

# APPA NEWS

## The Atlanta Post-Polio Association

Volume 28, Issue 2

Summer 2015

### APPA Mourns The Loss Of Past President Sylvia O. Gray 1927 - 2015

Sylvia O. Gray nee, Becker, 87, of Decatur, GA, passed away May 20, 2015 at 3:15 AM.

Sylvia was a past president of The Atlanta Post-Polio Association. She had a career as an accountant and was the treasurer for two churches.



She was preceded in death by her husband, Howard R. Gray, and is survived by her son, David Gray (Lisa); daughters, Melinda Crider (Claude), and Carolyn Gray; 8 grandchildren; and 8 great grandchildren.



**Sylvia O. Gray**

Please see pages 3 and 4 for more about Sylvia Gray.

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Please don't forget to  
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Thanks for your  
continued  
support.

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## President's Message

I recently had an opportunity to put something into practice I've been working on for quite some time. I've always been a procrastinator. I'm not sure why, I just always have been, I suppose. There are many times in my past where this bad habit has cost me; yet, I persist. It's been helpful in my progress with this problem to try and remember how this has really cost me. Like the time, years ago, driving my old 400 HP Pontiac GTO with the gas gauge on 1/8<sup>th</sup> full. It'll be ok; I'll stop at the next gas station and fill up. Well, GTOs aren't like a Honda Prius in that they really don't go that far on 1/8<sup>th</sup> of a tank. The long walk to the nearest gas station was bad enough; but the worst part was rummaging around in their dumpster to find an odoriferous, discarded milk jug to put a gallon of gas in. Nothing, however, hurts like an opportunity missed forever. That almost happened to me back in May.

One Friday afternoon, I received an email from Sylvia Gray's email account but it wasn't from Sylvia. It was from her friend, Tracy, telling me that Sylvia was in the hospital and had been there for a while. At first I wasn't too alarmed; I'd been through this once before with her. She was at Emory about three or four years ago in pretty bad shape. I went to visit her; and she was heading to hospice. They told her to get her affairs in order. She was deciding which family members would get what and all that. We had a nice visit with the understanding that it would most likely be our last. Shortly afterward, a new doctor suggested they try something different. She was on 13 or so medications. He suggested they stop all but two vital ones as they really had nothing to lose. A few days later she rallied. Instead of hospice she went home much improved. The next three or four years she was able to drive and attended some of our meetings.

With all of that in mind, my first thought was that I would probably go visit early next week. But keeping my procrastination issue in mind, I thought why not go tomorrow, Saturday? I'm so glad I did. She was in fine spirits; but the prognosis was pretty definitive. They were just keeping her comfortable with a move to hospice eminent. We had a wonderful last visit. We talked about **APPA** and the friends she had made there. She has always been one of my biggest fans and told me once again how proud she was of me and the work I do for **APPA**. Great pharmaceuticals at play here I suppose. She had a smile that always brought sunshine into my life. She was sharp as ever. They came in to dispense some meds and asked her name and birthdate, 1927. After they left I did some math in my

head and told her I'm no doctor but I just figured out what's wrong with her. Intrigued that I'd figured out the problem. She asked what it was; I said "I'm pretty sure you're getting old!" That tickled her to no end. Breathing issues were a long-standing problem for her and she always reminded me to do my breathing exercises. I told her I was and that I sing every day to keep my lungs in shape. Out of the blue she asked me to sing her a song. So I sang "You Are My Sunshine" for her. That really made her smile. I met some of her family; and, it was obvious how much she was loved. Her daughter-in-law was much more like a daughter than an "in-law." I met her pastor and he talked with Sylvia about how she knew with certainty where her next stop on the journey of life would be. The blessing of a life well lived.

The very next day she went into a sleep stage she never awakened from. I'm certain that, unlike me, God has no faults. But maybe, just maybe, He did procrastinate a little on bringing Sylvia home. I'm grateful for the extra time she was here, for I learned much from her during that time. I'm grateful for not putting my last visit off even one day because I got to say goodbye to a wonderful friend. I was learning from her until the very last minute. For that experience I will be eternally thankful.

