

POLIO DEJA VIEW

Central Virginia Post-Polio Support Group

February - March 2008

Visit our website at www.cvppsg.org

Carol T. Ranelli, Editor

February^{2nd} Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

Our speaker will be

Kim Hewitt, Environmental Health Specialist Senior with the Chickahominy Health District that serves Goochland, Charles City, New Kent and Hanover via the local health departments.

Kim has a Master's degree of Science in Public Health.

Kim will give a brief overview of general food safety in the home and for when you eat out. Topics will include: CDC's risk factors, cooking and holding temperatures for food, contaminated equipment, hygiene that can potentially spread foodborne illnesses, food allergens and reading food labels.

March 1st Meeting

2:00 pm at Children's Hospital, 2924 Brook Road, Richmond

We will have a **general discussion** among the PPSers while Dave VanAken will lead a **Partners Discussion Group** in another room. We try to have these twice a year and it gives the PPSer Partners a chance to share their experiences and challenges.

Future Meeting Info

Because of a scheduling conflict at Children's Hospital, our May meeting will be moved to the second Saturday, May 10th.

Please mark your "social" calendars.

Mid-Month Lunch

NOTE: We are changing the mid-month lunches to Thursdays to accommodate more of our members

Thursday, February 14th - Valentine's Day!!

At 11:30 we will go to "Expressions" at the Cultural Arts Center at Glen Allen
Take 295 West toward Charlottesville, take exit 45 - Woodman Road South
Go to the light, turn right onto Mountain Road. Go $\frac{3}{4}$ mile and the Cultural
Arts Center is on your right - turn right at the sign.

You can go to www.artsglenallen.com to view the menu.

Call Bev Lordi at 569-4232 by Feb. 11th with your reservation

Thursday, March 13th at 11:30

We will go to Azzurro's located at River Road Shopping Center,
intersection of Huguenot Bridge, River Road and Cary St.

Call Bev Lordi by March 10th with your reservation

Keep Safe

Reprinted from FLORIDA EAST COAST POST-POLIO SUPPORT GROUP - Vol. 14, #4

Put your car keys beside your bed at night. If you hear a noise outside your home or someone trying to get in your house, just press the panic button for your car. The alarm will be set off, and the horn will continue to sound until either you turn it off or the car battery dies. This tip came from a neighborhood watch coordinator. Next time you come home for the night and you start to put your keys away, think of this: It's a security alarm system that you probably already have and requires no installation. Test it. It will go off from most everywhere inside your house and will keep honking until your battery runs down or until you reset it with the button on the key fob chain.

It works if you park in your driveway or garage. If your car alarm goes off when someone is trying to break in your house, odds are the burglar or rapist won't stick around...after a few seconds all the neighbors will be looking out their windows to see who is out there and sure enough, the criminal won't want that. And remember to carry your keys while walking to your car in a parking lot. The alarm can work the same way there. This is something that should be shared with everyone. Maybe it could save a life or a sexual abuse crime.

P.S. I am sending this to everyone I know because I think it is fantastic. It would also be useful for any emergency, such as a heart attack, where you can't reach a phone. My Mom has suggested to my Dad that he carry his car keys with him in case he falls outside and she doesn't hear him. He can activate the car alarm and then she'll know there's a problem.

FECPPSG Editor's Note:- Really not a bad idea – if necessary, you can always order an extra remote for the car --- it's a lot less expensive than a home security system and can truly save your life. If you live alone, it might be a good idea to alert your closest neighbors that if they do hear an alarm go off at night, or any other time, to check it out as you may need some help.

My Thoughts Are My Reality

by Carol Meyer, Greater Boston Post- Polio Association Member

This is the third and fourth part of a series about my experience in living a full life with PPS.

Over the years I've had a lot of negative thoughts about having had polio. "Why me? Poor me! I hate having to struggle so hard to breathe all of the time! I feel ugly and unworthy!" I would allow these negative thoughts to take over my mind, affect my behavior, jeopardize relationships, and hold me hostage.

