

# My Polio Journey

*By John Cosgrove*



It was nearly nightfall, wild winds lashing the coast, mountainous seas could be heard a few hundred metres from the gates of Sydney's Coast Hospital. Two men stood at the back of an open ambulance in pouring rain, arms flailing, the gateman's inadequate coat flying, at times, up around his shoulders. The ambulance driver seemed to be pleading with, then threatening, the man who checked vehicles in and out of the hospital grounds. The patient, John, lay quietly in the back of the ambulance talking to his roommate, Kevin, who had accompanied him on the hour long trip from the suburb of Marrickville. Broiling grey and black skies and vivid flashes of lightning painted a canvas in the sky that could only be described as Gothic.

John lay stunned, unable to move his legs, bewildered at the wild weather and the verbal clash clearly audible through the open ambulance doors.

"I don't care" said the gateman, "I have to have someone to sign for the body, otherwise you don't take him any further."

"Look, I've got another job waiting. His friend says he'll sign", from the frustrated driver. "His friend could sign, couldn't he?"

"He's not a relative, is he, I could get into trouble." Then, "maybe just this once, all right, get his mate to sign."

The gateman pushed the form into the ambulance, Kevin signed, then the driver went to shut the door which slipped out of his grasp with a mighty bang. A doomsday clap of thunder was the "open sesame" which accompanied the vehicle through the gates as it wended its way towards Ward B1, home of hundreds of polio-affected patients during the 1950-1 epidemic, where John was to spend over a year in varying degrees of paralysis.

It had all started that Monday morning, John having woken feeling a bit seedy after playing in a tennis tournament the previous day. Unwell, he lay in bed for ten minutes trying to figure what he would teach each of his eight High School classes that day, what homework he had set and what books he needed to take with him to school. Finally, he stepped out of and, to his astonishment, both knees shot out in front of him and he crashed to the ground. Because his roommate had left earlier for work John had to painfully and awkwardly lever himself back to a supine position on the bed. Utter confusion followed, he had no idea of what was happening to him. His legs would not work!

Weakly he called until his landlady came bustling along the hall to see what was wrong. After a short conversation that good lady said, "I'll ring the doctor now" and she hurried off to do so. John was struck by a fear he had never known before, a terrible chill descended on his back teeth. Four to five hours later the doctor still had not come and, despite a swelling bladder, John could now not pass water, paralysis was spreading rapidly and no one whom the landlady consulted knew what to do. His friend Kevin had arrived, summoned home early and he was as mystified as the rest. There was a knock at the front door and, the next moment, an elderly doctor, himself breathing wheezily, popped in to the room. Questions and answers, prodding and listening, lifting and dropping legs followed then the doctor pronounced, "ring an ambulance, tell them it's urgent." "He can't pee", cried the landlady and he says he's busting." "I'll have to catheterize him now, before the ambulance comes, all out, wait outside", said the kindly old medic. John's eyes showed a little horror, this was startling new territory that he had thought he would never enter. That sense of invulnerability normally protects us all, "It can't happen to me." But it had.

An hour later John, accompanied by Kevin, was in the ambulance which was to take him to the gates of the Coast Hospital and thence to a critical care room for observation, diagnosis and investigation, eventually to be transferred to the polio Ward B1. He was to spend several days in this room before going to the ward. Soon after being ensconced here, Kevin had called "good-bye" from the door. Two masked doctors then entered the room and began a mysterious mumbled dialogue between themselves preparatory to a host of questions being asked.

The youngest doctor often snapped, "turn your head the other way." Can't say anyone blamed him, he didn't want what John had. The older doctor said things like, "could be bulbar" and "it's travelling fast" and "arrange for regular catheterization" and "keep him out of the ward until we get a clearer picture" and "he may need a tracheotomy before morning." The medics left after telling John he had a serious form of poliomyelitis, not transverse myelitis, probably bulbar and that he was part of a huge polio epidemic, about four thousand being afflicted during 1950-1.