*Joe Drogan* - **APPA** President

## From the Editor

Being the editor of **APPA NEWS** has always been a pleasant endeavor for me. The research on polio issues and the reporting on matters related to **APPA** have always come easy for me. Expounding verbally on things technical like in Tech Bits & Bytes is something I guess I've always done so it was a great way for me to discover I could actually write about such things. Discovering I have the ability to inform and entertain people by writing has been one of the greatest events in my life. Because of all that has transpired since I began this journey, I was surprised when I began to write Presidents Message for this issue. For the first time, as I began to put my thoughts into words, I found myself moved by them in a way that, heretofore, I'd never been. Even though I was present during what transpired at the hospital with Sylvia Gray, I saw the entire experience in a new and wonderful light. I guess it's not unlike the revelation that some find in writing of an experience in a diary. It was truly a spiritual experience for me. It's like I've learned a whole new purpose for writing. I also guess I was wrong when I said I was learning from her until the very last minute - I am still learning from her.

*Joe Drogan*

## Swallowing Difficulty and the Late Effects of Polio

*Barbara C. Sonies, PhD, CCC, BRS-S, College Park, Maryland, bsonies@hesp.umd.edu*

A major polio epidemic in the mid-20<sup>th</sup> century left many survivors with a wide variety of physical limitations including problems swallowing foods. Many persons with swallowing problems also had original bulbar signs of polio including difficulty breathing, clearing the throat, speaking and singing.

Some persons however, had no overt signs of swallowing difficulty and seemed to recover many of their original physical abilities. Twenty to 30-plus years after the original polio episode, many people began to experience new signs of muscle weakness with difficulty walking or breathing and new problems with swallowing. Many polio survivors are now beginning to complain of difficulty swallowing and food getting stuck in their throats.

In a series of studies completed at the National Institutes of Health in 1991-1996 by Dr. Barbara Sonies and Dr. Marinos Dalakas, and in other studies, it has been substantiated that new swallowing complaints begin to emerge decades after the initial polio onset. Many people are only mildly aware of any change, and others who deny swallowing problems actually do have symptoms. An informal survey taken in 2003 of 23 persons diagnosed with post-polio syndrome (PPS) indicated that more than half had both new complaints of swallowing difficulty.

**What are the possible causes of changes in swallowing?** Current thinking is that muscle overuse is responsible for swallowing problems that are emerging as new symptoms or reappearing in persons who recovered from swallowing problems years ago. The assumption is that the remaining fewer healthy nerve fibers and muscles they innervate (motor units) become overused. This overuse appears to cause a slow deterioration of the function of the head and neck bulbar muscles needed to swallow. Once-healthy muscles of the face, palate, tongue, throat, lips and larynx become weakened. Because many of the muscles and nerves that control swallowing also control speech and voice, changes making swallowing more difficult may also make speaking more difficult.

**What are some signs of swallowing difficulty?** A wide but consistent range of complaints is noted including food sticking in the throat, trouble swallowing pills, coughing during eating, food backing up from the throat, eating a meal takes longer and unintentional weight loss. A self-assessment questionnaire for Dysphagia (swallowing disorders) listed below can help determine if you need further attention (adapted from Sonies, BC, Parent LJ, Morrish K, Baum, BJ, *Dysphagia* 1:178-186, 1987).

If you answer YES to more than three questions, seek consultation from a physician and speech-language pathologist.

- Do you have difficulty swallowing?
- Do you have difficulty chewing hard foods?
- Do you have an overly dry mouth?
- Do you have excessive saliva or drooling?
- Do you cough or choke during or after swallowing?
- Do you have a feeling that food catches or remains in your throat?
- Do you have continual mucous dripping into the throat?
- Does your voice become hoarse or gurgly after you swallow?
- Do you have food particles backing up into your throat or mouth?
- Do you have heartburn or indigestion?
- Do you have difficulty swallowing liquids?
- Do you have difficulty swallowing solids?
- Do you have difficulty swallowing pills?
- Do liquids sometimes come out of your nose?
- Does it take you longer than everyone else to eat a meal?
- Have you had episodes of airway obstruction during eating?
- Have you had frequent pneumonia or aspiration pneumonia?

If you have many of these symptoms, contact a speech-language pathologist at a hospital or rehabilitation center who specializes in Dysphagia. (Go to [www.swallowingdisorders.org](http://www.swallowingdisorders.org) to see a listing of specialists in your state.)