Eventually many of these thoughts became like programmed tapes in my head; they became the lenses through which I looked at the world. As I got older, I became limited and stuck because of my negative thinking patterns. I became afraid to try new things. I worried about what people would think when they saw how twisted my body was. I became withdrawn. I've heard it said that a person's thoughts become her/his reality. This was definitely the place in which I found myself. My life had become as miserable as my thoughts!

As my life with PPS was at its all-time low, a friend recommended that I read a book whose author suggested keeping a gratitude journal. I decided to try it ... I didn't have anything to lose. Every day for a year I wrote down at least 5 things for which I was grateful. It was difficult at first because my negativity was so strong. Some days I could only think of items like "I'm grateful that I have a bed to sleep in" or " I'm grateful that I woke up this morning."

However, as the weeks and months progressed, I started to notice a difference in my thoughts and in my attitude. I was starting to accept my PPS. I felt lighter and happier. I was moving beyond my fatigue so that I could focus on other things in life ... like how delightful the sunbeams are when they fall upon the beads of dew on the grass, making

them sparkle like diamonds. Today instead of worrying so much about what people are going to think of my twisted body, I marvel about how wondrous my body is to function so beautifully in spite of its limitations. I laugh more today and I enjoy trying something new. Positive thoughts are now bringing me positive experiences.

There are still moments when my life gets bogged down with a case of self-pity or negativity. Today though the minute I start to count my blessings, all of that melts away and I realize the joy of being alive. I've discovered that I can live with PPS and still have a wonderful life if I keep my thoughts positive. Years ago I used to lament the fact that my body isn't perfect. Today I am grateful for the body that I do have.

Reaching Out to Others

In September of 1952, when I was just 7 years old and in the second grade, polio struck me. From its onset, polio was in my face. At first I couldn't move my legs or swallow anything. While the mobility in my legs came back and I regained most of my ability to swallow, I was never a "passer" like many polio survivors were. I soon developed a very severe scoliosis; and by fourth grade I was wearing a bulky, heavy body brace to help support my back. Having respiratory problems, I no longer could run, be in marble tournaments, or play softball during recess. I not only believed that I looked different from my friends, but I also felt very different.

Later I had a spinal fusion, which helped to straighten my curvature and got me out of my body brace. I was always blessed with a lot of good friends, who seemed to accept and love me just the way I was. I worked hard and was very successful in my career. But in spite of all of these blessings, I continued to see myself as an outsider who was not good enough. The burden of my distorted body image was heavy, and it became a major obstacle in my life, preventing me from realizing my full potential as a human being.

Meanwhile, throughout the years I was always exploring and trying out different self-help programs. This makes sense, doesn't it, considering the fact that I loathed how I looked? On this journey, I finally found my way to examining my polio history ... something that I had denied and completely avoided until 2 years ago. With my husband's help and encouragement, I logged onto the Internet and typed the key words "post-polio." Presto! Up came over 3 million listings! I was completely flabbergasted! One minute I had felt completely alone in my polio-affected life, and the next I had access to millions of articles on the subject as well as thousands of other survivors who were eager to share their stories with me and to hear mine! What a moment that was for me!

Soon I was chatting with and e-mailing polio survivors from around the world! Through one of them I found out about the Greater Boston Post-Polio Association. I could hardly wait to call so that I could begin receiving the TRIUMPH and get the schedule of

meetings. I was very nervous before walking into my first GBPPA meeting, but soon I felt as if I had "come home." Everyone warmly welcomed me, and I felt a great sense of belonging. I now look forward to each meeting and have found them to be a great source of information, camaraderie, and healing.

By reaching out to other polio survivors, I've been able to begin to heal the wounds of my soul that polio caused. I no longer feel alone or like a disfigured outcast in a world of beautiful people. I am who I am today. Surviving polio just happens to be one part of my history. I am working at accepting and loving myself just as I am.

