



Rancho Los Amigos

Post-Polio

Support Group

Newsletter - August 2017

For several years this newsletter has been honored to include personal stories written by polio survivors. Many of these stories told of the first days following their diagnosis of polio. In our August 2014 issue, Richard Daggett wrote about the three weeks he spent at Los Angeles County General Hospital when he was completely paralyzed and in an iron lung. In this issue he describes his move to a rehabilitation facility.

Previous Rancho Los Amigos Post-Polio Support Group newsletters can be viewed at:
<http://www.ranchoppsg.com/Newsletters.html>

Taking Another Detour

By Richard L. Daggett

I don't recollect exactly when I found out that I would be transferred to Rancho Los Amigos Hospital (now Rancho Los Amigos National Rehabilitation Center). My first thought was, "No way!" We had driven by Rancho several times when our house in Downey was being built. It had always been described to me as "the old folks home." There was no way I was going to "the old folks home." Rancho had been the county poor farm from the late 1800s through the 1930s. I didn't realize that Rancho had been gradually changing. It had become the largest of the thirteen respiratory centers funded by the National Foundation for Infantile Paralysis (March of Dimes).

Three weeks after I entered the Communicable Disease Ward at County General I was put in a huge ambulance built especially for tank respirators. A team of electricians followed as I was pushed through the corridors of the hospital and out to the ambulance loading ramp. They

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would alternately disconnect and reconnect my respirator to long electrical extension cords. My regular mirror was replaced by an unbreakable one made of polished metal and the rear



doors of the ambulance were left open so I could see out the back. This was in the closing months of the Korean conflict and we just happened to enter the freeway in the middle of a military convoy. I could see a long line of Jeeps and transports following the ambulance. They stayed with us for a mile or two until our driver hit the siren and we pulled away, screaming down the freeway off ramp.

I was taken to Building 60 at Rancho. This was an old, two story stucco structure about 60' by 150', divided into four large rooms on the ground floor. There appeared to be eight to twelve patients in each

room. There were five identical buildings in a row: Buildings 30, 40, 50, 60, and 70. My room in Building 60 had all boys, from about eight to fourteen years old. The hospital staff greeted me warmly and they always had a positive attitude. The whole atmosphere was that patients were going to get better. And most did.

While at County General the only visitors I was allowed were my parents. At Rancho they allowed visits by other family members and friends. Many of my school friends came by, but I think some of my friends were kept away by their parents. Polio is not contagious after three weeks, but some parents probably thought it was better to be safe than sorry.

Settling in to the Routine

After two weeks at Rancho I was assigned a physical therapist. Her name was Miss Coler, known “affectionately” as “Killer Coler.” Her first task was to stretch any of my muscles that had tightened from disuse. Since the only parts of my body that I could move by that time were the toes on my right foot, there was a lot of stretching to do! I was still unable to breathe on my own, so when my respirator was opened for therapy I was hooked to positive air pressure directly into my tracheostomy.

Every day, prior to therapy, I would get hot packs. These were wool blankets that were steam heated and spun dry, then wrapped around my arms, legs, and torso. They were very hot, and I got burned once. But that happened only once, and was just carelessness by an inexperienced nurse. After a half hour the hot packs began to get cold and clammy. The cold, damp wool made me itch and it really felt good to have them removed and have the sweat towed off.

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Some polio survivors talk about the awful smell of the hot packs, sort of like a wet, dirty dog. I agree that they did smell, but I didn't find it particularly objectionable. I actually enjoyed the moist heat.

About the same time I started therapy, they also began feeding me soft foods by mouth. It wasn't long before the naso-gastric tube was removed from my nose and I began eating regular meals. We often had soft-boiled eggs for breakfast. Sometimes they were nearly raw, and at other times they were as hard as golf balls. It didn't make any difference to the nurses and attendants who fed me. As they cracked open the eggs they would always say the eggs were, "Just right." It got to be an ongoing joke.

Sometimes my mother would prepare Lipton's chicken noodle soup and bring some to me in a thermos. The noodles were small enough to drink through the curved glass straws used in the hospital. There was a trick to eating because I had to time my swallowing with the respirator. An iron lung pretty much takes over your life. It is much stronger than the patient's weak muscles. It tells you when to breathe and how deeply to breathe.

Talking while in the respirator was very frustrating too. I would get in the middle of a word and the respirator forced me to stop and wait for the next breath. People using respirators often talk in sentence fragments.

