



Rancho Los Amigos

Post-Polio

Support Group

Newsletter - August 2013

Not Just Polio

Foreword

By Jacquelin Perry, MD

Editor's Note: In the April issue of this newsletter we printed recollections of Dr. Jacquelin Perry. In these recollections we mentioned that Dr. Perry wrote the Foreword to Richard Daggett's autobiography, Not Just Polio. Several readers asked about this, and asked to read what she had written. These readers suggested there might be other readers who would be interested in Dr. Perry's words. With this in mind, and with the permission of the copyright holder, we have reprinted Dr. Perry's Foreword to Not Just Polio.

Richard Daggett's autobiography presents a clear and comprehensive view of his experience with polio. Every episode he reviews is stimulating and told with candor. His ability to attain the equivalent of a college education, despite being physically unable to enter the classroom, is a subtle but strong display of his strength. The vision and determination which became evident during this long challenge were, without a doubt, significant elements which enhanced his effectiveness as an advocate to improve the welfare, comfort, and safety of the severely disabled patients who lacked adequate resources.

Several distinct events impacted Richard's polio involvement. They display the challenges faced by the medical services in Los Angeles County, as the clinicians responded to the dynamic changes presented by modern poliomyelitis epidemics.

Historically, poliomyelitis was an ancient, highly contagious yet mildly paralytic disease. It

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appeared as an occasional summer epidemic. Richard, and the other residents of Los Angeles County, had a very different experience. The rapid population growth during the decade that followed World War II, combined with the temperate climate of southern California, replaced a manageable disease with massive and prolonged epidemics. The patient census quadrupled—sixteen hundred per year versus four hundred per year—and the paralytic intensity increased.

The experience of impending respiratory failure adds considerable anxiety to the patient's physical distress. When a patient was admitted to the Los Angeles County communicable disease ward, the admitting doctors promptly followed their motto for judging the level of acute care needed. This motto was, "If the thought of a tracheotomy enters your mind, *do it now.*" This procedure gave the physician direct access to the lungs and assured a clear airway. The rate of survival increased to 95 percent. Richard had his tracheotomy as the first step in his care.

Since community hospitals lacked the facilities and staff to manage severe respiratory paralysis, a special medical unit with the additional staff was established at what had been the Rancho Los Amigos Poor Farm. A representative team from the National Foundation for Infantile Paralysis evaluated Rancho's original program and found more warehousing than modern therapy. The Foundation recommended upgrading to a Regional Respiratory Center and offered selected support by the March of Dimes. The local authorities agreed to provide a new building and more staff. Dr. John Affeldt, the consulting pulmonary specialist, accepted the invitation to direct the new center. Richard, unable to move his limbs, swallow, or breathe on his own, was transferred to this modern facility as soon as his contagion subsided.

Dr. Affeldt, as director of the unit, also had concern for loss of limb and spine function and, especially, the patient's inability to sit erect. He recruited an orthopedic surgeon and former classmate to assume the task of finding a solution. Dr. Vernon Nickel agreed to come to Rancho, but because of his busy private practice, he would need help to accomplish this goal. His brother, Eldon Nickel, also a physician, recommended one of his classmates who was just finishing a residency in orthopedic surgery and not inclined to open a private practice. I was that person. I was pleased to join the orthopedic staff at Rancho in July 1955, and my involvement continues.

It quickly became apparent that the severely paralyzed spines of our polio patients were not adequately stabilized, even with the use of plaster body jackets. Also, these body jackets restricted chest expansion, often inhibiting already compromised pulmonary function. Recovering the patient's erect posture would require an extensive surgical fusion, yet our patients' ability to breathe was limited. Prior experience with emergency surgeries for kidney

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stones or pregnancies had demonstrated that a tracheotomy could provide safe and effective anesthesia for patients with a vital capacity less than 60 percent normal.

The unknown factor was the necessary length of a fusion. Traditional spine fusions to correct a deformed column only involved the dominant, primary curve. This proved to be inadequate for the spine paralyzed by polio. The tilted vertebrae continued to bend around each end of the fusion. In contrast, the vertebrae with muscle control and their intervertebral spaces are horizontal. Hence, the rule for the fusion of a paretic spine is to include all tilted vertebrae, extending each end of the fusion into the first two horizontal vertebrae.

During his first two years at Rancho, Richard recovered independent breathing and leg strength sufficient for walking with braces. His spine, however, showed no significant gains. In fact, asymmetric weakness of his trunk muscles was creating an early scoliosis. Dr. Vernon Nickel and I successfully stabilized Richard's spine, and this spinal fusion has allowed him to sit and stand erect.

