



Rancho Los Amigos

Post-Polio

Support Group

Newsletter - July 2006

From the Iron Lung to a New Life

By Major William B. Taylor, US Army (Retired)

On September 12, 1953 I was a 28-year old Army major working in the Nuclear Power Division of the Chief of Engineers' office, with a bad headache. The next morning the headache was worse. I had a fever, and when I picked up my hat to go to work it dropped to the floor; my left hand was numb and unable to hold the hat. I checked into the Army hospital at near-by Fort Belvoir where, after the usual poking and measuring, the doctor wrote "r/o [i.e., rule out] polio", and a spinal tap followed. My memories of the next three weeks are somewhat blurred, but the frequent and painful application of hot packs to my arms and legs confirmed the doctors' diagnosis. I had a serious case of paralytic polio. They predicted that I would never walk again.

About three weeks after my fever began, it finally subsided. My doctors advised, and I agreed, that the rehabilitation facilities and capabilities at the Walter Reed Army Hospital were better suited to my condition than those at Fort Belvoir. After a harrowing ambulance ride I arrived at Walter Reed where I was wheeled into the orthopedic ward, which at that time was populated largely by amputees from the Korean "police action".

Shortly after being admitted, my breathing system began to fail. I called for help,

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but I passed out before the nurse arrived. The next thing I remember was lying on the floor with a stocky, black corpsman sitting astride my chest, moving up and down to force air out of my lungs and then allow air to reenter them. I never found out that corpsman's name, but I'm sure that he saved my life, and I am forever grateful to him.

Breathing once again, with difficulty, I was wheeled to an adjacent ward where I was loaded into an "iron lung". I noticed there were four other "lungs" in the room, and I soon learned that they were occupied by adults. So much for my previous impression that polio is just for kids, as the term "infantile paralysis" implies.

During my months in the respirator, the muscles that had been affected by the polio virus were at their weakest condition. My left leg had no quadriceps and minimal hamstrings, calf, and foot muscles. My right leg had weakness but not grade zero throughout. My left arm was completely flail, while my right arm was fairly normal from the elbow down. My right biceps was fairly normal, but my right triceps and most of my right shoulder muscles were essentially zero. My trunk and back muscles were very weak, essentially grade zero. So, my system was a challenge to Walter Reed's physical therapy department, but they were up to the challenge!

The first step was to get out of the iron lung. This entailed opening the tank so that I was forced to breathe on my own, initially for about a minute. Later the procedure was repeated, with the tank being kept open for two minutes. The next day my time out of the tank was doubled, and this continued until I got up to half an hour on my own. At that point I essentially "turned blue", that is, the stress was such that the progressive lengthening of my time out of the machine was terminated. At this point we went back to "zero" and started the process all over again. After about three of these "recycling" episodes, each one getting longer, I finally achieved complete freedom from the respirator and was released back to the orthopedic ward to start the physical therapy regimen designed to achieve the fullest strength possible.

The best experience of that period was on the day when my wife, Nancy, who drove the 25 miles and back each day to brighten my days, brought our three kids to see their old man; down 25 pounds and seated in a wheelchair with both arms

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suspended in slings from overhead brackets attached to my wheelchair.

Back at last in Ward 1, I got acquainted with the other inmates, several of whom were amputees with combat wounds from Korea. Another patient was Army Major Charlie Preble, who had contracted polio in his legs while on duty in Turkey. After intensive therapy at Walter Reed, he returned to active duty and retired years later as a colonel. Charlie is very active in the Polio Society, serving on its Board of Directors and hosting monthly meetings of the Northern Virginia Post-Polio Support Group.

