



Polio Echoes...

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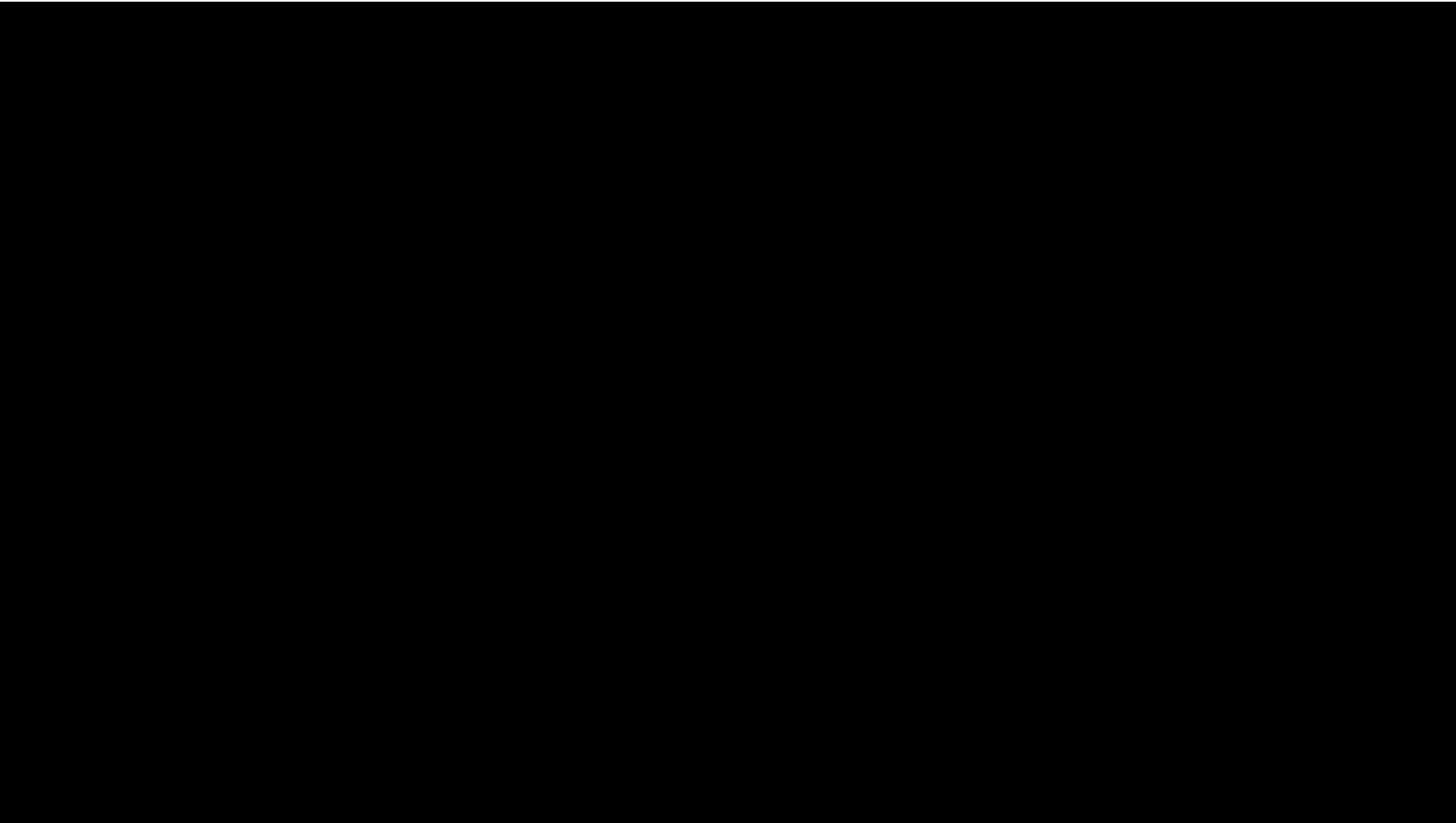
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CTV News “W5”, Nov. 28, 2020, Promo, “The Polio Parallel: Is the Coronavirus the New Polio?”

Introduction

“Do Something!... Do Anything!”
FOLIOMYELITIS IN CANADA
1927-1962

by

Christopher James Rutty

A Thesis submitted in conformity with the requirements for the
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Graduate Department of History
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The Middle Class Plague

Canada and the Polio Years

By Christopher James Rutty, Ph.D.

Draft manuscript for submission to the University of Toronto Press

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Introduction

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Introduction

Part X

Polio Echoes

Jane Atkey has Post-Polio Syndrome (PPS) – a little known ailment that creeps up on its victims like a vindictive ghost, striking them 25 to 45 years after they first did battle with polio. These are people who lost precious years of their lives to a horrifying scourge, who spent countless hours in therapy to rehabilitate crippled limbs or lungs, people who thought they had recovered completely, who threw away crutches and canes and refused to consider themselves among the disabled. No one warned them that polio could come back to haunt them.

“Polio Again?” *Homemaker’s*, Summer 1996¹

1978 - Flashback to a Nightmare

MEDICINE

Flashback to a nightmare

He had been sick for several days, but Reick Van Vliet could not explain what ailed him. Even the leg was a puzzle, his right leg. He could stand on it, walk on it, but his muscles seemed inert, almost hollow, and when the malaise persisted and the strength in his leg failed to return, the 24-year-old Norwich, Ontario, laborer decided to visit his family physician, Dr. Russell Hall. Van Vliet left the office not knowing what Dr. Hall had surmised from the

STEVE BEHAL

Maclean's, Aug. 21, 1978, p. 18

first but had dared not utter—that Reick Van Vliet had polio.

It was the first polio case Hall had seen in 26 years—but it would not be his last. Two days later, Reick's brother James, 14, complained of similar symptoms, confirming Hall's suspicions. And by mid-August, the southwestern Ontario community had reported five suspected victims (including another Van Vliet brother), placed almost 100 people under quarantine and inspired a province-wide rush for immunization.

The outbreak—health officials everywhere refused to call it an epidemic—was not confined to Ontario. In Lethbridge, an eight-year-old boy was sent to hospital with partial paralytic poliomyelitis, the first of two Alberta cases in 15 years. In Chilliwack (B.C.) General Hospital, mushroom farmer Jake van de Pol was recovering with the aid of a respirator.

It was small consolation, but there was no mystery about where the virus originated. A spring polio outbreak in Holland claimed 95 victims, all members of the Netherlands Reformed Church. By July, some members had arrived in Canada to visit friends and relatives. They brought presents, photographs and—unbeknownst to either themselves or immigration inspectors—the disease. The Canadian victims were all members of the same Netherlands Reformed Congregation, a fundamentalist Protestant Church which regards illness as a divine ordination and discourages immunization.

Crowds lining up for shots at a clinic in Toronto: the bad memories are still fresh



When the polio came, officials in the three affected provinces reacted swiftly. Ontario Health Minister Dennis Timbrell cut short a holiday and cancelled plans to attend Pope Paul VI's funeral. On the ninth floor of the Queen's Park Hepburn Block, ministry aides occupied the assistant deputy minister's boardroom (one aide dubbed it the war room) for daily update and strategy sessions. At one point, Timbrell warned that adults who had failed to receive polio booster shots in the past five years—about 50 per cent of the population—"were playing Russian roulette with six bullets in the chambers." For all that, many doctors considered the entire scare exaggerated. Said Dr. Ian Marriott, consultant to Ottawa's department of health and welfare: "Seven cases in 23 million people are not an epidemic."

If Canadians heard such advice at all, they ignored it. In B.C.'s upper Fraser Valley, 50 miles from Vancouver, 15,000 people turned up at emergency clinics during the first two weeks of August. In Calgary, the figure was a steady 5,000 a week. And in Toronto, there were two-hour line-ups at some vaccination sites and reports of family doctors who developed laryngitis from advising anxious patients.

Hysteria, perhaps—but with a purpose. During the early 1950s, more than 2,000 Canadians a year were paralyzed by the polio virus, which invades and then destroys nerve cells in the lung or spine. For many, the memories of that era are vivid and an extra needle of Dr. Jonas Salk's miracle vaccine seems a precautionary measure of high prudence.

MICHAEL POSNER,

WITH CORRESPONDENTS' FILES

1978 - Flashback to a Nightmare

Latest polio case tally: 4 definite, 2 suspected

Special to The Star
NORWICH — A Dutch farm worker has been admitted to hospital with a suspected case of polio, bringing the Ontario total of those in hospital because of the disease to six.

Four of the six cases have been confirmed by laboratory tests.

The latest person admitted to hospital is the first-reported case of a visitor to Canada showing symptoms of the disease.

It was also the first time an immunized person has been hospitalized because of the disease.

The migratory worker had been immunized in the Netherlands, but the Ontario Health Ministry could not say how long ago the shots were given. A spokesman said the patient has had no booster shots.

About 80 people are under quarantine in the Norwich area 18 miles (29 kilometres) southeast of Woodstock and "the list is growing by the minutes," William Butt, the medical officer of health for Oxford County, said yesterday. The health ministry said the total under quarantine could be as high as 100 because the restriction is up to local health officials.

It is believed the disease may have been carried to Canada by students from Holland visiting members of the Netherlands Reformed Congregation, some of whom do not believe in immunization.

Holland had 100 confirmed cases of polio in May and June.

The health ministry spokesman said all mem-

bers of the student group had been immunized but this does not mean they can't be carriers.

The spokesman said not all suspected cases belong to the religious sect.

Butt said the other suspected case is a 15-year-old boy from Norwich. He is in hospital with polio symptoms.

Outside of two cases in British Columbia and Alberta, polio has been found only in Oxford County and adjacent Delhi Township in the regional municipality of Halton and Norfolk.

EXCEEDS SUPPLY

However, the demand for polio shots has exceeded supply in many other areas, including Metro Toronto.

An evening polio immunization clinic was cancelled yesterday in Guelph because the supply of vaccine ran out. More clinics have been scheduled for next week.

Dr. Robert Aldis, the area's health officer, said he is watching the situation in several Dutch communities in Wellington County.

There is no shortage but there has been a problem distributing the vaccine — most frequently a combination of tetanus and polio vaccine — a spokesman for Connaught Laboratories Ltd. said.

The health ministry announced last night that beginning today, health units across Ontario will act as sole distributors of the vaccine.

STAY HOME

The units will be in charge of the clinics where shots may be obtained and no vaccine will go to individual doctors.

Dr. R. M. Hall of Norwich, who reported the province's first polio cases in five years, said people in contact with suspected cases have been ordered to stay home and to provide two stool specimens to their public health unit.

"This is the most serious

thing I've run across in my 26 years of practice," Hall said in a telephone interview.

"Don't call the situation critical," he said, "but you can certainly call it severe."

Butt said about 15,000 Oxford County residents will have received vaccines by tomorrow.

Victims of polio allowed visitors

By LILLIAN NEWBERY

Star staff writer
LONDON, Ont. — Polio victim Reick Van Vliet and at least three others from the Norwich area are in isolation at Victoria Hospital because of polio, but they are far from alone.

Doctors and nurses who have been immunized are in and out of their rooms and they are allowed visits from family members.

Reick, 24, has been visited by his wife. His brother James, 14, also in hospital, has been visited by his parents.

"We have been allowing visitors, mostly family members," said Dr. Robert Campsall, a specialist in bacteriology and immunology.

All Ontario hospitals are expected to have programs to cope with infectious diseases and Campsall said Victoria Hospital follows procedures recommended by the Centre for Disease Control in Atlanta, Ga.

The precautions for diseases of the intestines or enteric diseases cover polio and are the same as they would be for serum hepatitis or diarrhea caused by a bacteria or virus.

Each confirmed or suspected polio patient has a single room with a private bathroom, he said.

QUITE EASY

People who go in and out don't need to wear masks but they may wear gloves, depending on what they are going to do and they usually wear a gown. Staff and visitors must wash their hands before entering and after leaving and patients are expected to observe good personal hygiene.

"Enteric isolation is quite easy to do."

The trays from which the polio patients eat are kept separate from other hospital dishes and washed last in industrial-sized dish-

Brantford, about 38 miles (60 kilometres) from Norwich, had a vaccine shortage similar to Guelph's Wednesday's clinic for adults ran out but reopened yesterday.

Supplies were also reported running low in Belleville, Hamilton and Georgetown, as well as out west.

placed in a water-soluble plastic bag and then transferred carefully to a heavy cotton bag labelled "isolation." From there it goes to a community laundry shared by all London hospitals and is washed in water above 160 Celsius (320F).

"With the bleach and washing compounds and temperature combined, I'm very convinced the organisms are dead," Campsall said.

SPECIAL CLINIC

Two years ago, after reports of a heavy concentration of polio organisms in Ottawa's sewage system, Victoria Hospital held special clinics to immunize its staff, Campsall said.

But acting medical director Harvey Sullivan said another clinic was held recently to make sure all 4,000 staff members were immunized.

He said it takes up to four days for a person to become immune after a booster shot.

Campsall said Reick Van Vliet has been confirmed in laboratory tests as having paralytic polio, Type 1.

Campsall said the first positive identification was made by Dr. Leslie Hatch, director of microbiology at St. Joseph's Hospital in London.

Polio organisms can turn up in throat tissue, in the blood or in a person's stool, but the stool sample is the most reliable.

The polio organism is microscopically small — between 20 and 30 millionths. It takes between 48 and 96 hours for a microbiologist to be sure that the polio organism is present.

"I don't consider this an epidemic," Campsall said. "But it makes one wonder why so many visitors were allowed in the country when we have known since May there was an epidemic in Holland."

Toronto Star, Aug. 11, 1978, p. A2

A4/SUNDAY STAR, AUGUST 13 1978

The beat polio -- recurring nightmare



There's still no cure for polio but, as Brenda Zosky reports, the disease is not the terror it was

He remembers the last day he was a normal child. The day before he got polio. The sun was hot, and the cold spray from the sprinkler felt fantastic. "I was alone, and I was free," he recalls — a three-year-old running across the grass in his backyard.

He never ran again. That's the last memory lawyer and show business entrepreneur, Garth Drabinsky, has about doing the regular things kids do, before he was stricken with polio 27 years ago. The rest of his childhood memories are of panic and pain. Months of loneliness in stuffy hospital wards roommates who groaned through long nights in their iron lungs; seven operations, a head spinning from countless morphine shots, endless, frightening separation from his parents.

Overcame it

Drabinsky was in and out of hospitals for 10 years, but like many other successful people — Donald Sutherland, Francis Ford Coppola, for example — he overcame the mystery killer, and never looked back.

Now an almost legendary figure on the Canadian show-business scene because of the spectacular deals he has orchestrated, Drabinsky presides over \$200 million square feet of office space in downtown Toronto and spends his time travelling between Los Angeles, New York and Rome.

Another polio victim who overcame, a composer-cancer-musician Doug Riley, also contracted the disease at the age of three. For both men, there were compensations. Drabinsky says his battle with polio taught him not to give up on his goals. Riley couldn't play with the other kids, so he sat at the piano and played with sounds. Today, he is one of Canada's most accomplished and versatile musicians.

Although Riley and Drabinsky rarely think of their bouts with polio any more, and only have minor disabilities, they both say that the current threat "scritches" them.

Nobody has ever found a cure for polio.

There's only prevention through inoculation, and last week, the ministry of

health estimated that about 50 per cent of people who think they are safe, aren't really protected because they haven't had enough boosters. There are four confirmed and two suspected cases of polio in Ontario. Frantle line-ups outside city clinics and panicky phone calls to family doctors recall years past when August used to be a terrifying time of year.

Humid days and stagnant midsummer nights brought a killer with them. No one knew where polio came from and no-one could stop it. If it didn't kill, it usually maimed. The slightest headache, a fever, a sore neck, became cause for hysteria. During summers in the '30s, '40s and early '50s, parents warned their children to stand away from crowds — that meant the CNE, movies, parties, in epidemic years, public meetings were banned, schools stayed closed into October, churches, dance halls, theatres in various parts of the province closed their doors. In 1937, one of the worst years on record, the sale of children's toys boomed as parents tried to amuse kids in their own backyards.

In some small towns, particularly in Manitoba where the disease hit hardest, residents were forbidden to go into surrounding territory where polio cases had been reported. Armed police stood guard around quarantined houses.

Radio classes

In the U.S., where death tolls were higher, elementary and high school classes were held on the radio and in newspapers. In September, 1937, the town of Simcoe was described as a "ghost town."