Reaching out to other polio survivors has helped me to understand myself and to feel complete and whole; it has helped to fill that gnawing emptiness inside. I no longer feel trapped by the limitations of my own self-perceptions. Instead I feel free to be me for the first time in my life. In spite of being disabled with PPS, I realize that I still have a lot to give to the Universe. Reaching out to others helps to make my life more meaningful today.

I thought I would add this brief article by Carol Meyers also:

Breaking Through Denial

All of the PPS literature tells me that I must slow down and learn how to pace myself. Being a workaholic and a perfectionist for most of my life, I find this an extraordinarily difficult task. How do I go about charting this new lifestyle for myself? Part of my problem, I've decided, is breaking through the heavy layers of my denial.

Actually I've been slowing down in stages ever since 1981 when my daughter was born. It was then that I had to leave my teaching career behind because its demands were too stressful for me. My doctors told me then that I needed to eliminate stress from my life and take rests during the day. I felt as if I'd been slapped with a prison sentence! I was depressed and angry. After a long time, I was finally able to accept my life without teaching, but I didn't pay attention to the other suggestions my doctors made. I had too many things that I wanted to do; and ignoring my fatigue and breathlessness, I forced myself to continue. I was still in denial.

New Year's Day of 1989 found me with pneumonia and being intubated in Lowell General Hospital's ICU. While I did recover from the pneumonia, I wasn't able to breathe on my own. I made the decision then to have a tracheotomy, and that really stabilized my health... no more bronchitis or pneumonia. When I was discharged, my doctors told me again to get lots of rest, curtail my activities, and cut out stress. It was then that I started to take a rest in the afternoons, but I didn't pay attention to the other suggestions. As a matter of fact, I took on more projects and activities. I was still in denial.

This spring we moved; and after getting settled into our new home, I decided to do a lot of entertaining. I went for weeks without taking any rests at all, and I told myself smugly that I knew how to do this without stress! Well, by mid-August, I had collapsed!

I was exhausted to the point of not being able to breathe. I canceled everything and went to bed! This pause in my life has made one thing clear to me: I don't want to continue to abuse my body the way I have in the past. Maybe now I can be free from my denial!

I have always been a very strong-willed and driven person, and I guess this has helped me to survive many polio-related health crises throughout my life. My denial, too, was a survival and coping device. These characteristics have also worked against me! Now I must take my strong will and determination and direct it toward creating a healthier lifestyle for myself. I can no longer afford to be in denial!

I am trying to take more rests every day now, and I'm limiting the number of outside activities per week. I'm focusing on my nutrition, and I'm finding relaxing ways to use my time at home. I'm communicating with other PPSers daily on the Internet. Not only does this give me support and friendship, but I also receive much good information about PPS through them. This in turn helps me to break out of my denial.

Is this what is meant by slowing down and pacing myself? Well, if it is, I'm actually finding myself enjoying it. In fact, I think that it's going to work out for me. Good-bye, Denial!

Many thanks to Ms. Meyers for her wonderful insight into dealing with PPS.

Nutrition for PPSers:

Have a BIG Breakfast!

Serve it up: oatmeal, turkey bacon, whole-wheat toast, berries, orange juice. You can eat all that without fear of gaining weight – in fact, you'll be doing yourself a favor. A recent study showed that people who eat more in the morning tend to consume fewer daily calories overall, confirming Washington, D.C.-based dietitian Katherine Tallmadge's 20 years of experience.

"Eating a bigger breakfast is the most effective way of curbing evening overeating," she says. "But eating more in the morning is a scary proposition for many people." That's because they worry that they'll keep eating more throughout the day.

Tallmadge's clients who eat big breakfast are amazed to find it actually reduces cravings and gives them a sense of control, making it easier to eat more moderately as the day progresses.

Studies show such "power breakfasts" also improve attention span and increase energy levels.

PPS Note: It has been suggested by numerous Post-Polio physicians that we PPSers eat a high protein breakfast anyway, to feed our nerve endings and muscles for the rest of the day.

Polio and I, Hidden From the World

By Roger Reed, Member of Central Virginia Post-Polio Support Group

The events that I'm about to relay are things I didn't find out until I was in my late thirties, so keep this in mind when you are reading this article. I am writing this article to help myself and hopefully someone else in the PPS community.