John lay for several days now, like a beached whale, studiously examining the ceiling and, with horror, wondering if he would ever walk or use his bladder effectively again. Within 24 hours neither of his arms or legs could be lifted off the bed although there was some movement in both lower arms. The nursing staff were kind and compassionate, as was the physiotherapist who popped in during the second day. On that morning the senior diagnostician (who lived on campus) told John, "I left the huts at 2 am last night to come up and do a tracheotomy on you but for some reason, I stopped and returned to my bed. This morning your vital signs indicate a turnaround, the paralysis probably has stopped short of the brain and we may now hope for a recovery to begin." Nurses and physios soon began a campaign to restore the workings of the involuntary muscles that control the bladder. John's bed was wheeled close to the bathroom and taps were turned on furiously while several staff and John made noises like a "ch-ch-ch-ch" train accompanied by much hissing. On the fifth day, the miracle occurred, bladder function was restored and how sweet it was, better than a lottery win. Earlier a priest had given John *Extreme Unction*, a rite for the dying, and John's mother and brother had arrived from Wagga. Neither were allowed in but his mother gave the nurse a treasured St Christopher medal with a "We love you, get better quickly!" note attached to give to him. They stayed for several days until John was wheeled up to Ward B1 to begin his nigh year-long partial recovery.

Ward B1 was a long dormitory type building, it and its sister ward on the other side of the entrance area had seen better days. Wheeled into B1 John saw about ten well made beds on either side of the ward. In those beds were patients with varying degrees of paralysis and they called out "G'day" when the strong and very competent nurse introduced this new patient who still lay like a beached whale, unable to move or sit up, and a trifle petrified. This whale viewed the occupants of the ward as a modern whale would view a Japanese whale boat. A board was set up for John to help him read and eat from the absolute prone position he now occupied every day. His abdominal muscles were paralysed, making it impossible to sit up or stay sitting when not being propped or somehow supported, a condition which still makes life difficult for him today. Breakfast was mostly scrambled eggs made from a terrible post-war egg powder and the patients mostly groaned and left it uneaten. The event and sight of the day was the inspection by the white-clad, haughty matron, accompanied by a small squadron of nursing sisters and interns, all in white, bar the doctors, whose main accessory was, invariably, a swinging stethoscope. Nursing caps and decent stance were de rigueur, of course. Heaven help the nurse who had not tucked the corners of the sheets in correctly and heaven help the patient who tried to get a word in when the matron asked, inimically "Are you feeling well within yourself this morning?" Nothing else. She and her cohorts then swept on relentlessly before any patient could get out, "I get a pain right up here" or "We can't eat the egg powder." Matron was gone with the wind and there was a lot of that in the ward.

The turn of the century in Australia saw medics move away from the fairly ineffective immobilization towards the heat and massage treatment of Sister Kenny, as a number of her patients showed some improvement. By then, she was renowned for her attempts at treating "infantile paralysis" (polio). The 'fifties saw serious cases of polio placed on a wire frame (known as the Thomas Splint) with arms tied in the outstretched position then given physiotherapy each day for those damaged muscles. This made John's friend, Kevin, cry out, "You look like JC crucified!" on the occasion of his first visit. Both legs were in plaster to prevent foot drop, further harming the affected tibialis and flexor muscles in the feet. John was often untied from the frame for graduated physiotherapy exercises. It was, "think of bending your finger"; "push against me when I hold your arm"; "try desperately to lift your leg off the bed", day after relentless day. Friends and relatives came and went, many seeing humour, pity or pathos in the situation. One jocosely friend would blow smoke in John's face, as patients were not allowed to smoke.

At the end of the ward stood a row of 3 iron lungs, or respirators, for those who could not breathe of their own volition. It was the practice to take patients out of the respirator for increasing increments of time as their lungs regained some or more ability to breathe.

In one respirator was a bald man of about 45 years of age, the bravest of the brave. He would tell jokes in a wheezing voice that paced the respirator, soon establishing himself as the ward's chief humourist. We began to, with affection and good humour, call him "Desert Head". He would often shout back, gaspingly, with the typical humour of a dyed-in-the-wool Aussie, "Mister Desert Head from you bastards!" But, how sad, how silent, was the morning the respirator was turned off and Desert Head was gone. Grief veiled the ward for days; let's not talk about grown men crying. Screaming, perhaps, for that is what each of us did, having foresworn not to, when, early in the peace, we were stretched. Apparently typical of severe polio is a very strong contraction of muscles, particularly of the back. These have to be stretched within the first week or so. Two strong men would, therefore, place their hands under the patient's shoulders and, time and again, try to heave his rigid body into a sitting position. The sounds emitted by the suffering patient may well have reminded others of a young Swiss boy learning how to yodel. Oh, my God, it hurts even now.