### **What should I expect from a swallowing diagnostic examination?**

To evaluate and make an appropriate treatment plan for someone with a swallowing disorder, a clinical swallowing assessment should be conducted. In this examination, the strength and coordination of the various muscles used to swallow will be assessed during a series of activities. If weakness or incoordination of the muscles of the mouth and throat are found, strategies for treatment will be suggested.

Swallowing safety will be observed during eating a meal or with liquids and soft foods in a clinical setting. A thorough history of medical/surgical diagnoses, medications, allergies, and family and caregiver observations will be included along with a history of the polio progression. Oral hygiene and condition of the teeth will also be evaluated.

If the swallowing problem is such that the person is at risk for aspiration, where food enters the airway, an instrumental swallowing examination will be conducted. The two primary techniques are the *modified barium swallow* and a *fiberoptic swallowing examination* of the throat. These procedures will help to determine if the problem is in the oral, pharyngeal or esophageal phases of the swallow. Both of these techniques



are objective and can assist in determining the severity of a problem and allow the clinician to suggest proper treatment.

**What can I expect from swallowing treatment?** Most of the swallowing problems experienced by persons with PPS can be treated. For example, if one side of the body is weaker, specific strategies can be used that can help swallowing be more efficient. There are other strategies that can help to develop better oral sensation, move food from the mouth through the throat, alter foods so that they can be swallowed safely and reduce risk of aspiration. Postures and positions can be used to help food enter the throat and esophagus without sticking. Some treatments use food, and others focus on muscle strengthening, biofeedback and rehabilitation without food until the strategy is safe to use while eating. Depending on what was found in the clinical and instrumental examination, treatment will be individualized to suit the findings and provide optimal help for each person.

Although PPS may be progressive in some cases, the strategies to improve swallowing can assist in stabilizing the swallow to maximize safety and provide adequate nutrition.

**Swallowing specifics for those with PPS.** It is important that a swallowing examination be conducted periodically if any of the symptoms listed here are exhibited. Even if the problems seem minimal, swallowing should be evaluated, as people with PPS often accommodate changes that need attention, and these can become full-fledged problems when ignored. Make sure to contact a qualified clinician for treatment. A modified barium swallow study is the most complete and reliable instrumental test to examine a swallow, so be sure to follow through if it is recommended and to follow-up with additional studies if any changes in swallowing occur. Swallowing is an important human function that can be preserved in those with PPS.

**Barbara C. Sonies, PhD, CCC, BRS-S**, is a Board Recognized Specialist in Swallowing and Swallowing Disorders and Professor, Department of Hearing and Speech Disorders, at the University of Maryland in College Park.

### **Suggested Readings and Websites:**

BC Sonies, Speech and Swallowing in Postpolio Syndrome (2004) in (Eds.) Silver JK & Gawne, AC, *Postpolio Syndrome*, Hanley and Belfus, Philadelphia.

BC Sonies, Long-term Effects of Post-Polio on Oral-Motor and Swallowing Function. (1995). In (Eds) Halstead LS & Grimby G. *Post-Polio Syndrome*. Hanley & Belfus, Philadelphia.

Board Recognized Specialists in Swallowing and Swallowing Disorders  
website: [www.swallowingdisorders.org](http://www.swallowingdisorders.org)

# Thoughts

by Myrna K. Whittington

## A Potpourri of Life

Here I am, still in a quandary of Technology!! Lord, help me I pray. The world is whizzing all around me.

I am sure I am the only one left that is not connected to SOMETHING! That darn tablet is worthless--black buttons on black background.

What Senior can see that? Do I get new glasses? Do I get a new laptop? My grandson said none of the above, I need an iPhone.

He said, after all, the whole family only texts! O Lordy, I think. So I ask my friend Betty (who by the way is ten years older). Her reply was "oh goodness!"

Yes, she texts all the time to her children (one letter at a time) in Alaska---I scream--Alaska?? And, she says, pictures too!

As I am banging my head on my desk, saying (like the little red engine that could)---yes I can, yes I can!!!

Myrna Whittington

Continued from previous page

American Speech Language Hearing Association, Special Interest Division on Swallowing. Rockville MD, [www.asha.org](http://www.asha.org)

### Glossary:

**Modified Barium Swallow:** A radiologic examination, performed while the patient swallows barium-coated substances, that assesses quality of the swallowing mechanisms of the mouth, pharynx and esophagus.

