

# WebWhispers

Sharing Support Worldwide  
Throat Cancer and Laryngectomy Rehabilitation



**January 2018**

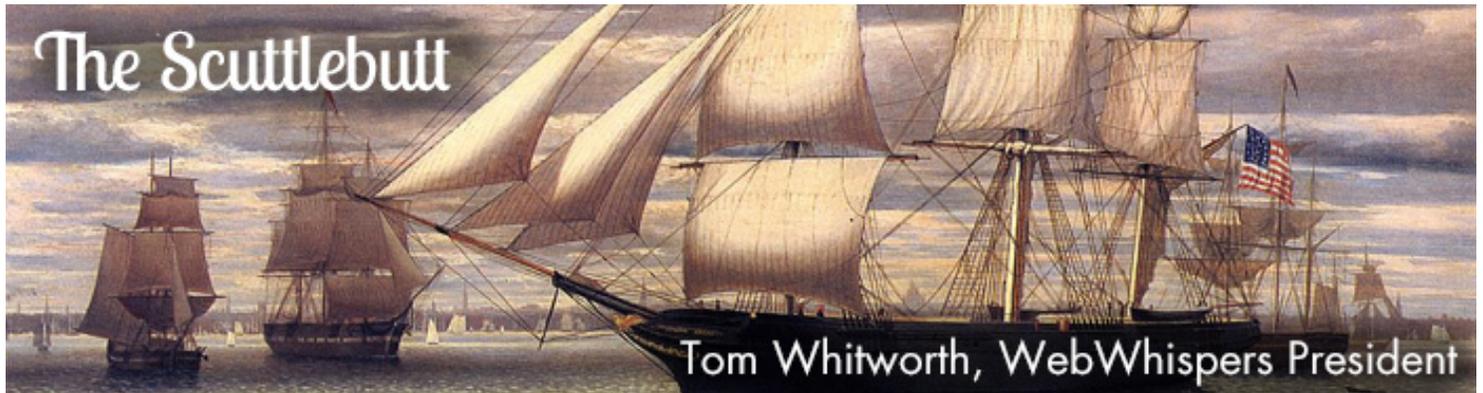


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## As Relevant as Ever

Now in our 23rd year, some might wonder if WebWhispers is still relevant. I rarely ponder the question, not because I have the privilege of serving as our president and am most assuredly biased, but because I still use WebWhispers for the information I need. Some of us roll out of the hospital bed and place feet on the floor, veritable experts on everything lary. As you can see, I like to exaggerate to make my point. I'm not so bad at it, either. At four years out, give or take and depending on when you start counting, I consider myself still a newbie. To think otherwise would just be sheer stupidity on my part. Compared to many who have contributed to our online library in one way or another, or have provided information on the email digest, I will continue to be a newbie for a very long time. We have members whose journey began forty or more years prior to my cancer diagnosis. I know value when I see it and, as a lifelong accountant, I like to get the most bang for my buck. As Thomas Carlyle put it, "Every man is my superior in that I may learn from him".

Most, if not nearly all of our new members are referred to WebWhispers by their SLP or another professional. Google Analytics tells me that the most active age group on our website is often 24-35. Surprising? Not really. Students of Speech Language Pathology are often encouraged to use our website as a resource for their coursework. SLPs and their professors recognize WebWhispers as a creditable source of information and have often contributed themselves through Whispers on the Web and on the mail digest. I look forward each month to their informative articles in Voice Points. Quite often, other authors unknowingly provide just what I need in terms of support.

Suppliers of the equipment and products many of us use are among our best supporters. Recently, within several days of each other, two commented to me "WebWhispers is still the best thing going". It is doubtful that they met for lunch so I find it really interesting that they both used the exact same words. Not only do I agree but we are taking steps to be even better. There will be more on that in the next few weeks.

The following is a mail list post from last month, shared with permission. It was in response to a discussion on face to face vs. online support formats. The author led and co-taught my Laryngectomy Visitor Training

course in 2016, is a dear friend to WebWhispers and to me, and is surely a true authority in our realm.

*"I rarely comment on posts these days as I've been retired for 15 years. I was however, an ENT Head & neck operating room nurse for 40 years. Along with Maud Davis I started the TX Whispers Lost Cord Club in Spring. It was a large active group for three decades. However, our numbers dwindled and we had few, if any new laryngectomees. Our folks travelled 1-2 hours for meetings. We decided to disband last year as we had served our purpose. There is a new club in Houston at the Medical Center and that is where it should be. I understand they are doing a great job. I found Dutch and WebWhispers at the very beginning of its existence and have been a cheerleader ever since. Dutch had a vision and that vision was life changing for many of us. I say us, because as a nurse I learned more from WW than any book, lecture or doctor. I have used their link in every lecture I've given and to every laryngectomee I have mentored. I was blessed to be a friend of Pat Sanders who also was a fantastic resource. She and Dutch have many stars in their crowns. In closing, life is changing and many young people do not like group gatherings. They much prefer on-line information. The answer is both types of support are valid as is one on one that your health care provider might recommend. We are all, patients, nurses, speech pathologists, doctors, social workers on this journey together. All sources of support are good, but the information on the WW website would be my go to site if I was a new laryngectomee. Thanks for listening – Ann*

*Ann McKennis, RN, CNOR(E), CORLN(E)"*

Need I say more?

**Enjoy, laugh, and learn,  
Tom Whitworth  
WebWhispers President**



**“Tell us about your pet or pets  
and how they affect your life or you theirs.  
Photos are welcome.”**

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I have a female Yorkie, and since my laryngectomy, she can't understand (or hear???) the EL when I speak, so I clap hands or show her the leash when I want to take her out.