I was born in 1959 in a mountain community in Virginia to a poor working-class family who weren't highly educated and who held onto the old ways of life. My parents and many members of my immediate family grew up during the Great Depression and although poor, they had a great deal of pride. They saw things differently and had to rely on what they thought would work for that situation, including the practice of medicine.

All through the years, my dad said nothing to me about having polio, but my mother would say things like, "The doctor said you had polio." "You didn't walk until you were over two years old because you were fat." One day, out of the blue she said, "When you were little you were very sick. You couldn't move your body and ran a high fever. The only thing you could move were your eyes."

This was about all the information I ever heard, but I still didn't know what she meant because I was young and really didn't understand.

What seems to have happened was: my parents were not giving me any of my vaccinations and when I got sick, the doctor admitted me to the local hospital. Whether that was my onset of polio or not, I don't know.

When I started having medical problems in my thirties, I thought something was wrong with me. I started researching through the internet and looking up polio websites because of what my mother had told me years earlier. Sure enough, my symptoms were just like the ones for post-polio syndrome. I started asking questions and wrote a letter to my original doctor. He wrote me back and denied the "polio ordeal". My father told me to stop looking for my records; that they were all destroyed years ago and to stop asking questions.

I started looking for my hospital/doctors records anyway and eventually got copies of everything they still had. Most of them were fairly new, but in the copies were three pages of handwritten records from my doctor, every time I had been to see him. Although the word "polio" never appeared, it did give me some useful information about their treatment. After I was admitted, I got sick again and they started giving me a lot of antibiotics, plus gave me all my vaccinations. I guess that is all they knew to do at that point, but for the polio vaccine, it was too late.

My dad told me not to ask anymore questions because it would "only hurt me", but I disagreed. I was 99% sure I had figured it out, but I still wanted someone to tell me.

I wanted to hear the words. There was something about hearing it that would make me feel better, but it will most likely never happen and for this I am sad.

From a young age, I have always had a lot of health problems and wondered how I could be sick so much. In my twenties, there was a period of time when I felt so good I almost worked myself to death. I didn't even catch a cold. But soon afterward, things started downhill again. I worked very hard, with long hours in a factory for 25 years. I have a wonderful wife, raised three children and helped each of them through college.

One day near my 40's, I just couldn't "go" anymore. I could hardly climb the steps to go to the restroom and when I came down, I would become disoriented and didn't know my way back to my work area. Every time I picked up a piece of equipment, I would pull something in my arms or shoulders. I eventually stopped working.

I was diagnosed with post-polio syndrome, fibromyalgia, osteoarthritis, sleep apnea, high blood pressure, high cholesterol, degenerative disc, scoliosis in my neck and lumbar area and nerve damage in my left arm and leg. I have severe pain in my "good leg" and carpal tunnel in both hands. I've had several surgeries, a broken ankle and a bout with viral meningitis that kept me in the hospital for a week. I was released back to work and was so weak that I had to lean on my work bench to stand and do my job.

There have been many unfortunate events in my life; be it family-oriented or circumstance. Though I may never have answers to many of my questions, I still feel blessed to be alive. I have a caring wife, but she can't understand all that I feel physically or mentally. And I don't expect her to. Sometimes I feel alone and I suppose that is why I'm writing of my experiences. I read the newsletters to gain information about my problems and it helps to hear of other's experiences.

My biggest problem now is the weakness. It's a bad feeling when you don't have the energy to shave your face. I take rest breaks, but I have to try to help my wife since she is carrying the financial load. It's a delicate act to balance.

