

Their Quick Action Saved A Child's Life and Foot

Five-year-old Jody Florence's mother had just told him to be careful playing in the yard because his grandfather was cutting the grass.

But Jody, who lives in Mebane, did what most little children do when a dog chases them; he ran away from the dog.

And before his mother could stop him, he ran straight into the path of his grandfather's riding lawnmower.

Within a minute, the child's parents and grandfather were racing to the nearest emergency room — Alamance County Hospital in Burlington.

"We didn't know at the time that his toes were cut off because the mower blades didn't tear the shoe all the way off," his mother said. "We just grabbed him and jumped into the car."

On the way to the hospital, Jody's grandfather applied direct pressure to the child's severely cut knees and foot.

Jody's grandmother called out to a neighbor when she discovered the severed forefoot lying in the grass. The neighbors helped her wrap the forefoot in a towel, place it in a bowl and pack the bowl in ice.

"When my mother called the hospital's emergen-

cy room, they told her to go ahead and bring the toes in," Betsy Florence said. "They told her there was always hope."

Jody was rushed to the Duke University Medical Center for treatment. When he arrived in the emergency room, his severed forefoot came with him.

During eight and a half hours of surgery last spring, Duke surgeons repaired the cuts in his knees, put a cast on his leg and reattached the forefoot.

In a follow-up visit at the medical center about three months later, the curly-haired boy played in a waiting room.

"He even tries to run," his mother said. "He pampers that foot a little when he walks, but he's doing really well."

The Florence family's quick actions and clear thinking saved his life and his foot.

One of the Duke surgeons who operated on him said there are ways to help out if you are ever at the scene of a traumatic amputation. Without training or forethought, the Florence family did what Duke surgeons recommend in the face of such a tragedy.

"First, take care of the victim," said Dr. Andrew Koman, assistant pro-

fessor of surgery. "Stop the bleeding by applying direct pressure."

Koman, who's part of the Duke orthopedic replantation team that's performed some 400 operations since 1973, said gentle form pressure applied for ten minutes to the stump should stop the bleeding of a hand or foot amputation. He said amputations between the wrist and shoulder may need a tourniquet.

"It's crucial with wrist to shoulder amputation to stop the bleeding fast because the patient can easily bleed to death," he said.

If direct pressure fails, he suggested using a belt or strong cloth for a tourniquet. "If there is a blood pressure cuff available, wrap it on the upper arm and then pump it up to stop the bleeding," he said.

Koman said only after the bleeding is stopped should attempts be made to retrieve the severed body parts.

One tragic mistake the young surgeon has seen often in trauma cases is unnecessary delay in transporting the patient to the hospital.

"Use a sensible means of transportation to get to the hospital," he said. "Don't waste precious time trying to get a plane

or helicopter if you can get to a replantation site within a reasonable amount of time by car."

In North Carolina, the following hospitals have more than one surgeon available for replantation:

Asheville Memorial Mission Hospital has one of three surgeons always available to replant hands and fingers and do other extremity reconstruction.

North Carolina Memorial Hospital in Chapel Hill has surgeons available to do finger replantation.

Koman is one of three senior Duke surgeons who are always available to do replantation. There are nine other Duke surgeons who have experience in replantation surgery.

Other replantation surgeons throughout the state in private practice may be available through smaller hospitals.

Koman said surgeons prefer to operate within four to six hours after the amputation, but they can wait longer to rejoin the severed body part, especially if it has been properly cooled.

Tragically, some amputees arrive at a replantation site in time, but can't have the body part rejoined because it was frozen in route to the hospital. Because freezing can kill

the tissue, members of the Duke orthopedic replantation team caution against placing an amputated part directly on ice.

"It's a good idea to turn the amputated part every ten to fifteen minutes if it is on ice to keep it from freezing," Koman said.

In cooperation with Duke, the North Carolina Agricultural Extension office has produced wallet-sized instruction cards and posters that illustrate how to transport severed body parts. The extension office is distributing these cards to factory and farm workers throughout the state.

The basic steps in caring for amputated tissue are: stop the bleeding at the stump; rinse the amputated part with tap water or saline solution (a salt solution) if available; wrap the amputated part in a clean towel; place the towel in a clean plastic bag filled with saline solution; place the bag on ice.

Never scrub any area of a dismembered part and don't soak it in tap water. Do not tie off the small blood vessels. The Duke surgeon also cautioned against placing the part in saline solution with ice — it freezes much faster than ice alone and will damage the tissue.



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The Old Fashioned Bingo game is available at 120 Great Atlantic & Pacific Tea Co. stores located in North and South Carolina, Washington County, Va. and Fannin County, Ga. This promotion is scheduled to end on November 29, 1980. Old Fashioned Bingo will officially end, however, when all game pieces are distributed.

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\$1000	30	1 in 100,000	1 in 30,000	1 in 10,000
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\$10	3,000	1 in 3,000	1 in 300	1 in 100
\$5	6,000	1 in 1,500	1 in 150	1 in 50
\$2	12,000	1 in 750	1 in 75	1 in 25
Total number of prizes	122,330	1 in 122	1 in 12.2	1 in 4.7

NCCU To Conduct Project

In Early Childhood Education

North Carolina Central University will conduct a Model Demonstration Project to show how daycare and kindergarten programs can assist developmentally delayed children, under a grant from the Office of Special Education of the U.S. Education Department.