This might be a good time to explain terminology. I use "respirator", "tank", and "iron lung" interchangeably in my story when I refer to these large machines. I think most people in the 1950s would probably be more familiar with the term iron lung, but in the hospital this type of respirator was usually referred to as a tank.

I quickly learned the emergency "code" of respiratory dependent patients. If our respirators malfunctioned, a tube became disconnected, or something happened that needed immediate attention, we were told to make a clicking sound with our tongue. This always brought a rapid response from the nurses.

Once a week the hospital tested the back-up electric generator. With so many respirator dependent patients, it was vital that they have a reliable source of emergency electricity. At noon every Friday, the tank respirators and other equipment would go silent as the outside electricity was shut off. In a few seconds we'd hear the huge diesel engine start up. After a few more seconds the engine was up to full speed and the transfer switch was thrown to the emergency generator. Everything would run on back-up power for about a half hour before they would switch back.

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It was also vital that all employees knew how to manually pump the tank respirators, just in case something catastrophic happened. Doctors, nurses, therapists, maintenance staff, and custodians had to learn. This was hard, physical work, but everyone needed to be trained in this important exercise.



Last photo of Richard before polio

Like many of the other patients in an iron lung I had several personal items hanging near my head at the front of the tank. There was a small plastic dog that some neighborhood friends brought me, a photo of my brother Rodney in his Army uniform, a photo of one of my “girlfriends”, and a photo of me throwing a football. The football photo was the last picture taken of me before polio. Looking back, I think having it on my respirator might have been my subconscious way of saying, “Hey! This is the *real* me. Not the weak, emaciated kid you see with his head sticking out of this tank.”

The mirror over my head was adjustable. On the back there was a wire frame that could hold books or magazines. Someone would need to come by periodically to turn the pages. Reading was a very slow process, but I kept up with my school work and read several books this way.

Early in September we started the battle of the casts. Dr. McConaghal, along with Nino from the plaster room, put casts on both of my feet. They came back in a few days, cut a crescent shaped piece from the front of the cast, pushed the sole of my foot upward, and plastered it up again. That was to stretch my Achilles tendon and calf muscles. The trouble was, it also put pressure on my toes. The casts extended beyond my toes, and although I complained of pain everything looked fine. Nino came by to check a couple of times but said he couldn't do anything without the doctor's approval. He tried to relieve the pressure by bending the casts away from my toes. I finally convinced Nino, and he convinced the doctor, that something wasn't right. When they cut the casts off, they could see that the skin on the side of my left little toe had broken open. Blood oozed out, turning the cast red.

Most of the time things were pretty monotonous, although we did have movies once a week to break the routine. These were usually short films, but occasionally we had a full length feature. A man would bring a 16 millimeter projector to the ward and place the large projection screen at one end of the room. Sometimes the beds and tank respirators would need to be moved around so that we could all see. One afternoon they wheeled a group of us to Rancho's very large auditorium to see a fully staged production of Humperdink's opera *Hansel and Gretel*,

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complete with orchestra and professional singers in costume. Other times we would be visited by some well-known personality. The first one I saw was Barbara Stanwyck.



Some strength was returning, especially to my legs, and I slowly regained breathing tolerance: ten minutes, three times a day, then fifteen minutes, then twenty, etc. When I could breathe about one hour on my own I graduated from the tank respirator to a chest respirator. This type of respirator functions very much like an iron lung, but just covers a person's torso. It looked similar to a turtle's shell. It allowed me to lie on a hospital bed, escaping the confines of the tank.

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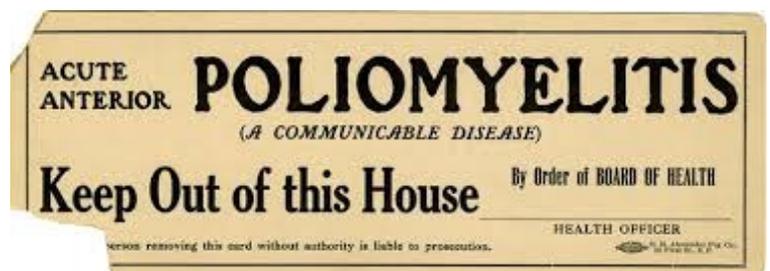
RanchoPPSG, 12720 La Reina Avenue, Downey CA 90242

NOTE: This is another in our series of first person accounts relating early polio experiences. Many of our readers have written to express their interest in these first person stories. The story in this issue is an excerpt from Richard Daggett's autobiography, *Not Just Polio: My Life Story*. The book is available from Barnes & Noble, Amazon, and most online book sellers. You can also contact the author directly at: info@polioassociation.org

These personal polio stories are important. They present a unique historical portrait of early to mid-Twentieth Century history. Polio survivors in the United States are a diminishing resource for this social and medical history. We urge our readers to record their own story. Write it down or tell it to a family member or friend.