***Editor's note:** Roger Reed sent me his moving story in November. I hope my editing meets with his approval. Many PPSers have taken the time to "tell their story" in hopes that it will help others. I believe it is a cathartic process that does the "teller" as much good as the reader. Many thanks to you Roger.*

CTR

Did you know?..... **RX** Information from Jenny

SUFFERING FROM ESOPHAGEAL PAIN?
MAYBE YOU AREN'T TAKING YOUR MEDICATIONS CORRECTLY

Many drugs surprise patients by causing esophageal pain. Some medicines are notorious for causing esophageal ulcers like tetracyclines, bisphosphonates (Actonel, Boniva, Fosamax), NSAIDS (Motrin, Advil, Aleve, Voltaren, Naproxen) and potassium chloride. The potential to cause pain and possibly ulcers is due to ingredients that are corrosive to the esophagus plus dosage forms that add to the problem. Some gelatin caps can stick to the esophagus if they are not washed down. In cases such as potassium chloride, the tablet is big and can get stuck. Most of the injuries heal within days, but they can progress to severe esophageal damage if left unchecked.

Most cases of esophageal pain occur because patients fail to take their medications correctly. It is of utmost importance to drink a FULL glass of water and not lay down right after taking oral medicines. Otherwise, the medicine might not clear the esophagus or get refluxed back up. The elderly and Parkinson's patients are especially susceptible to this drug-induced esophagitis (inflammation of the esophagus) due to existing swallowing disorders and/or reflux problems. Also, patients taking anticholinergic drugs (oxybutynin, dicyclomine and Atrovent), as well as antihistamines (Benadryl, Claritin) and antidepressants such as amitriptyline, can suffer from decreased saliva production and slowed gastrointestinal motility which can increase exposure to irritating drugs. At risk patients may want to consider alternative formulations such as liquids, topicals and coated tablets that are easier to swallow or, crush pills if appropriate.

Contributed by Jenny Aveson, MD, Pharmacist with CVS

Thinking Problems

By Dr. Richard Bruno

Polio Survivors' "THINKING PROBLEMS" are similar to those in Parkinson's disease, not Alzheimer's disease.

In a paper published in the August issue of The American Journal of Physical Medicine and Rehabilitation, Drs. Richard Bruno and Jerald Zimmerman found word finding difficulty – the "tip-of-the-tongue" phenomenon (knowing the word you want to say but not being able to say it) – in polio survivors that is identical to that in Parkinson's disease patients.

Thirty-three polio survivors were given neuropsychologic tests of word finding, attention and thinking speed and had the blood hormone prolactin measured. An elevated prolactin level indicates low levels of neurochemical dopamine in the brain. "Polio survivors with severe daily fatigue had significant word finding difficulty," said Dr. Bruno, Director of The Post-Polio Institute at Englewood (NJ) Hospital and Medical Center. "Those with word finding difficulty also had impaired attention, thinking speed and higher prolactin levels, suggesting that they had lower brain dopamine." Bruno thinks that word finding difficulty, impaired attention and slower thinking speed, as well as disabling fatigue, result from polio survivors' brains making too little dopamine. This conclusion is supported by two other Post-Polio Institute studies. A 1998 study found that polio survivors with severe fatigue have higher prolactin levels and slowing of their brain waves. A 1996 study showed that bromocriptine, a dopamine-replacing drug used to treat Parkinson's disease, reduced fatigue, word finding difficulty and attention problems in polio survivors with severe fatigue. "Autopsies performed fifty years ago on patients who died after having had polio show that the polio virus damaged brain neurons that make dopamine," said Bruno. "Dopamine-producing neurons were killed in the brain whether or not the polio virus damaged the spinal cord and caused paralysis."

The Post-Polio Institute's 1990 National Post-Polio Survey found that 91% of the estimated 1.8 million North American polio survivors report fatigue and that 70% to 96% of survivors with fatigue report difficulty with work-finding, attention and thinking quickly. "Since fatigue is the most commonly reported and most disabling symptom of PPS, many polio survivors have "thinking problems" and are afraid they have Alzheimer's", said Bruno. But Bruno's work has found that polio survivors' thinking problems are similar to those with Parkinson's disease, which is known to be caused by low levels of brain dopamine. "Fortunately, the polio virus did not kill enough dopamine producing neurons to cause the physical symptoms – tremor and rigidity – that are seen in Parkinson's."