Newspapers reported the polio tolls as if they were talking up holiday weekend traffic deaths. "Paralysis Deaths Up 14 This Year . . . Wider Area Hit" was a typical 1930 headline. There were 395 cases in 1929 (in Ontario) and 440 up to the present this year (October) . . . The peak of infantile paralysis (polio) in the next few weeks they last year occurred in the week of Sept. 13, during which 75 new cases were

reported. Our peak this year came on Sept. 6, during which week 64 new cases were reported." At the breakfast table, mothers would read about yesterday's horror story. When 2½-year-old Isaac Hancock died on Oct. 10, 1930, for example, the headline read "Paralysis takes Baby's Life Within Few Hours." The child had been perfectly fine all morning, but after lunch she began to feel sick. At 2:30 the doctor was called, and he rushed her to hospital, and at 4:40 the little girl was dead.

Frightened parents flocked to hospitals. Dr. Nelles Silverthorn, a pediatrician still at the Hospital for Sick Children after 51 years of practice, recalls "Mothers would be terrified about any kind of fever because we never knew how it was going to end. It could mean paralysis. I remember nights when I did 15 lumbar punctures (tests looking for dissolved cells in the spinal fluid.)"

Ward full

In August, 1937, the infectious diseases ward at the Sick Children's Hospital was filled to capacity and new cases were sent to the Isolation Hospital. It was the worst year on record, with 2,058 cases in Ontario, 682 of them in Toronto alone. In 1930, there were 671 cases, with 92 deaths.

Death from polio most often resulted from paralysis of the lungs. The only way to treat it was by placing the patient in a respirator. Iron lungs, that was a metal or wood cylinder which subjected the body alternately to air pressure and then to a vacuum, forcing air in and out of the lungs.

In 1937, when the epidemic hit, the Hospital for Sick Children had only one such machine. Children who could have been saved were dying, and it would take two weeks to get a new one.

So the hospital superintendent and some of the staff carpenters decided to make their own iron lung. Within 30 days, with no real blueprint, they had their first one finished. In 1937, there were 395 cases in Ontario and 440 up to the present this year (October) . . . The peak of infantile paralysis (polio) in the next few weeks they last year occurred in the week of Sept. 13, during which 75 new cases were



Doug Riley couldn't play with other kids so he learned to play the piano instead

source of fear was that no one knew how polio was transmitted. Theories flourished. When 8-year-old Robert Norris died of the disease in 1934, people thought it was because he had put a nickel into his mouth which he had received from a peddler.

A basket of unwashed peaches was blamed for the tragic fate of two young couples who spent a week in the country together, and then to a vacuum, forcing air in and out of the lungs.

In November, 1938, Dr. H. B. Anderson of Toronto announced to the world that polio was transmitted on the wind-blown pollen of ragweed, because polio epidemics always coincided with the hay fever season. A few days later his theory was denounced as "ridiculous" by other researchers.

In Port Hope, when there was an outbreak of polio, three transients were

ordered out of town, one ordered to go east, one north, one west, because they were strangers and they weren't particularly clean. They were blamed for three polio deaths.

Perhaps the most touching record of what it was like in the days before the polio vaccine is an article written in 1937 for The Star. Gregory Clark describes the day a group of mothers came to take their children home from old Grace Hospital.

Hands shook

Both he and the photographer found it hard to work on the story because their eyes were tear-filled and their hands shook. "It is a queer, a lovely, a tragic graduation," Clark wrote. "Unlike university graduations, the gowns are not worn by the graduates, but by the mothers. Gowns and a white mask over the face. "These mothers have not touched their children for fourteen, sixteen weeks. Through glass peep win-

dows . . . the mothers have seen their little ones, from a distance, lying grotesquely strapped and propped and leashed. But today, for the first time in a timeless procession of weeks and months, they lay hands — hands! — on their beloved ones. . . ."

"And for fourteen weeks the children have not seen their mothers, except as a great gift once in a while, as in a glass darkly, across wide wards, through a little peep window.

Bizarre theories

If theories about how polio was transmitted were sometimes a bit bizarre — at one point it was suggested that blonds be avoided because they were much more likely carriers — some of the so-called "sure cures" were equally unfounded.

In 1934, snake oil was heralded as the answer. A German bacteriologist claimed that a secret potion brewed from the skins of a snake and Silbertro known only to the Indians of Brazil's jungles, had been curing the natives of South America for decades. The

little ones watching one another's treatment . . ." Clark wrote.

The hospital was to be closed on Dec. 1, 1937, and in preparation, twice a week in the last months, mothers of 24 "graduates" spent two days learning how to look after the ravaged children they were about to receive back into their care.

In Toronto, 5,000 children were treated with the experimental nasal spray. The only effect it had was to destroy their sense of smell.

It worked

But it wasn't until April 12, 1958, that the long-awaited dream came true. In the small, quiet college town of Ann Arbor, Michigan, a group of top ranking scientists gathered, and the announcement was made. After trials on 500,000 U.S. and Canadian children in 1954, the results were conclusive: the Salk vaccine worked.

At last, polio could be prevented.

1978 - Flashback to a Nightmare

Polio scare brought back the worries of the '50s

By DAVE COOPER

Almost forgotten images of crippled and dying children returned to haunt Albertans this summer.

The heart-breaking accounts of the polio epidemics of 20, 30 and even 50 years ago jam Journal files, and paint a picture of mass fear that was repeated on a smaller scale with the diagnosis of one case of polio near Lethbridge.

During the height of the polio epidemics, daily reports listed new cases and announced school closings and even picnic cancellations as people avoided too much contact with each other.

There was also hope mixed in with the death statistics, as stories on new developments in medical research bolstered public confidence.

A particularly bad year for Alberta was 1952, with 743 cases of polio and 79 deaths.

People thought it couldn't get any worse, since that year's record was the all-time worst.

The next year started out optimistically, with reports of a new vaccine being tested in the U.S.

But that hope soon faded, as Alberta headed towards the sombre record of 1,445 cases and 111 deaths.

It wasn't until the following summer that 3,000 Edmonton school children received the first Salk vaccine injections, on a trial basis.

The vaccine was a victory for medical science, and many people began to feel safer about polio, and not only failed to insist their chil-

dren be immunized but did not make certain their children observe the traditional conventional precautions of cleanliness, avoidance of chills and weariness.

News stories warned *this is not the year to let your guard down against polio*, and the re-occurrence of a polio epidemic five years later when the Salk vaccine was in widespread use shows that some people did develop a false sense of security.

Rural residents were afflicted as severely as city dwellers, but the Royal Alexandra was the only hospital in northern Alberta equipped to care for seriously ill polio patients.

The need for mobile units to transport polio victims from outlying areas was shown in December, 1953, when a "blue" infant was brought to the hospital in Consort, 400 kilometres southeast of Edmonton.

The doctor at the hospital nursed the young patient for almost two days around the clock until a couple of volunteer nurses arrived to help.

A few days later the Royal Alex agreed to accept the young patient, and two doctors along with M. S. Smith, owner of Smith's Ambulance, drove to Consort with a portable respirator powered by 12-volt storage batteries borrowed from city garages.

1957 was seen as the prime test of the new Salk vaccine, and the incidence of polio did decline to 65 cases, with four deaths.

Lack of universal immunization helped fuel a mild epidemic in Canada in 1959. Alberta reported 58 cases with 11 deaths, while Quebec had 1,039 cases and 88 deaths.

There were seven times more polio cases in 1959 than in the preceding year, and another push for complete immunization developed with the slogan "Be Wise, Immunize".

Finally, Salk and later the cherry-flavored Sabin oral vaccine beat out polio, and the last publicized case was in 1964.

Although a few cases of polio turn up regularly among travellers, it was only this summer that massive publicity about cases in Alberta, B.C. and Ontario alarmed people who had perhaps forgotten too quickly the death and despair of polio.

The patients in the Aberhart Auxiliary Hospital, crippled for life by the polio of the 1950s, have not forgotten.

EDMONTON JOURNAL, Tuesday, November 21, 1978 I-13

Edmonton Journal, Nov. 21, 1978, p. 13

1980

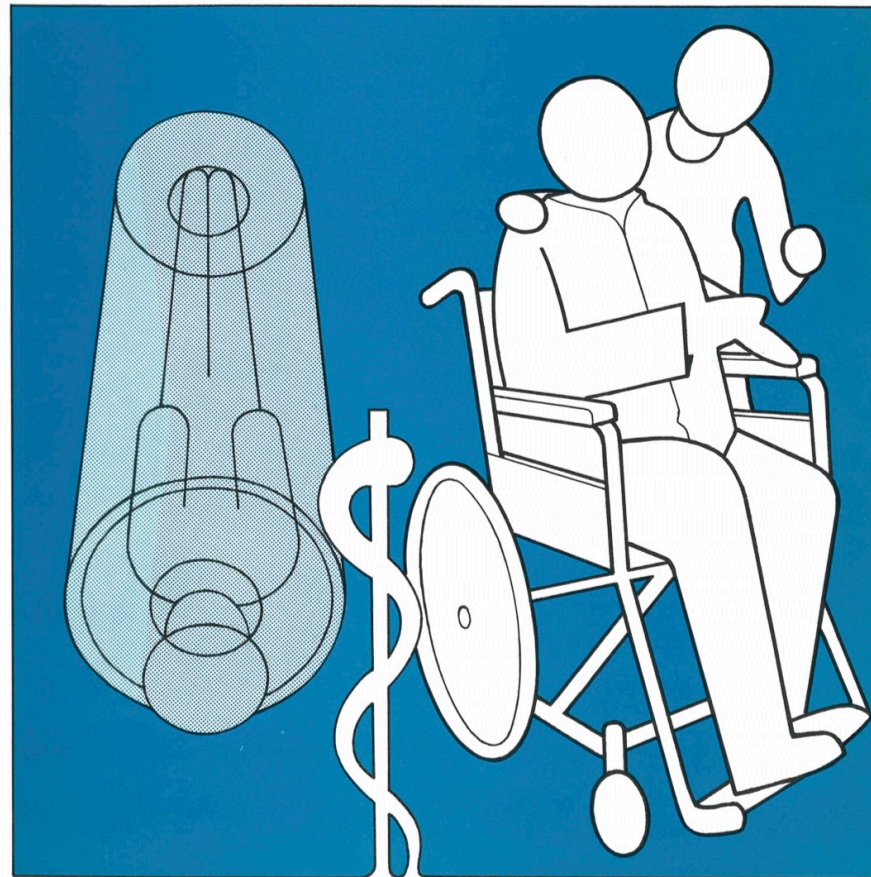


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Special Issue

RESPIRATORY POLIO REHABILITATION



1980

Many survivors of polio are facing frightening new medical problems

By Dorothy Townsend
Los Angeles Times

Bill Russell had polio as a child, but he always thought of himself as "a fortunate one."

Despite the crippling illness, he missed no more than a semester of school and grew out of the temporary paralysis on his left side. His left arm was a little smaller than his right; his left thumb and little finger were numb.

But otherwise, "I had a pretty darn good life until I was about 62," recalled Russell, now 68. But as the good years went by, something frightening began to happen.

"My legs felt like they were going to die, like they belonged to somebody else," he said, struggling to describe the symptoms that knocked him out of his job as a machinist before he was ready to retire. "I have feeling in them, but they just don't feel like they belong to me," he said.

Russell is one of an estimated 300,000 poliomyelitis survivors in the United States who, instead of fading into footnotes to medical history, have come back with a new crisis to catch the attention of health-care professionals. Polio, a viral infection of part of the spinal cord, is accompanied by paralysis of various muscle groups that often atrophy.

Medically stable for the most part in the decades since the 1950s, when vaccines almost eradicated the disease that usually struck the young, victims began experiencing frightening new medical problems a few years ago — problems that took them and the medical community by surprise.

Now, 40 years and more after the polio epidemics of the 1930s and 1940s, many of those who thought they had won the struggle to move without braces or crutches are falling back to the use of canes, braces or wheelchairs. And some, long weaned from the large, cylindrical iron lungs that were common during the epidemics, are using ventilating machines to help them breathe.

To compound the problem, few doctors today have had experience with polio, which has all but been erased from medical school curricula.

Today, a new case is extremely rare. But the aging victims of those pre-vaccine days are still here. Many have lived full and productive lives with only minimal reminders of the crippling disease — a localized muscle weakness, a numbness in fingers,

A widely held theory is that the "post-polio syndrome" results from overusing undamaged muscles and ligaments to substitute for weakened muscles. "They're just wearing out," said Jacquelin Perry.

some difficulty with coordination, for example.

Others have had to "hang it up," as Russell put it.

And some have toughed it out as quadriplegics, dependent on mechanical breathing machines.

"Actually, I don't think they [doctors] expected any of us to live as long as we did," said Lee Seitz, 57, left a quadriplegic 33 years ago by paralytic polio.

"I don't know if we outsmarted them, or what," she said at her home in Reseda, Calif., where she runs the affairs of the Polio Survivors Foundation as its president, from a chaise longue, talking into a telephone receiver fixed to a gooseneck lamp near her face.

From her neck down the only movement she can make is with her left foot, near which the phone base — equipped with a toggle switch instead of a dial — is located. She can switch the phone off and on with her foot. She also operates her electric wheelchair, remote-control television and electric bed with her foot.

"It took 10 years of therapy to get where I am now," she said with good humor. "At first it was a lot worse than this. I could only move one toe."

She spent one year in an iron lung — "Claustrophobic! It was terrible," she recalled. Then she "graduated down" to a chest respirator, which she still uses, "luckily only at night."

The rest of the time, "I breathe with my neck muscles," she said, demonstrating the way she has learned to use them to pump air in and out of her lungs.

But now, after years of using — actually overusing — these muscles, she finds she is having to revert more frequently to "frog breathing" — gulping air rapidly through her mouth and nostrils until her chest is expanded enough for an adequate breath.

What is happening to people like Seitz and Russell?

A widely held theory in the medical community is that the "post-polio

rious process, a re-
new disease like
lateral sclerosis, a

syndrome" results from over-
undamaged muscles and lig-
to substitute for weak musc-

"They're just wearing out,"
Dr. Jacquelin Perry, chief of
kinesiology at Rancho Los
Hospital in Downey, Calif., an
ed orthopedic surgeon. "It's
those people who are using
mal musculature to excess."

Perry is convinced that the
use has created such strain
tissues have been aging

Perry, Dr. Armin Fischer, (er,
the hospital's pulmon-
service, and others on
the staff constitute a rare
medical profession: The
seeing polio patients still
the days of the epidemics.

"Not many doctors today see
patients," Fischer said, addi-
the patients often are uncomf-
with consulting doctor
had no experience with the
case. "They need to see some-
who is familiar with it to g-
vice."

Perry said that in the 1
months, "we have had lots of
generated, in part, by the
professional experience in p-
the medical community and
information handed out by y-
doctors without that experie-

Fischer said the Mayo Clin
led a group of patients who h-
in the 1950s and found that a
percent had symptoms of po-
syndrome.

Because most post-polio
had been operating at levels a
years ago, the onset of familia-
toms is, indeed, frightening.

"Pain, recurrent respirator
lems and general fatigue
caused understandable fea-
something more serious that
was occurring to them,"
wrote in a foreword to a new
piled handbook on the late ef-
polio.

They went to doctors and
physicians did not under-
Fischer said. "Dark hints of a

Philadelphia Inquirer, Dec. 24, 1984, p. 36

Seeing their doctors with new complaints, they were likely to be submitted to batteries of unnecessary tests or to be told they were just getting old. Experts in the polio field believe that many of the patients were unjustly put down as hypochondriacs or neurotics.

And then, "a TV program scared the hell out of people," Fischer said, referring to a 1980 segment of NBC's *Prime Time Saturday*, marking the 25th anniversary of polio vaccine. Fischer said a "back to braces"-type remark in the otherwise excellent program set off alarms in patients experiencing new and undefined symptoms.

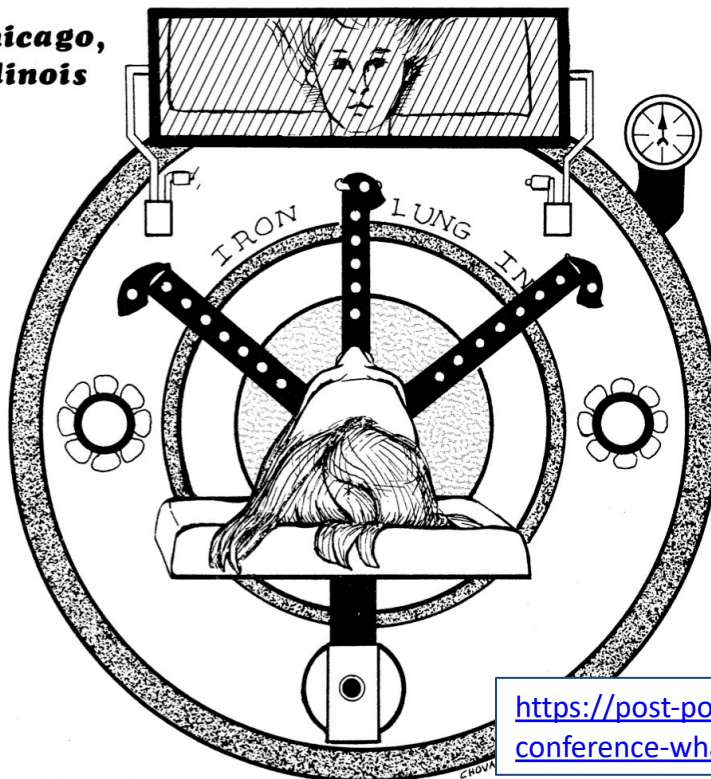
But the program also prompted a few medical conferences, Fischer continued, and out of the conferences came the *Handbook on the Late Effects of Poliomyelitis for Physicians and Survivors*.