Rancho Los Amigos was also a pioneer in home health for those with severe disability. We could do much to improve the patients' function, but it would not be of benefit if these patients remained confined to the hospital. Rancho led the way with mechanical home ventilation and provided a support structure to ensure success. This support included a special team of technicians, called the Medical Equipment Repair Service, who went to the homes of out-patients to maintain respirators—including iron lungs and other life support equipment. Rancho even supplied our respirator-dependent patients with backup electric generators. Patients with very severe polio residuals were able to return home, once again entering family life and contributing to society.

The scourge of acute polio was rapidly eliminated in the western world by Dr. Jonas Salk's antiviral vaccine. At Rancho, the wards did not empty as rapidly, but within three to five years the staff was free to turn the skills they had perfected with polio towards other severely disabled patients.

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info@polioassociation.org
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Polio, the First Twenty-four Hours

By Henry Holland, MD

Recently I have noticed that the days of this September fall exactly as the dates fell back in September 1950. The day I contracted polio was Sunday, September 17, 1950, and the day that I was admitted to the polio isolation ward at the Medical College of Virginia Hospital was Saturday, September 23, 1950. The dates and days this year are exactly the same as then. As many of you, I have been trying to record some memories of my life with polio. For this newsletter I thought I would share my account of my first twenty-hours after the invasion of the polio virus into my body. I am sharing more detail than may be of interest to the reader. For me, remembering the details helps me to interpret the greater event. Here goes:

“Son, you have polio,” expressed Dr. Robert Morton on Saturday morning, September 23rd, 1950. These words were terrifying to me at age 11 and they still convey a haunting anxiety when I think of them today. I remember every detail of that awful Saturday and what a permanent impact the poliovirus made on my life. Many times over the years I have wondered and asked myself, “Why me?” The impact of crippling polio affected my self-esteem, my self- image, my goals in life, my personality defenses, my religious pilgrimage, and my understanding of others.

Let me start with the invasion of my body by the poliovirus. I had returned to school entering the 5H grade on Thursday, September 17th. I had attended James Ewell Brown Stuart Elementary School in the north side of Richmond, Virginia since beginning public school in January 1945. The school system in the Richmond Public Schools at that time required a child to be 5 ½ years old to begin school. As a result I began school in the middle of the school year and my grade promotions were always during the middle of the regular school year. I entered the second semester of the fifth (5H or high) grade on that September 7th. Meeting my classmates after a long summer was a good feeling. I got my books for the new school year, put on book covers and got my supplies after school that first day. My school attendance and performance had been excellent. School was beginning that year as it had for previous years. After completing the first full week of school, I was looking forward to the weekend and riding my Roadmaster bicycle.

On Saturday morning, September 16th, I awakened and sat up on the side of my bed. I proceeded to get dressed with underwear, short pants, and a T-shirt. I leaned over to tie my sneakers and I immediately felt a stiffness or pain in the back of my neck. It hurt to touch my chin to my chest. I immediately thought that a stiff neck was an early warning sign of polio. This may sound hard to believe, but I distinctly remember this thought passing through my mind.

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Every year at the local neighborhood theater, the Brookland Theater, a short movie clip would be shown during the annual March of Dimes polio drive. The warning signs of polio would be mentioned and I remembered the one about the stiff neck. After the movie clip, cardboard canisters were passed along the aisles and folks dropped their dimes and dollars into the canisters. I recall the smiling appearance of the March of Dimes poster child. The child's smile persisted despite the braces that were strapped to the child's legs.

My polio thought on that Saturday morning quickly vanished and I went about my day as planned. I went on a lengthy bicycle ride near a ravine in my neighborhood. I also attended the Saturday afternoon matinee of a double feature western at the Brookland Theater. The admission was only eleven cents. That night was spent with no sign of illness. The next morning I experienced the same painful stiffness in my neck as I dressed in preparation to attend Sunday school. While in the bathroom that morning, I began to feel some nausea and had a headache. As I began to descend the steps, my grandmother noticed that I was not feeling well. She took my temperature and I had a fever. She ordered me to stay home and to return to bed. My grandmother was a practitioner of many 19th century medical treatments. Whenever I got sick, no matter how mild or severe the disorder, bed rest was mandatory. Her treatments involved the abundant and vigorous application of Vicks vapor rub all over the nasal passages and chest, and the hanging of a turpentine rag on the bedpost for any type of upper respiratory disorder. For gastrointestinal disorders, her remedies involved various broths and laxatives. If the symptoms were not quickly resolved, the application of a warm water enema was often the next treatment alternative. I had been subject to these treatments in the past for measles, chicken pox, mumps, and scarlet fever. Despite these treatments, I had always recovered completely. I remember feeling sad that I could not go to Sunday school. I did feel poorly and accepted the bed rest sick role, but I had every confidence that I would recover.