**Fiberoptic Swallowing Examination:** A procedure to diagnose swallowing disorders by inserting a flexible fiberoptic endoscope through the nasal passage into the hypopharynx, allowing direct observation of the pharyngeal and laryngeal structures during swallowing.

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# In Memoriam Sylvia Gray

**APPA wishes to thank the following  
for their donations.**

**David Jones**

*Thank You!!!!!!!*



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**Facebook**



# polioplace

*A service of Post-Polio Health International*

## Artifacts

### IBM 1620 Model I Scientific Computer

Joe Drogan, Dawsonville, Georgia

Upon graduating from high school I began to worry about how I'd make a living in the real world as a polio survivor. I was a decent car mechanic but realized it would be a lifelong challenge to work in that physical a profession. A doctor at Shriners Hospital for Crippled Children had said I was the most ingenious person he'd ever met. I could have created tools that would have helped me do the work but still not the ideal career choice. It was in September, 1967, my first semester in college, when I first encountered the IBM 1620 computer. It had 20,000 decimal positions of memory. Your TV remote probably has a million times that. My task was to learn to program it. Even programming computers was physically challenging with a polio



IBM 1620 Model I

damaged right arm and hand. I wondered if I'd be up to the task. I soon learned, however, that in programming, accuracy is far more important than typing speed. That began a lifelong understanding that we are mostly limited by what we think we can't achieve. Thank God for that. We now know that a physical job like mechanics would have taken a much greater toll on my body and made Post-Polio Syndrome much worse for me now. Had it not been a lifelong love of computers that began with the IBM 1620 Model I, and continues today, who knows how I'd have ended up?

## [Link to the Artifacts Section of Polio Place](#)

Editors Note: Polio Health International asked me to write this article for their Archives Section of Polio Place. I was, however, limited to 2,000 characters. I didn't get to mention that a large part of my decision to pursue an IT career was based upon a recommendation by my sister Kathleen Purdy who was in IT at the time. Thanks Kath.



DUKE UNIVERSITY MEDICAL CENTER

**The Preston Robert Tisch Brain Tumor Center**

at Duke . . . there is Hope

## Targeting Cancer with Genetically Engineered Poliovirus (PVS-RIPO)

Matthias Gromeier, MD

Associate Professor of Surgery (Neurosurgery) and Molecular Genetics and Microbiology

Allan H. Friedman, MD, Study Principal Investigator

The Guy L. Odom Professor of Neurological Surgery

Many millions of dollars from grant and philanthropic funds have already been invested in this genetically-modified poliovirus work, and significant additional funds will be required to continue to move it forward. If you wish to donate to this important scientific advancement, please go to our online donation form.