1980-81

proceedings of an international symposium

What Ever Happened to the Polio Patient ?

Chicago,
Illinois



<https://post-polio.org/1981/05/11/1981-first-conference-whatever-happened-to-the-polio-patient/>

Sponsors:

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Care for Life, Rehabilitation Gazette**

1980-81

POLIO SURVIVORS

Victims of epidemic feel old, abandoned

By DONALD GRANT

It's been 28 years since the last poliomyelitis epidemic in Canada, and 26 years since Dr. Jonas E. Salk's vaccine was declared "safe, effective and potent."

Now, the victims of that epidemic — "old polioes" as they call themselves — believe they've been abandoned, leaving them feeling vulnerable and alone.

Their once youthful bodies, paralyzed in the early 1950s by the dreaded virus, are now in their late 30s and 40s, but aging faster than normal bodies. Some old polioes compare their middle-age bodies to those of normal people in their 60s and 70s.

For many, this is causing as much fear as contacting polio again.

Old polioes believe no one understands them. Their old family doctors, nurses and physiotherapists are long retired, and they think that to today's medical people, polio is just a virus out of a textbook.

The polio caseload around the world has virtually disappeared. In Ontario, for example, there have been no cases in the last 10 years. And along with the cases have gone the financial, health and service links with polio survivors.

Even in Manitoba, with seemingly the best follow-up programs, a survey last year showed 60 per cent of old polioes living in the community were out of touch with rehabilitation networks and were unaware of modern technical aids.

A Toronto spokesman for the March of Dimes — the financial wing of the Rehabilitation Foundation for the Disabled — admitted just becoming aware of the old polioes' problems and indicated a study is being prepared.

One polio victim, Audrey King, a 38-year-old psychologist, uses words like "abandoned" or "forgotten". She has been paralyzed for 29 years and can use only her right arm, from the elbow down, and a weak left hand.

She said many "old polioes" have shut themselves away; some have been house-bound all these years, cared for by a spouse or parent.

Some have stayed in the mainstream of life, ignoring their disability as much as possible, she said, but they too are backed by a close relative. Those relatives are now well into their 70s, and perhaps 80s.

Another old polio, Nancy Skinner, said victims' greatest fear is aging. She spoke of the reluctance of quitting a full-time job when the body can no

longer cope. And about the emotional drain, not this time of a child of 9, but of a woman of 43.

These women are not complainers, far from it. They're bright, intelligent women who have lived a life-time with their disability and have succeeded.

Miss King, once considered so maimed by polio she was refused admittance to a school for handicapped children, has been working at the Ontario Crippled Children's Centre since 1968.

Miss Skinner, braced under the arms to the waist, and paralyzed from the waist down, has been a support coordinator for the March of Dimes in the London, Ont., area since 1974.

The plight of polio survivors came to the fore after a television documentary a year ago.

"Immediately afterwards doctors were swamped with phone calls," Miss King said. "Studies were suggested. People were writing back to the original polio centres like Warm Springs, Georgia, and the Sister Kenny Institute.

"They were saying that as soon as the vaccine was out, we were abandoned. No more polio. No more us."

Now the two women want the March of Dimes or some other agency to hold a Canadian conference for polio survivors, a conference also geared to the medical and para-medical.

"Now to these people, in their late 30s and early 40s, it's like getting polio again," Miss King said. "There's lots of fear. They can't walk long distances any more. They don't have the strength. They go from a cane to a wheelchair, from a push wheelchair to a power wheelchair."

Miss Skinner said "we have to prove ourselves all the time. It was drummed into our heads in rehabilitation," to be independent in all modes of living."

In the last three decades, she said polio survivors were "made to feel guilty if we didn't achieve or didn't attempt to achieve."

After 25 years of working fulltime, Miss Skinner said "my body reserves are really giving out on me. I've had to give up my full-time job. It was a terrible decision for me to make. I still have a problem coping with that but I'm beginning to feel much better."

Miss Skinner feels the fact that agencies can't locate old polioes "says a lot for us. We've assimilated tremendously well into the mainstream.



Donald Grant

Audrey King: What has happened to all the support systems?

We're a high profile ambitious bunch."

This March of Dimes official feels that a Canadian conference, geared to the medical and para-medical people, would be helpful to polio survivors.

Andria Spindel, executive director of the March of Dimes in Toronto, said there has been a "resurrection" of polio survivor problems and "now people are looking at creating a study" on the issue.

Globe & Mail, Nov. 23, 1981, p. 16

FOLLOW-UP

Polio's forgotten victims

In the summer of 1953 scores of Winnipeg families fled to the countryside, hoping to escape the polio wave that was terrorizing the city. When the epidemic subsided in October, 2,300 people had been stricken by the crippling disease, 89 of whom died. It was the highest case incidence ever recorded

in a large North American city. Then the availability of the Salk polio vaccine two years after the Winnipeg outbreak largely removed the threat of the killer disease, and the plight of its victims has been largely forgotten. Now, 30 years later, two Winnipeg doctors, John Alcock, 62, and Joseph Kaufert, 40, have,

with the aid of a \$70,000 federal grant, conducted the first comprehensive follow-up—of 530 victims—to determine how the paralyzing disease affected their lives.

For most of the surviving victims who suffered from varying degrees of paralysis, learning to take care of themselves in a premedicare society in which there were no consumer advocacy groups for the disabled was difficult. For the victims who turned to relatives for help, Manitoba established its first home-care services department, and bioengineers quickly devised motorized wheelchairs and portable respirators. About 90 per cent of the victims who responded to the doctors' study recovered enough to lead productive lives. One, Robert Dunfield, 35, is a federal taxation official in British Columbia, while another, David Steen, 37, whose arms are still paralysed, is a senior civil servant in the Manitoba government. Steen, who was six when he was stricken by the disease, has had a car modified with special foot controls so he can travel throughout the province. Medical engineers have mounted foot controls on the iron lung in which he sleeps so that he can open and close it himself.

Roughly 17 per cent of the 186 victims with acute respiratory problems who responded to an earlier study by the doctors needed permanent respirators, confining them to life in hospital. But most have refused to allow the tragedy to mar their lives and they have set up small businesses selling cosmetics, jewelry and lottery tickets from their hospital beds. One innovative patient, Betty Banister, 56, has spent the past 30 years in the Winnipeg Municipal Hospital. Banister, who had two small children when polio struck in 1953, has written a book about her experience. Called *Trapped*, it has sold about 7,000 copies. Says Banister, who also earns money by selling her oil paintings: "We are living proof that hope springs eternal."

Because many of the polio victims of the 1950s are now middle-aged, their needs are changing. "Parents and spouses or other relatives may be too old to help as they once did," says Alcock, the medical director of the Winnipeg Municipal Hospital, where 19 of the victims live. Alcock and Kaufert want to determine what aging problems are unique to polio victims so that provisions can be made for their future care. Says Kaufert: "Rather than rehospitalizing a lot of people when their families become too old to help them, we should be planning ahead, perhaps for more residences for the polio-handicapped or for any other large group of handicapped people, such as those disabled in wars." —PETER CARLYLE GORDGE
in Winnipeg.

Disability and the Aging Process: A Longitudinal Follow-up Study of Poliomyelitis Patients in Manitoba



Final Report to the National Health Research
Development Program, Health and Welfare Canada

(Grant No. 6607-1241-26)

by

Joseph M. Kaufert, PhD

Department of Social and Preventive Medicine

Faculty of Medicine

University of Manitoba

1984

<http://www.polioplace.org/history/collection/selected-materials-phi>

Maclean's, March 28, 1983, p. 8b

1983

Polio terror ruled a city

WINNIPEG — June, 1963. Thirty years ago. The city was wallowing in the joys of June — a celebration of pageantry and patriotism shared around the world for Queen Elizabeth's coronation.

In Winnipeg, 29 "coronation" babies were born June 2, the big day. Elizabeth and Philip were favorite names in maternity wards across the land.

The mood was infectious. Troops marched, children planted trees, newspapers dripped with adulation.

But scarcely noted among the headlines — and already causing concern in hospitals across the nation — was news of a grimmer sort.

For millions old enough to remember, one word tells the story: Polio.

By June 27, 131 cases had been recorded in Whitehorse. To that date, the figures were the worst in Canada.

A paralyzing fear

Soon, the nation's mood would plunge from festive to fear.

Nowhere would it be worse than in Winnipeg.

Cause of the terror was poliomyelitis, a viral infection that attacks nerve cells controlling the body's voluntary muscles and often paralyses arms and legs.

Muscles of the chest and diaphragm can be affected to the point at which a victim can't breathe voluntarily and must be placed in a culvert-like iron lung.

Martha Smith, then just 22, was in the prime of life, with her loving husband Charles and 7½-month-old baby boy, Donald Wayne.

In that summer of fear Martha and the baby both contracted the disease.

In September she was admitted to King George V Hospital.

Thirty years later, she's still there — a permanent, paralysed resident of the hospital she calls home.

In Manitoba the first cases showed up in June, and by the time the epidemic waned over 2,300 were reported. The toll was higher than in populous Ontario, where 2,259 people were stricken.

Statistically, the province suffered

By PETER CARLYLE-GORDGE
Special to The Sun

Dr. John Alcock, now medical director at King George Hospital, was 32.

"Things were so critical that we sometimes weren't sure if a new patient would arrive before the new respirator we'd ordered for him," Alcock recalls.

His saddest memories are of pregnant women who came down with polio.

"Some even gave birth while in artificial respirators. We had at least nine pregnant women admitted and some died, while others gave birth to dead babies. It was tragic."

The hospital staff ballooned to 750, with another 500 volunteers as backup, and even at that the staff could only manage a half-day off every two weeks. They rarely saw their families.

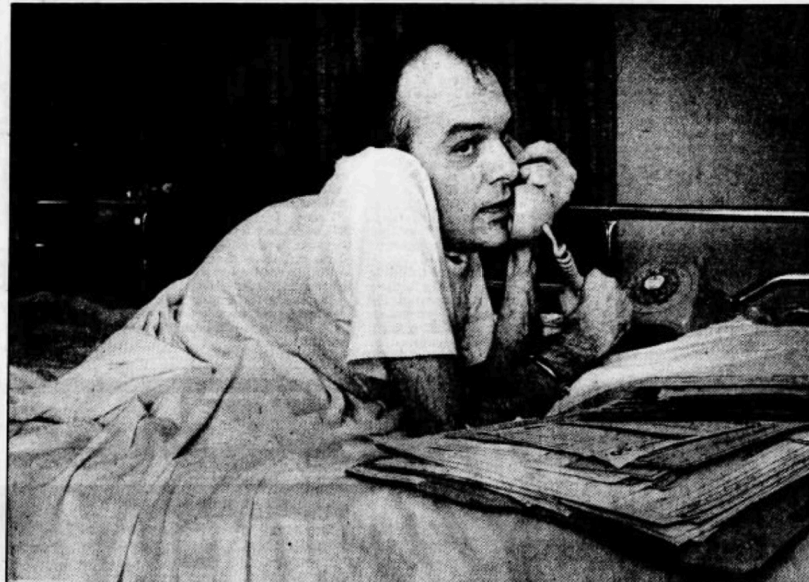
As more equipment arrived, corridors became crowded and patients were sometimes five or six to a room.

Because so many children were affected a classroom and school programs were established to help them keep up their grades through the slow recovery process.

There was no medicare, so those who could afford it rushed to private insurance programs like Blue Cross to buy polio insurance. Although insurance provided \$2,000 to \$4,000 for victims, many couldn't afford the premiums and the provincial government agreed to provide free hospital care to indigent patients and to other patients after 40 days in hospital. It was one of Canada's first examples of medicare.

Death preferred

As patients began being discharged to make way for new admissions the province set up one of the country's first home care systems.



LES WATSON . . . "I don't think people really think about polio any more. People just take it for granted."

Vaccination still fought by some

In 1953, at the height of the polio outbreak in Canada, there were 8,574 documented cases of the disease in Canada. That year alone, 401 persons died. Seven hundred and eighty-seven of those cases — and 26 deaths — occurred in B.C.

The following year, Dr. Jonas Salk of the U.S. developed the first safe and effective anti-polio vaccination. Mass immunization programs followed and, in 1955, the Sabin oral vaccine was introduced. By 1960, the disease was all but eradicated.

Many of those stricken recovered completely. Others suffered severe paralysis and respiratory failure and did not live out the decade. Others married and held jobs. Many never left the hospital.

Today, about a dozen acute polio patients still live in Pearson Hospital in Vancouver, built in 1955 to house B.C.'s polio victims. They are a quiet, forgotten testimony to a long-ago tragedy.

It took a minor outbreak to jolt B.C. back to the reality of polio.

In the summer of 1978, a 26-year-old mushroom farmer from Chilliwack was stricken with partial paralysis after catching polio from a 17-year-old visitor from Holland. Both the victim and the carrier were members of the Dutch Reformed Church and had religious beliefs contrary to vaccination. The victim was one of

several sect members in B.C., Alberta and Ontario who contracted the disease that summer.

The incident reawakened a sleeping public. There was a cry for an annual public awareness program and move to increase the rate of voluntary immunization. Some lobbyists even called for mandatory immunization of all children and immigrants.

There is no law in B.C. requiring that a person be vaccinated for polio, although legislation to control polio and other communicable diseases does exist in Ontario, New Brunswick and all U.S. states.

In 1982, the Vancouver school board made it mandatory for all kindergarten and Grade 1 students to show proof of immunization as a condition of enrolment. Other school districts have yet to follow suit.

Polio vaccine is administered six times to each individual. The first group — called the primary series — is administered by a public health nurse or family physician and given to an infant at the age of two months, four months, six months and 18 months.

Boosters are administered in Grades 1 and 9 largely through the school system.

According to Ian Smith of the provincial health ministry, about 35,000 Grade 1 students in

B.C. completed the required sequence in 1981. The figure represents an immunization rate of 90 per cent at that level.

Smith said the rate is steadily increasing but there are no plans to make immunization mandatory. He said public awareness and delivery of the service by schools and public health officials have maintained the high percentage.

Dr. Mario Seraglia, a Vancouver internist who works with Pearson's polio patients, said that even though the public "has spurts of good intentions" — as evidenced by reaction to the 1978 outbreak — there remains an ignorance about forgotten diseases like polio.

Polio victims have their own perspective about the importance of immunization.

Joy Kjellbott, 40, of Vancouver was stricken in 1953. Today, she uses both a wheelchair and a respirator.

"People say it can't happen. That is the problem. Why put that burden on the child? I remember, as a kid, I never really thought I would come out of it."

Les Watson, 35, of Vancouver was four years old when he got polio. He, too, is confined to a wheelchair.

"I don't think people really think about polio any more. People just take it for granted that it's gone, defunct. But no disease ever is."

Post-polio registry will study after effects

PICKERING — Residents of Durham Region who had polio in their youth and are now concerned about the disease's long-range effects are being asked to submit their names to the Ontario Post-Polio Registry.

Lyla Swanton, the Ontario March of

Dimes representative serving this area, says the group will not be asking people a lot of personal information. However, she adds, no one knows how many people in Ontario contracted polio and what problems may now be emerging as a result of the disease.

Those who suffered from polio and are interested in being included in the registry should submit their names and that of their family doctor to the Ontario Post-Polio Registry, Ontario March of Dimes, 90 Thorncliffe Park Dr., Toronto, Ont., M4H 1M5.