**Ron Boudnik – Manitowoc, WI  
Oct 2015**

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We have a Seal Point Siamese cat, who knew Malcolm's voice before his laryngectomy in 2014. After coming home from the hospital he never left his lap, and, although he is my cat he realised that Malcolm needed his attention more than I did.

If he is sat on my lap and I cough, that is it for about an hour, he will not tolerate my noise., but if this happens to Malcolm there is no reaction whatsoever. Seems he knows that he cannot help his situation. Our daughter has a dog, whereby the same happens with him, Malcolm can cough or sneeze and there is no reaction, anyone else and he barks at them.

They say that animals are just pets, but I would put them in the category of very dear and understanding friends who tolerate anything that is unusual, with a lot more understanding than people!!! Although Malcolm's voice has changed our cat seems to understand better than most people.

**Jean Graham – carer for Malcolm Graham, England**

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When I had my laryngectomy in 1997, I had two large dogs. A brother and sister who were half chocolate lab and half god knows what. Pete weighed in at 120 lbs. Kate at 60 lbs.

They were very gentle, loving dogs. I also had cats and mostly there was detainee in my house.

Kate would want to clean my stoma, which is a weird feeling. After I lost them at about 15 years of age. I went without pets for a while.

I now have a wonderful black cat. Lola allows me to, worship her. After all, cats remember that they were worshiped in Egypt.

I am lucky to have the company. She is a rescue that I adopted.

**Terry Duga Indianapolis, IN  
95 and 98**

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Our dog had passed away just a few months before my surgery. We decided there would be no more pets after that. However, I ended up retiring after the surgery and staying at home was getting to me. We decided to get a puppy and it's the best thing we did. Now I have someone to share my day with and the walks we go on get me out of the house. They say you live longer with pets. I don't know about that but life is certainly better with pets.

**David Kinkead – Peoria, AZ**  
**2013**

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When my border collie, Reagan, was 3, I lost my voice to cancer. The hoarseness happened overnight so there was no time to tape my voice or leave a message for my dog. He was reluctant to approach me when I returned from my 9 day stay in the hospital, but gradually overcame his shyness and quickly picked up my hand signals while my husband still gave him verbal commands.

The electrolarynx completely unnerved him, though, and he would run from the room or bark if I picked it up to speak. 4 years later, he has no problem hearing or understanding my robotic voice and I still use many hand signals to communicate with him. He is a huge motivation for me to get up, keep moving and enjoy life.

Love him!

**Barbara Gehring – Akron, OH**

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When I had my operation, I had a 2 year old Labrador retriever. He was able to learn hand signals in 2 weeks, I kid my wife that she still has a problem at times. During the periodic bouts of depression I have experienced it has always been very calming to be able to walk him, even just sit and pet him. He doesn't need an explanation. My wife is my rock, my love, my everything, but he is my friend no questions asked.

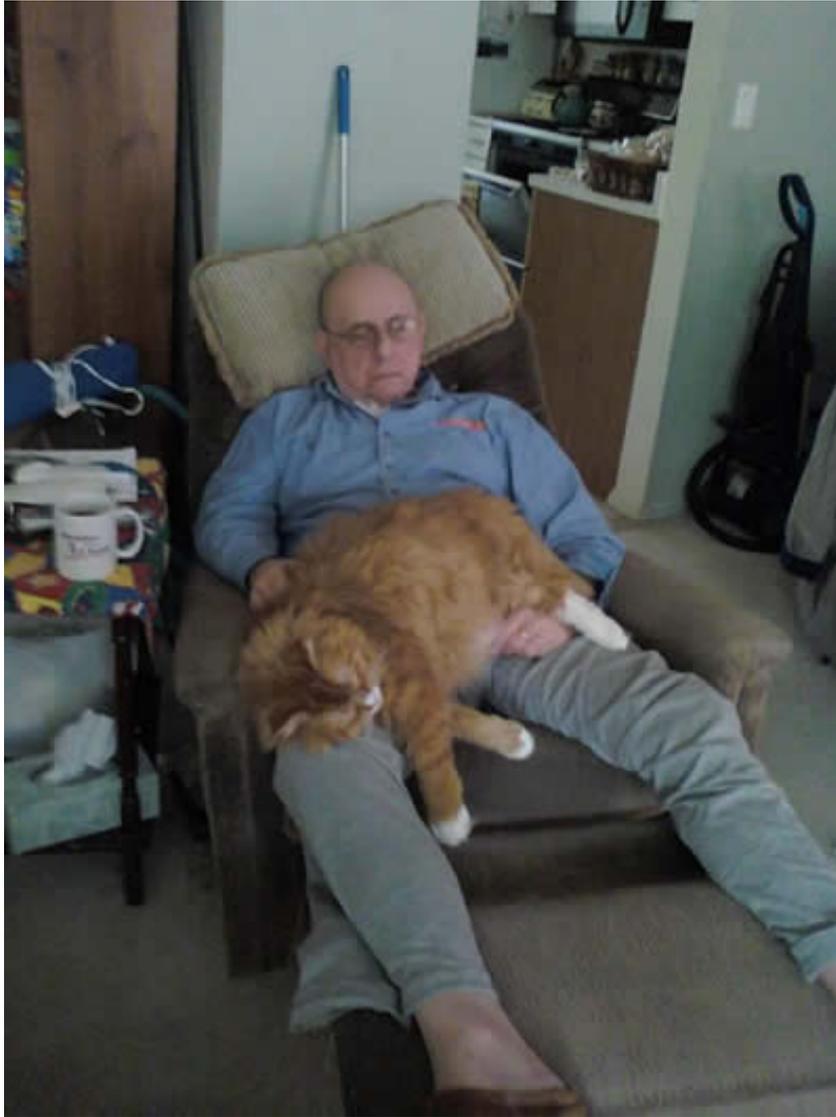
**Joe Hilsabeck – Edelstein, IL  
09**

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Having been a specialty pet store manager for 32 years I am deeply involved with my cat and dog. Care, nutrition, and play are so important. Having lost my voice and my beloved 7 year boxer dog to Cancer I decided I needed to get off my butt after radiation and chemo and get a puppy. She is now 9 months old and is as well trained as any dog we have ever had. I use hand commands, whistles both electronic and regular ones, Whisper's and lots of really good treats. I got a reason to get up and play, walk with a best friend who thinks I am perfect. I love my family but day in and out the love of a pet will really lift your spirits. Never have any problems with pet hair or dog kisses.