How does one spend the days absolutely prone, distraught about ever walking again? And the other patients? Jack, next to John, had no movement whatsoever in his arms and was never to regain use of them, his children and wife forced to help him do all of those activities like stirring his tea forever. A young final-year medical student named Brad spent much serious time in the respirator to live on seriously crippled for the rest of his life. Two young boys, brothers, further up the ward were to survive and go on to become remarkable men, towering above the rest of us at the 50<sup>th</sup> anniversary of the 1950-1 Ward B1 patients. Some walked again, some spent many years in wheel chairs. Some were additionally affected after about 40 years by the post polio syndrome which reduced the mobility of many.

John's agony of mind was relieved a lot by a pastoral visit from an old priest. His advice was to develop the art of living one day at a time. Live between two concrete walls called "yesterday" and "tomorrow" and remember that yesterday is history and tomorrow is a mystery. So, live in the eternal present, the now, John was counseled, and know that all difficult times do pass. Try to develop a simple faith in a god of your own understanding, the priest added, then disappeared as suddenly as he had appeared in the ward.



Right then and there John began a daily habit of very simple prayer, a practice he has continued, mornings under the shower, for the rest of his life. Peace of mind came to him in the long day and night stretches of time in Ward B1. Chatting from bed to bed became a joyous thing and a community spirit and concern developed.

Matron and her flock now began pausing at beds, breakfast made of egg powder only came about three times a week. John had been spokesman for a complaint about the egg powder breakfasts and, for his trouble, he was told by the Superintendent of the hospital that he was to be sent to Wagga Hospital, which lacked experience with polio care. He was saved by the bell when Brad's father, secretary of the NSW Teachers' Federation, stepped in to ease the problem and John stayed in Sydney. The patients were getting to know the nurses, the physios and the occupational therapists. Back rubs were the order of the day to stop painful bed sores developing. Six months passed and John's arms gained enough power so that he could feed himself and make cane hats for the OT. Physiotherapists put their hearts in to helping patients when they began to see improvement. I don't know how it started or where it started, but the rumour mill in the ward began to speak of a coming "party", a nocturnal feast in the ward, not to be mentioned to the matron or anyone close to her. Several nurses, beloved of the patients, were in on the scam and soon "suckling pig" was being bandied about as the piece de resistance of the feast. The big night came in a welter of suppressed excitement, the "right" nurses had wangled duty and soon the delicious smell of roast crackling suckling pig seeped in to the ward. Nurses swept around the ward delivering plates of the delicious stuff to patients, many tried to irritation point by the ubiquitous egg powder. Suddenly, a voice boomed out, "Can it, the matron is coming! Put your plate under the covers." Lights out, tension everywhere, chests burnt by hot plates as the matron paused at the end of the ward, sniffed, then thought better of it and quietly disappeared down the hall. 'Phew', it was over but nurse decreed that the lights must stay off with the result that half of the patients ate more minced stuffing than suckling pig! Still, it was an adventure and it briefly shed the community ennui.

Somewhere above the ward, in what John conjured as the "Elysian Fields", was a ward for female polio victims. A regular interchange of letters began between the two wards. These missives delivered by nurses were the bright spot of many long weeks of waiting and hoping. Those nurses and physiotherapists were life lines and friends to the patients who responded by becoming a little ga-ga over their most immediate helpers.

John, still unable to lift his legs or put much strength into his arms, had a recurring dream of being able to fly high into the sky on a beautiful sunny day, always landing on the same soft, warm sand of a tropical island set in the middle of a blue sea. Days were better, physio continued apace, cane hats and baskets proliferated, a lighter atmosphere permeated the ward and then, about eight months after coming to Ward B1, came the magic day for John. The visiting honorary physician said to him, "That left leg has shown promise for months. Now, try very hard to lift it for me." Teeth gritted, eyes bulging, John strained and strained, then the miracle happened, he lifted the outstretched left leg about two centimetres off the bed. Exultation as the doctor said, "You could make a fairly good recovery. Obviously not all of the relevant cells in your spine have been destroyed by this disease. Your brain signals are clearly still able to reach some of your affected muscles."

Completely off his wire frame now, within a few weeks John was lifting both legs, individually, off the bed up to a height of about ten centimetres. More weeks passed and he was able to lift and hold both legs, one at a time. Consistent work by the physios strengthened both legs and arms to a point where John was renewed with hope for the future. Two wardsmen came in one morning and said, "We are here to help your physio try to bring you up to a sitting position." Creaks and groans, shouts and a lot of pulling and the patient was sitting for the first time in nearly a year. "Let me try to sit by myself", he said excitedly. The men let him go and 'crash-bang!' the back of his head hit the bedstead with considerable force. Unfortunately, his upper abdominals had been damaged beyond repair and, for the rest of his life he was to be without those 'sitting up' muscles. It was soon discovered, also, that the lower abdominals were also atrophied, robbing John permanently of the ability to lift both legs at once. It had previously become clear that the right foot's main lifting power was severely curtailed resulting in a condition called 'foot drop' which required a caliper or an AFO (Ankle, Foot Orthotic) to prevent falls.