### A Brief Background About PVS-RIPO.

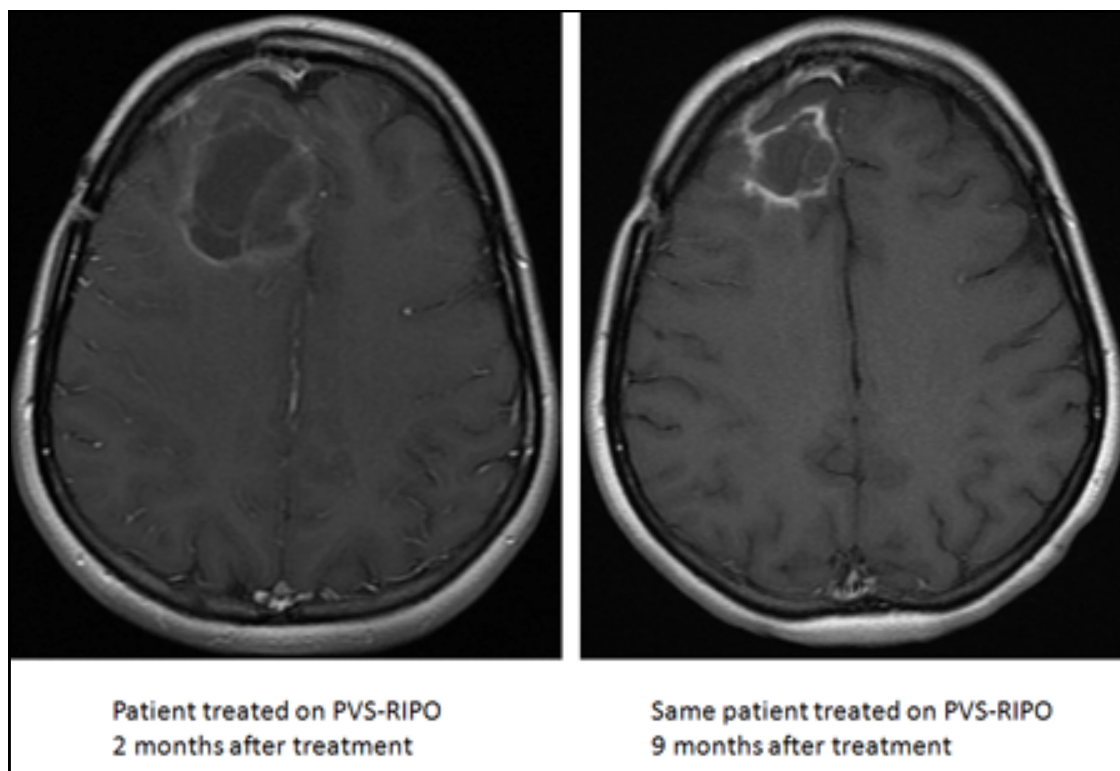
PVS-RIPO is a genetically engineered poliovirus that is being investigated as a new anti-cancer agent at the Preston Robert Tisch Brain Tumor Center at Duke. The idea of targeting cancer with viruses has been around for at least 100 years. However, valid strategies of using 'oncolytic' (cancer-fighting) viruses emerged only recently. This is mostly due to technological advances in genetic engineering of viruses.

To work against cancers in patients, oncolytic viruses must target cancer cells for infection and they must kill them. At the same time, they must be safe. Accomplishing this is very difficult scientifically and only very few viruses are suitable as cancer-fighting agents in the clinic. We achieved this feat by genetic engineering to remove poliovirus' inherent disease-causing ability (a piece of genetic code of a cold-causing rhinovirus was spliced into the poliovirus genome). PVS-RIPO naturally infects almost all cancer cells, because the receptor for poliovirus (which is used for cell entry) is abnormally present on most tumor cells. PVS-RIPO kills cancer cells, but not normal cells, because its ability to grow (and kill) depends on biochemical abnormalities only present in cancer cells. Safety testing in non-human primates and human patients has shown no nerve cell killing, no ability to cause poliomyelitis, and no ability of PVS-RIPO to change back to wild type poliovirus that can cause poliomyelitis.

How Does PVS-RIPO work? PVS-RIPO is infused directly into a patient's tumor (e.g. in the brain). This assures that the maximal amount of virus is delivered directly to the tumor. Once inside the tumor, PVS-RIPO infects and kills tumor cells. Although this tumor cell killing alone may have tumor-fighting results, the likely key to therapy with PVS-RIPO is its ability to re-

Continued on next page

cruit the patients' immune response against the cancer. There are many events following PVS-RIPO infusion into the tumor that can contribute to such an outcome. The human immune system is trained to recognize virus infections and, thus, responds vigorously to the infected tumor. Unraveling why and how the immune system attacks tumors that were infused with PVS-RIPO is a major research goal in the Gromeier Laboratory.



What are our Plans for the Future? Currently, Phase I clinical trials of PVS-RIPO against recurrent glioblastoma brain tumors are ongoing at Duke. We plan to extend these studies (Phase II/III) in a quest to establish PVS-RIPO as a possible therapy for brain tumors. In addition, PVS-RIPO has the potential to work for other types of cancers. The reason for this is that the mechanisms responsible for PVS-RIPO's effects against brain tumors broadly apply to almost all cancers.