Toronto Star, Nov. 22, 1983, p. G27

1984

SCOTT YOUNG

NEIL AND ME



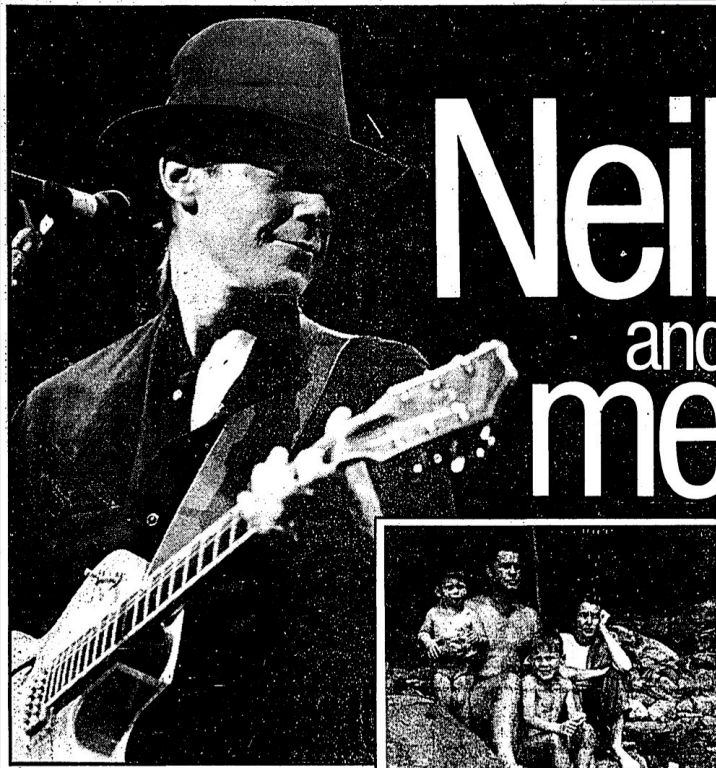
CHAPTER THREE

Polio Was a Killer – and Neil Had It

You have to be a certain age to remember the polio epidemic in the late summer of 1951, before there was Salk vaccine to control the disease. In Omemece, as elsewhere in Canada, the headlines every day gave the statistics, usually using the phrase "infantile paralysis" because the killer disease most often struck the young. News reports explained the different types. One form could kill a person in a few hours. Another could result in paralysis and leave a person crippled for life. People that August stayed away from fairs and exhibitions and were urged to avoid mingling in crowds anywhere. In cities the ultra-cautious walked instead of taking streetcars, and kept their distance from everyone else. City or country, the fearful woke in the night wondering if that back pain was the polio back pain, or that sore throat was the polio sore throat. There was, however, no polio in Omemece as the summer wore on into early September and the ducks began to flock up on the lake and partridges in farm wood lots began to feed in late afternoons under the apple and hawthorn trees.

Then Omemece did have its first case, and ten days later in September I went up to my third-floor study and wrote something, not for sale, but just so I would remember. It sat in my files for nearly thirty years, unpublished. Here it is, exactly as written in 1951:

The night that polio first made my younger son groan sleepily in his bed, I was reading. It was past one o'clock and I was the only one awake in the house. I waited for a minute or two after the first sound I heard from Neil's room. He seemed to be mumbbling to himself. I got out of bed, trying not to disturb my wife, and opened his door. In the dim light that shone across the hall from



Neil and me



Neil Young in concert in Toronto last September (top left); (above) in 1948 with his parents, Scott and Rassy, and his big brother, Bob, at Lake of Bays; (top right) in 1950.



marks in school and playing a lot of golf. At that time, he wanted to finish school, go to the Ontario Agricultural College in Guelph, Ont., and learn to be a farmer.

The wave (of rough, exciting music pioneered by Elvis Presley) began to hit Neil hard only after he and his mother drove to their new home in Winnipeg in the late summer of 1960. At the time he'd never owned an electric guitar, just that first ukulele, then a banjo uke, then an acoustic guitar that his brother Bob called "rather uncertain in tone." But when he went to my old Winnipeg high school, Kelvin, even to the class of my old teacher, Clarence Kerr, the music began. "There was a kid in my class who had an electric guitar," Neil told me much later. "There was another kid who didn't have a guitar, but he wanted to. The first one had a good guitar and also an amp. So I got a guitar and would plug into his amp. Then my other friend, Ken Kobun, got a guitar, a bass. And we started playing, you know..." We just started.

(Neil) and some friends formed a group called the Squires, which gradually became popular in Winnipeg. Some time in there, the group's amplifier blew up, an event that will strike a responsive chord (pardon me) among people familiar with the earliest Neil Young folklore. Years later, I was asked if I'd been disappointed that Neil chose music as a career. I was as-

See The roundup /E5.

In the first of two excerpts from Neil and Me, Scott Young's book about his rock-star son, Neil (to be published next month), Scott describes some of Neil's childhood setbacks and early successes.

BY SCOTT YOUNG

YOU HAVE to be a certain age to remember the polio epidemic in the late summer of 1951, before there was Salk vaccine to control the disease. In Omemece, as elsewhere in Canada, the headlines every day gave the statistics, usually using the phrase "infantile paralysis" because the killer disease most often struck the young. . . . City or country, the fearful woke in the night wondering if that back pain was the polio back pain, or that sore throat was the polio sore throat. There was, however, no polio in Omemece as the summer wore on into early September. . . . Then Omemece did have its first case. . . . (Ten days later, Neil contracted the disease and was in the hospital a week before being released to recuperate at home.)

"All of us spent a lot of time in this bedroom" with him, talking. Remember, he was only 5 years old then and his scope of experience was narrow. "Polio is the worst cold there is," he confided to me one day. It was years later before he told me he could still remember sitting in the hospital cot half upright, holding the sides to keep himself there because it hurt his back so much to lie down. But then

he would fall asleep and let go, and when he fell back the pain would waken him again, crying. The first thing he said when we picked him up at the hospital was "I didn't die, did I?"

Apart from (a) foot-pedal organ in Omemece, we had no musical instruments of any kind for much of Neil's childhood. He never asked for any until one day (which he remembers but I do not) when he saw plastic ukuleles in a Pickering store and allowed that he'd like one. We did have a barely passable Seabreeze portable record-player, but our records ran heavily to Sinatra dances, an old set of Thal-kowsky's Fifth cut by Willem Mengelberg and the Amsterdam Symphony in 1911(), Gershwin's Porgy and Bess, Benny Goodman playing Mozart, Fats Waller, Louis Armstrong, Paul Whiteman, Goodman's Sing Sing Sing, Artie Shaw, Clyde McCoy's Sugar Blues and others of that ilk. Still, Neil found something to like because he told me much later: "When you guys used to go out and leave me alone in the house, I used to turn that old Seabreeze record-player up to full volume. I had bought a couple of records the day I got the uke—I'd throw my record around, dancing, and I would have fantasies about winning dance contests. I'd always win them. The place where I won the most dance contests in these fantasies was the old legion hall in Omemece." Which

was probably the only hall he knew at that time. But he got the more current stuff on the radio, going to sleep with his radio tuned to 1050-CHUM, the big Toronto rock station. He told Cameron Crowe in an interview much later, "That's when I really became aware of what was going on in music. I knew that I wanted to play, that I was into it. Maybe by the Chantels, Short Fat Fannie, Elvis Presley, Larry Williams, Chuck Berry, those were the first people I heard. I used to just fall asleep listening to music. I was a real swinger, those weekends I'd stay up late listening to the radio."

(After some turbulent times, Scott Young and Neil's mother, Rassy, separated.) Rassy divorced me two years after our separation and soon Astrid (Mead) and I married, but years later I used to see myself in every miserable bastard who showed up in one of Neil's songs, Ambulance Blues: *I never knew a man Could tell so many lies*

He had a different story For every set of eyes... Jesus, I'd think, is that me? In another song: who is "the great pretender" in Yonder Stands the Slender Me? I Am A Child reminded me of when he was a child and I used to look at him and be afraid that he was too good to be true, that some disaster would happen to him, that God would make me pay for my sin by taking him away. My early upbringing was Presbyterian, which I suppose conditioned me to expect a bill for everything. Don't Be Denied begins, When I was a young boy My mama said to me Your daddy's leavin' home today I think he's gone to stay We packed up all our bags And drove out to Winnipeg...

Thus saying in six lines what took his mother and me a year to more to live, in bitter acrimony. . . . It was only later that I began to wonder what Neil would have become if he had grown up in a happy home, continuing to get fairly good

1984

THE CANADIAN POLIO EXPERIENCE

A Personal Journey through the Past

Christopher J. Rutty

“Polio is the worst cold there is.”¹ So confided five-year-old Neil Young to his father, Scott Young, after encountering polio in Omemee, Ontario, in the late summer of 1951. Reading the personal polio story of Canadian music icon Neil Young, as told by his father in his 1984 *Neil and Me* dual biography, was the beginning of my personal polio story. Yet my story is not like those collected by Sally Aitken, Helen D’Orazio, and Stewart Valin in their *Walking Fingers: The Story of Polio and Those Who Lived with It*,² two of which are reprinted here. I never got polio, nor did anyone close to me, but it has clearly had a powerful effect on my life as a historian.

As a means of providing some historical context about the Canadian polio experience, but rather than simply writing a summary of the main elements of the epidemic and early vaccine eras, and in keeping with the flavour of the *Walking Fingers* extracts, I thought a personal approach would be more appropriate. I was also inspired by Michael Bliss’s confessional article in the premier issue of this journal about how he arrived at being a medical historian.³ Moreover, there are several recent summaries of the Canadian polio story available in print—including the *Walking*

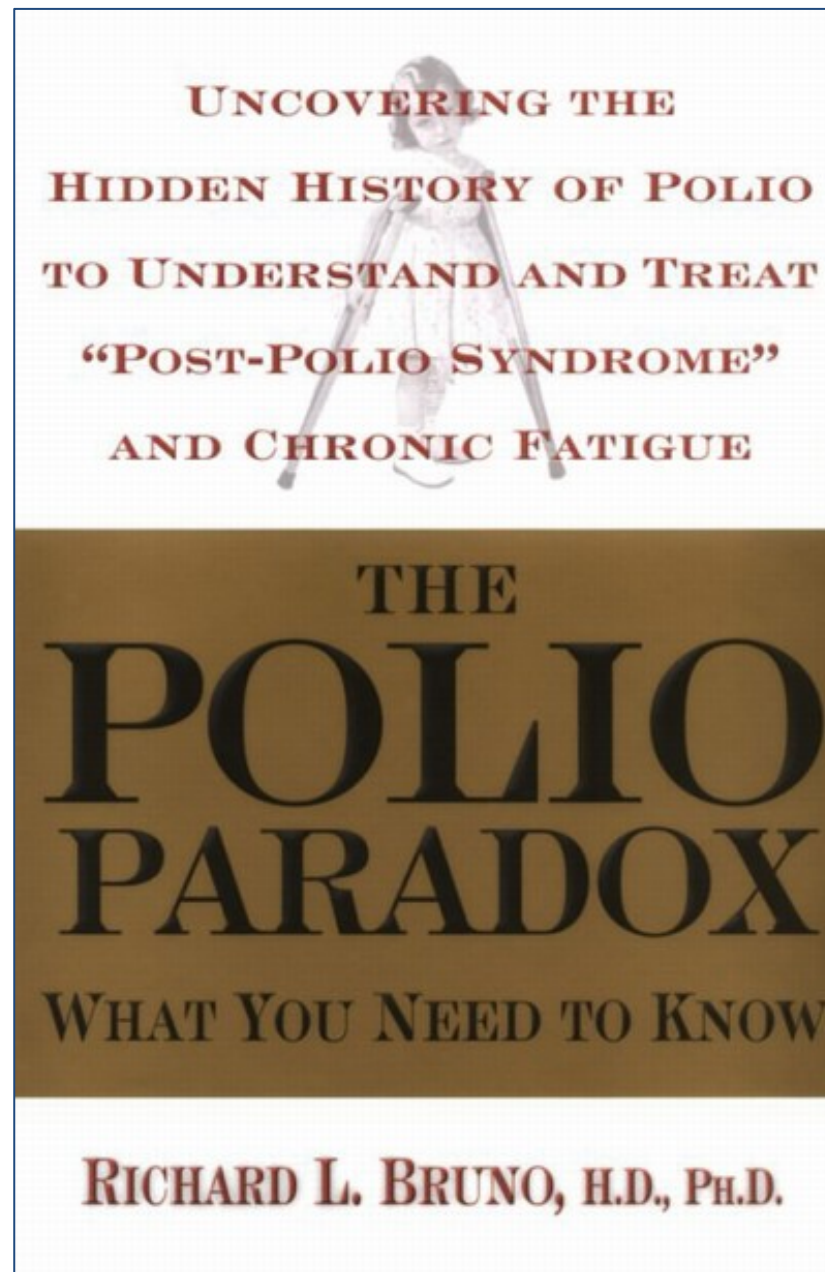
60

Ars Medica, Spring 2005

1985



1985



1986



Post-polio syndrome: The sequel

Medium:
Television

Program:
The Journal

Broadcast Date:
March 10, 1986

Guest(s):
Alan Goldburn, Roger Goldstein, Elsie Sample

Host:
Bill Cameron

Reporter:
Gillian Findlay

Duration:
6:25

The Story [f](#) [t](#) [r](#) [in](#) [✉](#)

Decades after the last Canadian polio outbreak in 1959, a new medical condition revisits polio survivors. Some of these symptoms include extreme fatigue, muscle weakness, muscle and joint pain, and muscular atrophy. Post-polio syndrome (PPS) is a condition that strikes polio survivors anywhere from 10 to 40 years after recovery from the initial attack. Doctors believe PPS is caused by further weakening of the muscles previously damaged by polio. It also seems to occur as a result of healthy muscles deteriorating after years of over-compensating for the damaged muscles. PPS is particularly devastating for those who believed they had polio beat. In severe cases former survivors must once again use an artificial lung, reminiscent of the dreaded iron lung. Like polio itself, there is no known cure for PPS.

<https://www.cbc.ca/player/play/1814515744>

Maclean's, Nov. 3, 1986, p. 68

MEDICINE

Echoes of an epidemic

In 1953 Allan Gouldburn was a 19-year-old clerk for General Motors Canada Ltd. in Oshawa, Ont. On a hot August evening he began to suffer from dizziness and a headache. By nightfall the following day Gouldburn was struggling for breath in hospital, and doctors had confirmed that he was another victim of the poliomyelitis epidemic then sweeping Canada. For the next four months a mechanical breathing apparatus known as an iron lung kept him alive. Then he needed another four months of therapy to alleviate the crippling effects of the viral disease on his upper body and right leg. Still, Gouldburn was eventually able to walk out of hospital convinced, he says, that the disease was behind him. But in 1974 he began experiencing increasing drowsiness. The eventual diagnosis from a specialist who recognized the symptoms: Gouldburn is suffering from physical problems caused by his brush with the disease more than three decades ago—a condition

known as post-polio syndrome. Researchers have not been able to determine the exact cause of the condition. Its sufferers experience such problems as fatigue, sleeplessness, muscle weakness and joint and muscle pain. In Gouldburn's case, he must now wear a ventilating device

Victims of post-polio syndrome experience such problems as fatigue, muscle weakness and joint and muscle pain

at night to help him breathe. For others, it may mean having to use a cane or even a wheelchair in order to move about. Still, many doctors remain unaware that polio victims are experiencing renewed difficulties. In Toronto, the Ontario March of Dimes and the city's West Park Hospital plan to

open a clinic in November at a cost of \$40,000 a year to diagnose, treat and research the condition. Said Dr. Roger Goldstein, the hospital's director of respiratory medicine: "The clinic is the first of its kind in Canada, and we hope to shed some new light on this syndrome."

Canada's polio epidemic killed at least 481 people and left more than 6,000 with varying degrees of paralysis. Health authorities throughout Canada and the United States fought desperately to halt the spread of the infectious disease, even imposing quarantines on entire towns in their efforts. Then, in 1954 U.S. researcher Dr. Jonas Salk developed an effective vaccine and, as it became widely available, polio's reign of terror came to an end. But the Salk vaccine was too late for thousands of North Americans who had already contracted the disease. Many, like Gouldburn, recovered to live relatively normal lives after months or years of rigorous physical therapy. But within the past five years doctors across the continent have been encountering increased numbers of patients suffering from post-polio syndrome.

Most researchers say that they doubted that a virus which had remained dormant for 30 years might

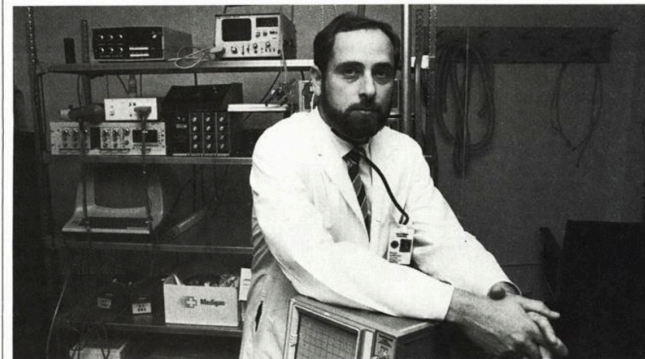
now resurface. And in a continuing study which began in 1983, scientists at the U.S. National Institutes of Health in Bethesda, Md., found no signs of the virus in tests involving 15 victims. Said

ter with polio is the most likely cause of many problems associated with the syndrome. He noted that the polio virus often destroyed nerve cells that activate leg, arm and lung muscles, causing

said that such nerve cells may now be degenerating or prematurely aging because they have been overextended and overworked.