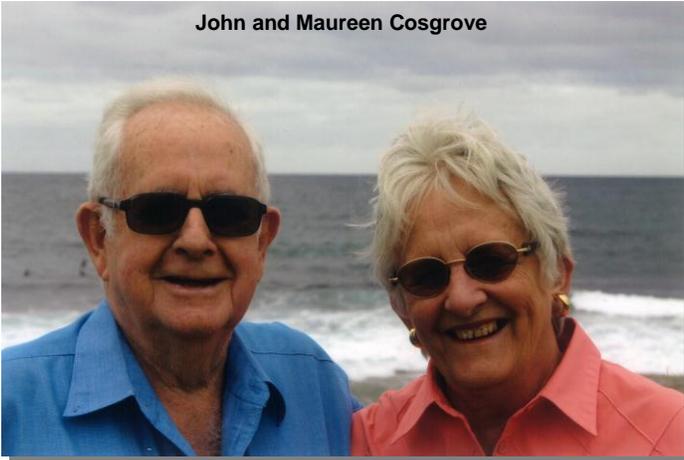
Some patients had left over the months to general sadness. Others faced a further long wait for adjustment to calipers or wheel chairs. One morning a man came from the hospital's orthopaedic department and measured John for a spring foot caliper and a corset or back brace. On the day he was fitted with the corset John again fell backwards thinking it might hold him in a sitting position. No such luck, he was to live with this condition for the rest of his life. A few days after the fitting, John was accoutred somewhat like a knight, corset and caliper to the fore, and brought to a standing position.

He took several anxious steps along the bed then took off like a fledging duck leaving the nest. Ragged cheers greeted the accomplishment, both doctor and physio showing great pride in the achievement. Within several weeks John was, with some difficulty, wandering about the ward, seeing and meeting and greeting those patients he had not previously been able to see very well.

Then came the great day: "You can pack up your stuff and go home tomorrow." Tearful farewells, promises to write plus a little fear and trepidation about a year long absence from a brave new world. The Korean War was in progress, Comic Court had won the Melbourne Cup and relatives and friends were a year older. Very different were the meals 'on the outside', away from the bulk cooked hospital fare. How John got home to his mother's place in Wagga is lost in the mists of time. This 22 year old was frail, underweight and still in need of a lot of assistance, with no return to work for another 12 months. John's devoted mother's main contribution was good country style meals plus a fair dose of prayers and mass. Good friend, Ron, had a small Ford Prefect car and drove John many places in that time. Gradually, life returned to near normal; trips to the pictures, 'look-on' visits to dances, and short walks in the park beside the Wollundry lagoon.

It was at a small party in Wagga that John met Maureen (then a nurse), his future wife. John completed his degree and went back to teaching. He had completed one subject in hospital via the services of an amanuensis. Three children were born and they grew to teenage status in the Cronulla-Sutherland area. Maureen studied and became a primary school teacher, eventually Principal of McCauley Prep school at Rose Bay. The oldest child, Marilyn, taught children with special needs and then wrote 11 books for 'reluctant' readers. Marilyn died at 37 years of age after an allergic reaction to dylantin, used in an operation for a non-malignant brain tumour. "Forever in our hearts." Julie, second eldest, also taught and became Principal of a school on the northern beaches. Peter did a Phys Ed course and went into the Health and Fitness industry, managing and owning several health clubs.

John and Maureen Cosgrove



The years rolled by, children married and fled, while Maureen and John played Darby and Joan. Heart ops, cancer, diabetes and orthopaedic surgery marked life's journey for John, as did difficulties with atrophied abdominals and foot drop, although these were hard to detect as John walked upright in the street. A feature was several trips to Europe and to America. Grandchildren came along, then Poppy, the great grandchild. Family get-togethers on special dates helped the time pass. John had success with several books he co-authored; a history of the World, "Two Centuries", being the most successful and used widely in secondary and tertiary educational institutions between 1968 and 1995. In 2011, John still lives in Sydney with Maureen. Age shall weary them but I doubt if the years will condemn. A pacemaker helps things along, joints become stiff, and a walking stick comes in handy after several falls. The atrophied abdominals seem to have gotten worse as has the weakness in the right foot. Post-polio lives, over 40 years on.