**Loraine Demars – Arlington,WA  
2016**

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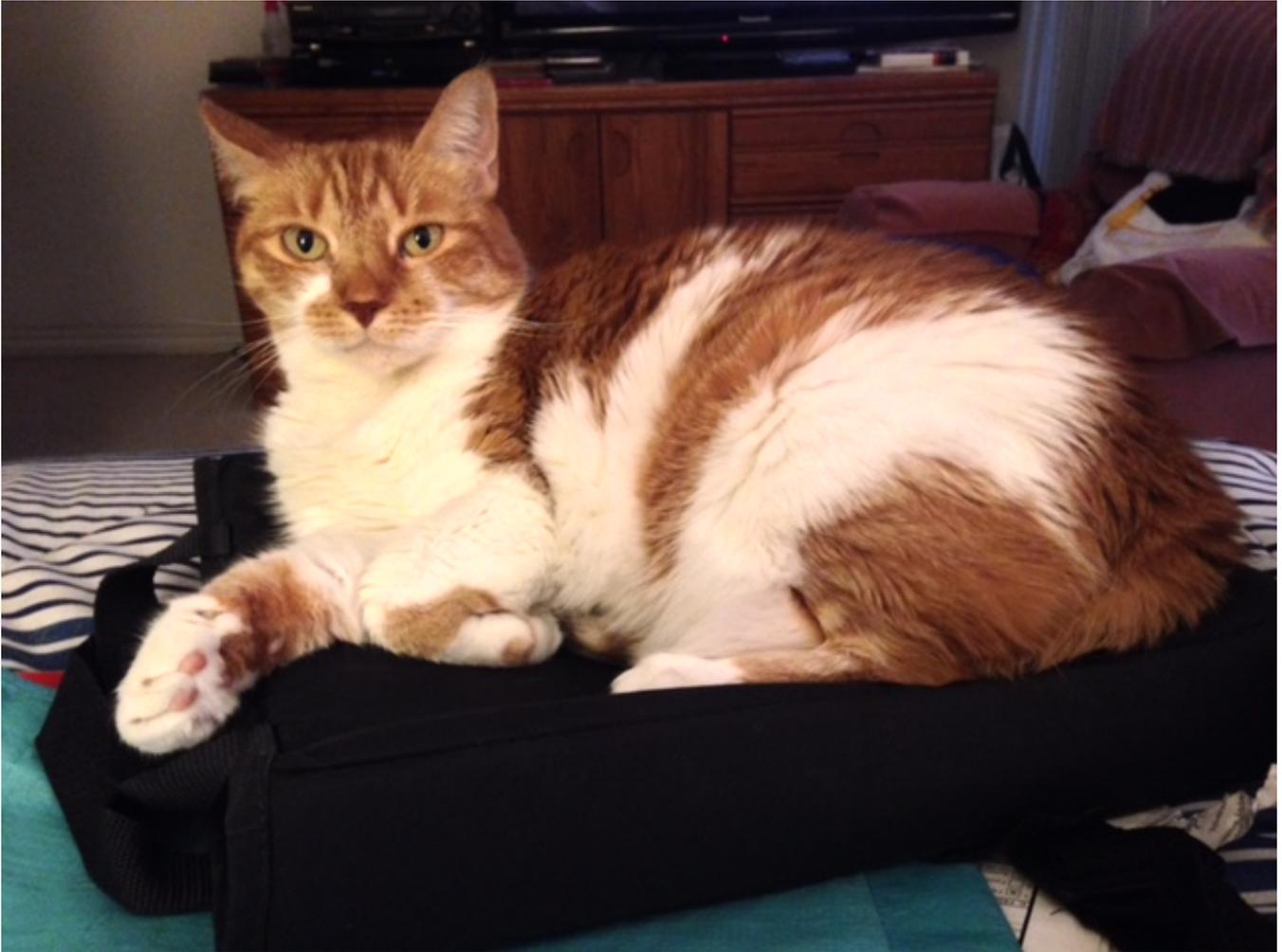


I had my lary on 2 June 2008 and was in the hospital for 3 weeks afterwards...which I hadn't done before. I've had a cat named Bernie since 2005 when my youngest girl and her family were transferred to San Diego (Husband works for FEDEX). They had my grandson Roco then 4 months old, and Sarah asked me to Cat Sit Bernie (her cat) then 6 years old. He and I bonded as they say, and I became his best buddy (he liked my treats) and he was always at my side.

He is a Main Coon which are noted to be a large breed and a "one person cat." When I was gone he slept in the entrance hall each night waiting for me. When I came home he was all over me whenever I sat down or laid down...like glue! He still hasn't figured my not talking to him as I once did...but I now use my hands to clap and let him know when and where.

Yesterday was his 16th birthday and for a cat that's pretty old. I have him on a low fat diet so his weight in now 20 lbs.. down from 33 lbs. a year ago. Better for his tired legs!