"Thinking problems in polio survivors are not symptoms of a dementia, like Alzheimer's," said Bruno. "And our work over the past 15 years shows that reducing physical overexertion can decrease word finding difficulties, problems with attention and fatigue in polio survivors."

Reprinted from "The Seagull", Triad Post-Polio Support Group, Greensboro, NC; Nov-Dec 2007

TOP 10 SECRETS TO A STRESS-FREE PERSONAL LIFE

1. Create boundaries.

Boundaries reflect what other people can or cannot do or say to you, for instance, "I am only able to listen to you when you speak calmly without shouting." This will leave you feeling protected from hurtful situations.

2. Ask people to help you.

Choose 3 things today that you can receive help with and ask for it. You will have less to cope with and get done, can stop being a hero who does it all and leave the other person feeling important with a sense of responsibility.

3. Quiet your mind at least once a day.

Concentrate on your breathing and let all of your thoughts go. You will then be able to listen fully to what your body is telling you and act more on your intuition and what's right for you.

4. Explore and experience your feelings fully.

For example, when you feel sad allow yourself to be sad rather than try to pick yourself up and pretend it doesn't matter. It's okay to feel sad, happy, frustrated... accepting your feelings rather than fighting them helps you to know where in your life to make changes and reduce stress.

5. Plan a fun activity every day.

It can be for just 5 minutes or as long as you want such as watching a comedy, dancing, a water-pistol fight with friends... You will have something to look forward to each day, keeping fun and balance in your life.

6. Communicate your feelings using the statement "I feel...."

Such as, "I feel unimportant when you don't telephone me during the day." You will feel less conflict as you are owning your feelings and talking about the other person's behavior, not them personally.

7. Write in your journal every day.

Find a time that works best for you, maybe first thing in the morning or last thing at night and write about your thoughts, feelings, ideas, stressful situations.... You will safely explore and clarify your life and priorities, enabling you to make choices and to take action based on these.

8. Take time for yourself on a regular basis.

Perhaps you might take a long bath, read, have quiet time alone or whatever feels good for you. You will feel good about yourself and more relaxed and energized to enjoy your life more fully.

9. Use the words "Would you..." when asking for things.

For example, "Would you look after my plants while I am on holiday?" You are more likely to achieve a 'yes' as the other person is left feeling capable and having a choice rather than being told to what to do.

10. Show your appreciation.

Every day tell someone that you appreciate them, "I appreciate the way you've supported me through this emotional time." We all need to feel appreciated and showing appreciation to others will allow you to live in a more loving way.

From Henry's Desk by Henry Holland

Remember the Nurses of Yesteryear

A few years ago I exchanged e-mails with a lady who had been a polio patient at the Medical College of Virginia Hospital (MCV) in Richmond, VA. This lady is Vera Moore and she was a polio patient at MCV at the same time as I was in 1950. I did not recall meeting Vera while in the hospital, probably because the patients were generally segregated by sex. Shortly after the original exchange of e-mails Vera wrote me again about her husband who had been in a hospital for eight days with a heart problem. Vera wrote:

"I am longing for the days of MCV when nursing must have been at its best. My husband was in the hospital for an 8 day stay with his heart where we found nursing to be non existent. I'm remembering the wonderful nurses at MCV. The tall slender older nurse who nightly gave an alcohol back rub and finished with the bath powder Mother was asked to provide. She was just as starched, unrumpled, spotlessly white, at the end of the day as she was when she came in at 3 p.m. How she was able to stay that way was a marvel because she was constantly busy, straightening bedding, tucking and offering wash cloths when meals were served and emptying bed pans as necessary. Then there was the British nurse who was convinced fresh air was important. She opened the windows every time she came in my room and found them closed. She was very young, may have been a student, but was also starched, efficient, and did not waste a movement. They never left patches of gauze, papers, etc., on the bedside tables on the floor and insisted that I keep my personal items, books, etc., neatly arranged. We saw no nurses that we could identify this visit. Everyone wears rumpled green or crumpled cutie printed garments."

