EFFORT TO OVERCOME A DISEASE THAT THREATENS THE LIVES
AND HAPPINESS OF SO MANY MEN AND WOMEN HAS BEEN CONSIDERABLY
ADVANCED BY BOB HOPE AND ALL WHO HAVE SUPPORTED YOUR FOUNDATION'S
WORK. MAY THIS DINNER AUGUR NEW ACHIEVEMENT IN THE YEARS AHEAD,
AND MAY IT BE AS SATISFYING AND REWARDING FOR YOUR MEMBERSHIP
SF-1201 AND SUPPORTERS AS FOR THOSE YOU SERVE

RICHARD NIXON

Text of telegram from President Richard Nixon

1971

At the 12th annual Bob Hope dinner, which as usual, was one of the signal events of the year, we were again privileged in receiving a telegram from *President Nixon,* indicating his interest in the important work being done on Parkinsonism by the Parkinson Institute and commending our dear Bob Hope for his participation in it.

The dinner was honored by the presence of *Hon. Robert H. Finch,* former Secretary of the U.S. Department of Health, Education and Welfare, and Counsellor to the President of the United States. In his speech, among other things, he said:

"The pitched battle which all of us here wage against Parkinson's Disease is one whose success will be near and dear to me . . . We could be on the verge of solving the riddle of Parkinson's Disease, how it is caused, how it can be cured or arrested, and how it can be prevented.

"I can dare to make this bold statement because of the vital work you are doing here in Miami, for example, and because the work is backed up by substantial efforts in research that will answer these questions.

"Only a few years ago the only thought for Parkinson patients was that the disease process could be slowed so that they might enjoy a few more active years. Today, there is a new expectation that in a short while the process can be completely controlled or arrested. Then, over a million Americans will be freed from the virtual slavery of this tortuous crippler."

Through the efforts of Claude Pepper, these wise words of the Honorable Mr. Finch were made a part of the 1971 Congressional Record.

Our important participation, from the beginning in administering L-Dopa was recognized by the National Institutes of Health, which selected the National Parkinson Institute as the medical center to do a two-year study of case records. Dr. Edward F. McNichol, Jr., Director of the National Institute of Neurological Diseases and Stroke wrote us, telling why we were selected:

"Although the use if L-Dopa is a major breakthrough and a great improvement over anything else, not all cases of Parkinsonism are well controlled by it and some patients have serious side effects. To be able to develop still more effective treatment, a thorough understanding of the successes and failures of treatment is needed.

"The NPF appeared to be particularly suitable for such a study because it has a large patient population which is being followed up for a long time by correspondence with the patients and their physicians. There are excellent records of the patient's condition at the time of entry as well as on the patient's subsequent progress over a long period of time. It offers the opportunity to study Parkinsonism in a population that has Parkinsonism largely uncomplicated by other serious diseases. There is closer attention to unwanted effects of drugs and careful control of dosage.

"There is in depth experience that the Institute's staff has acquired in concentrating on a single disease entity. There is the rather unique opportunity provided to study the effects of an intensive physical therapy and rehabilitation program on the patient's well being. And finally, there is the opportunity to evaluate your technique of training a relative to care for the patient at home."

When L-Dopa, 250 mg. capsules began to be administered to patients, they cost approx. $1.50 per capsule. Jeanne Levey was instrumental in gradually reducing this high price until in 1971 she was able to bring the price down to five cents per 250 mg. capsule.

PRESIDENTIAL COUNSELLOR ROBERT FINCH

1972

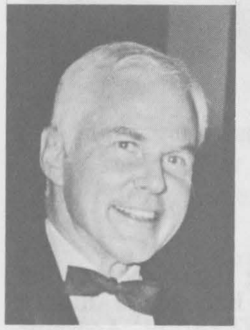
The outstanding guest speaker for the 13th annual Bob Hope dinner was *Dr. Merlin K. DuVal,* Assistant Secretary for Health and Scientific Affairs, U.S. Department of Health, Education and Welfare. In the course of his speech, which is incorporated in the 1972 Congressional Record, again through the efforts of the Honorable Claude Pepper, Dr. DuVal, said these encouraging words:

"Let me touch on some of our work in the battle against Parkinson's Disease. As we do in a number of areas, our first effort is to complement with a strong research support program, the efforts of groups like the National Parkinson Institute as they work more directly with patients. In addition to about 60 smaller, more specifically large projects, we are supporting targeted projects.

"One of them is a project of special interest to us tonight that I want to mention. This is a study that our own National Institute of Neurological Diseases and Stroke is conducting in collaboration with the National Parkinson Institute here in Miami. One of the things we would very much like to know is whether L-Dopa really affects the natural course of Parkinson's

Disease or whether it represents purely symptomatic treatment.

"The National Parkinson Institute now has the largest L-Dopa therapy program in the world. It dispenses 100,000 2-½ mg. capsules a month, and it has uniform records on the largest population of Parkinson patients of any institution in the world.



DR. MELVIN K. DuVAL

SEN. KENNETH MEYERS

"Mrs. Levey has told us of the plans for the Bob Hope Research and Rehabilitation Institute, which will encompass some 20 beds and laboratory facilities for 8 to 10 scientists. I can only say that we welcome and applaud this enterprise and wish you the best of good luck with it. As I have already suggested, the conquest of Parkinson's Disease will result from a partnership, an amalgam of public and private effort. Thus far, your share of the job has been handled admirably. My colleagues and I will do everything we can to match it."

The eventful news in 1972 was that the Seidman-Parkinson Tower was sold with a feeling of deep nostalgia. This occurrence had its rewarding results in that it has made possible for the first time in the long struggle, the financial possibility to build a new million dollar addition that is now in process. Through the magnanimity of Mr. Jacob S. Seidman, the substantial gift of the M. L. Siedman bequest will generously be transferred and used to complete the new addition to the National Parkinson Institute and the Seidman memorial will be established as a permanent symbol in the new facility.

We are proud to announce that new chapters of the NPF were founded in Hollywood and Hallandale, Florida which will support the NPF in its purposes of helping and extending the services to the Parkinson patients.

A particularly beautifully worded Proclamation was issued in October by Florida Governor *Reubin O. D. Askew* commemorating the annual October 25th Parkinson week.

Jeanne Levey was given the 1972 Claude Pepper award, presented by South Shore Hospital at a dinner in her honor at the Fontainebleau Hotel on November 18. The Claude Pepper Award is given for outstanding contributions to the delivery of health services in Dade County. The trophy was presented to Jeanne Levey by the Honorable *State Senator Kenneth Meyers* of Miami.

A Decade of Devotion

This history would not be complete if we did not mention the valuable services of the unique personalities of the NPF staff. Different from most medical centers, the thread that is closely woven in with their daily tasks involves their devotion to the service of the patients.

The unusual personnel in the medical departments as well as all accompanying services is the reason why the Parkinson Institute is unequaled. What singles out our facility is that the NPF has created the making of specialists in the field of Parkinsonism because few men have the opportunity of being exposed to so many Parkinson patients.

THE PRESIDENT'S MESSAGE

Things That Lie Ahead

BY JEANNE LEVEY

In reviewing the past decade and a half, the milestones of the 15 eventful years have been filled with struggle, exhilaration and progress. The compilation of these years shows that the achievements obtained did not come about without tremendous efforts.

Filled with emotion, devotion and determination, the human spirit emphasized once again its ability to provide avenues for the seemingly insurmountable to become a reality.

The struggle became more evident since Parkinson's Disease was a forgotten illness long dormant and the awakening awareness became apparent when the first public meeting was held in Chicago and hundreds attended, so many with distorted bodies, stone-like stares and despair prevalent. However, the rewarding effect evidenced a new awakening which brought forth some recognition that this was a menacing illness, that there were some who cared and that the fight to carry on would prevail.

Then came the short-lived promise of the new experiment of cryothalamectomy (brain surgery). This had its fluctuating periods of hope which then faded and dimmed the enthusiasm because it was soon revealed that this was not the answer.