**Frank Klett, East Brunswick, NJ  
June, 2008**



My daughter Sue and I share our household with four furry friendly felines; a never-ending series of cat-ventures which always amuse, but more importantly, put into purr-spective the joys that are present in our lives but too often obscured by the strains of day to day living. Our four have known only the sound of my Servox, but treat that sound no differently than previous cats had treated my original voice. They completely ignore it. Oliver has chosen my right shoulder as his night's resting place, and within seconds of my turning off my light nuzzles me with his nose and is curled snugly in place.

**Mike Rosenkranz, Plantation, FL**

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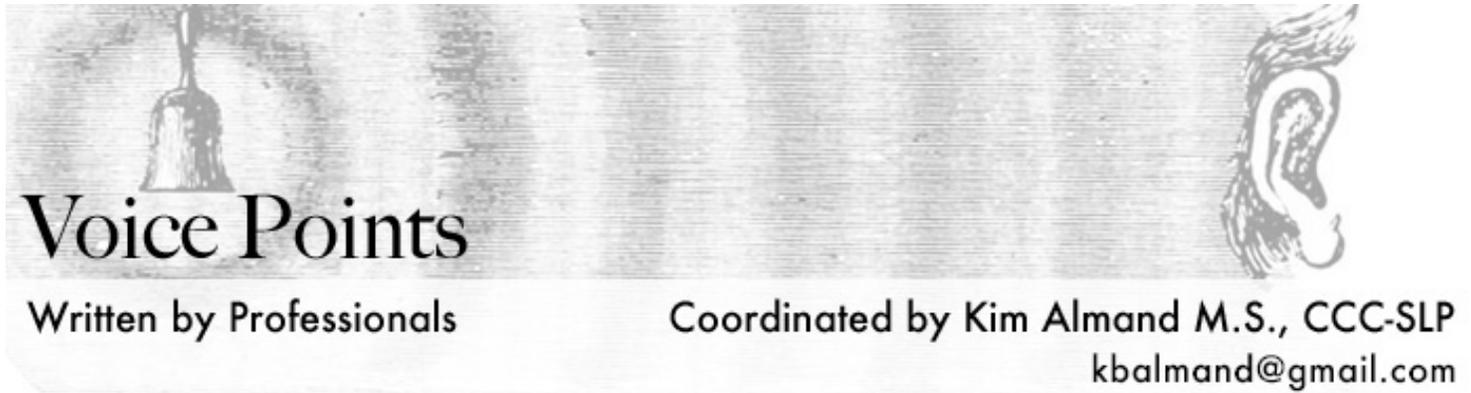
**Next month's question:  
Does the weather effect you or your activities as a laryngectomee?**

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Thank you for your submissions. Edits are used for length, clarity and to keep comments on subject of the month.

## Staff of Speaking Out



## Differential Diagnosis of Pharyngeal Constrictor Spasm

On several occasions after a voice prosthesis change the patient has remarked, "that looks easy enough that I could do it!" Indeed, placing a voice prosthesis is a relatively straightforward task and many patients may be trained on how to self-change their own non-indwelling style voice prosthesis. When there are no complications this is a convenient method which allows patients to be more independent with their care. However, this straightforward approach is easily complicated which requires the expertise of a clinician. Thus, the clinician's real value is not their ability to routinely remove and reinsert another device, but to have the knowledge base and troubleshooting acumen to correctly identify problems and complications that regularly arise.

One of the first identified complications of voice restoration with a tracheoesophageal (T-E) puncture voice prosthesis was the issue of pharyngeal constrictor spasm. Decades later, clinicians still question how to differentiate spasm from other complications like post-operative edema, patient-related issues, prosthetic issues and stricture that cause similar voicing difficulties.

When a patient presents with a strained, halting or aphonic T-E voice this is only a symptom of an underlying issue. Differentiating etiologies requires a clear understanding of what each is and when it can occur. Pharyngeal constrictor spasm or pharyngeal hypertonicity refers to the involuntary dynamic tonicity of the pharyngeal constrictor muscles and residual cricopharyngeus in response to airflow-induced distention of the esophagus during attempted phonation. Simply, when the patient attempts to voice, the pharynx tightens to prevent or limit airflow up through the vibratory segment. This can result in no sound (complete closure of the pharynx with spasm); a brief sound followed by no sound (immediate release of air followed by complete closure of the pharynx with spasm); or a strained vocal quality (partial closure of the pharynx with spasm). In almost all cases, this is not something that develops over time. A patient will either have this issue post-operatively or will not. This understanding will help rule out other causes of voicing difficulties. Here are some questions to consider to guide a differential diagnosis of pharyngeal constrictor spasm:

1) When were the patient's total laryngectomy and voice restoration surgeries performed?

If patient presents months to years after having a total laryngectomy with voice restoration and has had fluent

T-E voicing during that time but is having issues now that mimic the perceptual signs of spasm, pharyngeal constrictor spasm can be ruled out immediately. Pharyngeal constrictor spasm is not something that develops in a patient over time.

If a patient had a total laryngectomy previously, but just had a secondary T-E puncture and is having issues with fluent voicing, continue the process of ruling out other issues.

## 2) Is there post-operative edema?

The surgical procedures of total laryngectomy with primary voice restoration and even secondary voice restoration can be traumatic on the tissue of the T-E wall and cause postoperative edema. Edema can narrow and even close the vibratory segment of the pharyngoesophagus and cause voicing issues similar to when pharyngeal constrictor spasm is present. Signs of edema may be visibly evident in the general peristomal area, but a good indicator of edema in and around the vibratory segment is the measured length of the T-E tract. A tract that measures longer than average following surgery likely is still edematous which may compromise the vocal quality until the edema is resolved. Tincture of time is the best intervention and takes a couple of weeks generally. If the patient's T-E tract measures in an average range it is likely that edema is not the issue and can be ruled out.