But at the same time, advances in physiotherapy mean that survivors of the 1950s polio epidemic need not fear a complete physical collapse. For one thing, such rehabilitation specialists as Edmonton's Dr. Rubin Feldman have developed regimens of strictly limited exercises designed to help polio victims maintain—and increase—their strength. Indeed, Goldstein maintains that the gruelling workouts popular in the 1950s probably did more harm than good. For his part, Gouldburn adheres to a light 40-minute workout each day featuring aerobic exercises designed to help him breathe more easily. Said Gouldburn: "I haven't been in this good shape in years." He is doing what he can to alleviate his condition. But Goldstein says that many other polio victims may still not know that they can get specialized help to combat the return of an old enemy.

—JUNE ROGERS in Toronto



Goldstein: 'It is very unlikely that the poliomyelitis virus from the 1950s has been reactivated'

Goldstein: "It is very unlikely that the virus from the 1950s has become reactivated." Instead Goldstein, for one, said that he believes physical damage suffered during a patient's initial encoun-

paralysis and respiratory failure. In many cases, unaffected nerve cells in those areas developed new branches to serve the weakened muscles, and the victim recovered. However, Goldstein

BRIAN WILKIE/MAGAZINES

Paul Martin leads March of Dimes

Former health minister cites childhood **polio** for personal effort

By Peter Edwards
Toronto Star

Paul Martin was Canada's health minister when he got the alarming phone call. His wife called his Ottawa office to tell him their son, Paul Jr., had **polio**.

For **Martin**, 83, honorary chairman of this year's Ontario March of Dimes campaign, **polio** has a very personal meaning. He, too, had been bedridden with the disease as a young child and bore its scars into adult life — slightly deformed knees and a partly paralyzed upper body.

Martin rushed back to Windsor that day in 1953 to see his son in hospital, quarantined behind a glass partition.

"It was . . . a shock but also an inspiration and a spurring on to do something," said **Martin**, who was health minister when the federal Liberal government supported the manufacture of Salk vaccine at



Martin

Metro's Connaught Laboratories Ltd.

"I was bedridden for four years," Martin said of his own battle with **polio** that began during the 1903 epidemic. "I was on a wagon and had to be driven around . . . Many died. I was one of the lucky ones."

Martin argues that his story pales compared to many he has heard during his association with the March of Dimes, which aims at giving the physically disabled greater dignity and independence.

And while Paul Martin Jr., now president of Canada Steamship Lines, shook off **polio** with no lasting effects, Paul Sr. marvels at March of Dimes organizers who haven't been so lucky.

The former minister told of how impressed he was after meeting a young Windsor girl with no arms and withered legs who is an excellent public speaker and March of Dimes organizer.

The March of Dimes cushions life's blows with services like vocational rehabilitation, computer training, a network for patients and ex-patients to compare experiences and residential summer camps. This year's campaign goal is \$1.16 million.

Volunteers will be out until Feb. 15, and the campaign wraps up in Metro Feb. 28.



ANDREW STAWCJO/TORONTO STAR

March of Dimes: Salvatore Musso practises using a computer with help from computer co-ordinator Valerie Marta Bourne at the Ontario March of Dimes training centre on Trethewey Drive yesterday. He is learning skills in preparation for a job in data management.

Toronto Star, Jan. 9, 1987 p. A23

1987

THE PLAGUE OF '37

When polio hit Toronto schools stayed closed and 758 lives changed forever

By Leslie Scrivener
Toronto Star

A war to save the children, it was called, and the battle was on the home front. The key defenders were the mothers of Toronto.

Fifty years ago a vicious polio epidemic swept through the city, infecting 758 people, mostly children, and claiming 31 lives. The disease spread with such speed that the board of health took the dramatic and controversial step of delaying school opening six weeks.

In the sad summer of 1937 no children played on the city streets. Healthy children were confined to their backyards and didn't go back to school until after Thanksgiving. Sick children languished in bed for six months to a year.

As many as 34 children a day were infected. Parents were urged to keep their offspring in the country and not return to the city after summer vacation; isolation hospitals were opened and filled with confused and suffering youngsters, many completely paralyzed below the waist.

The outbreak was especially poignant as parents were separated from their very young children for weeks and sometimes months at a time.

"I remember so much going into isolation hospital, it was the old hospital for incurable diseases near the Don Jail," says

Earl Eden, who was six when he was infected. Now he's a father of three, grandfather of five and supplies chalk and tack boards for Toronto schools.

"I'll never forget going up the stairs and seeing the iron lungs by the first door. They were spooky, awful looking things. I stayed there for months and months.

"Our parents weren't allowed in to visit so they'd stand outside on the street and wave up to us or try to send notes up. It was pretty terrifying."

Many children were not told what was wrong with them and couldn't understand why they had to be isolated. "Nobody told me I had anything contagious," says Henry Ford, a Baptist minister, now 60. "Later when I was in a ward with other boys, an older boy explained everything to me."

In many ways the end of the summer of 1937 was not much different from the last days of this summer.

□ Ontario was in an election campaign and Premier Mitch Hepburn was leading the Liberals to what would be a majority government.

□ It had been a summer with a record heat wave.

□ No one could swim at Toronto beaches because the water was polluted by sewage overflow.

□ Traffic near the Canadian See FIFTY/page D2



CITY SCHOOLS WON'T REOPEN TILL SEPT. 13, BOARD DECIDES
-with City Boardman Says Chalk Public Use in Cities T. EPIDEMIC

Survivor of the great polio epidemic of 1937, Earl Eden, above, was 6 when he got the disease (at right in small picture), about the age of grandson he shows quarantine sign to Dolphine Schofield, left, was in final year of nursing when she caught polio and was not allowed to return to the profession on recovery.

UNDAUNTED POLIO VICTIM PRIZE ARTIST WITH TEETH

AYOR CALLS CONFERENCE ON PARALYSIS SITUATION

Polio nightmare returns to haunt victims

By Terry Gilbert
(Herald staff writer)

When polio marched across southern Alberta in the summer of 1952, Margaret Marr, Betty Flock and Norma O'Hare stood in its path.

Now, as they chat in Marr's sun-filled living room, polio is again the topic of conversation. More than three decades later, they are again face to face with the crippling disease.

Like a ghost returned to haunt them, the three are battling post-polio syndrome. The pain-free years are now a memory, energy levels have plummeted and muscles refuse to perform as they did only years ago.

"It seems as if at the time of recovery, the method of recovery was a bit deficient," says Dr. Rubin Feldman, an Edmonton doctor and chairman of the department of physical medicine and rehabilitation at the University of Alberta.

"The muscles that started to function again were not provided with the proper nerve input during recovery and ... years later, it shows up as being a deficit."

Feldman explains that the problems don't show up until there has been a 50-per-cent muscle loss. That level of deterioration takes 20 to 25 years.

O'Hare was 18 and married with a newborn daughter when polio hit the first time. "I was frightened, I thought I was going to die. Forty-five people went to isolation the same week I did and they all died except one other girl and myself."

"They were hauling them in and out so fast ... it was horrible."

O'Hare spent a year at Edmonton's University Hospital, where she was treated with hot packs and some physiotherapy. It was there she met Marr and Flock, both of whom had newborns at home. Of the three, only Flock walked again.

They kept in touch. A few years ago, each began noticing new aches and pains. O'Hare noticed pain in her legs and found herself very susceptible to the cold. "I was damn scared when the pain started. I wondered what the heck was going on. I was very thankful the kids were grown up and I could at least go to bed when I was tired."

Marr says, "I can't depend on my arms any more. If I'm going to pick up the coffee pot, I use two hands."

Adds Flock: "All of a sudden I started going downhill. I have pains in my hands and fingers, I can't undo caps. The curbs got really high."

With a need for information on the new turn polio has taken, they are forming a support group for all survivors of polio.

One of the driving forces behind the group is Reny Houghton, 36, who contracted polio at 18 months. After numerous operations and years in braces, she walked for years without crutches. But about two years ago, her limp worsened and the pain and fatigue set in.

"I'd sit down for a minute and fall asleep."

When Houghton connected her new ailments with her old illness, her first concern was how she would raise her young sons. "I pictured myself in a wheelchair. (I thought) it's like readjusting all over again, it really wasn't fair."

Houghton sought information on her condition and came up empty. "It was pretty scary."

The Calgary group will be affiliated with the Post Polio Awareness and Support Society started in Victoria in 1986. In a telephone interview, president Rheta Davidson said the group has more than 700 members and "is growing daily."

Davidson became aware of new aches and pains in 1981. She spent five years searching for an explanation; post-polio syndrome was finally diagnosed in 1986.

"(Doctors) just scoffed at there being any link between polio and my current problems. The implication is that it is all in your head. You think of every dreadful thing."

The support group was formed to provide information for both polio survivors and the medical community. It has a library of information on post-polio syndrome and on practical concerns, such as transportation and how to get groceries delivered. A sympathetic ear is offered through meetings and a buddy system.

Davidson, who estimates there are 75,000 polio survivors in Canada, said initial estimates indicated about 20 per cent of polio survivors would develop the syndrome. But research out of California indicates all survivors could be affected to some extent, she said.

Research is now under way to determine the best treatment for post-polio syndrome. The Univer-



Shannon Oatway, Calgary Herald

Reny Houghton, seen here with son Jamie, 9, is a driving force behind support group for polio survivors

sity of British Columbia is planning a clinical trial to determine if a conditioning program can help the survivors.

Feldman, at the University of Alberta, said a program of non-fatiguing strengthening exercises looks promising. Twenty patients have been through a three to six-month program of supervised physiotherapy. Fifty per cent of the muscles remained at the level they started at, and 50 per cent of the muscles showed improvement.

"If you consider that if you do nothing, there's a continuing deterioration over time, the fact we've been able to stop this deterioration in half (the muscles) and improve function in the other half is very exciting," Feldman said.

Information about the support group can be obtained by writing Houghton at 152 Dovertree Place S.E., T2B 2K3.

Booster shots still advised

(Herald staff writer)

Alberta has not seen a new case of polio since 1979, but health officials warn against becoming complacent about vaccine booster shots.

Travellers to developing nations "are strongly advised to get their boosters," said Dr. Lorna Medd, Calgary's deputy medical officer of health.

Medd said that in 1985 a California woman lost the use of her right leg to polio after travelling in Nepal and Burma. In Finland, where 90 per cent of the population is immunized against polio, a number of individual cases of paralytic polio were reported in 1984.

Booster shots should be updated every 10 years.

In Third World countries, polio strikes 220,000 children each year. The Rotary Foundation of Rotary International is seeking to raise \$120 million US over five years to immunize children in those countries, said Dawn Fairbairn, chairman of the PolioPlus Campaign of the Rotary Club of Calgary.

As of last spring, the organization had committed more than \$40 million US for polio immunization in 44 nations. The program is being carried out in connection with the immunization program for measles, tetanus, diphtheria,

whooping cough and tuberculosis by the World Health Organization and UNICEF, Fairbairn said.

The Rotary Foundation first started an immunization program in the Philippines a few years ago. A past-president of the organization, who lived in the Philippines, "was seeing the effects of this polio. It kind of got to him," Fairbairn said.

"We found it was so successful, it had a marked effect on new polio cases." The program then expanded to Peru and from there grew so large the Rotary decided to join forces with an established immunization program.

1988

<http://www.polioplace.org/sites/default/files/files/GiniSpeeches-88.pdf>

1-20-88 / Toronto

NATIONAL CONFERENCE ON THE LATE EFFECTS OF POLIO
Thursday, November 3, 1988 8:30 am

INTERNATIONAL POLIO NETWORK

Gini Laurie

Thank you....I am delighted to be here at this important Canadian polio conference. And, I'm happy to talk about polio and the history of the late effects of polio because I have lived the history.

To give you a quick glimpse of my part in the history of the late effects of polio, let me quote Dr. Frederick Maynard of the University of Michigan in a newspaper interview in 1987. Speaking of our first post-polio conference in 1981, he said, "Gini was the catalyst. If she had not held that first meeting, it is possible we might still not know about these effects. Eventually, we might have noticed that many post-polio people had problems, I guess. But when?"

Of course, I would notice that polio survivors were having problems because I had been working with them so closely as a volunteer since 1949. 10 years in a respiratory polio center, and, since 1958, editing an international journal, the Rehabilitation Gazette, corresponding with survivors all over the world, and creating a "Gazette family." For more than 30 years, the Gazette has been the lifeline of information on polio and the center of that large family of about 40,000 readers in 87 countries.

During the 1970s, I had noticed the increasing incidence of underventilation of long-time ventilator users as well as of those who had been weaned soon after onset. I had so many calls that I kept a list of the physicians who had been medical directors of the former respiratory polio centers by my phone for referral. But it was not until 1979 that I realized nonrespiratory survivors were having problems too. That year I published a letter from a survivor who was having problems with weakness, pain, and fatigue and even more problems with physicians who were untrained in polio. The letter caused a flood of letters from others with the same problems.

Therefore, it seemed the first step was to educate physicians. How to do that? I consulted some of my special physician friends - Dr. Robert Eiben of Cleveland Metropolitan General, Dr. Allen Goldberg of Children's Memorial Hospital in Chicago, and Dr. David Dickinson at the University of Michigan, who introduced me to Dr. Frederick

1 - Toronto - 11-3-88

Polio diagnosed in Metro baby is first Ontario case since 1979

BY LAWRENCE SURTEES

The Globe and Mail

A 9-month-old Metro Toronto baby has been found to have the first case of polio in Ontario in 10 years.

The baby, who lives in Scarborough and whose identity has not been released, came down with the symptoms late last July despite having received polio vaccination shots at 3, 4 and 6 months of age.

Laboratory results in November confirmed the diagnosis of paralytic poliomyelitis, the first case in the province since 1979, public health experts say. The disease, which causes meningitis and paralysis, strikes mainly children and occurs predominantly in areas of the world that have poor sanitation.

Health officials are anxious to assure the public that there is no problem with the polio vaccine, which is made by Connaught Laboratories Ltd. of Toronto.

"The case is extremely rare because the baby did not respond to the vaccination, which partly accounts for his illness," Dr. Zofia Davison, associate medical officer of health at the Scarborough city health unit, said yesterday.

Concerns have been raised about vaccines that use live virus to inoculate people, but injectable polio vaccines use dead virus and "cannot cause the illness due to a reaction," Dr. Davison said. "It is a very safe vaccine."

It was Dr. Davison who reported the case to provincial health officials, who then conducted in-depth laboratory studies to confirm the diagnosis and the cause of the ill-

ness. Experts at the Laboratory Centre for Disease Control at the federal Department of Health and Welfare in Ottawa confirmed the provincial findings in the recent issue of the Canada Diseases Weekly Report.

The polio vaccine consists of three types of polio virus. Lab analysis shows that the baby had very weak antibodies to two of the virus types, meaning that the child's immune system did not respond well to the inoculation.

"No vaccine is 100 per cent effective, which seems to be the case here," Dr. Davison said.

About 2 per cent of the population does not have strong immune responses to the polio vaccine, which means they will not be adequately protected against the disease, said Dr. Luis Barreto, associate medical director at Connaught.

He said the company has reviewed and analyzed its polio vaccine production and has not found any problems.

Dr. Davison said public-health investigators believe the baby contracted polio either from family members or from visitors to the family's apartment. She said the family is from the East Indies, an area where polio is still widely found, and has had many contacts with people who have recently visited the East Indies.

"There are two messages from this case," Dr. Davison said. "First, that because the virus is still out there, children still need to be vaccinated against the disease. And second, that adults still need to be protected against polio with booster shots every 10 years."

Dr. Davison said the baby is recovering well.

Globe & Mail, Jan. 17, 1989, p. A15

Keep **polio** vaccine to immunize babies, health centres told

By Lisa Wright Toronto Star

Most public health departments have enough **polio vaccine** to last until the next batch arrives, at least for babies who desperately need it, the province's chief medical officer of health says.

Dr. Richard Schabas announced this week Ontario will have to change its immunization program for infants and school children because of a shortage of injectable **polio vaccine**.

The province is switching to the oral **polio vaccine** until 1991, and possibly till 1992, after 25 years of using the serum in booster shots, he said.

Ten children are on a waiting list at a medical centre at Sheppard Ave. E. and Whites Rd. in Pickering because it has no **vaccine**, head nurse Sue Pereira said.

Anne Moon, spokesman for the Toronto public health department, said the department is not expecting any problems until the new year.

Dr. Joan McCausland, North York's associate medical officer of health, said that city also has "plenty right now," although future supply is cause for concern.