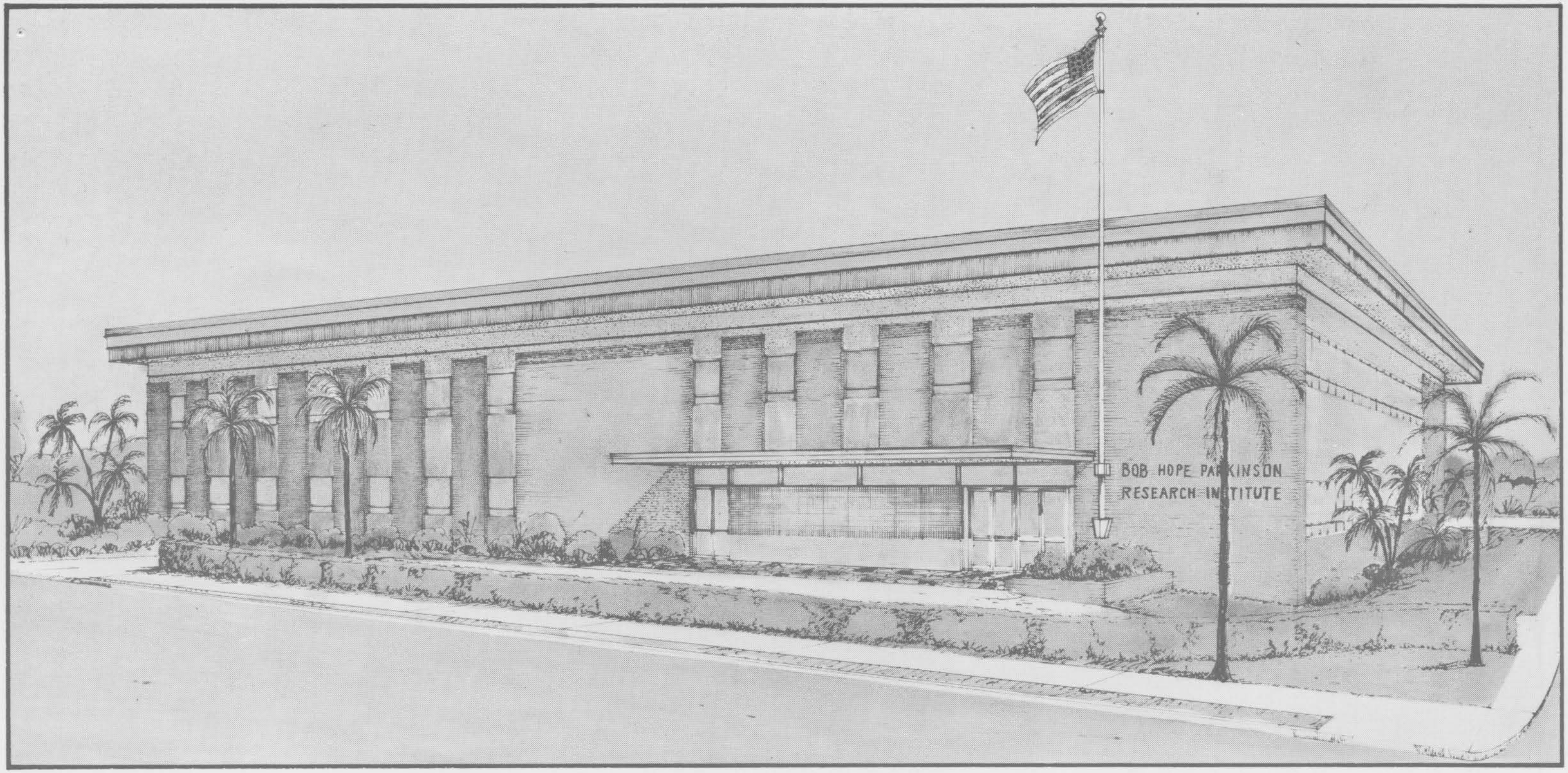
The first important fact that brought definite hope was the dream of Dr. Lewis J. Doshay that a research and rehabilitation institute be built, which became a reality in 1962. In this institute the Parkinson patient could receive the particular treatment and care eminently suitable for the sufferer of this illness.

Not too long after, came the wonder drug called L-Dopa and the enthusiasm electrified the obvious revelations of seeing the distorted bodies straightened, the frozen face become a warm, normal smile and the shuffling feet walk once again with a normal pace. These unbelieveable sights heightened the hopes that now at last the suffering patients would be freed from their bridled disability.

Without reckoning with time, again came another disillusionment. After some months of L-Dopa absorption, came the sad realization that this wonder drug was not yet the final answer and that additional research would have to be continued.

If we are ever to find out why people get Parkinson's Disease, we now have the opportunity to develop the first coordinated clinical research which will make possible the investigation of the related disorders by studying the whole person with a concerted group of scientists, thus bringing us one step nearer to our ultimate goal, which is research and enlargement of our rehabilitation facilities.

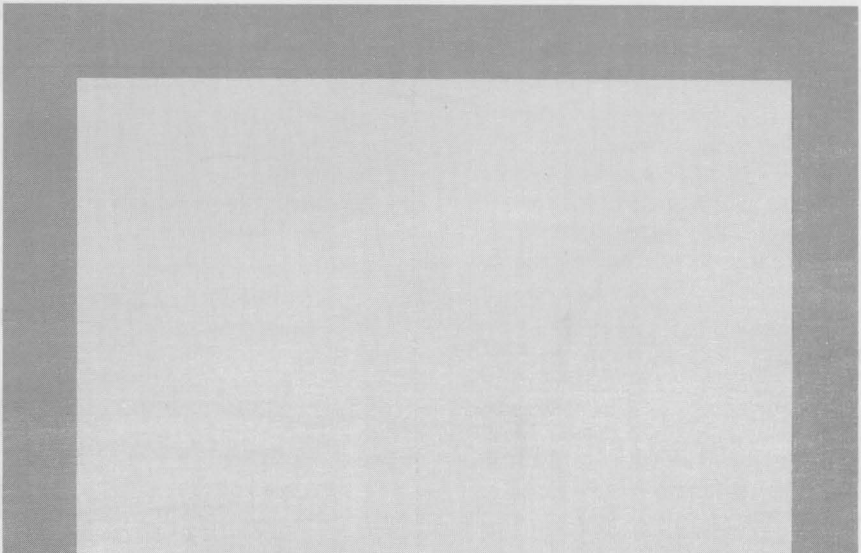
The future is promising because the new Bob Hope Research Institute will initiate a unique program of clinical research with prominent scientists. Specialists everywhere will be invited. Through these efforts, we hope the possible cause and cure may be achieved.



The New Bob Hope Parkinson Research & Rehabilitation Institute

Psychological Factors In The Management Of Parkinson's Disease

by Syvil Marquit, Ph.D.



Published by
NATIONAL PARKINSON FOUNDATION, INC.
Supporting
National Parkinson Institute

This addition to our educational material program has been written by Doctor Syvil Marquit. Doctor Marquit has been the staff psychologist at the National Parkinson Institute these past twelve years. We believe that he is exceptionally qualified because he has seen and studied several thousand patients in the various, continuing stages of progression of Parkinson's disease. His exposure has made possible a substantial file of clinical data that will be used for further research investigation.

This material has been written for the lay person's understanding because the emotional factors are an important part of the Parkinson syndrome. The traumatic effect contributes largely to the patient's confusion and anxieties.

The purpose of this booklet should be a helpful adjunct not only to the Parkinson patient but to the patient's spouse and family since important acceptance and adjustments are necessary within the framework of the home atmosphere for a more acceptable approach. The National Parkinson Foundation is grateful to the author for this valuable contribution to our educational program.

Jeanne Levey, Chairman
NATIONAL PARKINSON FOUNDATION, INC.
Supporting

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(Under Construction)

The New Bob Hope Parkinson Research Institute
will provide facilities for
Clinical and Basic Research Studies.
Hopefully to find the answers to the
perplexing problem of Parkinsonism.

PARKINSON'S AND PSYCHOLOGY

From Psychology comes useful knowledge for conducting oneself, especially when confronted with such difficult and unusual situations as Parkinson's disease. Psychology is the study of the mind and the mind is the organ which a person uses to guide himself. Everyone knows the mind is not literally any physical organ of the body. Its occurrence is actually the working of the brain. The brain performs other functions. It is the control center for many biochemical processes and for all movements. The symptoms of Parkinson's disease are due to malfunctioning in a small portion of the brain called the basal ganglia. The mind's function is to enable an individual to direct his existence, to handle himself and his environment.

Among the operations a mind performs are observing and organizing events. It also interprets them and arranges the reactions which are expressed in both feelings and actions. Parkinson's disease is an event. It is very important for the individual how he interprets it in connection with his existence. On this will depend how he feels and what he does. Naturally, his feelings and actions will also affect those close to him as well as society generally. His interpretation of his circumstance will determine whether he will be cheerful or moody, fearful, angry or mellow.

There are circumstances in which the mind itself becomes ill and causes unfortunate functionings. These are mental disorders and can affect the body. Parkinsonism is not solely one of these. It is primarily physical, but in any physical illness, the mind is affected to some extent, for the mind functions for the whole body. It quickly attends to anything that goes wrong with the body and directs a high priority of attention to anything that interferes with normal functioning such as pain or injury. A kind of general rule of psychology helps us understand the way the mind works in this regard. The greater the involvement, as the greater the pain, the higher the priority of attention is given to it. Often a person is diverted from even a severe pain by paying attention to a more urgent objective, as a football player may not recognize an injury in the heat of the game. But such concentrated reactions are short-lived. Once his attention is freed, as when the game is over, his mind will revert to the area of stress and then the pain becomes the center of his attention. The persistence of a symptom forces ultimate attention to it. Sooner or later, if it is persistent, it will have to be faced, interpreted and reacted to. Parkinson's disease is persistent and it will be so until the brain malfunction can be corrected. It cannot be ignored.

Parkinsonism necessitates that the patient learn to cope with it. How he does, what he feels, what action he takes is probably the most important decision he makes. It often determines if he lives comfortably or in distress. His interpretation of his affliction determines whether his feelings will be predominantly of great suffering or of comfort or even pleasure. Most Parkinson sufferers have continued capacity to enjoy life for long periods of time.