## 3) Are patient-related factors affecting voicing?

How a patient occludes the tracheostoma for voicing can alter the quality of voice. Digital occlusion with an incomplete seal will lead to a weaker vocal quality with turbulent air escape further compromising intelligibility. Too much pressure with digital occlusion can compress the vibratory segment and cause hypertonicity or aphonia. If excessive digital pressure during occlusion is the issue, patient training of light touch for occlusion is all that is required.

## 4) Are prosthetic factors affecting voicing?

There are several factors related to the voice prosthesis itself that can cause a vocal quality that mimics that of pharyngeal constrictor spasm. Generally, these can be easily ruled out in clinic. A prosthesis that has dried mucus in the device shaft can cause a strained voice or aphonia. Removing the mucus will eliminate the issue and return the patient to normal voicing.

An ill-fitting voice prosthesis can also cause similar vocal difficulties. A voice prosthesis that is too long may press against the posterior esophageal wall limiting or inhibiting airflow through the device. A voice prosthesis that is too short may result in narrowing of the esophageal side of the T-E tract causing a strained voice or aphonia. In all cases, prosthetic issues can be ruled out by removing the voice prosthesis, making sure the appropriate sized dilator can pass easily through the T-E tract and testing the vocal quality once the dilator is removed through an open tract. If the voicing difficulty persists with open tract voicing prosthetic issues have been ruled out.

## 5) Is the patient having difficulty with swallowing?

Issues with swallowing, generally consisting of difficulty or inability to swallow solids, may indicate impedance in the pharyngoesophagus. When the patient reveals issues with swallowing stricture becomes a concern. A stricture is an adynamic scar band that has formed and narrowed the environment of the pharyngoesophagus. In other words, it is a non-elastic band that has made the swallowing tube smaller and therefore more difficult to push food through. A swallowing complaint does not necessarily mean stricture is present. It also does not by itself rule out pharyngeal constrictor spasm as these two issues can coexist.

Fluoroscopy is used to definitively identify both pharyngeal constrictor spasm and pharyngoesophageal stricture during the tasks of phonation and swallowing. Pharyngeal constrictor spasm appears as a pronounced transient bulge in the posterior pharyngeal constrictor muscles during active attempts at phonation. This is not seen while swallowing contrast. Stricture, however, is identified during swallowing and

will appear as a narrowing of the neopharynx or esophageal lumen as contrast transits through these structures. These two conditions can also co-occur.

Asking these questions should guide a clinician to the exact underlying issue causing the patient's voice disturbances when pharyngeal constrictor spasm is suspected. Once identified, appropriate intervention can be pursued to allow the patient to achieve fluent T-E voicing.

Byron Kubik, MS, CCC-SLP  
Center for Ear, Nose, Throat & Allergy  
Carmel, IN

1 Singer MI, Blom ED, Hamaker RC. Further experience with voice restoration after total laryngectomy. *Ann Otol Rhinol Laryngol* 1981;90: 498–502.



## Surfing the Waves of Aversion and Affection

I've been visiting my mother in hospital recently, and have been struck by the range of reactions to my electrolarynx. My mother herself doesn't have any issues with my voice, and chats away quite naturally. Likewise the nurses all treat me as a 'normal' person. It's the patients who are teaching me to surf the waves of aversion and affection.

A couple of days ago I noticed a mobile phone that had been left on a ledge in a bathroom. There were two ladies sitting nearby. I asked one whether the phone belonged to her. She smiled and shook her head. I then went to the second lady to ask the same question. She stared at me blankly. I held the phone up, smiled and repeated "Is this your phone?" Again a blank stare. I tried a more roundabout approach (sometimes people take a while to tune into the EL, and a longer sentence gives them a better chance to pick up a word or two). "I found this in the bathroom. Someone must have left it behind by mistake. Is it yours?" Again, a blank stare. With that I gave up and took the phone to the nurses' station. But as I was explaining to the nurse where I had found it, my 'blank stare' friend came up to the desk and told the nurse that the phone was hers. She looked only at the nurse, and exchanged a bit of banter about the phone before turning to go back to her

bed. At no stage did she look at me or acknowledge my presence or involvement in any way.

This struck me as strange. The normal thing would be to thank a person who had found and returned something we have mislaid. Especially if they are standing beside you! Her conversation with the nurse was quite normal, so it wasn't that she was antisocial or in a bad humour. I could only conclude that she had such aversion for my voice that she couldn't bring herself to interact with me at all. Her solution was to ignore me altogether.

If that happened regularly it would probably put a dent in my confidence. But luckily it's very rare. Over my four and a half years as a lary, only a handful of people have found some way of turning away - by ignoring me like this lady, or looking aside in embarrassment or dismissing me in annoyance. The vast majority give me their full attention and do their best to figure out what it is I'm saying.

Although it gave me a bit of a shock to be so deliberately snubbed, I didn't take this personally – it was my voice she reacted to, not me. Seeing things objectively like that, I could even sympathise with her. When I was in hospital and sick, the last thing I wanted was any sort of challenge. I couldn't think clearly about my own situation, never mind take on any problems that a stranger might be having. I just didn't have room in my mind for other people's problems. As I see it, this lady was also immersed in her own troubles. It was probably the first time she had heard someone speak with an electrolarynx, and she probably never heard of laryngectomy or the fact that someone could lose their voice and need to speak with a machine. At one level, these are just facts. But they are troublesome facts. It needs some level of compassion to take them to heart. She didn't have the energy for that so it was easier to screen me out of her mind.