The three-year project, funded at \$72,666 for the 1980-81 academic year, will use and test the Carolina Development Curriculum developed by staff of the Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill and the Wake County Public school system.

Youngsters from three to five years old, enrolled at the Mount Vernon Day Care Center in Durham

and at the North Carolina Central University Child Study Laboratory (operated by the Department of Home Economics), will be screened for participation in the classes. Children whose learning and other skills do not match their ages will be provided individualized instruction.

The special instruction should enable the developmentally delayed youngsters to avoid special class placement when they enter public schools. Others will have been given assistance in developing, learning and social skills.

By the end of the first year of the project, NCCU will offer training and demonstrations to daycare and kindergarten teachers in other schools in North Carolina.

Dr. Octavia B. Knight, director of special education at NCCU, and Dr. Barbara K. McCloud, associate professor of education, will lead the demonstration project. Dr. Knight will serve as principal investigator, and Dr. McCloud as project director.

Dr. David Lillie of the University of North Carolina at Chapel Hill has provided leadership and consulting services in the planning and development of the NCCU project.

The project is funded under the Handicapped Children's Early Education Program of the U.S. office of Special Education. NCCU's proposal was one of 26 funded for the first time this year, with 25 applications made to the program.

Series On Home Births Set For October 2

series of six classes for couples preparing to have their babies born at home is being offered locally by the Association for Childbirth at Home, International beginning October 2, 1980. Anyone wishing more information should contact Svea Oster - 929-8282.

A growing consciousness of the physical, psychological and spiritual implications of birth has caused more and more parents to assume greater responsibility in the birth of their children. They see childbirth as a natural, healthy experience, not as an illness to be shrouded in mystery or feared. Through increased education and the exchange of ideas, services and books on all aspects of pregnancy, labor and delivery, they are aware that they do have choices in deciding where and how to give birth. As the concept of prepared childbirth matures, parents are rejecting the impersonal routine of the hospital and

are coming home to have their babies.

The Association for Childbirth at Home, International is a group of parents, interested people and medical professionals dedicated to peoples' rights to decide where and with whom they will give birth. ACHI offers childbirth classes, counseling, referrals to doctors and alternative sources of help, and a library. The classes provide essential, reliable information from which prospective parents may make responsible decisions on questions of where, how and with whom they will be giving birth. This is accomplished through data presentation, experience sharing discussions and media presentations by trained, certified ACHI leaders presenting a thoroughly researched series of classes. The series is open to individuals and to professionals interested in childbirth at home.



God Takes Care Of Me

TALLHASSEE, FLA.—James Robinson enjoys some shade in his old wheelchair recently while taking a break from chipping mortar from old bricks of the Capitol. He's been working eight hours a day, five days a week. "The whole world is depending on the government, and the government is going down the drain," he said recently while explaining why he works. UPI photo

PUT UP FREEZER JELLY TODAY



Think about tomorrow today when you see fresh plums and Concord grapes in the market. They're a delicious combination in a freezer Grape-Plum Jelly you can serve on fresh bread and muffins when fresh fruit is just a memory. This no-cook jelly is easily prepared with the help of powdered fruit pectin, which assures a good "set." Use standard jelly jars with lids or reusable glass or plastic containers of not over a pint capacity. Freezer jelly can be stored in the freezer for up to six months or, if freshly made or thawed from the freezer, it can be kept in the refrigerator up to three weeks. Select the best fruit available, have ingredients ready, follow the recipe accurately and write labels for the finished product with a flourish. That's good reason to congratulate yourself.

GRAPE-PLUM JELLY

- 3 cups prepared juice (about 1-1/2 lb. fully ripe Concord grapes and 1-1/2 lb. fully ripe plums)
- 6 cups (2 lb. 10 oz.) sugar
- 3/4 cup water
- 1 box Sure-Jell fruit pectin

First prepare the juice. Thoroughly crush, one layer at a time, about 1-1/2 pounds Concord grapes. (For ease in extracting juice from grapes, heat fruit slightly; then crush with potato masher or in food mill.) Place crushed fruit in jelly cloth or bag and let drip. When dripping has almost ceased, press gently. Measure 1-1/2 cups into large bowl or pan. Pit about 1-1/2 pounds plums; do not peel. Chop very fine; then place in jelly cloth or bag and let drip. When dripping has almost ceased, press gently. Measure 1-1/2 cups; add to grape juice.

Then make the jelly. Thoroughly mix sugar into juices; let stand 10 minutes. Mix water and fruit pectin in small saucepan. Bring to a full boil and boil 1 minute, stirring constantly. Stir into the juices. Continue stirring 3 minutes. (A few sugar crystals will remain.) Pour quickly into scalded containers. Cover at once with tight lids. Let stand at room temperature 24 hours; then store in freezer. Small amounts may be covered and stored in refrigerator up to 3 weeks. Makes about 6 cups or about 7 (8 fl. oz.) containers.

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