Connaught Laboratories Ltd. has told the health ministry that production problems will make it impossible over the next two years

to meet Ontario's demand for the **polio** component in the shots, Schabas said.

New production technology is the main reason for recent supply problems, Connaught spokesman Don McKibbin said.

The firm recalled thousands of doses of DPT-P **vaccine** in the spring because the **polio** component was considered too weak, he said.

The **vaccine** also protects against diphtheria, whooping cough and tetanus.

Public health departments and medical centres are being advised to defer booster shots for 4- to 6-year-olds if they run short, Schabas said.

Waiting up to two months for the vaccine would pose no health risk to that age group, he said. Babies run a greater chance of catching life-threatening diseases if they don't get scheduled shots at two months, four months, six months and 18 months, he said.

Another option being considered is convincing Ottawa to allow a company outside Canada to supply the **polio** serum, though it might take too long to get approval, Schabas said.

Connaught, one of the world's best-known **vaccine** producers, is on the verge of being sold.

1991



Ontario March of Dimes Archives

Post-polio syndrome under scrutiny by world experts

Toronto Star, Oct. 27, 1992, p. E5

VANCOUVER (CP) — In the few years before he retired as University of Victoria president, Howard Petch had to nap at lunchtime to make it through the day.

Now 67, Petch had been overcome by a crushing fatigue that no amount of sleep could overcome. It turned out he was suffering the late effects of **polio**, which he had when he was a child.

"I gradually — through being very, very careful — got my energy back and got through the period," he said in an interview. "That was sort of it."

Petch was the organizer of a recent conference in Richmond, B.C., where specialists from around the world discussed how **polio** survivors can be stricken with fatigue, pain and weakness 30 years later.

Post-polio **syndrome** — recognized only a decade ago — damages primary nerves connected to muscles. Much smaller secondary nerves sprout to do their work, but decades later these stand-ins wear out.

People who had polio in mid-century were pushed to exercise their way back to health. Now they learn they should have conserved their strength.

"I know a couple of polio survivors who are extremely athletic," said Petch. "I'm concerned they are overdoing it and will bring on the syndrome sooner than necessary."

Petch got polio in 1925, his first year of life. It looked like

the flu, but his mother noticed he wasn't using his right arm or right leg.

Both limbs were paralyzed by the viral disease, which was all but eradicated in developed countries after the 1956 introduction of Dr. Jonas Salk's vaccine.

Petch said his mother refused to accept that her first-born child would be unable to walk or work, as predicted.

"She would tie my left arm behind me to force me to use my right arm. It was exercise, exercise, exercise, and I had braces and a so-called iron boot."

Gradually, he regained the use of his limbs.

"My right arm was noticeably smaller, but I could do most things with it. By the time I was in my late teens, I was very active physically," he said.

"The late effects of **polio** don't seem to become problematic until about 30 years post-onset," said Dr. Stanley Yarnell, who runs a post-polio clinic in San Francisco.

"If you figure the last folks who got polio probably got it in '56, '57 or '58 at the latest, 30 years down the pike for them is the end of the '80s and the beginning of the '90s."

Yarnell has seen 711 polio survivors since his clinic opened 11 years ago. Their most common symptoms are bone-deep fatigue, musculo-skeletal aches and pains, and weakness.

Other effects include respiratory, urinary and gastrointestinal problems and a heightened sensitivity to cold weather.

1993

BROKEN ARROW

36

HELPLESS

THE 1951 ONTARIO POLIO OUTBREAK; THE NEIL YOUNG CASE

*Polio is the worst cold there is.*¹

Neil Young, age 5.

*There is a town in north Ontario
With dream comfort memory to spare
And in my mind I still need a place to go
All my changes were there.*

*Blue, blue windows behind the stars
Yellow moon on the rise
Big birds flying across the sky
Throwing shadows on our eyes.*

*Leave us helpless, helpless, helpless
Baby can you hear me now
The chains are locked and tied across the door
Baby sing with me somehow...²*

"Helpless" by Neil Young, age 24.

INTRODUCTION

From the perspective of the late 1980's, the disease known as Poliomyelitis seems little but a distant, though somehow fearful memory. To those born after the mid 1950's, polio has not been a major problem since the development and testing of the Polio Vaccine in 1954-55 by Dr. Jonas Salk.³ For those born prior to this time, polio was a much-feared word, often calling forth images not unlike those of the plague during the Middle Ages.⁴

In Canada, there were frequent epidemics of poliomyelitis through the first half of the 20th Century;⁵ the greatest of which occurred in 1937.⁶ There was a fairly concentrated outbreak of polio in Ontario during the late summer and fall of 1951 - the traditional "polio season"⁷ which is of interest for several reasons. For the providence of Ontario this was the last of the major outbreaks (it wasn't an epidemic in the true sense of the word, as compared to the major epidemic of 1937 to which the 1951 statistics often refer);⁸ there was an outbreak in 1952, which on a national scale was more serious than in 1951, particularly in Saskatchewan,⁹ but in Ontario it was less severe than 1951.¹⁰ A further, and perhaps more personal factor in this author's interest in the 1951 Ontario outbreak, is that it involved a very influential and widely respected and successful Canadian musician.¹¹ During the "polio season" of 1951 Neil Young was but 5 years of age, just short of his sixth birthday on November 12, 1951, and while living in the small village of Omenee, just west of Peterborough, became its first victim of polio. His father, the widely known writer Scott Young,¹² wrote a biography of his son in 1984, entitled *Neil And Me*,¹³ which was primarily concerned with Neil's musical career.¹⁴ However, as this was a biography written by the subject's father, a more personal perspective was possible. Shortly after Neil returned from the hospital to recover from the polio attack, his father wrote a short narrative describing the events through which Neil and the Young family lived.¹⁵ This narrative sat in Scott Young's files since 1951, and was finally published, in its entirety in *Neil And Me*, in 1984.

Neil Young's specific case was not, in itself, remarkable, but its documentation gives a valuable account of one case, upon which can be projected some of the larger events of this particular outbreak. Thus

"A GRIM TERROR MORE MENACING, MORE SINISTER THAN DEATH ITSELF"

PHYSICIANS, POLIOMYELITIS AND THE POPULAR PRESS

IN EARLY 20TH-CENTURY ONTARIO

by

CHRISTOPHER JAMES RUTTY

Department of History

Submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

Faculty of Graduate Studies
The University of Western Ontario
London, Ontario
August 1990

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Broken Arrow, 36 (Aug 1989), p. 14

<https://www.sugarmtn.org/ba/>

1993



A history of polio in Canada

Medium:
Television

Program:
Prime Time News

Broadcast Date:
Dec. 7, 1993

The Story     

A look back at the year 1953 when polio last stalked Canada.

<https://www.cbc.ca/player/play/1402909859>



Excellence in Biologicals for a Healthier World

CONTACT

CANADA AWARDS FOR BUSINESS EXCELLENCE
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Connaught Honored for Role in Salk Polio Vaccine Development

On April 5, 1995, **John Sparkes**, as chair of Connaught's Heritage Committee, was at the Parliament Buildings in Ottawa to receive a plaque on behalf of Connaught Laboratories Limited, for its contribution to the development of Salk Polio Vaccine. Connaught was presented with the award by members of the Southern Alberta Post Polio Support Society, who also honored **Dr. Jonas Salk** and the Honorable **Paul Martin Sr.**, for their roles.

When accepting the plaque, **John** told the group that Connaught's polio research began largely after the Second World War, when **Drs. Morgan, Morton and Parker** developed the world's first chemically defined medium to support the growth of



John Sparkes holding the plaque presented to Connaught for its contribution to the development of Salk Polio vaccine.

human and animal cells (Medium 199). In 1952, **Dr. Leone Farreland** and her colleagues used the new medium to grow polio virus and developed the "Toronto" method for culturing virus in much larger quantities. These and other developments at Connaught were essential to the production of a safe and effective vaccine for mass immunization, and were of great interest to **Dr. Salk** and others in the United States.

After successful clinical trials, Salk Vaccine was licensed in 1955, but then tragedy struck. In all, 79 cases of polio were discovered among recipients of Salk Vaccine made in the United States. In May 1955, the US government halted its polio vaccination program amid growing fears that it was unsafe. Canada was under pressure to do the same, but Connaught had already supplied 500,000 doses to Canadians, without any serious adverse event. To his lasting credit, **Paul Martin, Sr.**, then National Minister of Health & Welfare, decided to continue our vaccination program. The eventual success of Connaught's Vaccine restored international confidence in Salk's methods. **Paul Martin's** decision to continue vaccination also earned a great deal of praise from the Americans for the way Canada handled the polio vaccine crisis.

The problem with US Salk vaccine was traced to incomplete inactivation of the

virus at one laboratory. The inactivation process was later modified to ensure that future vaccines were even safer. In his acceptance speech, **Paul Martin Jr.** said that his father was also a post polio survivor and had considered his 1955 decision to be the most important one of his career. **Dr. Salk** could not attend the ceremony, but sent a kind letter of appreciation for the award.

The highlight of the event, for **John**, was meeting the post polio survivors from Alberta, Ontario, and Quebec, most of whom were in wheel chairs. These courageous men and women are concerned that their needs will not be forgotten, now that a vaccine is available. They showed an excellent video about their lives called "Post Polio: Echoes", and they hope to have it shown on national television.

• John Sparkes

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1995



Ontario March of Dimes, *A Most Honourable Legacy* (1999 video)

1995

Living with polio – again

Decades after they thought they'd left childhood polio behind, people are discovering new symptoms of the disease

BY JANICE MAWHINNEY
STAFF REPORTER

CITY-TV reporter David Onley was paralyzed from the neck down when he got polio at age 3.

When he regained the use of most of his muscles and learned to walk with leg braces and a cane, he figured he could put the polio behind him.

Etobicoke librarian Janet Abernethy spent her entire kindergarten year in hospital with polio, completely paralyzed for four months of that time. She walked with a brace for several years, then without assistance. The polio became a distant memory.

Barbara Dowds of Scarborough was 4 years old when she was completely paralyzed from polio in 1949. She regained sensation everywhere except in one leg and has since always walked with crutches. She got on with her life, married and had two children.

These three people have more in common than childhood bouts with polio.

After 25 to 45 years of living happily free of polio, all three became a part of the 60,000 people in Canada in their 40s and older who unexpectedly found they have to live with new symptoms from the late effects of polio.

Only recently discovered, it's not yet clear who will develop post-polio problems

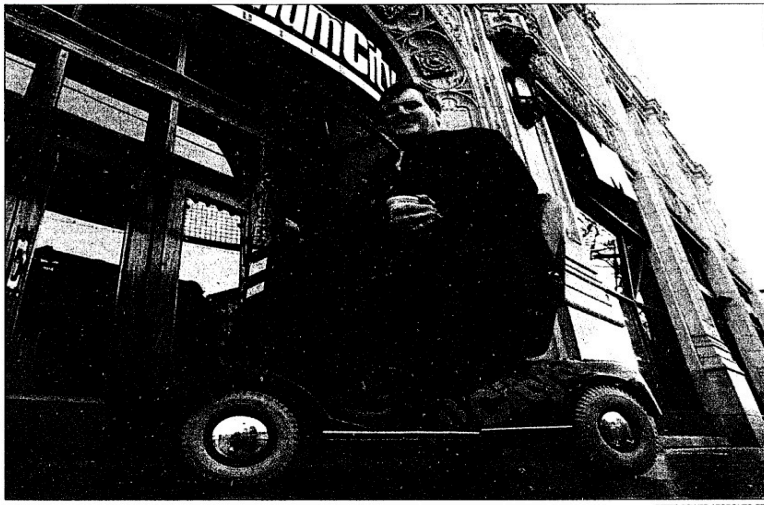
These include joint pain, muscle atrophy, debilitating fatigue, weakness, falls, increased sensitivity to cold, carpal tunnel syndrome, arthritis, knee damage, and possibly breathing and swallowing difficulties.

People who had polio can be twice as sensitive to pain as others, and have nerves that function as if it were 11 Celsius degrees colder than the actual outside temperature. Too much heat can also cause problems.

The number of affected people is growing. Because it has only recently been discovered, it is not yet clear who will get it and who won't. No one can predict the degree of decline in any one individual.

American research suggests that up to 66 per cent of people who once had paralyzing polio and 25 per cent of those who had non-paralyzing polio will develop new symptoms many years later.

"This has only been identi-



ENERGIZED: CITY-TV's David Onley uses vitamins to help improve his strength and energy.



HELP FOR POLIO PATIENTS: West Park Hospital clinic co-ordinator Wendy Malisani watches as Dr. Jose Jimenez performs nerve tests on a patient.

fied and treated in the last 10 years," says Wendy Malisani, director of West Park Hospital's post-polio clinic. "It's silent. It's quiet. You don't hear about it. It's like an unknown problem."

"Not everyone who had polio gets it but it is a bona fide disability, even though the sys-

tem doesn't recognize this. Many of our clients don't have their symptoms acknowledged at their work or by medical professionals and the general community." The clinic's occupational therapist will go to clients' work sites to see what changes can be made, but some people

eventually have to give up their jobs, Malisani says.

Some who have walked for years, end up using wheelchairs. A few even have to use ventilators to breathe at night.

The West Park clinic, located in the city of York near Jane St. and Weston Rd., saw 618 people for assessments last year and had 218 return for treatment. Its staff includes a physical therapist, an occupational therapist, a social worker and a researcher, Jose Jimenez, the clinic doctor, specializes in rehabilitation medicine.

Patients range from a 15-year-old with polio, who came to Canada from a country where polio is still an active virus, to an 83-year-old with post-polio problems.

People often have to struggle because they can't carry the same load at home and at work that they used to, Malisani says.

One client of the clinic, an intensive care nurse, found that in a very short time she had to give up nursing.

Abernethy's first clue that something was wrong was when she had a hard time lifting big reference books in her library job.

Her symptoms multiplied and got worse over the past five years. Now she can't stand more than a minute or so without pain, so she leans on walls and furniture a lot.

She needs almost nine hours sleep a night and has to go home from work each lunch hour for a nap. She can't bear the cold weather and she is very sensitive to pain.

She finds it difficult to walk up stairs or hills and her arms have weakened so much that one arm is no longer useful to

carry things. Overcoming the effects of her childhood polio left her a fiercely independent person and it is now difficult to ask for the help she needs. "I feel as if every single muscle in my body is affected," she says.

Now that she is in her 40s, Abernethy is full of ideas and plans for new projects.

"I'm at a time of my life when I want to spread my wings and fly, but instead I have to pace myself and deal with all these new restrictions. I don't know what the future holds."

'I really hit the energy wall. I thought, Okay, that's it. I just can't do this any more'

"All my plans are on hold while I see where this is taking me and no one knows that. I only hope I can stay awake long enough to do the things I want to do."

There are a number of things people with post-polio symptoms can try and each has been found to help some people but not others. Among effective treatments are warm water exercise, biofeedback and electrical stimulation, acupuncture, and a vitamin regime.

Vitamins have helped David Onley, 45, who uses a scooter when he has to go any distance. He had found his fatigue and weakness worsening

Please see Living, E3

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ILLNESS AFTERMATH: Jeanette Shannon uses a wheelchair due to post-polio syndrome.

Epidemic echo

About 650,000 polio survivors are still alive in North America. And 20 to 40 per cent of them have experienced post-polio syndrome

BY DEBRA BLACK
LIFE WRITER

Jeanette Shannon was in her 40s when she began to have difficulty walking. "My foot started cramping," she explains. "And I had pain in my legs when I walked. I was diagnosed with arthritis, but the aches and pains continued and progressed. I had less energy."

Despite medication, the pain didn't get any better. In fact, she says, it got worse. So she started to exercise, hoping if she built up her muscles, the pain might go away.

That, too, failed and the pain got even more severe. She became progressively fatigued doing even the simplest of things.

No one seemed to know what was wrong.

Then, in the mid-1980s, Shannon's problem was finally diagnosed. She was suffering from post-polio syndrome — like hundreds of thousands of other survivors of the polio epidemics of the 1930s, '40s and '50s.

"I remembered the polio pain and it started to feel like the same pain. This is the pain of my childhood. This is polio."

But it wasn't. It was something different, but equally debilitating. Shannon, the 60-something past-president of the Ontario March of Dimes, contracted polio at age 11 in 1947.

At first, she had a high fever, a headache and a stiff neck and shoulders. Within 24 hours she was in an isolation unit at a Hamilton hospital.

"I was a very young child," she says. "I had never been away from my family before. By accident I was put in a women's ward instead of the children's. I fell asleep. When I woke up in the morning, I remember



EPIDEMIC VICTIM: Jeanette Shannon contracted polio at age 11 in 1947.

throwing up and that's all I remember for weeks."