By contrast, some of the women who are in beds near my mother have adopted me as their favourite visitor! There was one day of torrential rain when my mum was getting anxious that I might have got caught in a flood or something. When I arrived, safe, warm and dry, they all cheered and queued up to give me a big hug and plant kisses on my cheeks! Though I can't say for sure, I doubt that would have happened pre-laryngectomy. I think the fact that they see me as somewhat 'special' gives them permission to focus their affection on me, to reassure me that I am valued.

Luckily I am quite happy to receive hugs and kisses and don't seem to mind if these are offered because of my speech handicap. But as I write this, something in me says "But you should mind. Why should they see you as someone in need of reassurance, someone to pity?"

Hmmm.

I suppose it's a question of degree. If they were to see me only as someone to pity, that would be a problem. They might assume I was indebted to them for their care, that I should always be smiling and polite and grateful for every kind word. But if they can keep a perspective, realise that I'm still a full human being, then their displays of affection are welcome. I understand it as sympathy for an obvious disadvantage. Compassion rather than pity.

It's one of the happier lessons I've learned from laryngectomy – how to receive kindness. Five years ago, I was very attached to my independence. I saw myself as the giver, the one who copes, who looks after things. My sudden incapacity was unexpectedly painful. I had never known how hard it was to feel needy & dependent. This was a new role for me and brought up a lot of anxiety and self-doubt. Luckily I had many years of mindfulness practice to help me through that role reversal. Gradually I'm learning how pleasant it is to sit back and let others look after things, admire their capabilities and skill, accept what is offered with gratitude.

Basically, I suppose, the superhero Noirin is morphing into a softie who likes affection and cuddles and is quite happy to be spoiled and adopted as everyone's special pet ... an unexpected side-effect of

laryngectomy!



## Just Do It

There has been a passionate and often bitter public discussion for a while now about what it means to be heard, to matter, to be believed, to have a voice that counts. Groups of people who felt disenfranchised and were so frustrated by being “un-listened to” got together and in disparate and surprising ways have made some radical changes in our politics, our culture and our society. I am not addressing the merits of that frustration or its resultant changes here but I’m pretty sure I get it. Generally speaking, human beings want to be noticed. Being invisible in our society is only cool when it’s a super-power you can use to your advantage. Children clamor for a parent’s attention; young people primp and preen to catch the eye of a potential love interest, we behave certain ways in the work environment in hopes of catching the boss’s eye and getting a promotion and as we age we are frequently chagrined by the invisibility that is thrust upon us by institutionalized ageism. Folks with disabilities find themselves marginalized when their needs are ignored and within our own lary community we are literally without a voice. Even with our new voices it can be achingly difficult to get a word in edgewise through the cacophony of voices around us.

So what if, in the midst of all this hustle and bustle – this sturm und drang that is so prevalent today, we want to be invisible. That is, increasingly, my dilemma. Not because I yearn to escape the current turmoil but because personally, I am tired of being noticed. I am tired of not being invisible. Or perhaps, more accurately for being visible not for what I say or do but for HOW I say and do. My EL voice is very clear and easily understood by most people, so I am told. Most folks are gracious and at least try to not look startled and respond appropriately. In the 15 plus years I have been using my EL, there have been very few instances where folks were purposefully rude or mean-spirited. A couple of young children have been startled to tears but quickly moved on to curiosity and delight. Only one dog has ever had an issue with my voice- just the sound of it would send him into a fury but since he was a mean little bugger than no one liked, I didn’t feel too bad. I house and critter sit regularly and have no problems bonding and making myself clear to dogs and cats of all sizes and temperaments. My own cat responds to my tsks, kisses and hand pats very well and I have to peel her off me every time I get up. So what is my problem, you might well ask?

I don’t know, to be honest. I wrote last month about being a school library volunteer and my “celebrity status”

as the Library Robot. That has been a wonderful experience and for the most part extremely gratifying but still I struggle somedays to put myself together and go in. The kids are so curious and funny and open but sometimes I find I am dreading that moment when someone asks me a question and some new child or class hears me talk for the first time as heads swivel, jaws drop and questions start fast and furious. I feel like I am interrupting/disrupting/distracting them from library time. The librarian assures me that is so...but in the best way possible. I still feel awkwardly conspicuous sometimes and then there is this. A little boy comes up to the desk and says quietly and solemnly, "I am sorry you lost your voice." He has a buzz cut, glasses, two missing front teeth, a slight lisp and that most endearing look of quizzical sadness. I just want to hug him but of course, I don't. I bend down and quietly say, "I do, too. But at least I have this voice." Again with that profoundly compassionate look, he asks, "Will you ever get it back again?" "Probably not", I reply. "It's complicated." He nods. Then he gives a little smile and looks up, "Well, anyway, I think your voice is cool."

At least the kids are honest. Adults sometimes react differently like the time just before Christmas when I was in my favorite local bookstore/meeting place and I was chatting quietly with the owner about his recent travels. At some point another customer asked him something and I made a comment in agreement. The man looked as surprised as if the cat he assumed was a stuffed toy had just jumped on the counter meowing loudly for a treat! He never said another word and just turned away, giving me serious "side eye" as he did.

Maybe it really just comes down to control. I want my visibility or lack thereof to be my choice not some arbitrary consequence of my life. I didn't choose this voice; I don't want it to be what identifies me or, god forbid, what people remember about me. But since it is and that is unlikely to change in the foreseeable future I guess I better just suck it up buttercup!