ATTITUDES OF EARLY STAGES

Because, in the beginning, the symptoms of Parkinson's disease are usually so slight, they tend to go unnoticed. Nor are they persistent in the very early stages. There may be a tremor of the thumb which comes sometimes and goes, or there may be a feeling of tremor in one's insides, or the handwriting may suddenly become very small. Because these symptoms can easily be ignored, there is often a tendency to do so. People who are fussy about very minor events tend to recognize the presence of these tiny symptoms and often seek help. Unlike those whose attitude is characterized by the expression, "Leave it alone — it will probably go away," such persons pay much attention to these as yet insignificant symptoms. Often their concern is dismissed by doctors who cannot surely diagnose the presence of Parkinson's disease on the basis of these not always observable and rather indefinite physical signs. Many persons report that the diagnosis of early Parkinson's disease was overlooked during consultation with excellent, well-known diagnostic centers. The doctors at these centers were not at fault. The signs of the illness were just too slight for accurate diagnosis. Naturally, diagnoses were missed most often when the symptoms do not appear externally. Inner tremors and rigidity of heart valve muscles are not readily observable. Persons with these conditions frequently are misdiagnosed as neurotic. They often are given tranquilizers or are referred for psychotherapy.

There is no substitute for adequate medical attention. Many people think that they have Parkinson's disease, have heard about this disease, notice some kind of shakiness in themselves and believe they have Parkinson's, only to find out from a physician that they do not have it. We have had cases at the Institute where people have come believing they have Parkinson's disease, only to be told by our physicians that they do not have this disorder. They may have something else which in some way resembles it. Some drugs produce side effects which look like symptoms of Parkinson's disease.

Those whose attitude in the early stages of the illness is to ignore their symptoms often postpone recognition that they have Parkinson's disease for a much longer time. When the diagnosis does come in these cases, it comes suddenly. It is amazing how they could have over-

looked even severe incapacitation until it was forced on their attention. In one instance, for example, the illness in an easily observed stage was diagnosed at a distance by a doctor, who while playing golf, observed the rapid gait and small step, festination walk of a player. "You've got Parkinson's," he said. The man was shocked. "How could you know?" He had not noticed gross changes in his movements. Several cases have reported statements by observers that their arms did not swing, but hung stiffly at their sides when they walked. This is very symptomatic of Parkinsonism.

ADAPTATION NECESSARY

Whether diagnosis was made very early by those who attended to minor malfunctionings immediately or very late by those who ignored even gross signs, it becomes necessary for everyone with the illness to adapt to it. Those who investigate it thoroughly, who acquire all the information available to them, are better able to plan their existence with it more intelligently. Those who try to hide it from people around them and even from themselves, face a very gradual and painful denouement consisting of many episodes in which they find themselves forced more and more to let in this inexorable intruder. In such instances, the long internal psychological battle to fend off realization of what is actually taking place may produce years of tension-full existence and much anxiety. The inner resources used to postpone recognition could have been allocated to better and more comfortable living. Each person should try his best to learn all he can about the nature of the illness. It will help him guide himself.

The way an individual thinks about his illness and reacts to it depends in large measure upon what his thinking was generally even before the illness, the kind of outlook he tended to take, and what his attitudes toward life and himself were. People are inclined to handle the onset of an illness in the same way they handled their infirmities in the past. However, Parkinsonism is a distinct entity, very specific and with definite characteristics. It cannot be reacted to as if it were any other infirmity. It should be treated as a new situation because it is different from other illnesses. For one thing, it does not disappear. It is likely to get worse with time. Although, in some cases, the progress of the illness is imperceptibly slow, in other cases advance in severity is quite rapid. No case can be predicted in advance. Each should be considered on its own evidences. In any event, it is here to stay and this must be accepted as a condition of life. It is partially correctable by medication now and hopefully it may be overcome when new, more effective medications are discovered.

MAJOR TYPES OF ADAPTATION

Those who are prone to calamitize about their illness or to make it an ever present disaster, live in perpetual disaster, compounding their own suffering many fold. Such a dire attitude, with all the suffering it creates, is not compensated for by actually correcting any part of the condition or situation. This attitude has no value. Focusing on the disaster element does not help eliminate any of the symptoms. Rather, in addition to the suffering caused by the illness itself, it provides additional emotional pain and often tends to intensify the symptoms themselves.

A much more appropriate attitude, and one that may be used to advantage, is expressed by the formulation, "I will do the best I can." This eliminates the need for self-pity and the lament for what might have been. It provides a modus vivendi with a degree of serenity and an opportunity for optimum functioning. It should be emphasized that many persons afflicted with Parkinsonism find that their lives are still enjoyable and pleasant even though the illness prevents them from acting in ways that they previously did. Parkinson's disease does not by itself produce attitudes of suffering, misery or depression. When these attitudes occur, they are self-imposed. There is a choice as to how one may think about his illness. It is wiser to choose to concentrate one's effort on living as best one can than to be caught up in concern for what one cannot do. It is very important for close relatives to understand this, because their attitudes and reactions often influence the one who has the disease. A pleasant personality in the patient's spouse can do much to maintain a spirit of well-being and diminish many of the extraneous fears and anxieties that may overtake the Parkinson patient.

ATTITUDES ABOUT INFORMATION

With regard to obtaining information about the illness, three different attitudes can be distinguished. First is an attitude of trying to keep it away, not wanting to know about the illness at all, trying to prevent one's self from having anything to do with the illness by covering it over. This ostrich-like approach is taken by many persons on their first contact with the symptoms. Second is an attitude which carries over from other things in life, to just let things as they be, not try to cover over and not try to do anything else, just meet what comes along on a basis of here it is, I do what I can. A third attitude is to search out all the information possible, to be active, to learn, to consult wherever information may be forthcoming.

An example of the first attitude may be a person who, on the job, finds that his writing is getting smaller, or that he cannot fill in forms as he used to. There was one man, a superintendent of a steel mill, who retired a year or two earlier than it may have been necessary to because he was ashamed of the fact that he could not fill out forms and felt that this was a gross malfunctioning on his part. It was possible for him to remain longer on the job and, possibly even, he could have gotten someone to fill out the forms for him. He felt so terrible about the symptoms and yet he would not tell anybody why he resigned from the job or retired. He kept the illness all to himself. Subsequently, he became an angry and embittered person.

It may be helpful to cite another case. One man reacted to the knowledge that he had Parkinson's disease very tragically. An airplane mechanic, who suddenly found himself unable to fill out work forms because his writing was not good enough, soon felt that he would be unable to continue working. On learning that he had Parkinson's disease and that his writing would never be fully cured, he felt that not only his job but his livelihood was in jeopardy and he took this as a tragedy. He tried to escape it by hiding it. He forbade his wife and children to ever mention the word "Parkinson's" in his presence and tried very hard to deny its existence. He attempted to make believe it just didn't exist. Soon he went into a very serious depression for which he had to be hospitalized and was given electroshock treatment. It was only after a psychologist had said to him, "You have to face the fact that you have Parkinson's disease," that according to him and his wife, he began to straighten up. From then on he and his wife and family started to talk about it. As they related this story from back in their history a couple of years, it was wonderful to see the expression of relief being acted out on both faces. Just the telling about the relief that they had experienced when they started to talk openly about the illness brought back a euphoria. They told in detail how they began to plan for the consequences of their circumstance. Among the things they did was pay off their house mortgage faster so as to reduce possible later expenditures. They took out job compensation insurance and thus they were able to extricate themselves largely from financial threats. They put themselves in a position to provide better for their needs.

This case illustrates how important an attitude toward an illness is in the person's life. The attitude of making believe that the illness of Parkinson's disease isn't there and taking the stance that if no attention is paid to it it will go away is about one of the worst attitudes that can be adopted. Such an attitude prevents one from actually coping with the circumstances that may occur in his existence. It is very unwise for anyone to attempt to try to ignore an illness such as Parkinson's disease.

The second attitude of "do nothing

about it" is seen quite frequently, too. This is generally from people whose lives have been passive. They are people who find that the way they handle things leaves them in situations in which there is always something more that they learn about a little too late, something that they could have done something about before, but did not understand and did not realize. There is no point in criticizing a person who takes this view, largely because such a person generally does not know that there is any other type of view to take. It would be very helpful to have this person encouraged to take the third point of view, namely to ferret out all information. These people tend to do best. They know what they are dealing with and are more intelligently able to plan and to make adaptations.

GROUPING TOGETHER

Fortunately, not all people react this way. Some people make a much wiser decision on how to handle themselves in connection with the illness. They may take the more fortunate attitude of trying to learn all about it, to look it up, to study it. They ask many questions from others and they try to find out all that can be known. Here is another example. The National Parkinson Foundation created an atmosphere of togetherness in group discussions of patients and relatives. In addition, many of the Parkinsonian families at the National Parkinson Institute were brought together at a time when the Institue provided residential quarters called, "The M.L. Seidman-Parkinson Tower," the suites of which were available to Parkinsonian families. This provided an opportunity for the patients and their families to enjoy a feeling of camaraderie. They devised means of helping and advising one another. Their daily discussions proved tremendously fruitful. When the "M.L. Seidman-Parkinson Tower" was no longer available as a residence, some of this group sought living accommodations elsewhere, clustering together, with the result that they maintained their free and open communication with each other and their accessibility to each other. Reviewing and discussing the situations they were in, resulted in continual scrutiny and in meaningful understanding of the problems of coping with the illness. They exchanged practical ideas and devised methods which they freely exchanged with each other. Their joint efforts led to accurate knowledge of the latest developments and to means for obtaining all the most recent relevant information. Thus, by adapting to the illness as a condition of life and adjusting accordingly with much intercommunication, they reinforced one another. The patients in this group fared much better than others.