The next morning, the family doctor, Dr. Robert Morton, was summoned. Dr. Morton was a general practitioner who lived only two blocks away. He made house calls and had treated me during my usual childhood illnesses. Somehow, he had injured his right hand and his finger movements were affected. He held his pen between the ring and little finger of his right hand whenever he wrote a prescription. His pen made a noticeable scratching sound as he wrote. In my mind when he went to write a prescription, I would usually feel better as I would know that some medicine would soon be available that must have magic potency to cure my ailment. He examined me on that Monday morning. I was already upset about missing a school day. He took my temperature with his pocket thermometer and proceeded to examine me. His examination involved a rather gagging look down my throat and a rigorous palpation of my abdomen. My grandmother was also in the bedroom. He turned to her and announced

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his diagnostic impression. Dr. Morton had one of those loud voices that could be easily heard from upstairs when he entered the front door downstairs. “He’s got Devil’s Grippe.” In retrospect, this diagnosis was valid. The force of the devil had a grip on my body, more specifically my stomach and intestines. I immediately felt some relief as the thought of polio had entered my mind again. I knew that I should recover from the Devil’s Grippe and be back in school in a few days. Thus, my first twenty-four hours with polio ended.

Reprinted with permission of Dr. Henry Holland, past-president of the Central Virginia Post-Polio Support Group. Dr. Holland writes a regular column *From Henry’s Desk* in Polio Déjà Vu, the very fine newsletter of that support group.

Editor’s Note: We asked permission of Dr. Holland to reprint this first person account of his polio experiences for two reasons. First, of course, because it is interesting. Reading about the experiences of other polio survivors is always welcomed by our readers. The second reason is that we hope you will be encouraged to write about your own polio experiences. Why not start with your first memories of polio? Dr. Holland remembers the first twenty-four hours. I have vivid memories of my first twenty-four hours, but many of you were too young for these early memories. What do you remember? Please share these memories with us. Send your story to:

Rancho Los Amigos Post-Polio Support Group
12720 La Reina Avenue
Downey, CA 90242

Or e-mail your story to: RanchoPPSG@hotmail.com



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Go to: www.RanchoPPSG.com and click on Newsletters.

Meeting Schedule for the Post-Polio Support Group of Orange County

The Post-Polio Support Group of Orange County meets every other month.

Saturday, Sept. 14, 2013, 2 to 4p.m. - HICAP

For additional information, please call:

Marte Fuller at 562-697-0507, or Marilyn Andrews at 714-839-3121

Meeting Schedule for the Rancho Los Amigos Post-Polio Support Group

Saturday, August 24, 2013, 2 to 4p.m. - Gadgets and Tips

Please bring any products, gadget, or useful item that make your life easier

Saturday, September 28, 2013, 2 to 4 p.m. - Academy Medical Equipment, with Donna Miyahara, OTR/L, BS, ATP

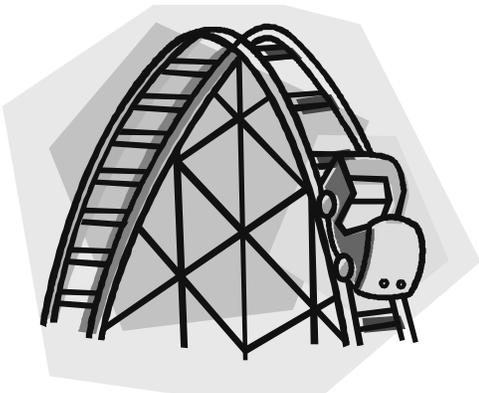
Academy Medical Equipment is “the new kid on the block” in our area. They have had offices in San Diego and Las Vegas for quite a while.

For additional information, please contact:

Diane at 562-861-8128 or Richard at 562-862-4508

or e-mail us at: RanchoPPSG@hotmail.com

Please remember that both of our groups are open to all polio survivors, their family members and friends. We encourage you to bring family and friends. A support group is a place to share concerns, and share information and wisdom. We also try to reserve time to visit and share light refreshment. Please join us.



*Life is a rollercoaster.
Enjoy the ride!*

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FREE MATTER FOR THE BLIND OR DISABLED

The Rancho Los Amigos Post-Polio Support Group and the Post-Polio Support Group of Orange County share a mailing list and publish newsletters on alternate months. All of our meetings are open to polio survivors, family, and friends.

Our meetings are relaxed, informal, and provide a supportive atmosphere for the exchange of ideas and concerns.

Visit your local support group.
You will be glad you did.