So come the start of school after the winter holiday break, I resolve for 2018 to put on my armor (AKA my favorite school clothes and cool new scarves) march out my door and put myself and my distinctive voice out there for all to see and hear. I don't blend into the woodwork because I can't and like the stuffed toy cat who surprisingly jumps on the counter meowing loudly I will make a case for the surprising things old, eccentric, different folks can do to make a difference

**Every. Single. Day.**

# Bits, Bytes and No Butts!



**Frank Klett**

## Happy New Year Edition

Time goes by faster than we may like and that is very true in the realm of Software. Windows 7 (which I still use) has until the year 2020 before it will expire. Meaning that Microsoft will no longer support it with updates and fixes.

Many of you may feel this is not something to be concerned about but consider this. Microsoft has its reputation as a secure source of operating system software and of course its business goals...selling more products. If Microsoft no longer supports Windows 7 or Windows XP then it must also restrict the use of those systems in order to maintain the integrity of Windows 10 as well as its other products.

Allowing operating systems that are not being maintained leaves them vulnerable to intrusion which in turn opens the door to infect systems that are being maintained. Sort of like "one bad apple spoils the whole basket". So should you switch to Windows 10 now? You can if you like but I prefer another alternative which is to install Windows 10 now and use it as I wish alongside Windows 7. This is a very real possibility and no you don't need a second computer. And best of all it's free for nothing! There are some limitations on this free version but it really is Windows 10 and it really works.

To begin with (for those of you who have never ventured into the deep end of the computer world) you will need to partition your hard disk to have a new partition ready to install your new Windows 10 on. Depending on your hard disk size and how you use your PC you will need 20-30 MG. for the new installation. Bob Rankin has put together a step by step article for you to painlessly prepare your system by creating a new partition, which will allow you to install Windows 10 alongside your Windows 7 and once completed you will be able to boot from either operating system.

[http://askbobrankin.com/windows\\_10\\_tip\\_dual\\_boot\\_setup.html](http://askbobrankin.com/windows_10_tip_dual_boot_setup.html)

Once you have successfully partitioned your hard disk you will need to download your free copy of Windows 10.

To do that you'll need a USB flash drive (thumb drive) of at least 5 GB. capacity. You can use a read write CD if you prefer and if you have one. This is something that newer PC's no longer have but if you do it will work. You can follow Bob's Tip #2 article step by step guidance and in 30-40 minutes you'll have your free copy of Windows 10.

A few reminders for you again. This is not an activated copy of Windows 10; it sets limits on how much personalization you can do, in other words it may seem to be crippled in some ways but it is a working copy of Windows 10. You can use it just as you would any other Windows system including using your own files you have been using.

To continue follow this link to Bob's Tip # 2 Article.

[http://askbobrankin.com/windows\\_10\\_tip\\_2\\_installing\\_windows\\_10\\_free.html](http://askbobrankin.com/windows_10_tip_2_installing_windows_10_free.html)

Now that you have Windows 10 what do you do? Bob has thought ahead to give you a bit of a tutorial on the Windows 10 landscape to make it easier. He has also put together a series of how to articles that lay out an easy to navigate pathway to painlessly transition to Windows 10. This is Tip #3.

[http://askbobrankin.com/windows\\_10\\_tip\\_3\\_where\\_is\\_everything.html](http://askbobrankin.com/windows_10_tip_3_where_is_everything.html)

One of the many complaints about Windows 10 (and Windows 8 before that) was the demise of the Start Menu. Windows 10 has tried to meet users half way with a start menu that has a small bit of the old familiar Windows 7 style menu and the new "Metro" look introduced with Windows 8. Many folks are still not satisfied and for those of us who really liked the Windows 7 version we have found "Classic Shell" to be an excellent replacement menu. You can download the "Classic Shell" free of any charges from:

<http://classicshell.net>

And configure it to your taste or just accept the default settings. The default settings are those of Windows 7, but you can configure it back to Windows XP if you prefer. (I like it so much I even use it on my windows 7 desktop.)

Streaming Music providers are everywhere... There are so many available today for those who are willing to pay for the selections and features of some providers but as an average retired/non-working Lary I have a preference for the "free" providers. Also as an Amazon Prime member I get a ton of free music that I can stream through my PC or Amazon Echo. Actually my favorite is YouTube. Since I spend a lot of my time on my desktop I can start it up on Autoplay and let it play my playlists or just let it randomly play the "Best of..."

In general, trying to find a single source to compare all the services is tough but once again Bob Rankin has put together a listing of the most popular music services and their features.

[http://askbobrankin.com/tunes\\_get\\_your\\_free\\_online\\_music.html](http://askbobrankin.com/tunes_get_your_free_online_music.html)

For those of you in the UK and think you are forgotten you may have seen this group in 2014 who won the opportunity to perform for the Queen.

<https://www.youtube.com/watch?v=GpyoeaR9wbs>

Fake News?? What's dat? I think this term has become popular with our new president or at least he gets credit for bringing it to the world's attention. In fact, our social media sites have all added to wide spread misinformation. I have seen some ridiculous claims made on Facebook that are stated with no evidence or credibility. The statements may well be true but lacking any evidence to support the claim it seems to rate as "fake news".

To delve deeper into world of social media and fake news the following article by Bob Rankin provides us some supporting ideas for what is and what isn't real news.