PHYSICAL ADAPTATIONS

Above all, anyone afflicted with

Parkinson's disease must learn to cope with physical changes in the way his body operates. Symptoms develop, incapacitation occurs, some muscles may become rigid, tremors may appear, posture may change, walking may be affected, speech may become difficult, ability to handle objects may be impaired, saliva may flow involuntarily, normal speed of movement may diminish and dexterity may be reduced. Regardless of which symptoms appear in any one case, and it is not likely to be all of them, the individual is forced to learn how to handle himself with these conditions. Physical changes require adjustments both immediately and in terms of long time perspective.

VALUE OF TRYING

There is a tendency to utilize the simplest and best known adjustment as immediate reactions. For example, an attempt is surely to be made to control a tremor. The fact that such attempts are sometimes successful, induces the individual to try again and again. Although such repeated efforts ultimately lead to the realization that the occasional stoppages of the tremor cannot be predicted and certainly are not permanent, it is salutary for a person to keep trying. It is not good for him to believe that repeated exercise of control will lead to ultimate and permanent victory over the symptom. This is too unrealistic. Rather, it is the exercise itself that results in benefit. Belief that the shaking can be brought under control at all times can lead only to frustration. Actual exercise can and does help strengthen a person's control over the symptoms to some extent and it can help specify some of the conditions under which the symptoms yield to better control.

Above all, repeated attempts invite an attitude of continued and further study. Such study and the devising of new attempts to cope with the symptoms sustain interest and have yielded surprising results. Continued attempts tend to keep the muscles fluid and prevent atrophy.

Every so often a person will say, "I can stop the tremor. Watch," and indeed he does by some special technique he has devised. But the device does not always work nor does it continue to operate successfully for long periods of time. Usually, when checked a few months later, the method no longer works. It should be remembered that no matter how futile in terms of any permanent solution the attempts may ultimately be, nonetheless they are the expression of the normal natural life process of coping. Any organism attempts to do something about its difficulties. It is important that it keeps trying. As long as effort is put forth, life goes on. When someone feels defeated permanently and ceases to try, he yields up a portion of his life and invites deterioration.

AN EXAMPLE OF A PHYSICAL INCIDENT AND THE VALUE OF REPORTING IT

It is wise for a patient to explain to those around him what he is doing in the exercise of the effort to control a symptom. For example, one man illustrated how he could quiet a violently shaking right hand while eating, by deeply inhaling his breath. This method enabled him to bring a forkful of food successfully to his mouth. He did this many times during the course of a meal. Unfortunately, when his wife saw him take such deep breaths, she thought he was sighing and that he was in distress. She was unhappy that he was suffering. In the effort to help him, she started to advise him to take it easy so he wouldn't feel bad and wouldn't have to react by sighing. Her reaction annoyed him and her lack of understanding made him even more distressed. Once the wife learned that his deep breaths were not expressions of anguish, but were his efforts to help himself to stop shaking for a few moments, long enough to bring his food to his mouth, she was more at ease and so was he.

PHYSICAL SYMPTOMS

When the symptoms of Parkinson's disease become a little more pronounced, it is a very easy illness for the doctor to diagnose. Very sure signs are such things as pill-rolling tremors in which the hand makes movements as if it were rolling pills; and cogwheeling, which can be experienced if one takes hold of a relaxed arm of a person and pumps it freely up and down. In the normal person the arm moves up and down smoothly. One feels in the Parkinson patient's arm as if there is a cogwheel that lets it go down by stages, stopping it somewhat at times. Symptoms such as these and others make the diagnosis of the disease rather definite. However, there are more subtle symptoms which usually the patient does not recognize and doctors may forget to tell about. One of these is lack of the working of some important reflexes. For example, when a normal person rises from a chair or begins to walk or run, he has reflexes which straighten out his posture for what he is doing so that he doesn't tip over. These reflexes have to do with correcting or making his posture right. Such reflexes often do not come into play quickly enough or at all in some patients with Parkinson's disease. When they get up out of a chair suddenly, they tend to lean forward and cannot correct their postures. Therefore, they tend to pitch forward and fall. Sometimes a person with Parkinson's disease is unable to right or correct his posture when he begins to incline backwards. The normal person's reflex immediately comes into play and he can straighten himself out so that he doesn't actually fall backwards. But the person with Parkinson's disease may keep on inclining backwards more and more so that he actually does fall. This is because the reflexes which would normally come up to straighten him out are not operating properly.

TRY TO AVOID SUDDEN MOVEMENTS

In order to overcome the sluggishness or absence of some of these reflexes, it is necessary for the patient with Parkinson's disease to avoid sudden movements as much as he can. This is easier said than done, however, because often, a Parkinson patient can change himself from one position to another, like getting out of a chair, only by a sudden start. However, with practice, sometimes it is possible to bring stronger muscles into play and help oneself without too sudden a change. Likewise, when a person with Parkinson's disease tries to do two things at once, he finds that the coordinating reflexes are not operating. It may be necessary for him to stop when he is walking in order to talk to someone or in order to see something. He may find that if he walks and at the same time looks at something, his walking may be impaired.

SIMPLIFYING COORDINATIONS

An ordinary person can walk up to a door, open it and walk through the doorway in one coordinated movement without having any difficulty whatsoever. The person with Parkinson's disease may have trouble doing this. As he approaches the door, he begins to do the movements that are necessary to open it. Because his coordinations are not working and because their timing is off too, he may find his steps difficult to take and in the effort to make this coordination, he may even "freeze." Parkinson patients often show difficulty in walking through narrow spaces. In many instances, such difficulties become manageable by special approaches on the part of the patient. For example, once he approaches the door, he should keep walking without any effort on his part to open the door until he is really very close. Then he should stop walking, open the door, and then start walking through again. Thus, he breaks up the action into separate components each of which he can handle by itself. At the Institute, we have also used other devices. For example, footsteps have been painted on the floors at the doorways and patients are asked to follow the footsteps. "Freezing" also takes place frequently when obstacles are in the path. If someone stands in the path where a Parkinson patient is to walk, he may freeze, that is, stop moving, and be unable to get himself going. He may be unable to go around the obstacle smoothly as a person without the illness would do. The most frequent occurrence of freezing is when he begins to move; that is, when he starts to walk or when he tries to get in or out of a chair. In such instances, just a bit of intervention on the part of someone else may be very effective. Sometimes a person with Parkinson's disease cannot get out of a chair to get himself going. Someone may just lay a finger on him and this releases the tension of freezing and movement is more easily achieved.

SLOWNESS

It may sometimes be very difficult for a person to cope with his physical symptoms because of both a lack of energy and a lack of control. Often there is a continuing battle to exercise greater control. Some persons accept this reality, others add to their difficulties by strong emotional reaction. The one who reacts emotionally obliges himself to do two things: handle his emotions and handle the physical symptoms, thereby compounding the difficulty. Yet, it would be unrealistic to expect a person not to have feelings about such things as taking 15 or 20 minutes to do what he used to do in a successive moment. It is not hard to understand that a person who tries to follow a conversation that he could easily have followed in previous years, cannot take in as many messages at one time, nor marshall his expressions and responses fast enough to continue with the conversation's flow. It is to be remembered that slowness in perceiving, in responding, in moving the muscles, and in getting around, is one of the symptoms of Parkinson's disease.

It is especially difficult on those whose characteristic responses were fast. Unless they understand that the illness itself produces a slowing up of all activity, the medical term is bradykinesia, they become irked with themselves. A new outlook on life and on one's self-image is often necessitated by this changing condition of not being fast.

FEAR OF FALLING

Many patients with Parkinson's disease look down at the floor as they walk in the effort to concentrate on preventing themselves from tripping over something and falling. Such an attitude tends to produce more falling. It acts out the concept that one is telling oneself inside, "I am going to fall." In such cases, it is often helpful to train the patient to walk with his eyes on the horizontal. A reassuring experiment can be performed. Let the patient face you and stand about two or three feet in front of you and have him look straight into your eyes. Without taking his eyes off yours, lift one of your feet and jiggle it and ask him what your foot is doing. He will tell you that your foot is moving. Then you say, "How do you know, you are not looking at it?" He can thus be helped to realize that he has enough peripheral vision to see what is on the ground, or if anything is in the path. He does not have to put the sharp focus of his vision on the ground to realize that anything is there. He can then more confidently walk with his eyes up. But it is difficult to train people to

do so. It has to be repeated over and over again, not the experiment, but the training of keeping the eyes up. Do not tire of reminding, "Keep your eyes up."

TOUCHING AND HOLDING ON

Many patients are afraid to bump into things. They have taught themselves not to lean on objects and not to touch furniture or jambs of doors or railings or other things that they could lean on. Not to touch is a cultivated and unnatural attitude. In the case of patients with Parkinson's disease who have difficulty, it is wise to encourage them to act more naturally. They should not be made to be artificially independent. They should allow themselves to bump into things gently, to touch things, to lean on them, to handle objects around them in a way that serves their needs. Again, an experiment can be performed for patients who have difficulty walking. One can ask them to follow you as you walk backwards around a chair, completely around it, and keeping their eyes on yours as you go along. They may touch the chair, move it, shove it aside. This is a way of helping them become more confident in bumping into things, leaning on objects and touching or holding onto chairs, tables or other stabilizing things. It reduces the tension created by their attitude of needing to avoid contact with objects and helps them get through narrow spaces.