Shannon would spend the next six months in the isolation ward, totally paralyzed. "I had four-limb paralysis and a twisted body," she recalls. "I had a partial facial paralysis. I was very frightened."

She remained in hospital for close to 2½ years. "It was a horrific time."

"We were the AIDS patients of the '30s, '40s and '50s. People were terrified of polio."

Even after her release, Shannon continued physiotherapy for 10 years. Eventually, she was able to live a normal life, she says. She returned to school, went to work, got married and had three children.

"I danced through my life. The polio was behind me."

Or so she thought. Now, some 50 odd years later, her muscles have burned out. She has to use a wheelchair to get around.

The first case of post-polio syndrome was identified in France in

1875, but it was more than a century later that the medical community finally recognized the seriousness of the problem, says the University of Toronto's Neil Cashman, a scientist and clinician who is an international renowned expert in post-polio syndrome.

Post-polio syndrome is a health problem of epic proportions, says Cashman, who is also associated with Sunnybrook Health Sciences Centre.

In 1952, the biggest year of the polio epidemic, 80,000 cases were diagnosed in North America. In total, 1.8 million North Americans were stricken with polio. Today, about 650,000 polio survivors are still alive. And 20 to 40 per cent of them have experienced post-polio syndrome, experts say.

Polio has been all but eradicated in North and South America since the introduction of the Salk vaccine in 1955, but it can still be found in Asia, Africa and the "emerging democracies."

The United Nations and the Rotary Club are hoping to eradicate polio through mass inoculations in those parts of the world by 2000, but that plan may be overly ambitious, some suggest.

As for post-polio syndrome, it is still not well understood by many. Even some in the medical community aren't sure how to treat it and some even go so far as to suggest it doesn't exist.

Not so, says Cashman. It is a very real medical disorder.

So what's going on? Quite simply, he says, it's not that these survivors are suffering from polio again, but rather the way the body has compensated for polio is failing, and failing big time.

Cashman explains: "When these patients got polio, it invaded the motor neurons, the cells that supply the voluntary muscles."

The disease killed many of these neurons, causing weakness and atrophy. But once polio patients recovered, their bodies began to compensate for the dead neurons.

"The body has some compensatory mechanisms. One of those is the

Please see Polio, F2

Polio survivors may face more pain and fatigue

Continued from F1

remaining healthy neurons are capable of sprouting extra branches. This can partially take over the activity of the dead motor neurons."

But not indefinitely. Eventually, with the passage of time, these extra branches fail, causing a breakdown in communication between nerves and muscles, Cashman says.

This, in turn, causes new weakness, fatigue and lack of endurance in polio survivors.

And that's what many researchers and clinicians believe is happening to Shannon and Barbara Dowds.

Dowds, now in her 50s, got polio when she was 4. She thought it was all past her. Her only memories of the disease are fuzzy, partial snapshots of her illness.

"I spent three weeks in quarantine," she says. "I had temperatures reaching 106 degrees Fahrenheit. I was quite out of it for quite a while. The hospitals were so crowded and the doctor wanted me to have 24-hour care so my mother took care of me."

"These were the days when they put a big quarantine sign on your house. Nobody could come or go or do anything. The milk man would bring milk and leave it at the end of the sidewalk and then my mom would go get it after he drove away."

Eventually, Dowds was admitted to hospital and that's where she stayed for a year. "It was kind of rough when you are 4 years old. I was in a strange place and I only got to see my parents for an hour on Sunday afternoon. Other than that I was with strangers. I was completely paralyzed except for my head."

She recovered mobility in most of her body, although one leg remained paralyzed and she grew up using crutches. She endured many operations and physiotherapy and was in and out of hospital until Grade 8.

She never let it get to her and went on to build what she describes as a "normal life," marrying and having a family.

But by the mid-1970s she started to notice pain and weakness in her good leg if she was doing too much.

"Then those episodes got more frequent," she says. "I was trying to get medical help, but no one really knew anything."

Where to get support

For more information on



DETERMINATION: Barbara Dowds coped with the effects of childhood polio and now budgets her energy to deal with post-polio syndrome.

Then, in 1983, Dowds read an article about an Ontario March of Dimes conference for polio survivors. She discovered she wasn't the only one suffering from fatigue and pain.

Since then, she has learned to manage her disorder. She rests, takes afternoons naps and tries not to tire herself.

"You budget your energy," she explains. "I find now if I wash the dishes, they can sit and dry themselves and then I put them away. If I'm vacuuming, I'll do the living room and then rest. I don't try to do everything at once any more."

"It's a matter of listening to your body, figuring out what I can take and back off a little. You can't sit around and veg. You have to do enough to keep your muscles in good shape, but without overusing them."

That's good advice, says Dr. Richard Bruno, chairperson of the International Post-Polio Task Force and director of the Post-Polio Institute at Englewood Hospital and Medical

Centre in New Jersey. But many polio survivors don't follow it. Bruno and his task force run a North American survey of polio survivors every five years.

He has found that most polio survivors have Type A personalities and are over-achievers. As children and young adults, they worked often eight to 10 hours a day in physiotherapy, exercising their muscles so they could walk again.

As adults, they still perform in exactly the same way, working and exercising always pushing beyond the limits.

Bruno also found, in the task force's 1995 survey of polio survivors, that they seemed to have experienced a high proportion of physical and emotional abuse. Some complained of harsh treatment by medical staff during rehabilitation and others said they were subjected to taunts by friends and strangers alike. This had also left a mark on them.

Consequently, many of them

refuse to slow down or use braces or crutches to help them stave off the progressive weakness of post-polio syndrome.

Truthfully, the only thing that will stop the rapid progression and deterioration is if they slow down, but it's overwork themselves and — if necessary — use crutches, braces or wheelchairs to help them, Bruno says.

But this is "hard for polio survivors," he notes. "You say to them, 'Use a cane' and then they say, 'I'd rather die. I will not go back to that now.'"

"That's because they received bad treatment and they were often abused for being disabled. One patient told me: 'It's like painting a bull's-eye on my chest.'"

Still, there is only one way to stop the fatigue and pain polio survivors experience, Bruno says.

"We have the golden rule for polio survivors: If anything you do causes fatigue, weakness or pain, don't do it or do a lot less of it. It works. The trick is to get people to follow it."

Meanwhile, Cashman and other researchers around the world are looking at some forms of medication that might ease the burnout and fatigue and ease symptoms and deterioration.

But it is too early to tell how successful these treatments will be.



SINGER JONI MITCHELL HAS CRIPPLING POLIO



SINGER Joni Mitchell is confronting her worst nightmare as she bravely battles the crippling symptoms of polio.

Like just about everybody else outside a small band of medical researchers, the honey-voiced legend had believed the disease belonged to the past — the almost forgotten days of her childhood when she was one of 600,000 kids stricken by the sometimes fatal virus that ravaged the country in the 1940s and 50s.

Then doctors introduced the Salk and Sabin vaccines and the illness seemed to vanish. But 51-year-old Joni now knows it never goes away, retreating instead deep within the cells and waiting for the opportunity to inflict its excruciating pain all over again.

Many of the original victims are being struck down for the second time. With more than 125,000 Americans afflicted by what researchers call post-polio syndrome, doctors estimate 60 percent of all survivors will be plunged back into the suffering they endured as children.

Joni's symptoms mimic the original disease, from the mind-numbing fatigue and weakness to painful joints and difficulty breathing and swallowing.

"I had polio at the age of 9," Mitchell reveals at her Bel Air home. "My spine was twisted up like a train wreck. I couldn't walk. I was paralyzed. Forty years later, it comes back with a vengeance.

The disease she beat as a child has come back to haunt her

Like a malevolent ghost from her past, the polio she beat as a child has returned to give Joni Mitchell terrifying visions of spending her remaining years in a wheelchair.

"It's like multiple sclerosis. It means your electrical system burns out and your muscles begin to atrophy. It means impending paraplegia.

"I have to guard my energy. Just like the bunnies in those battery commercials, I'm the one that's about to keel over. I'm not the one that's going and going."

When doctors offered little hope that Joni could ever escape the ravages of the illness, the singer stepped out of the medical mainstream and placed her faith in New Age therapies.

"Basically, what the American Medical Association says is, 'Lie down and die,'" she says. "But over there in Mysteryland, where I've chosen my medical aid, there's hope.

"I'm in the hands of two kinds of occult types who give me energy

transfusions by pointing their fingers at me. I've got this Chinese guy who's trying to address my DNA and tell it that nothing ever happened. Well, maybe he can do it. I give him full faith, because faith is luminous."

While Joni fights the legacy of polio, she must also try to control her well-founded fear of the stalkers who have dogged her from the early days of hits like *Big Yellow Taxi* and *Both Sides Now* to her latest album *Turbulent Indigo*. She's had to employ armed guards at her house which is surrounded by a wall.

"One guy saw me as the gateway to God, the voice of his dead sister, his wife-to-be. He also had really violent necrophiliac fantasies, which he described in detail in writing," she recalls with a shudder.

"Months would go by and nothing would happen. The guards thought I was a neurotic, but they'd leave for 15 minutes and he'd come over the wall, climb up on the roof and start screaming and shaking the windows."

Advertisement

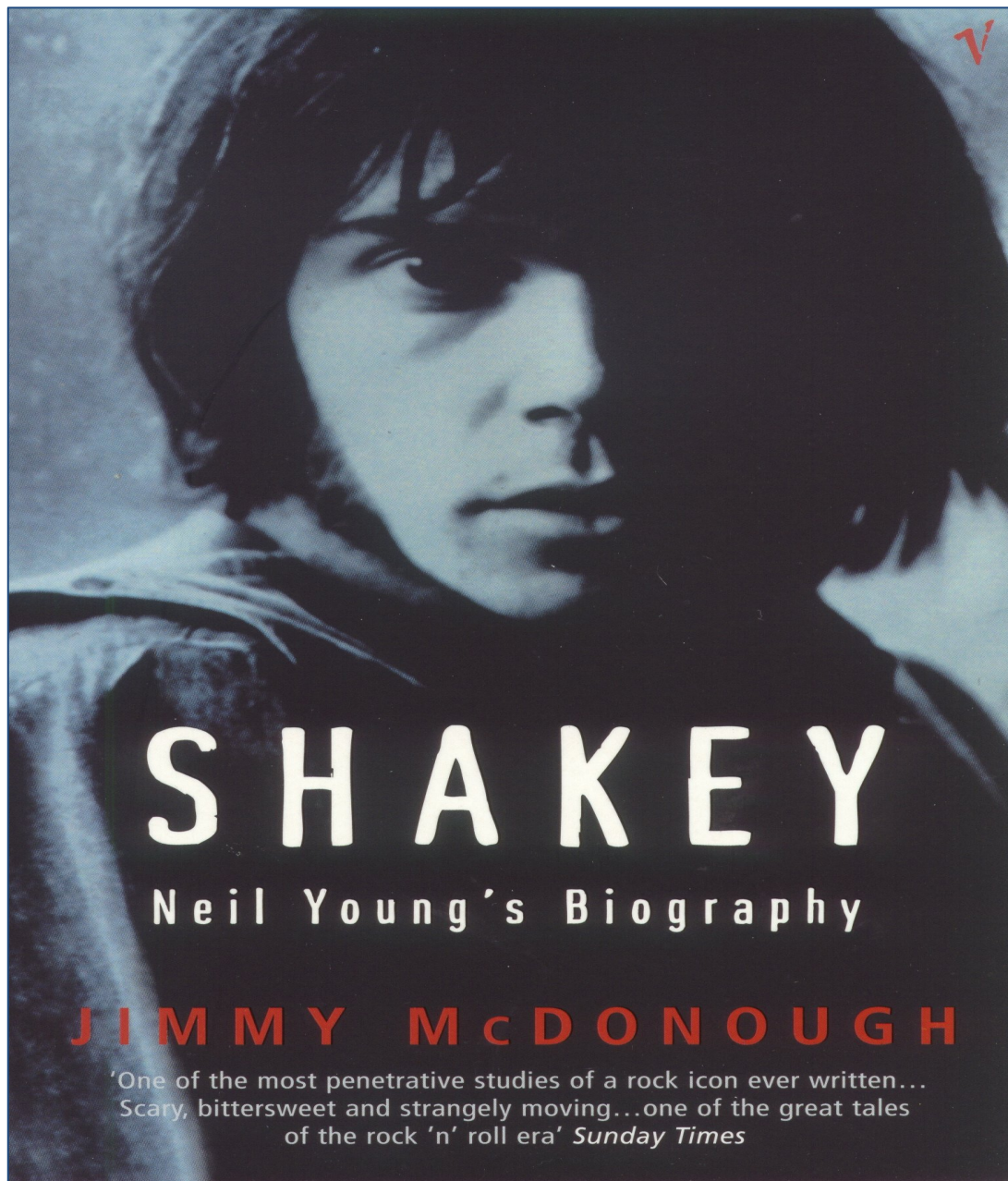
The Star, April 11, 1995

Hearing?

Chicago, Ill.—A free offer of special interest to those who hear but do not understand words has been announced by Beltone. A non-operating model of one of the smallest canal hearing aids in America today will be given absolutely free to anyone requesting it.

It's yours for the asking, so send for it now. It is not a real hearing aid, but it will

1998



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PoliO'Canada

National Polio Survivors Network

Welcome to Polio Canada!

Canada's National Polio Survivors Network

I am so excited to bring you the first issue of *PoliO'Canada* - the official newsletter of Polio Canada®, the National Polio Survivors Network.

Over the last two years, representatives from polio survivor groups and associations across Canada have been working hard to create this new program.

Since its launch in March, 2003, Polio Canada® and its National Polio Survivors Network has been working hard to increase awareness of post-polio syndrome (PPS) in Canada. The organization has especially worked hard to put people in touch with the support they need.

Right now, I'm proud to report that many Polio Canada® member support groups and associations are in place throughout the country. With the strength of polio survivors, Polio Canada® and its member groups, we will become the

leading service provider of education, information and peer support to polio survivors across Canada.

This newsletter is just one of the many services offered by our organization (Please see page 2 for a complete list of Polio Canada®'s services).

In each issue of *PoliO'Canada*, we will bring you the most up-to-date information on the late effects of polio and post-polio syndrome, including news on member organization activities, upcoming events and conferences. *PoliO'Canada* is here for you!

Together we have "Polio Power!"

Elizabeth Lounsbury
Chair
Polio Canada®

160,000 Canadians Had Polio and Most Don't Even Know It!

Anyone who has been dealing with mysterious medical issues involving fatigue, weakness and pain should talk with family and friends about their childhood, and in particular, they should be asking about polio.

It is estimated that there are approximately 160,000 Canadians in Canada who have survived polio; however, most never even knew they had the disease. Today, ironically, some of those same survivors are dealing with the disease's late effects - and they don't even know it.

In the 1980s, medical science confirmed that many survivors of polio will develop post-polio syndrome (PPS) later in life, a

condition with symptoms that include weakness, fatigue, breathing and swallowing problems and muscle atrophy. In fact, it is estimated that up to 50 to 70 per cent of polio survivors may experience the disabling effects of PPS 25 to 45 years after their initial recovery from polio. But many survivors - not knowing that they had polio in the first place - are unable to provide the vital medical history information to their doctors in order to get the proper medical assessment and treatment they need.

Many Canadians who are suffering from fatigue, weakness and pain should be

PoliO'Canada, #1, Spring 2003, p. 1

www.poliocanada.com

Polio survivors losing important services



Helen Henderson

Cruel ironies are never hard to find these days. So perhaps it's not surprising that this month, which happens to be polio awareness month, Ontario polio survivors are losing critical services in a clinic that has played a key role in their battle to overcome the devastating after-effects of the disease.

The West Park Healthcare Centre, which has helped clients all over the province maintain their independence, is being stripped down at a time when some doctors predict post-polio syndrome may emerge as one of the hidden time bombs of the 21st century.

Effective March 31, the clinic, regarded internationally as having the ideal team approach to helping minimize polio's cruel after-effects, will consist of only one doctor and a receptionist. For physiotherapy, occupational therapy, social work and specialized foot care, clients will simply be referred to standard community resources.

The move is part of West Park's efforts to meet rising costs amid the formula-based funding constraints imposed by the provincial Ministry of Health and Long-term Care. And it comes at a time when the need is rising for the clinic's specialized services.

Nine years ago, the World Health Organization declared North America polio-free, but medical experts are just beginning to realize how badly everyone underestimated the effects of the 1950s epidemic in Canada and the U.S.

Long after children paralyzed by the disease learned to walk

again, tens of thousands are being hit in middle age with new pain, new weakness, overwhelming fatigue and difficulty swallowing and breathing. These after-effects are also hitting some people who never even realized they had polio.

