

Post-polio deterioration

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I was born in 1947 with developmental dysplasia of my right hip and was put in plaster for some months, but without success. In 1948, poliomyelitis left my other leg flaccid. I was fitted with a calliper and learned to walk, aged 3, by holding the collar of an Alsatian dog. Small in stature, with a pronounced limp and one stick, I was ready for school.

Growing up disabled, I received enormous kindness. After the Second World War, many disabled people just operated lifts or sold newspapers. The special school I was going to be sent to had never had a pupil pass the 11-plus to allow them a decent secondary education, but a normal infant school headteacher bent the rules to take me in, assisted by an Alderman. I was started in the normal world. My secondary school made special arrangements without fuss. The Health Service was marvellous. Although I was in hospital for a long time as an infant, and my parents could rarely visit, I must have been well cared for, and was once discharged knowing many nursery rhymes and calling my mother nurse. As I grew and got longer callipers, the appliance officer lined up the old ones in a row in her wooden locker. I had surgery to stabilise my paralysed foot, and after one painful fusion enjoyed excellent out of body experiences on pethidine.

I have been bullied two or three times in my life, and perhaps disabled people bring out the worst in some. Aged 12, I spent 4 months on ward S1 male at the Manchester Royal Infirmary, an adult orthopaedic ward with two or three children at any one time. Here, I was mostly spoiled and a little bullied. There was all day to talk to injured policemen, a burglar who had fallen off a roof, a signwriter, a ship's Bosun, a Hungarian refugee, and the nurses. There was a Polish anti-Semite who insulted me but made a great fuss of my parents. I was taught to enjoy beer, and sing the 'Good Ship Venus'! The nurses were trained on the wards in front of the patients, and I learned respect for British nursing values. This glorious time in hospital gave me an old head on my shoulders and made the rest of my life fuller and easier.

Exactly on my sixteenth birthday, the ministry at Fleetwood gave me a powered tricycle, and for the first time in my life, I set sail alone. A year later, my orthopaedic surgeon, David Lloyd Griffiths, a force of nature who made Sir Lancelot Spratt in 'Doctor in the House' seem girly, got me into medical school. In 1965, such

support for a disabled boy was amazing, and I remain deeply grateful.

I hobbled through medical training, and towards the end my hip deteriorated and never recovered. I began to use a wheelchair, something I had largely resisted. But life became easier, because I could explore places I had never seen because they were too far from a parking place. The wheelchairs then were heavy and unstable, but I bought a lightweight chair privately and could travel further. Exercise in the chair became a great pleasure and I powered up slopes, tacking from side to side when they were steep. Over the years, I enjoyed the strength of my arms, and used them for the wheelchair, and to haul myself up and down stairs, regularly lifting my body weight.

But one day, at a conference in Belfast, I was late for the coach to dinner because the lift button was marked B for balcony instead of B for basement. For the first time, with a coach load of consultants watching, my arms would not lift me up the high steps, and I became a patient at the Lane Fox Unit at St Thomas's Hospital, a post-polio clinic. Lifting my body-weight with my arms had made me into a 50-year-old weight-lifter, with a severely crushed ('fruity') C6 vertebra that had caused nerve compression. I was seen by a neurologist, physiotherapist, and rehabilitation medicine consultant. My problems were easy for them, because as polio specialists they had seen them many times before. So I reshaped my life based on their advice, and am much better. I limit my wheelchair travel, to avoid damage to my muscles and neck, but wheeling on level ground remains my exercise.

Since I was a baby, orthopaedic surgeons had looked after me. At first I was seen six-monthly, then given open appointments. I took pride in rarely going back. However, the help I received at Lane Fox makes me believe disabled people should be reviewed by a consultant in rehabilitation medicine, perhaps every 5 years, to minimise disabilities.

Like many people with polio, age is catching up faster than it should. I am weaker and get tired, but I soldier on. I wish I could walk without falling over. My last fall drew blood. The editor asked for a relevant and preferably dramatic photograph, so I held my camera to my head, and shot myself!

Practical Neurology recently published another article on post-polio deterioration: Howard R (2003) Late Post-Polio Functional Deterioration. *Practical Neurology*, 3, 66–77.