PERSONALITY ADAPTATIONS

Nor is it difficult to understand that a person whose incapacitations have begun to play a dominant role in his handling of himself reacts by changes in his own personality. For example, a man who is used to having a feeling of control over events and people around him, may try for awhile after he has had Parkinson's disease to maintain this psychological stance. His psychological posture has served him well in the past and he continues to try to use it. But he is no longer successfully able to accomplish this posture. At first he may deny that there is anything wrong with him. Or he may make excuses for events which did not turn out the way he expected. Or, he may even become resentful, particularly when the defect is commented on by others. While tendencies to maintain oneself in a feeling of control over events in his existence is a feasible, if not desirable, defense in a person who is not incapacitated, in the long run it cannot continue to serve the Parkinson patient. A change must take place. The change can be one to a more emotional and unstable manner, or it can become one where the individual becomes more aggressive, or more frequently, it becomes simple resignation. Unfortunately, most of us do not pay too much attention to our techniques for handling events in our lives, particularly when they have been successful in the past. In cases like those last described, it would be helpful to have enough psychological information to be able to understand one's characteristic pattern of adjustment, what one is attempting to do and what other alternatives may be possible. Psychological knowledge is required for this and it can best be obtained by professional help.

FACING PITY

It is not unusual for a Parkinson patient, before he has learned to work out any better technique of adaptation to his illness, to seek to avoid company. There is a case of a churchgoer, who for 30 years had never missed a Sunday, suddenly refusing to go to church because he didn't want "all those people" staring at him. He disliked calling attention to himself and felt that his shaking drew people's eyes to him and that they pitied him. He was correct in that the shaking does command attention. Every moving thing immediately draws visual attention. But, in this instance, the patient interpreted the attention to be accompanied invariably by pity on the part of other people looking. He thought there was something terribly wrong in being pitied. He is not right in that everyone reacts with pity, some do not. Nor is he right in necessarily rejecting pity, if that is the reaction of others. There is nothing terribly wrong when someone pities you. You do not need to be ashamed of it. Perhaps you can even help the other person adopt a view other than pity by showing that you do not share in the pity, or that you do not share in the feeling that this should be met with by pity.

APATHY

It should be observed that the patient with Parkinson's disease, because of his shaking no longer wants to go out to a restaurant which was his custom to do, or to visit his friends which he used to do, or to participate in social games, like playing cards, which he has done habitually for many years. The familiar activity has taken on a new aspect. He thinks of it differently and decides he no longer gets pleasure from it and as a result withdraws. Many simply refuse to do anything and perhaps get themselves reduced to just "sitting there." This is most undesirable, because life is an active process. It is necessary for him to try to maintain its active principle in conducting his own existence. It is necessary for him to find some new mode of adaptation, preferably some new activity. He may also find that if he faces this change in his condition he can still enjoy participation.

PRIDE

From a psychological viewpoint, some patients show a symptom which might be considered a diminution of will or a lack of desire to push things through. A man who previously was used to being a perfectionist and who always had demanded accomplishment with great precision, may after he has had Parkinson's disease for a year or two, no longer care for doing things with the same sharpness or quality that he previously used to find necessary. His whole approach to problems may change in such a way that he now seeks out what is just adequate rather than what is perfect. His drive to accomplish seems to have become dulled. It is as if he does not care so much anymore to make each act shine with efficiency. He may have learned that the act does not necessarily reflect on his true excellence. Things which have been so important to him, perhaps throughout his life, no longer have such meaning. There is, in such cases, a change in attitude allowing for a diminution in pride of performance. Pride itself seems to not be so important. The point, in such instances, is not any reflection on whether or not pride is a valuable approach, but rather to indicate that significant changes in personality often occur in Parkinson's disease.

GOOD DAYS AND BAD DAYS

All of us have times when we feel that there is something wrong and we cannot put our finger on it. Very often a person who has Parkinson's disease has this kind of inner feeling. He has gotten used to some of his physical symptoms, some rigidity or some locomotor difficulties, difficulty in walking and so on. At times, he feels especially ill at ease. He is not quite himself. Very often patients will report that they have "good days" or "bad days," or that they will have "good times" or "bad times." Some patients can function better in the morning, some function better in the afternoon as a general rule. In one rare case, a person functioned well all morning and retreated to bed after three in the afternoon. Some will be much better as the day progresses or much worse, depending on the individual patient. But all fluctuate in how well they feel. It is possible to see someone who is suffering from even an advanced stage of Parkinsonism say, "Well, today I feel very good," and even though he is tremendously handicapped in some way, he feels fine. It is also possible to see the same person on another day saying, "Oh, this is terrible." It is best to accept, in managing these cases, the kind of feeling that they report and go accordingly in ministrations to them.

ACTIVITY IS ESSENTIAL

A general rule, wherever it is possible, is to keep patients as active as possible so that their muscles can be as fluid as possible. It is also wise to stimulate them mentally as much as possible. However, this is difficult to do because very often a person who has Parkinsonism tries to withdraw. It is frequently an effort for him to express himself, an effort to engage in conversation, to respond. Many people do not like to put forth this effort. Those who never liked to put forth effort in the first place, attempt a more complete withdrawal. If they become stricken with Parkinsonism, this particular characteristic becomes accentuated. On the other hand, an individual who has been active and aggressive all his life, someone who has practiced athletics diligently or some musical instrument or someone who has persevered in a particular program, may ignore his illness and carry on in very often heroic ways. One man continued to play 4-wall handball for several years after the onset of Parkinson's disease. It was difficult for him to play and yet somehow or other he maintained his handball playing ability. Another man continued walking long distances and swimming. Another man tried to maintain an intensive activity in his business affairs. Generally, if the characteristic of personality that a person has had throughout his life was one of trying to push himself, he usually succeeds in maintaining abilities much longer. A problem occurs when he can no longer pursue it.

TENDENCY TO WITHDRAW

It is not unusual for patients with Parkinson's disease to tend to defend themselves by withdrawing from normal intercourse and communication. Such a retreat is done in an effort to keep symptoms such as tremors at a minimum. Although malfunction of the hypothalamus part of the brain may underlay diminished activity, it is also true that some symptoms are less severe or are interrupted with inactivity. Sometimes a very great change in personality overtakes a person who was lively and vibrant and becomes afflicted with Parkinson's disease. Such a change into a retreat and a cutting off of communications or reducing them to a minimum is more than merely an attempt to keep the symptoms from occurring in a fulsome manner. Often there are added difficulties in terms of speech. As one man said, "I don't enter into discussions as much as I used to because it is difficult for me to explain that I am unable to raise my voice sufficiently to be heard. And it is too much of an effort for me to talk and respond." The effects of Parkinson's disease on speech in many cases require even more adaptation. A person who was a great talker and enjoyed every opportunity to verbalize in the past, may as the result of a low volume of voice just give up talking, even though he may want to very much. Repeated failures in conversation discourage the patient from participating in his old propensities. For this reason he must be stimulated and encouraged. He may be surprised as to how much he can do if he keeps trying.

HELPFUL SPECIAL ATTITUDES

Some people have cultivated an outlook during a lifetime, usually religious in nature, which has accus-

tomed them to minimize discomforts. When Parkinson's disease occurs, they will, by their very spiritual approach, overlook much of its handicaps and difficulties and search for some positive approach. It is like always seeing some light at the end of the tunnel and not feeling as if the tunnel represented any hardship. They do not have the handicap of feeling sorry. They have in their attitude a means to give a little more incentive and a little more push to trying further. It is amazing what people can do even under the greatest handicaps when they believe that there is some worthwhile value and goal to be achieved in trying. Perhaps the most remarkable fact is the almost miracle-like accomplishments of some people in the face of difficulties with this illness.

Patients are sometimes surprised at their continued ability to perform. Some who are unable to talk are able to sing. Some with great difficulty in walking, dance well. Following a rhythm often produces an activity that the patient believed he was incapable of achieving.

Generally, the Parkinson patient has a reserve spurt of energy which can be called upon in special circumstances. It has been reported that even some with great difficulty and slowness of walking have been observed to move quickly over relatively large distances in such emergencies such as fire. Under strong motivation, miraculously, lost power is sometimes restored. One woman who for a year could not walk nor dress alone expected a visit from a distant cousin. That morning she dressed herself completely, combed her hair and went downstairs to sit in the living room to await her cousin. Often in testing the speech of someone whose voice has lost audible volume, it is possible to elicit a loud clearly shouted phrase. But such recoveries are short lived and not maintained.

Likewise, some very strange possibilities occur in people who are given a new drug. There have been reports of Parkinson patients, particularly those whose illness resulted from a post-encephalitic condition, put on L-Dopa, who made absolutely remarkable recoveries, being restored to practical normality or at least so they felt and thought and acted for some time. Although it is reported that many of these same patients reverted to their earlier pre-L-Dopa incapacities, it is not always certain that this is the case. Recently, I saw a woman who has been sustained on L-Dopa for a period of four years. She has been restored practically to almost normal, being very active, living in a camper and traveling around the country with her husband, participating regularly in such activities as swimming, bicycle riding and playing bridge.