Another fine way to tell your story is to connect with a local middle school. Many middle school students are involved in National History Day projects. One of the suggested topics often involves Dr. Jonas Salk and the polio vaccine.

There is no better way for a student to learn about this topic than to hear a real person's account of life before the polio vaccine!



Preparing For Disasters

The August 26, 2017, meeting of the Rancho Los Amigos Post-Polio Support Group will be devoted to preparing for disasters. But what is a disaster? We in Southern California usually think of fires, floods, and earthquakes. Some areas are more concerned with hurricanes or tornadoes. But in the broader sense, what is a disaster?

If you burn the dinner you were planning to serve, you may tell your friends it was a disaster. If a teenager breaks out with acne just before a party, it will be a disaster to that teenager. So, what is a disaster?

A famous person once wrote that a disaster is any event with life changing potential that you haven't prepared for. This seems to be a pretty broad definition, but it is wise to include these life changing events in our planning.

If you are very ill, but not so ill that that you need a paramedic, who do you call? How do you call them? If you've "fallen but I can't get up", who do you call? How do you call them?

If your parent or other loved one dies unexpectedly, do you know what their wishes are? Is there anything in writing? Do you know where this is? These are issues we will discuss. It is much more likely we will face these everyday disasters than the big ones that effect whole communities. Join us to share your ideas, concerns, or solutions.



Taking a Look Back

Monday, August 9, 1954 - Los Angeles Times - “Iron Lung” Babies are Extra Special

LOS ANGELES - The sorority of iron lung mothers gains one or two new members every year. They comprise an understandably limited number of women who have two things in common. They successfully beat back frightening attacks of polio and, against multiplied odds, gave birth to normal, healthy babies while they fought for every breath in mechanical respirators.

As one woman who went through this ordeal put it, “Perhaps it is a strange thing to say, but having polio and giving birth to my baby while I was an iron lung patient, has made me much, much happier. It was an experience I don’t regret. It has given me a perception of life, of health, of my family, that I never dreamed existed before. When everything is going well you often take things for granted.”



This article said that Los Angeles County General Hospital assisted with more births in iron lungs than any other hospital in the nation. According to the chief attending physician at the communicable disease unit, these “iron lung babies” are not immune to infantile paralysis but, he added, “It is a matter of record that none of the babies ever returned to the polio unit as patients.”



Saturday, July 25, 1953 - Los Angeles Times - Polio Strikes Second Scout at Jamboree

NEWPORT BEACH - The second case of polio at the Third National Boy Scout Jamboree encampment, which ended last night, was reported by Scout officials.

The Scout, age 14, from Tennessee, was placed in a respirator at Corona Naval Hospital, where he was sent for observation. His case was diagnosed as bulbar polio. Immunization shots of gamma globulin were given to the 23 members of the boy’s troop.

The first Scout stricken by polio was 12 years old, from Gallup, New Mexico. He had been diagnosed on July 15. He is a patient at Orange County General Hospital with what was described as, “mild, non-paralytic polio.”

Meeting Notices

Rancho Los Amigos Post-Polio Support Group

Saturday, August 26, 2017 - 2 p.m. to 4 p.m. - Planning for Emergencies

Please see page 6 of this newsletter.

Saturday, September 23, 2017 - 2 p.m. to 4 p.m. - Café La Reina

Café La Reina is actually Richard Daggett's backyard. We will enjoy food, games (no running or jumping), and the company of some extraordinary people. A map with directions is on the last page of this newsletter. Please save it.

Saturday, October 28, 2017 - 2 p.m. to 4 p.m. - Open, Sharing

The "Open, Sharing" meetings are often the most enjoyable and helpful. In this very relaxed, friendly atmosphere we can share ideas, concerns, and joys. We have all "been there and done that" so we can explore options and offer possible solutions.

For meeting information, please call Diane at (562) 861-8128

For newsletter comments, please send an e-mail to: ranchoppsg@hotmail.com

All meetings are usually at Rancho Los Amigos National Rehabilitation Center.

Post-Polio Support Group of Orange County

Saturday, September 9, 2017 - 2 p.m. to 4 p.m. - "Sleep and Respiratory Care"

Diana Guth, BA, RRT, has been a Registered Respiratory Therapist for more than 40 years. She is very familiar with post-polio and can answer your questions.