Oh, dear, I've lived too long! So good to hear from you. Thanks for your correspondence.

Vera

Vera's observations raises the question as to whether the nurses and doctors of the polio years were able to relate to their patients in a more meaningful or personal manner than in today's hospital environment. I think Vera's comments have some merit. I believe there has been a change in the bedside care of patients and it did not happen over night. The reasons for such a change are multiple; however, if the personal contact between doctors and nurses and their patients has changed, then why?

As a hospital patient on many occasions throughout my life and as a physician who treated hospital patients for thirty years (1966 - 1996 I have the following observations:

1. Technology has advanced immensely and much more can be learned about a patient in a shorter time period than fifty years ago. The monitors for some of this technology are often at the nurses' station and not always at the bedside.
2. Speed and immediate action on behalf of a patient is often a matter of life and death.
3. Insurance companies and hospitals place great pressure on doctors to shorten hospital stays as much as possible. Many doctors practice defensive and more expensive medicine to reduce the risk of law suits for a bad result, not usually due to negligence. The actual time spent between the patient and the doctor or the nurse has diminished; thus the interpersonal aspect of the doctor-patient and nurse-patient relationship may be less meaningful than in the past.

Objectivity is admirable, but not at the expense of empathy and a listening ear.

Professionalism and a dose of respect for every patient is a worthy goal, even in today's modern world.

The suspicion of profit and greed rampant among many health insurance companies are a relatively new experience for doctors (often called providers). Often people with less training are making decisions about the healthcare of many doctors' patients and these "gatekeepers" have never seen the patient for whom they are making critical decision.

Did not many doctors of the past practice medicine with considerable success? Was it not rare for them to refuse to see a patient? Did they observe and listen to their patients? Did they place money as a priority in their practice? Those doctors and nurses worked with less technology, but I am confident that they spent more time with their patients and often at the bedside. At the time this was called good bedside manner.

My memories of the nurses at MCV on the polio ward are similar to Vera's. I recall the nurses being both young and middle aged. They were clean, neat, dressed in white and spent considerable time at the bedside and not at the nurses' station. While a polio patient at MCV for three months from September to December 1950 I followed the example of other patients and kept an autograph book. Below I have published some examples of nurses' entries in my autograph book. They are simple messages, but their messages communicated hope and optimism. Here are some examples:

Keep looking forward Henry, you'll soon be up walking again

Ann Harrell

Oct. 14, 1950

Dear Henry

To a sweet patient and best wishes

Love, Elizabeth Byrd, RN

Richmond, Va

October 15, 1950

Dear Henry,

It was just you to be so pleasant at all times. Keep on keeping on.

Mrs. Therla Hall P.N. (This nurse was African American)
117 Overbrook Road

11/16/50
Medical College of Virginia
To Henry
One of the nicest and sweetest patients I've ever had.
Keep your chin up and "Enjoy yourself, it's later than you think!"
Marian Brantley (signed with stick figure with red hair)

Remember me well
Remember me long
Remember when
You are well & strong
P.S. Don't be too long
Josephine Marie Murphy
506 Harrison St.
Lynchburg, Va.

Nurse stick figure to the right wearing glasses
with caption saying, "Hey Henry – How about
eating that egg?"

Dec 6, 1950

12/6/50
I like you so much – I hope the best things in life happen to you – You sure have been a
lovely patient. Best wishes for a speedy recovery the rest of the way.
Mary Tomlin

M.C.V. Oct. 17, 1950
To a very sweet and wonderful patient, I wish all the luck in the world:
Here's hoping your stay here will be a very short one.
Your nurse
Mrs. Bryant R.N.
920 West Grace St. City

I can still remember the faces and general appearances of each of these nurses. The one
phrase that has stuck with me for fifty-eight years is the comment above by Therla Hall
P.N. "Keep on keeping on."

When your memories wander back to earlier years, remember those nurses of yesteryear
who often preferred to work with polio patients. The majority of their patients were
children. Daily, most of these nurses brought a ray of sunshine when they entered a room
of emotional darkness.