CHANGING VALUES

One of the great personal difficulties that people have reported is that of being unable to carry on activities which before meant a lot to them. One man who had a good mechanical ability, priding himself on being able to fix anything, found that as he lost the use of his fingers, one of his greatest pleasures was taken away. He could no longer fix automobile engines and things that he had tinkered with. Such losses are frequently accompanied by depression. One woman who spent several hours a day playing the piano and had a great deal of gratification from it, found that she could no longer play with the excellence that she previously had, as she had lost her dexterity. She, too, experienced depression. Another woman who used to attend club meetings and was very active, being the President of various organizations, found that she could not conduct all the meetings in the way that she used to and found herself becoming depressed upon her inability to do these things. It is necessary for such persons to consider reorganizing their thinking and stop imposing arbitrary overvalues on particular activities of life. More fortunate is the person who can switch and say, "Well, up to this point I was able to contribute this way. Such contribution or achievement is not absolutely necessary for existence. One can live well without some formerly cherished activities."

Not everyone who suffers from Parkinson's disease feels himself essentially threatened. Some people tend to adapt quite well. This is especially true of those who understand life and do not impose upon it any need for perfection. Making a demand that life should be some particular way is frequently a source of much misery, frustration and disappointment. Requiring oneself to be in perfect health, or in perfect condition as a necessity of life is just unrealistic. In actual life illnesses, infirmities, diseases occur, some of which clear up and some of which don't. In actual life the growing, developing and aging processes occur and are facts of existence. Peak conditions or peak strength or maximum performance cannot be maintained. Individuals who suffer from Parkinson's disease generally find the illness occurring in the later years, more often than not after the age of 50, at a time when they are no longer as strong and as powerful as they were before. The occurrence of Parkinson's disease and its continued presence can be viewed as another element of existence, as it is indeed. Fundamentally, this viewpoint tends to come to most individuals with the illness sooner or later. It is not infrequent to find persons whose upset, resentfulness or anxiety in the first year or two of the illness resulted in unnecessary emotional hardship.

FEELING THREATENED

Many psychological problems beset the person on first learning that he has Parkinson's disease. Usually he is bewildered because he does not know what it is and what is going to happen to him. The human mind has a tendency to exaggerate beyond the immediate and search out implications. These implications in one with a fertile imagination can be very harrowing and far more threatening than reality. Individuals who pursue this course can make themselves miserable indeed. Words like "incurable" and "progressive" carry within themselves an ominous outlook as to what lies ahead. The patient may feel that he is caught up inexorably in a process that may impair his whole existence. His mind goes on to, "Will I be able to continue to work?" "Will it affect my relationship with other people?" "Must I give up participation in events and activities that I enjoy?" "To what extent will it disrupt all things in my life?" These are natural concerns and must be faced. They are normal strivings of an individual who, due to the onset of such a severe illness, faces serious disruptions. Many observed cases bear testimony to how far reaching such disruption can be. In several instances, proposed marriages were cancelled, businesses were sold, even suicide has occurred. In the heat of events, many drastic and dramatic actions have been taken. These are examples of irrational reactions which sometimes occur in persons with irrational tendencies. At the Institute, where one may see some patients with severe affliction, one may form the opinion that he will necessarily be in such a condition after awhile. Some people react to this thought very strongly. For some it doesn't seem to matter. Still others congratulate themselves they are not so bad. For those who tend to react strongly, it is necessary to give reassurance candidly and openly. One may, for example, point out that they may never reach that stage, that their illness may not progress that far. The person who has taught himself to reject or despise illness and who tries to avoid contact with it, is likely to feel much more threatened when it happens to him. He is likely to learn with experience. But a year or two of exaggerated suffering may be avoided by a better understanding attitude.

Nowadays, thanks to increased information and to the Parkinson Institute, one is able to acquire fairly readily much information about the illness. This was not always so. Generally, it was difficult to find information. As Parkinson's disease was considered to be fairly rare and since it was believed that nothing could be done about it, not much attention was paid to it. It was such a shock and the reactions, "What can we do?", and, "Where can we get information?", that influenced Mrs. Jeanne Levey to establish the Institute. She felt that something had to be done and undertook to set up a facility where people who had the illness could find the information available on this disease and also where they could come for treatment and rehabilitation.

THE NATIONAL PARKINSON INSTITUTE

By indefatigable effort in the face of all kinds of obstacles, Mrs. Levey has persisted and accomplished much. The Institute undertakes to provide information to anyone with Parkinson's disease. It keeps in direct communication with all centers doing research on it. It has sponsored international conferences of scientists to collect information. It has made a library on the illness and has dispensed information fully to patients, generally on an individual basis, evaluating them and their conditions and helping to prescribe for them. In addition, facilities are offered for all kinds of services which such patients may require. The Institute takes a general view of Parkinson's disease to include related disorders of a neurological type which are similar but not strictly speaking Parkinson's disease. Because decision is difficult where the cutoff point should be, the Institute has tended to be more inclusive rather than less so in defining related disorders. The Institute has spurred public interest in the illness and governmental participation in efforts to do something to help the sufferers and to spur work toward a cure. The President of the United States annually proclaims "Parkinson Week."

OTHER CHARACTERISTICS

Many people who suffer from Parkinson's disease also have additional conditions, types of illnesses or incapacities which may have no specific relation to the Parkinson illness, but which also at the same time operate as important factors in their ability to cope. One can see a person who has an obsession with jealousy or some other psychological condition which may have existed before Parkinson's occurred in his life and which continues to exist even while the Parkinson condition develops further. These conditions can be treated as separate entities. But taken together with Parkinson's disease, they usually become more complex and need to be considered in the whole complexity of the person. Very often an examination might be made for the Parkinson condition and discovery of other conditions takes place. These, then, can be treated as well. Sometimes it is advisable to send a Parkinson patient or someone in his family for psychotherapy, not for the Parkinson condition itself, but for handling other non-related conditions which may affect the situation and circumstance. Likewise the physician is frequently called upon to handle various other somatic conditions which a Parkinson sufferer may have.

WORKING WITH THE DOCTOR

In every illness it is necessary to be able to utilize good medical advice. This is usually very easy to do, as most physicians know the problem of communicating with their patients in a way that the patient can get the optimum benefit of their advice. However, Parkinson's disease strikes any type of person including some who for one reason or another may not work along as well as he should with his doctor.

Shy people may have special difficulty. There used to be a time, and many older persons, some of those suffering from Parkinson's disease now have been reared in such times, when customarily it was not considered good manners to annoy such a busy and important person as a physician with questions. Fortunately, today there is a closer person-to-person communication between patient and doctor. Physicians know that by answering all information requests as early as possible they ultimately do their work more efficiently. The patient or the one caring for him should acquire from the physician all the information he needs, so that he can guide himself therapeutically properly.

OUTLOOK

It is appropriate to ask since Parkinson's is as yet an incurable, progressive disease, what is the outlook for anyone having it. Although the future cannot be predicted, it should be remembered that not so long ago there was no medication appropriate for it. Then came such medications as those researched by Dr. Doshay, of the Artane type. During very recent years we have all witnessed the coming of L-Dopa and its congeners which brought tremendous improvements. To quote Mrs. Jeanne Levey, "It is the best thing that has happened for Parkinson's disease in 160 years." The Institute and Mrs. Levey maintain contact with many of the people engaged in drug research in order to develop more counteractions for the effects of Parkinson's disease and toward more complete elimination of its symptoms. It is very heartening to talk to some of these people in connection with their research. They convey a great enthusiasm, as if they are on the threshold of finding some new medication that will eliminate almost totally the effects of the disease. Research as to why people get Parkinson's disease is also going on. It is hoped that their enthusiastic visions will be realized in the very near future and that someone will come up with such a discovery.

USING L-DOPA

It is helpful to understand also how the drugs one uses operate. L-Dopa is used up quickly and is not stored in the body. This is the reason it must be taken in appropriate doses and in spaced out intervals during a day. Doctor's orders should be followed. Reports of how the patient responds to the dosage should be given systematically to the doctor so he can make appropriate adjustments. In addition, it should be known that too much L-Dopa at one time may result in uncontrolled choreiform movements, grinding the teeth, etc. These symptoms disappear as L-Dopa is metabolized.

FALSE INFORMATION

People with the illness or their relatives, tend to develop an absorbing interest in any news item or any report concerning Parkinson's disease. Occasionally they are led into misinformation. Some years back, in the Miami area, a local newspaper gave much publicity to a doctor from New York who read a paper at a convention held locally. The newspaper account said that he had a cure for Parkinson's disease. Many patients immediately tried to contact this doctor and many relatives of patients insisted that the suffering kin consult him. Likewise, it happens that one patient who hears about a medication that had been prescribed for another patient, will insist upon having the same medication for himself. Such self-prescribing will not often result in the best interest of the patient. Since individuals vary very greatly in their reactions to medications, the physician is in the best position to know what is most suitable for any individual case. When a patient finds some approach or medication which he believes suits him well, it is best to report this to his physician and to advise the physician as to how he is medicating himself. Regard your physician as an ally with the special information on which to judge what is the most desirable treatment.