Saturday, November 11, 2017 - 2 p.m. to 4 p.m. - Changes to Medicare

Medicare and other Health Care changes, presented by **HICAP**

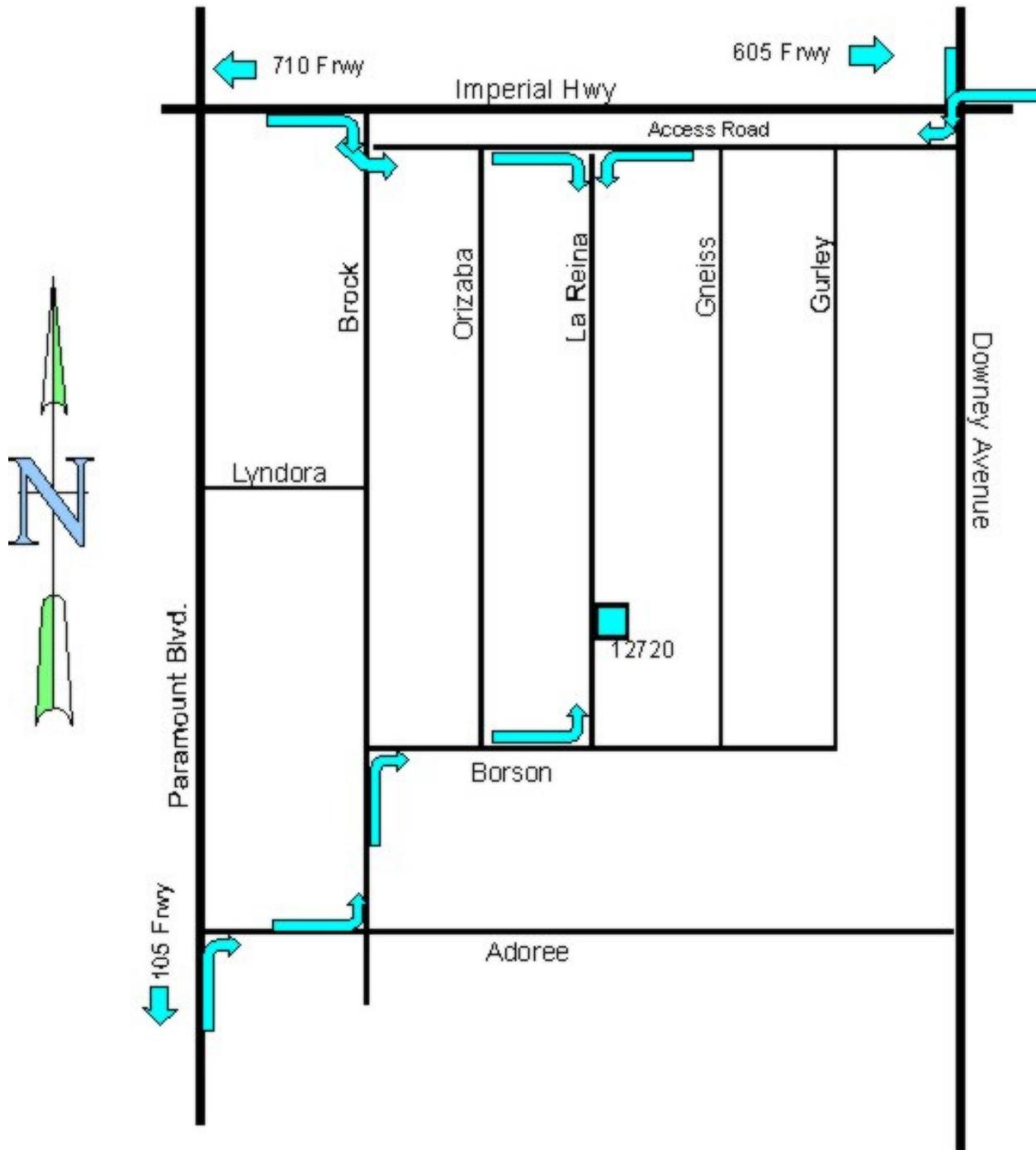
For meeting information please call Aleta at 949-559-7102 or email; prisofoc@aol.com

For newsletter comments, please send an e-mail to: abaldwinkeen@gmail.com

All meetings are at the Villa Park council chambers.

Map to “Café La Reina”

12720 La Reina Avenue, Downey, California



Rancho Los Amigos Post-Polio Support Group

September 23, 2017

If you get lost, please call 562-862-4508

Save this map!