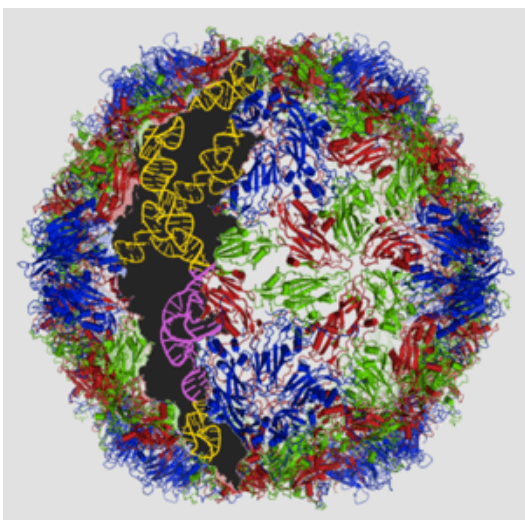
Clinical Trials. There are several initiatives for further clinical development of PVS-RIPO:

- a) against glioblastoma brain tumors in adults. We are planning Phase II/III trials in patients with glioblastoma;
- b) against brain tumors in children. The mechanisms that make PVS-RIPO safe and efficacious in adult brain tumors also work for similar types of brain cancers in children. We are planning to investigate PVS-RIPO in children with brain tumors;
- c) against tumors other than brain cancers. Because PVS-RIPO naturally targets and destroys cancer cells from most common cancer types (pancreas, prostate, lung, colon, and many others), it can be directed against these cancers as well. To establish this in the clinic, we plan future clinical trials in patients with cancers other than brain tumors.



What Do We Need to Make PVS-RIPO a Success Against Cancer? The key to better cancer care is a better understanding of the disease and the mechanisms that may work to fight it. We already have much information about PVS-RIPO, because of a very successful research effort in the Gromeier Laboratory that now spans >10 years. We will continue to identify why anti-tumor responses occur in brain tumor patients infused with PVS-RIPO and how we can best harness them for cancer therapy in general.

Research currently ongoing in the Gromeier Laboratory is designed to a) explain why/how PVS-RIPO kills cancer cells selectively; b) unravel how the patients' immune system responds to tumor infection with PVS-RIPO; and c) how this immune response fights the tumor itself.



The structure of the PVS-RIPO virus.

The Virus particle consists of a protein shell (blue, red and green shapes) arranged in a symmetric structure. In this image, the particle has been "cracked open," to reveal the virus genome (yellow, pink), which is surrounded by the protein shell. The PVS-RIPO genetic code is based on the Sabin vaccine (yellow) with a piece of genetic information from a common cold virus spliced in (pink).

A Statement on Eligibility for Enrollment in the PVS-RIPO Trial. The PVS-RIPO trial is available for recurrent glioblastoma patients with only one tumor. The tumor must be surgically accessible; the size must be no smaller than 1 cm and no larger than 5.5 cm, and the tumor must be located at least 1 cm away from the ventricles. Prior exposure to bevacizumab (Avastin) is permitted. For further information please contact the Preston Robert Tisch Brain Tumor Center at Duke at (919) 684-5301.

Link to original article at Duke University for more information:

<http://www.cancer.duke.edu/btc/modules/Research3/index.php?id=41>

**APPA** and **APPA NEWS** would like to thank the Preston Robert Tisch Brain Tumor Center at the Duke Cancer Center and Duke University for allowing us to re-publish this study. We also wish them the greatest success in their ongoing research into this vital study.

# Recent **APPA** Meetings

There's been a lot going on at **APPA** so far this year. We've had a Board of Directors meeting, the always popular Bingo Party, a trip to see the Gwinnett Braves Game, a book report, video presentations, and a birthday party. Here are photos from all of them.



2015 **APPA** Board.  
L-R Cheryl Hollis, Shannon Morgan, Joe Drogan,  
Rita Carlson, Carol Crumby,  
& Betty Storey.  
Missing from photo, Barbara Mayer  
& Cathy McIntire.



Barbara Mayer.



Cathy McIntire.



Lunch at the Shepherd cafeteria.



Leslie Schulgen.



Vicki Crowell with **APPA** President Joe Drogan. Joe figures "It's gonna be one of *'those'* days."





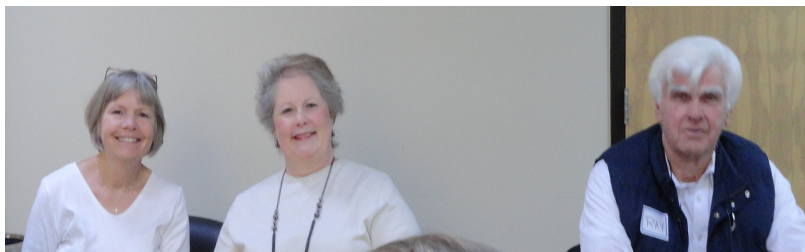
Vicki Crowell Show & Tell.