The therapy regime at Walter Reed was very intense, with daily - often twice daily - sessions of strenuous exercise and workouts by highly qualified therapists under the close supervision of the physical medicine doctors. Periodic muscle tests measured patients' progress. After "rounds" one day the head orthopedic surgeon, an Army colonel, decreed that my six months under his care was enough and that I should be retired from the Army. I argued that I had only been out of the lung for a short time and that I needed more time to get back the most strength possible. He disagreed, so I asked my bosses in the Army for help. The three-star Chief of Engineers asked the three-star Surgeon General to keep working on me, and my treatment was extended for another six months. After more therapy I could "walk" with a long-leg steel brace on my left leg, a sling for my left arm, a crutch under my right shoulder, and a corset to support my abdominal and back muscles. Even I had to admit that I was not yet fit for active duty, so I appeared before a review board and was put on the Army's Temporary Disability Retired List (TDRL). "Temporary" meant that I would be re-examined periodically to see if I had become fit for active duty. I flunked the first such review, and I was fully retired with 100% disability on 31 August 1954.

On the advice of the doctor in charge of the Walter Reed Hospital's Physical Therapy department I applied to the March of Dimes for admission to their polio rehabilitation hospital in Warm Springs, Georgia, made famous by President Franklin D. Roosevelt. I was accepted and flown by an Air Force medivac plane to Fort Benning, Georgia, where I was met by a Warm Springs ambulance. I underwent three more months of intensive therapy. This included workouts in the warm-water pool and the gym. My therapy was complicated by a broken leg that resulted from failing to lock my left knee. One of the courses I participated in was learning how to fall! At that point I concluded that the best therapy would be to

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return home to my family and to go back to work. I accepted an offer to return to the Corps of Engineers as a civilian in the Nuclear Power Division.

Although I intended to serve as a civil servant for only about two years, a series of interesting and challenging assignments resulted in my serving for over twenty-two years. I served in several Army R&D laboratories, NASA's Apollo program, the Pentagon's Army staff, and back home in the Corps of Engineers headquarters. I retired, again, on 31 March 1977. During that time I gained more strength and stamina, and I walked (sort of) with a cane and a device to support my flail left arm. I traveled frequently in this country and abroad, both alone on business and on vacation with the family. After I retired I began my third career as an independent engineering and management consultant.

Soon thereafter I was evaluated by Dr. Roger Gisolfi, the highly respected head of Physical Medicine at Mount Vernon Hospital, who gave me an order for water therapy. We converted the workshop in our basement into a 7-foot by 10-foot heated pool five feet deep in which I spent many hours working out, unimpeded by gravity. Years later, when using the stairs down to the basement became too difficult, we had an elevator installed. We also installed a hydraulic lift to lower me into and raise me out of the pool. Years later my full-time reliance on a ventilator connected through a tracheostomy tube in my throat essentially ruled out my water therapy.

My private business career was interrupted in 1983 when I broke my right leg while driving to a meeting with a client. After several weeks in a long-leg cast and more intensive therapy, I found that I was unable to walk due to increased weakness in my trunk, leg and hip muscles. An EMG test resulted in a diagnosis of the Post-Polio Syndrome. I returned to work in a wheelchair. In 1985 and again in 1987, I was admitted to the hospital for respiratory failure. During the latter session, I was given a tracheotomy and returned home with a portable respirator for use at night. During the daytime, I plugged the cannula in my trach tube, and I returned to my consulting practice.

In 2001, I was hospitalized for a gastro-intestinal bleed, and while there I caught pneumonia, twice, during which time I was continuously on a ventilator. On returning home I discovered that I was unable to wean myself from my portable (LP 10) ventilator, which I adapted to my wheelchair for use when I was not in

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bed. I later bought a motorized Invacare M91 wheelchair with a powered, elevating seat to help in transferring from my bed to the chair and from the chair to the commode. I rented a smaller, lighter weight, LTV 950 Pulmonetics portable ventilator for use when I am in the wheelchair, keeping the LP 10 ventilator as a back-up and for use when I am in bed. Thus equipped, and with lots of help from Nancy and two CNAs (Certified Nursing Aide) one during the day and the other at night, I am able to do some limited consulting work and to enjoy reading, writing, church, and family activities with our five married children and our ten grandchildren.

I hope this saga of my experience with acute polio and the post-polio syndrome will be helpful to other readers of this newsletter. I'll be happy to hear from any of you fellow PPS alumni, if you wish, at wbntaylor@aol.com.