MISCONCEPTIONS

Just as rumors, beliefs, and fantasies play a part in confusing and misleading people on any subject, so it is with Parkinson's disease. One such erroneous statement is that certain races of people, such as blacks, are immune. The fact is that a few cases of Parkinson's disease in blacks have been seen at the Institute but in a percentage far smaller than their numbers in the general population. Likewise, at the Institute, proportionately larger percentages of Spanish speaking people and of Jewish people were seen. Perhaps these population figures are influenced by the greater incidence of such persons in this local community and by the fact that many South Americans come here for evaluation and plan for therapy.

PAIN

Pain is not usual for Parkinson's disease. Where a patient complains of pain, its origin may be from some condition directly associated with the illness, but more likely results from some other source. Arthritis or some other concomitant condition may exist. Although the muscles do get rigid in Parkinson's disease, there are surprisingly few complaints of pain.

NOT CONTAGIOUS

Parkinson's disease is not generally believed to be contagious. Although it may be the residual effect of contagious illnesses such as influenza or encephalitis, there is no danger in handling anyone who has it. Cases exist in which both a husband and wife are stricken. They did not catch Parkinson's disease from one another.

There is some minor statistical support for the idea that Parkinson's disease is somewhat hereditary. Certainly some families are afflicted in greater proportion than others. But the evidence is not as impressive as in other diseases.

NOT USUALLY FROM SUFFERING

Very many patients connect the onset of their symptoms to some emotional shock as the death of a beloved one. Although such a view cannot be disproved altogether, current medical knowledge tends to incline otherwise. Parkinson's disease is known to be a result of physical injury to the brain following an accident. This is called post-traumatic type. Or it may follow an illness involving the brain, as a high fever, which is called post-encephalitic. By far the greatest number of cases are called idiopathic, which means it comes by itself, cause unknown. It is not accurate nor helpful to believe it is a punishment for something one has done.

EMOTIONAL EXPRESSION

Parkinsonism is a neurological disorder of a portion of the brain. Other areas of the brain may also be affected in any one person. From a psychological point of view, one of the concurrent symptoms occasionally seen is that of over-emotional responses. In these instances, strong emotions may be expressed even when the person may not actually feel that emotion.

There are patients who will produce tears and a crying expression on their face, even when they do not feel sad. This is sham reaction, in which the outward manifestations of the emotion appear at some appropriate cue in the conversation, but such reaction is really not expressive of true inner feelings. It is important to realize that the facial expression lingers long after what triggers it has passed. Thus crying may continue after the sad feeling has gone. Naturally, occasionally, there is true emotion and feeling behind it. Often, the emotional expression in these cases can be changed by changing the subject so as to induce a new emotional reaction. Also it may be possible to train the person to respond with less or no emotion when something sad is referred to. Such condition-ing techniques might be experimented with and perhaps research in this area can produce better results. It is helpful when onlookers in such cases understand no signal of distress is actually being sent to them by the labile emotional expression.

MENTAL DETERIORATION OR CHANGES

It has been maintained that no mental deterioration occurs in Parkinson's disease. This may be so. But with the actual patients in our experience, it would appear that a very large percentage show deterioration of mental functioning of a type which psychological tests suggest is directly connected with an organic malfunction. This means that the brain parts controlling some mental functions are not working as well as they did before. The individual is not as fully capable mentally as he was. Fortunately for most ordinary purposes, such as carrying on conversations, or carrying through most of the mental requirements of daily life, full capacity is not needed. Usually the deficiency is not even noticed. But lack is often demonstrable on close examination. This is not to say any deterioration from a previously higher level of functioning is attributable to Parkinson's disease. As persons age they tend to lose some of their accustomed sharpness. They usually can perform frequently used mental powers best. But with Parkinson's disease they do not generally push themselves nor strive as hard. Performance may still be sharp occasionally but gaps occur. Previous consistency, reliability, or excellence of mental activity is lower. Confusion may occur.

Mental changes are sometimes the result of drugs taken by patients. Some persons literally go out of their minds, beginning to hallucinate with some drugs. If mental changes of this type occur suddenly, one must be sure to notify his doctor.

MEMORY

Often patients report interruptions of memory. They will report such events as walking into a room with the purpose of getting something and forgetting what they came for, or talking in a conversation and not being able to recall a name that they know very well, or forgetting where they put something which they had in their hands just a moment before. These lapses of immediate memory are noticed of course in all aging people. They also occur in younger people, but the frequency as one gets older is much greater. Although Parkinson patients do report them, there is no evidence of increased incidence due to the illness itself. It should be noticed that these are not real losses of memory, for the memory itself is ultimately recovered. When the person sees the object that he

has misplaced, he immediately recognizes that it was precisely the object he looked for. Or when a person sees the object for which he came into another room, he immediately realizes that's what he came for. Or, the name he forgot will come to him spontaneously later. These are not losses of memory, merely interruptions of memory.

SEX

Sexual desires and functions differ in all people, those affected with Parkinson's disease or otherwise. Coming in advanced age, Parkinson's disease occurs in persons with declining sexual interest. Some individuals, however, retain considerable activity and interest in sex. Since the L-Dopa medication became widely publicized, there has been speculation as to its effects on sexual desire and potency. Newspapers carried glowing reports of restored sexual prowess. When such a side effect did show up, it proved to be short-lived. The reports were of very few cases and in most instances actually fallacious in that they created the wrong impression. L-Dopa is not an aphrodisiac. The largest number of patients under the medication for any length of time had no such reaction although many experienced restoration of other physical and mental powers. The exhilaration of well-being felt by the patients on L-Dopa may help impress them so that they feel not only normal functions to have been restored but also their most fervent desires. Some male patients want to believe that their masculinity is enhanced by the magic potion. They may try to exercise virility as if they were returned to their younger years. Few will succeed.

Generally, the entire matter of sex is less of a problem for the female patient although it is known that some of them retain strong interest and desires. Such desires may be difficult to satisfy in some instances. Renewed masturbation has been reported. Also, there may occur an intensification of emotions related to sex such as jealousy or love itself.

HYPNOSIS

One strange phenomenon that people with Parkinson's disease encounter is the fact that the shaking or tremors stop while they are asleep. This can lead to the inference that they do not have the disease, or that they will recover from it. Claims have been made that with hypnosis these symptoms can be eliminated. Such experiments have been tried without any permanent results. Of course, it is possible to have someone with Parkinson's disease close his eyes and be hypnotized to stop the shaking. Just as it does in sleep, it stops. But when the person begins to be active again, these symptoms recur. Hypnosis is not an answer, nor does it reverse the disease.

Some persons have tried acupuncture. The results are not impressive.

SURGERY

One approach that has been used to alleviate some of the symptoms of Parkinson's disease, particularly tremors, is cryosurgery. This is an operation on the brain where some tissue is destroyed by exposure to extreme cold as a result of which tremors have been alleviated or eliminated. Many such post-operative cases were seen at the Institute. In some instances tremors had been alleviated for a number of years. In other instances, the tremors have returned after a short or long duration of time. In still others, new tremors appeared on the other side of the body. In others, various body functions became affected, such as speech, walking, etc. Experience in the observation of post-operative cases leads to the opinion that cryosurgery is not the answer. It is certainly not any cure. In any event, since the advent of L-Dopa it is much more rarely performed. However, certain excellent psychological studies have been produced by psychologists working with the neurosurgeons.

DRIVING

One of the problems that comes up is whether a person with Parkinson's disease should drive a car. For many cases this is not a serious problem as it is obvious that the person can do it, or that the person cannot do it. However, there are questionable cases. In our experience there are people who continue to drive long after they should have stopped and have suffered severe injuries and even death as a result. On the other hand, there are people who perform in driving very well, much better than they perform in anything else. There are some who feel wonderful and comfortable behind the wheel of a car and their powers are retained. Where there is question, it should be thoroughly raised with the doctor and should be earnestly approached. He must be the judge. Split second judgments as to when to lift the foot from the accelerator and put it on the brakes have to be made when driving. Impaired coordination which might lock the muscle that releases the foot can endanger the driver, passengers and others. It is to judge just such a condition that the physician must be consulted and he is the one who can best determine the patient's ability at the wheel.

When discussing driving, it should be realized that there are varying conditions. It is one thing to drive in a crowded city. It is another thing to drive on a remote, rural street. It is one thing to drive for long distances on superhighways at high speeds. It is another thing to drive slowly in a market area which is relatively less populated. Experience has shown that many people tend to meet these problems on their own, or that some relative influences the decision that the person may be too dangerous to drive. The doctor will take into consideration the conditions under which the driving is to be done and the condition of the patient. He is in the best position to judge.

RELATIONSHIPS

Relatives have been of great assistance in helping patients seek help for themselves. Very often it was a relative who insisted that the patient come to the National Parkinson Institute for study and advice. Very often it is the relative of a patient who insists that the patient go to a doctor and very often it is the relative who makes sure that the patient complies with the demands of a therapeutic program designed to keep the patient as alert and alive as he possibly can be. Relatives have performed functions such as setting up exercise apparatus in the apartments or homes of patients. Relatives have been very active in setting up safety measures such as railings in bathrooms and wall bars by which patients can pull themselves out of bed. It is quite likely that in some instances the fact that the relative is interested and helping to devise methods of coping with the effects of the illness, has made a team out of both the patient and the relative, which has been tremendously effective in helping the patient, enabling him to function far more than he could have done alone.