BINGO!



Belinda Whitaker and grandson.



Shannon Morgan, Cheryl Hollis & Ray Fitzpatrick.



Ivy Stiles.



Our video presentations are done using an Acer Ferrari computer and a Lamborghini mouse which was a big hit. (What else would you expect from the **Tech Bits & Bytes** guy.) 😊

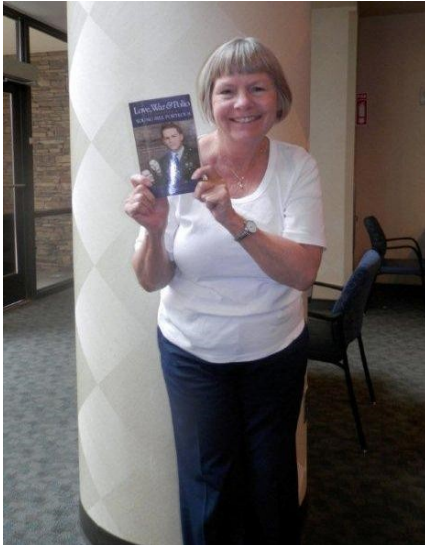


**APPA** visits the Gwinnett Braves at Coolray Field which is one of the most accessible baseball parks in the country. **APPA's** own David Jones was in on the planning.

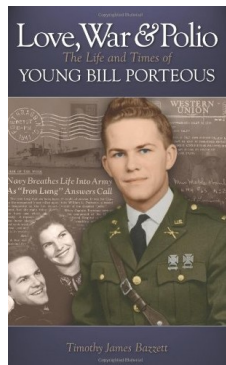




Book report on Love War & Polio  
By Timothy James Bazzett.  
Presented by Shannon Morgan.



Shannon Morgan.



Patricia Emerson celebrated her birthday with us.



Mmmmm... fancy cake!



Jackie (camera shy) & Alissa Ervin.



Fill in your own caption  
here..... 😊



Cheryl Hollis.



David Jordan.



L-R David Jordan, Charlotte Terry, Pamela & Calvin State, Cathy Phelps, Willis Bivens, and Alan Oberdeck.



Mary Ann & Gordon Henderson.



Barbara Mayer, Shannon Morgan & Betty Storey.

Photos by Betty Storey, Cheryl Hollis, Linda Priest, and Vicki Crowell



# FODAC

## Run, Walk 'n Roll Fundraiser

Before I forget, I want to make sure I get a thank you in the next newsletter. I want to thank everyone in **APPA** for sponsoring me in the FODAC Run, Walk n Roll May 2, 2015. I think they said they received over \$30,000. It was nice when they called my name coming in 2nd place in the individual collectors.

Thank You,  
Vicki Crowell



Pictured from left to right above are:  
Chris Brand, FODAC, Vicki Crowell, **APPA**,  
& Doug Turnbull, WSB



### Visit Our Sponsors

*"(With the wheelchair) I will be able to get out of the house and feel like a person that can do more than just sit in a chair with my legs propped up. It will give me hope in ways I did not have hope."*

Help FODAC keep people with disabilities moving by making a secure donation!



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## Miscellany



Oh, only “Part Crazy” I feel much better knowing that!

Photo by Joe Drogan

The information provided herein represents what the authors believe they heard during presentations at **APPA**. The authors are neither legally or medically trained and for these reasons may not have recorded an accurate accounting or understanding of the important details discussed. Neither they nor **APPA** assume any responsibility for the accuracy of the information provided. It is, therefore, highly recommended that all and any information provided be confirmed with an appropriate lawyer or physician before applying any of these legal instruments or medical treatments on your own. It is hoped that this summary serves to apprise the reader of available means to help them be prepared for the future.

### Statement of Policy

**APPA** and **APPA NEWS** do not express or imply endorsement of physicians, products, seminars or services that are mentioned in this newsletter. They are mentioned simply as a public service to polio survivors and those interested in them.