[https://askbobrankin.com/fake\\_news\\_and\\_fake\\_photos.html](https://askbobrankin.com/fake_news_and_fake_photos.html)

By the time you read this we will have celebrated Christmas and the Holidays and you may or not have gotten the one thing you wanted most...a new PC. Well, maybe you can get one and built to your spec's. By adding a few newer components you could breathe new life in to your old money pit and for a lot less money than a new one. Start by thinking of replacing your old keyboard. Today there are at least a zillion varieties out there and a range of pricing from \$10 to \$200 so you are bound to find one to trip your trigger. You can choose wired or wireless and today you will normally get a new mouse with the deal. Next is your monitor - that thing that shows you just what it is you're doing. For most of us our keyboard and monitor are our computers since they show us what it is we are doing and give us a "feel"of it. You can continue from there to the internals of the PC or you may be happy with what you have already put together. For those of you wanting to do more Bob Rankin has some worthwhile advice on just what is your best choice of components to throw your money at and which will give you the most bang for your buck.

[askbobrankin.com/the\\_best\\_upgrades\\_for\\_your\\_old\\_computer.html](askbobrankin.com/the_best_upgrades_for_your_old_computer.html)

And just a thought for the New Year...

<http://www.flixxy.com/we-wish-you-a-merry-christmas-dog-playing-guitar.htm>

### **And a Reminder From Our Sponsors:**

Our Webwhispers library is one of best ever sources of any information that a Lary could need...if you have never spent time browsing through it you may want to consider taking the tour at <http://www.webwhispers.org/library/library.asp>. While you're in the browsing mode stop in to our Facebook page and visit with Mike R. and Bill Cross...and if they aren't there they most likely are in the Webwhispers Forum catching up on the latest news.

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*On Sunday, May 22, 2011 Joplin, Missouri USA was hit with a catastrophic EF5 rated multiple- vortex tornado. WebWhisper member and laryngectomee Marlene Haynes survived the devastation and wrote about her experience here <http://webwhispers.org/news/Jul2011.asp> She then wrote the following article for us in September of that same year. It is an extraordinary tale of love and survival and seemed particularly appropriate to re-print this month.*

*I strongly suggest you read both but be sure to have some tissues handy.*

## **Return of Juliette**

### **The Tornado**

On May 22nd 2011 I had a very energetic day, spent the entire day cleaning out my walk-in closet, getting rid of big clothes, washing and drying the clothes I was keeping. I finally got the last load in the washer, I had 7 bags of clothes to divide between my neighbor and my girl friend, piled up in the living room floor, I worked hard that day. About 5:30, my neighbor came running through the back door yelling get in the bathtub a tornado is coming, quick!

I ran to get my two Persian cats, grabbed up Baby Furball and took her in the bathroom went back to get Juliette and she was nowhere to be seen, called for her but it was too late to look any more. The winds were already hitting the house so I dove into the tub with Baby Furball under me, I was on my knees bent over her,

praying with all my might that Juliette was under something or not scared as I heard the house get pelted with debris.

After the tornado ripped through it seemed like forever when I got out of the tub and slowly stepped into the hallway and the kitchen, dining room and living room were not accessible. I listened and listened and it was dead silent, no meows or cries, I knew Juliette had perished in that mess or got sucked out and was gone.

I doted on Baby Furball trying to keep her dry and warm, I covered her up in coats anything I could find to protect her from the pouring rain and hail.

When we got to my friends in Webb City, we got Baby Furball settled in a little room with food and a potty box, then it started, I cried and cried all night thinking about Juliette, I missed her so bad. Every day I cried and prayed that she went quick and didn't suffer, it tore my heart out to think she was cold, wet, and suffering somewhere. I told God, "you know how sweet and loving she is Lord, please take care of her and let her know I love her and I'll never forget her." Then the anger fell in on me, How could this happen that she was torn from me like that when God knows how much we loved each other?...I went on like that for days, mourning my beautiful Juliette.

## The Aftermath



I moved into my new house, went online to my Image Event account and printed out 4 photo's of Juliette and Baby Furball, bought some nice frames and arranged them on my new office wall, I also found a photo of Juliette and stood it in my kitchen window, every day I talked to her and told her how I missed her and loved her. There was a big warehouse set up for lost tornado cats (dogs, too, but they were in another building), and I went there numerous times looking for her, through cages and cages of cats, always hoping and never finding. I fell apart every time I went, came out of there just sobbing.

Two months and four days went by. My ex-neighbor, Bobby, was trying to hook me up with a contractor he had hired to demo his house. He called and talked to my friend, who answered for me, to say he and the contractor were at the house and he had seen a Grey cat sitting on my porch. He asked, "Didn't Marlene lose a cat in the tornado?" My friend said "yes, she did" and he began to describe Juliette. Bobby said, "Well, this cat ran under the house when I tried to get it to come to me and I think it is her cat."

I said "No way can it be her but let's go look and if I can get my hands on it I'll bring it home anyway. So off we went, I was thinking it might belong to one of my neighbors North of me. They lost two cats.

When we got there, Bobby had taken water over to my porch and called his sister to bring a can of tuna over to coax the grey kitty out of there. I can't talk to call for her so my friend did the calling and I patted my leg like I do to get them to come to me. My friend was laying on the ground looking through the crawl space where she supposedly went. There was a well worn pathway.

I was just standing there by the porch, about 15 minutes went by, and my friend said, I hear her meowing, then pretty soon he said, I see her, get down here, it's her! I dove to the ground to look and there were those beautiful bright orange eyes looking back at me, I reached in and let her smell me and she started loving and purring, I grabbed her by the nape of the neck and drug her out of there, hugging her. Then I handed her to my friend and fell apart crying right there on the ground, thanking God she was back home with me.



I took her to the vet and she is in very good shape, didn't lose much weight, everything checked out good on her, her hair fell out and she looked scraggly but she is beautiful to me. How did a pampered Persian that has never spent a minute outside in her life, survive 2 months and 4 days under a house by herself. We will never know. She endured some really adverse weather as it was in the 100's plus every day.

I still say my prayer every day and thank God she is back with me, I love her so much.

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