Relationships with relatives take on changes as a result of a person suffering from Parkinson's disease. An individual who was formerly very independent and insisting on his own ways, may suddenly become docile and tremendously dependent, with the result that a relative who was dependent on him, now has to take over and act the independent role. A whole turnabout in circumstances may occur. With Parkinson's disease, people who were formerly able to control themselves and act in understanding and dignified fashion, may under the stress of the illness and the difficulties they have to face, begin to lose some of these controls and show, for the first time in their lives, some temper or outbursts that they normally would be able to control and keep from being expressed. Hostilities which were suppressed in the past may surface. All sorts of new behavior patterns and personality changes may develop. But not necessarily so. By and large however, a person tends to maintain the personality he had before, making adjustments according to the symptoms as they occur.

In many cases of Parkinson's disease, a subtle psychological interplay emerges. As the patient becomes more dependent on a relative who attends him, he tends to become more demanding, not because he wants to be, but because the situation creates a new procedure. Thus, a person who previously was very much independent suddenly becomes overdependent. He makes all kinds of simple demands, not because he cannot do these things for himself, but because he realizes that the relationship between him and this attending other person is now such that the person ought to attend to him. He thus develops an inclination to use this aspect of the relationship by asking for more, or making more demands. This is not always the case, but it occurs with considerable frequency.

Almost the opposite also occurs, and that is that a person resents any tendency on his part to be dependent and insists on trying everything for himself, even things that he cannot do. Judgments may have to be made as to when to step in and help and when not to. The usual rule is to strongly encourage the patient try for himself as much as possible. This will enable him to motivate himself to do and also will keep him in good practice. Motivation is very important. It is amazing how well Parkinson patients can do when they are forced to do things, or when there is some special motivation. Ofttimes there is a disinclination to go somewhere, to visit people, or to go outdoors, or even to enter into discussions. But if forced to, very often the patient may be able to maintain himself much better. This again must be judged by the person who attends.

FAMILY

Family structure is very seriously affected very often by Parkinson's disease. Some spouses show perhaps the greatest dedications that any human being can show to another. It has been remarkable how some husbands have devoted the major portions of their lives to their wives who are stricken. Likewise, it is just magnificent to see the understanding, sympathy and help that a wife will give to her husband who is stricken and needs her attentions. On the other hand, there are some spouses who are annoyed, unable to endure the suffering, or unable to respond, and find themselves absenting themselves from their homes much more and perhaps even seeking divorce. What an individual spouse will do is, of course, most important in connection with patient care. Where a spouse or close relative seeks to attend to a patient and devote his energies to him, he should be ready to discuss the illness openly and plainly with the experts in the field or those who are supervising the therapeutic program, so as to be sure that the patient can be helped to do precisely what is necessary for his benefit. Every once in awhile, a spouse is found who does too much or who does not follow the doctor's orders to let the patient do as much as he can for himself. By having groups of spouses meet and discuss their joint problems, such persons can be helped to accept a change in approach. They pick up suggestions from one another as to what can be done. Frequently, such suggestions may include expedients as the installation of special devices to help in moving or walking or exercising, or the use of special techniques in helping to overcome the interferences created by symptoms. It is important to be ready to communicate with others about the illness at all times.

In one instance a patient reported he is enjoying for the first time a relationship with his wife he never had before. Whereas previously, before his illness, he was a very active person who needed no help from his wife, and who was always attentive to her, he now finds himself put in the reverse position and learns how rewarding it is to experience her devotion and dedication. He experienced a new closeness in their relationship, something he had not quite realized before. There are new aspects of existence that can be experienced as a result of the changed circumstances brought out by Parkinson's disease which really can be considered positive.

One of the problems faced by relatives is how much the relative is able to conduct his own existence and how much of it has to be sacrificed for the patient. One man who is used to being very active stopped going out at night in order to be with his wife who was incapacitated by Parkinson's disease. He found after advice, however, that when he started to go out a few nights a week and come back and tell his wife the things that happened, that both were better satisfied. Patients often can respond to events even vicariously rather than live the dull, routine, meaningless existence where nothing new essentially happens, as a result of being shut-in.

SOME CIRCUMSTANCES UNUSUAL

Occasionally a strange circumstance is encountered. In one instance a patient needed help getting in and out of bed. During the night he would have to go to the bathroom twice or three times and he would then wake his wife to help him. She became very angry and irate and directed hostility toward him. For his part, he insisted he needed the help and there was nothing he could do. She complained that it was interfering with her rest and she couldn't get a night's sleep. Therefore she claimed she was grouchy. During the course of a conference the wife was presented with two alternatives, one was to get an attendant to care for him to take over the function that she couldn't perform. The other was to submit herself to psychotherapy in order to change her attitudes so that she could perform the necessary functions without undue discomfort. Under analysis it turned out that her reaction of annoyance related to the fact that she had had to attend to two parents. Her father was blind for 12 years and her mother had both legs amputated. The need of her husband to call upon her for help during the night was interpreted in her mind as a threat that she may now have to attend a helpless individual again. This, under the circumstances was too distressing to her. Attitudes of relatives are important in the adaptation of Parkinson sufferers.

Some relatives of patients have developed an admirable approach to the handling of the patient. One instance was reported in which a patient "hasn't much time to feel sick." Although he has a considerable number of Parkinsonian symptoms, his relatives followed a concerted plan to keep him active, insisting that he go with them wherever they go, participate in conversations and almost forced him to react. The result was that he didn't, in their words, "Have time to feel sick." Not everyone can be this inventive with attention, nor can everyone apply it with the good judgment and discernment as to when to force more reaction and when to leave the patient be. Such judgments must be made. While the patient cannot do everything, many persons with Parkinson's disease, if attended to and forced to respond, will do so and do so repeatedly. It has been observed that patients who live alone and are forced to fend for themselves often make adaptations seemingly better than others who receive more solicitous care. One patient who had a great deal of difficulty talking, could spend quite a considerable time telling jokes and listening to jokes. It would get so that for a short while the effects of the illness would be in the background. It is like when anyone focuses very strongly on something and is deeply interested, all other annoyances and interferences are relegated to the subconscious for awhile.

This booklet is an attempt to summarize frequently encountered experiences with Parkinson's disease with emphasis on psychological aspects of the problems involved. Not all the facts about the disease are presented nor are the problems discussed as fully as possible. It is hoped that this offering will stimulate attention and further effort to help with adjustment and the cultivation of attitudes leading toward knowledgeable and better plans of therapeutic programs.

Services provided at the Parkinson Institute are:

- **Internal Medicine**
- **Neurology**
- **Neuro-psychiatry**
- **Cardiology**
- **Electroencephalogram**
- **Electromyogram**
- **Physical Rehabilitation**
- **Occupational Therapy**
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November 1, 1974

Dear Ms. McAuliffe:

You will please find attached the list of mayors of Dade County Municipalities which we discussed on the telephone.

Kind regards, and

Sincerely yours,

Amelia Lasser

Amelia Lasser
Legislative Aide

Ms. Margaret McAuliffe
187 Old Executive Office Bldg.
17th and Pennsylvania Avenue
Washington 20500

not used —
had enough names
on the other list

DADE COUNTY MUNICIPALITIES

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Bal Harbour Village	655 96 St.	Stanley Tate
Bay Harbor Islands	9665 Bay Harbor Terrace	Stanley Tate
Biscayne Park, Vlge of	640 NE 114 St.	Edward J. Burke
✓ Coral Gables	405 Biltmore	Robert Knight
El Portal	500 NE 87 St.	Forrest H. Bowen
Florida City	404 W. Palm Dr.	John Duggan
Golden Beach	Town Hall, Golden Beach Florida 33160	Fred Zollner
✓ Hialeah	501 Palm Avenue	Dale Bennett
✓ HialeahGardens, Town of	10001 NW 87 Avenue	Burl McCormick
✓ Homestead	43 N Krome Ave.	Fred Rhodes, Jr.
Indian Creek Village	50 Indian Creek Dr.	Carvel C. Linden
Islandia	9205 S/ Dixie Highway	George French
Medley, Town of	7291 NW 74 St.	Emmett K. Chaffin
✓ Miami	City Hall, Dinner Key	Maurice Ferre
✓ Mami Beach	1130 Washington Ave.	Harold Rosen
Miami Shores	10050 N.E. 2 Ave.	James W. Conditt
Miami Springs	201 Westward Dr.	R.B. Fordyce
North Bay Vlge	7903 E Dr., Harbor Is.	Dr. Albert Seiden
✓ North Miami	776 N.E. 125 St.	John Stembridge
✓ North Miami Beach	17011 NE 10 Ave.	James E. Reardon
✓ Opa Locka	777 Sharazad Blvd.	Ronald E. Pierson
✓ South Miami	6130 Sunset Dr.	Jack Block
Surfside, Town of	9293 Harding Avenue	Eli Lurie
Sweetwater	500 109 Ave.	Allen J. Lare
Virginia Gardens	6498 NW 38 Ter.	H. Sayne Hill
✓ West Miami	901 SW 62 Ave.	Edmund P. Cooper

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