Articles reflect the opinions of their authors and do not necessarily reflect the official policy of the Atlanta Post-Polio Association.



# Tech Bits & Bytes

By Joe Drogan

It's hardware time again. If you remember the last edition of Tech Bits & Bytes (TB&B), you'll recall I talked about a fancy new keyboard that helps even a "keyboard challenged" guy like me be more productive. This time around I've got yet another piece of hardware that really helps you, especially if you frequently use the Special Commands in Windows. Special Commands, you mean there are special commands? Why haven't I ever heard of them before this? Well, if you've been a faithful reader of TB&B, you have! They are commands like copy and paste, cut and paste, zoom in, zoom out, and my favorite, the undo command.



So what is this fancy dancy new piece of hardware? It's a Razer Naga mouse. Like the fancy keyboard from last time around, it's really designed for PC gamers but is also great for non-gaming users, too. When I first saw one of these I noticed it has a three-headed snake on it that glows green. Keep in mind 20 year-old gamers like that kinda stuff. But for me at this age, not so much. That part of it probably makes me look a little like those pathetic guys around 45 or so wearin' their ball cap backwards, trying desperately to look like some cool millennial dude in their 20's. But the snake notwithstanding, check out this nice mouse. It's got 19 programmable buttons on it. It comes in right or left-handed versions (a real plus for us lefties.) Mine is a left-handed version with the 10 buttons on the right side where my thumb rests. With these buttons you can program it to fit your specific needs. For example, I have one map set like this: 1=copy, 2=cut, 3=paste, 4=undo, 5=del, 6=escape key, 7=calculator, 8=ctrl, 9=shift, 10=zoom, + 11 = zoom -, 12 = keymap2. For me 7=calculator but you could set it up to run your email program or Internet Explorer or Firefox, ect. In addition, there are 8 different sets of keymaps. This means you can have 8 different sets of key setups. Gamers use this to have a different one per game, but you could have a setup for each program you use. One for Outlook, one for Excel, one for Internet Explorer, and one for just getting around on your computer. The buttons on top are programmable, too. I have the two below the wheel to be "enter" and "tab". That alone has saved me a million times of having to take my hand off the mouse to reach up and press

Continued on next page

the enter key. You can record Macros, too. This is really helpful for combinations of key-strokes you use repeatedly. Even better if you have combinations of keystrokes and mouse clicks that you use often. For example, you could set one button up to be appae-mail@gmail.com so you can enter our email address with just one click. There are other fea-



tures most non-gamers won't likely need or use. For example, you can set up the mouse to track movement in some popular games. There are ways to calibrate the mouse to work on surfaces like special mouse pads if you so desire. You can turn off the three-headed snake logo if you want to, or the lights on the scroll wheel and number keypad. For me, though, the programmable buttons are a Godsend. At around \$60 it's been worth every penny to me.

Here is what the software looks like.



It's here! Windows 10 began rolling out recently. I have installed it on two systems and both operate great so far. The first one was a brand new Windows 8.1 laptop that could be rolled back if necessary. Unlike the disasters that were Vista and Windows 8.0, Windows 8.1 is much improved over 8.0; and Windows 10 is, by all indications, the best one yet. Some folks I know, including our own Barbara Reynolds, have been using the beta versions and say they are great. I had one issue on the brand new machine in that the touchpad stopped working, and a new driver from the manufacturer (Toshiba) had to be installed. Every enterprise IT shop I ever worked in stayed at least one update behind the current one and usually more than one. Not wanting to be "on the bleeding edge of technology," their logic was let others be the Guinea pigs. Here at "Penguin Labs" we play with stuff 'cause that's what we do! We use test machines or ones that are imaged and can be restored if something goes haywire. If you want to update, TB&B believes it is safe to do so. There are some privacy settings that need to be addressed and a learning curve. There is lots of info on the internet. If you're on an up-to-date Windows 7, 8.0, or 8.1 system, it's free. The download and update take hours and hours however and it doesn't keep you well informed of status and/or progress. You have to be patient. Vista and XP users will need to upgrade to Windows 7 first. I, personally, think the upgrade from Vista should be free too but last time I checked I wasn't running Microsoft.

The next TB&B will be about the new operating system.

Until next time - **Happy Computing!!!** 

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