Only a minuscule 1 per cent of people infected with the polio virus experience paralysis. The fever, headache, sore throat and muscle pain endured by the rest are often misdiagnosed as flu. The symptoms disappear, but the hidden neurological damage remains.

Years later, many are misdiagnosed again, this time with chronic fatigue syndrome, multiple sclerosis, fibromyalgia or depression. Some are simply told by health-care practitioners far removed from any experience of polio epidemics that they are imagining things.

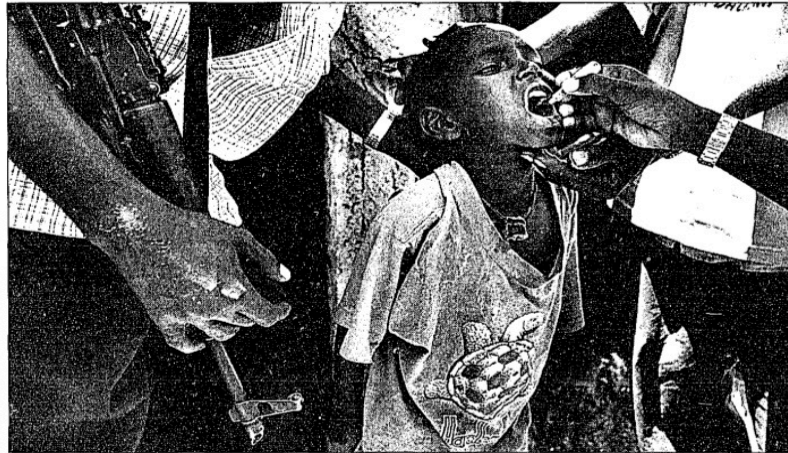
So the loss of most of the experienced and world-respected team at West Park is a big blow. That's why the Ontario March of Dimes and the Toronto Peel York post-polio committee are urging supporters to write the provincial and federal health ministers requesting funding to restore services.

"Before I went to West Park, I was told there was nothing wrong with me, that I was just lazy," says Elizabeth Lounsbury, chair of the March of Dimes' National Polio Survivors' Network, established in 2001 as a link for peer support groups.

"So I went home and scrubbed floors and did all the physical hard work and now I'm in a wheelchair."

When she was finally diagnosed with post-polio syndrome and had the benefit of advice from the West Park team, Lounsbury, who lives in Sudbury, found out that the only way to cut the risk of completely losing her ability to move was to avoid overexertion.

"We know now that we have to conserve to preserve," she says.



Efforts to put an end to polio are the theme of an exhibition of photos by Sebastião Salgado. This one was taken in Somalia, where armed guards accompany foreigners in polio eradication campaigns.

"But people who don't know polio don't always know that."

With the cutbacks at West Park, "we have lost a vital service," says Jane Atkey of the Toronto Peel York post-polio committee.

"We regret the changes we have had to make to the post-polio clinic," says West Park president Barry Monaghan. "We know the (physio, occupational and social services) component will be missed. We know they question whether they will get access in a timely manner and with the sensitivity they need.

"The issue for us is strictly fiscal."

At the Ontario March of Dimes, started more than 50 years ago by mothers raising funds to combat polio, "we've spent years helping to get information out there," says chief executive Andria Spindel. "But our concern is that many people

are not knowledgeable and still do not understand post-polio syndrome."

The organization is writing to the West Park board to ask them to reconsider their decision, she says.

It also will be writing the federal and provincial ministers of health and urges others to back requests for more the necessary funding, she adds.

In a sense, the West Park issue only underscores the need to raise awareness of the toll that polio continues to take.

The March of Dimes plans to do just that throughout March. The virus is still very much alive in some parts of the world, including India, Africa and the Eastern Mediterranean.

Global efforts to eradicate the disease will be featured in an exhibition of photographs by Sebastião Salgado, sponsored by the March of Dimes and vaccine researcher Aventis Pasteur, and

running from March 17 to 28 at the Toronto-Dominion Centre's Linkway. There is no charge.

For more information, check www.dimes.on.ca or call 416-425-3463 or 1-800-263-3463.

If you'd like to support funding for a full-service post-polio clinic, contact:

★ Ontario Health Minister Tony Clement, Hepburn Block, 10th Floor, 80 Grosvenor St., Toronto, Ont. M7A 2C4. E-mail: clement@titan.tcn.net.

★ Federal Health Minister Anne McLellan, Brooke Claxton Building, Tunney's Pasture, P.L. 0906C, Ottawa, Ont. K1A 0K9. E-mail: Minister_Ministre@hc-sc.gc.ca.

Write: Helen Henderson, Life Section, Toronto Star, One Yonge St., Toronto, Ont. M5E 1E6. Please include your telephone number. E-mail: henderson@thestar.ca.

2003



2003

PAST EPIDEMICS

'We were treated like the plague,' survivors recall

POLIO OUTBREAKS

BY JOSEPH BREAN

Survivors of Toronto's polio epidemics — the "dreaded summer disease" that was met with fear and battled with mass quarantine — are seeing echoes of their experiences in the current outbreak of SARS.

From widespread and perhaps unwarranted fear of a deadly new virus to the worrying edicts of public health officials and the unavoidable suspicion of one's neighbour, the city is on familiar ground, they say.

The one thing that has changed, though, is that the fear is now tempered by a stronger faith in medical science, which creates a sense of security that may prove unjustified.

The polio epidemics of the 1930s, 1940s and 1950s "absolutely terrified parents," said Patrick Fleck, 67, who became ill with the disease as a boy of 15. "There was a time when I was much, much younger, in the late '30s and early '40s, when polio was thought to be rampant in Toronto; my mother kept me up at the family cottage in Muskoka well into September, and would not bring me back to the city because of the fear for polio.

"It's like SARS these days. They would warn you against any direct

contact with someone who has it," Mr. Fleck said yesterday from his home in British Columbia.

Just like SARS, polio victims were thought to be contagious before they were symptomatic, and only a small proportion of those who acquire either virus ever become seriously ill. Also, it was thought that polio spread less through casual contact but rather through close, continuous contact, such as in a health care setting. And just as with SARS, hospitals were seen as both a respite for the afflicted and as hot spots to be avoided.

Catherine Bell was a child of two when she became infected, and was whisked immediately after her diagnosis in Orangeville to Toronto's Hospital for Sick Children, where she was quarantined for two weeks before being moved to a convalescent home. "My parents were not even allowed to see me until the infectious period was over," she said.

She was too young to know the psychological effects of quarantine. But Shirley Martin, 76, who as a young girl caught the disease on a trip to New York, said she recalls vividly how painful it was to be labelled as diseased. "We were treated like the plague," said Ms. Martin, who was the first polio case diagnosed in eastern Toronto.

Now crippled with the long-term effects of the disease in her left leg, she described the panicked reac-

tions of her neighbours to the red sign slapped on her door by health officials: "Quarantine."

"We had a great big red card on our front door," she said, and for six weeks, her father was allowed to go to work for the city but the rest of the family was forced to stay home.

Formerly friendly neighbours hurried by on the other side of the street, and a woman who lived across a laneway closed her curtains for the first time the day the sign went up, Ms. Martin said.

Today, she said, intense media reporting on the state of the SARS epidemic breeds panic but also a distrust of health officials. Indeed, debate over SARS now pits Canadian health authorities against their World Health Organization counterparts, with each side decrying the poor decisions of the other.

In the 1937 polio epidemic, which was so severe that the Canadian National Exhibition never opened and schools remained closed until Thanksgiving, Ms. Martin said people were so overwhelmed by fear that they obeyed whatever public health authorities advised. Her family stayed at their cottage until October.

Another major epidemic followed in 1953, which struck Ms. Bell, then a two-year-old, who either caught it from or gave it to a neighbour's child. Both were diagnosed at the same time — like many cases, in the late summer.

As fear of the disease gripped the city — swimming pools were closed, schools shut down, the eastern beaches were deserted. Ms. Bell was made a poster child for the Red Shield campaign, a precursor to the United Way.

In a print ad, the agency vowed: "We'll have Cathy walking by Christmas." With therapy, she was standing by the following spring, but underwent repeated surgeries until she was 17.

Polio was later eradicated almost completely by widespread use of a vaccine

National Post
jbrean@nationalpost.com

2003



CBC Newsworld, April 18, 2003

Even 50 years later, polio's effects still felt

Elderly patients now contend with severe fatigue, weakened muscles

SUSAN RUTTAN
Journal Health Writer
EDMONTON

Young Ron Hayter, at age 11, spent his summer holidays in 1948 in rural Saskatchewan. He wrote home to his mother: "I'm in the Tisdale hospital with a touch of polio."

Even a "touch" of polio kept the boy in hospital for a month, but

Hayter was left with no lasting effects. Others weren't as lucky.

As Hayter, an Edmonton city councillor, said when he declared Polio Awareness Week this week: "Polio isn't a thing of the past."

While new and disturbing illnesses circle the globe, at least 700 Albertans are still dealing with the last great plague.

They contracted polio in the years before widespread vaccination and today find themselves with the weakening muscles and enormous fatigue of post-polio syndrome.

Bernie Hornung was a baby when he got polio 50 years ago in August 1953, the year the epidemic peaked in Alberta.

He wasn't alone. While polio had been around for many years, a particularly virulent epidemic raged in North America in the post-war years.

While most people who were infected survived unscathed, a minority were paralysed in a matter of hours as the virus attacked their nervous systems.

The epidemic reached Alberta in 1952, with 747 cases by the end of the year. The next year, there were 1,425 cases and more than 100 deaths.

Hundreds of patients with paralyzed lung muscles went to the Royal Alexandra Hospital, where they were kept alive in iron lungs.

See POLIO / A11



LORNA WHITFIELD, THE JOURNAL

Physical therapist Anita Clarke works with post-polio patient Marie Kuncic.

SUNDAY, APRIL 13, 2003

CONTINUED FROM PAGE A1

EDMONTON JOURNAL A11

Patients afflicted once again, years after they thought polio was behind them

POLIO

Continued from A1

Dr. Russell Taylor, head of the polio team during that crisis, wrote in a 1990 memoir: "It was as if this vibrant, optimistic city had been smitten by a medieval plague."

Today, polio has been eradicated from most of the globe through a worldwide vaccination effort. Small outbreaks still occur in Nigeria and India.

Hornung remembers growing up as a polio child in the 1950s. He was six months in hospital, then spent his childhood with a brace on his right leg.

"I remember going around saying, 'I'll touch you, I'll give you polio,'" he says, recalling how he dealt with bullies who teased him about his brace.

At 16, he got rid of it.

But in the early 1990s, the deep fatigue and muscle weakness of post-polio syndrome started hitting him. Now, "leading a normal life becomes harder and harder to do," he says.

Pat Laird's experience was similar. She was in an iron lung as an infant in 1948 but emerged to lead a normal life as a nurse, wife and Fort Saskatchewan mother of four.

In the late 1990s, Laird began to find her nursing job unbearably tiring. In 1999, she was diagnosed with post-polio syndrome and today uses a scooter to get around.

"When I had to quit nursing it was like losing a loved one," she said.

Hornung and Laird are now active in a support group called the Wildrose Polio Support Society,

which serves northern Alberta.

Their biggest challenge has been trying to keep Edmonton's post-polio physiotherapy clinic going.

It is a key part of the therapy for Edmonton's post-polio sufferers, but has no government funding and depends on the fundraising efforts of the society members themselves.

It opened in 1987 as the first post-polio clinic in Canada. Funding came from the Polio Foundation of the Royal Canadian Legion.

But with the advent of video lottery terminals in the 1990s, the pull tickets that the legion relied on for its charity fund became less popular with gamblers.

The legion stopped funding the clinic several years ago, although it continues with a \$300,000 annual fund to buy equipment like

scooters and special shoes for needy polio sufferers.

The clinic closed for nine months, then reopened in May 2001 with money raised by the Wildrose group. That money runs out next month and members are scrambling to find new funding.

So far, Capital Health hasn't been willing to finance the clinic, although it does provide space where physiotherapist Anita Clarke sees her polio patients.

A Capital Health spokesperson said post-polio patients, once assessed, would qualify for ongoing treatment from any of the city's physiotherapy clinics.

But Dr. Ming Chan, a local polio expert, agrees the special clinic is important. The unique disabilities of post-polio sufferers are not accommodated well in a more general neuromuscular clinic, he said.

Not surprisingly, physiotherapist Anita Clarke agrees. She's been working with post-polio patients since 1995, building exercise plans for them and helping them with pain management.

The muscle deterioration that is characteristic of post-polio syndrome can have profound effects, she said. People who contracted the disease in the 1950s have especially severe symptoms. If their lungs are affected, they may end up on a ventilator.

A regular exercise routine can slow the deterioration, said Clarke.

Dr. Chan has been struck by the similarities between polio and the illness caused by the West Nile virus, which is expected to reach Alberta this summer.

While they are spread in different ways — West Nile by mosquito bites, polio through fecal

contamination — the symptoms in severe cases resemble each other. In both diseases, victims often can suffer a severe brain inflammation.

How many Albertans suffer from post-polio syndrome? Chan said 700 people are known, but that number is probably conservative. Clarke suspects there are thousands, many of them unaware that they have the condition.

Pat Laird thinks a lot of people don't want to admit that the polio they left behind 40 years ago may now be claiming them again.

"A lot of people have hidden memories," she said.

Facing their polio symptoms means raking up those painful memories of a polio-stricken childhood.

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Inside an epidemic

SPECIAL REPORT

In the era of SARS and West Nile virus, the most recent epidemic of 1953 has been forgotten by all but a few who still live with its consequences. Fifty years later, Journalist health writer Susan Rutter looks back at an event that still stands as the greatest medical crisis in Edmonton history.

Polio victims have left their mark on Alberta. D-6

It was a hot September, 1953. Dr. Charles Hoggan, 41, was a well-known doctor in Edmonton. He was the general practitioner at the general with his own office. The general had a car, a house and a wife. He was a doctor and a doctor and a doctor and a doctor.

In 1953, Alberta had 1,472 reported cases of polio. In total, there were 1,472 reported cases of polio. In total, there were 1,472 reported cases of polio.

There was one more, and it was not a case of polio. It was a girl who had been born with a condition called infantile paralysis. She was a girl who had been born with a condition called infantile paralysis.

Her mother was a nurse. She was a nurse. She was a nurse. She was a nurse. She was a nurse. She was a nurse.

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SUMMERTIME KILLER / There was no cure, and little understanding of how it spread. In the summer of 1953 in Edmonton, the polio epidemic reached its final, terrifying height. It's mostly forgotten now, but not by those still living with the results



"Fortunate for me a man died, leaving me his iron lung."



Herbert's mother says she never thought her son would be kept in an iron lung for the rest of his life.



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polio victims Alberta had ever experienced. Across North America, a desperate search was on for the cause of the mysterious plague.

Many parents began to panic, fearing their children would be infected. In the summer of 1953, the polio epidemic began to spread in Alberta. At first it was a fever, then a stiff neck, then a paralysis.

The police were alerted to the epidemic, and the health department was notified. The police were alerted to the epidemic, and the health department was notified.

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More cases were reported, with some having effects. The many children who had been born with a condition called infantile paralysis. She was a girl who had been born with a condition called infantile paralysis.

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Salk vaccine finally brought the disease to its knees

EDMONTON

Long after polio has ceased to threaten Canadian children, babies are still routinely given shots against the disease when they get their shots on health checks.

As long as the polio virus is on the planet, constant vigilance is necessary to guard against a new outbreak. Most babies 10 years old have had one shot. Yet as they grew up to be their children's dad from public, the solution to the terrifying epidemic was vaccination.

In 1953, Dr. Jonas Salk, a researcher at the University of Pittsburgh, announced he had developed a vaccine made from killed polio virus. It was tested in a small sample of people.

But widespread application of the Salk vaccine had to wait a full year. That year, another two million American children, took place in the spring of 1954.

A key partner in producing enough vaccine for the test was Connaught Laboratories in Toronto, which had developed a method for cultivating the virus in a pure form. Connaught was the main production source for the Salk vaccine.

As historian Chris Barry explains in his 1982 book on the history of polio in Canada, the National Foundation for Infantile Paralysis raising the U.S. National Hospital had more vaccine than it could use in the summer of 1954. It offered 10,000 surplus doses to Canada.

After initially being reluctant to take the vaccine, the children received several administrations, and the results were positive. Long before the results were available, the vaccine was being given to children in the summer of 1954. It was a success. The vaccine was being given to children in the summer of 1954. It was a success. The vaccine was being given to children in the summer of 1954. It was a success.

THE POLIO FILE

What is polio? A highly infectious disease caused by a virus. It is often a mild illness, but it can be fatal. It is often a mild illness, but it can be fatal.

How is it spread? It is spread by contact with an infected person. It is spread by contact with an infected person. It is spread by contact with an infected person.

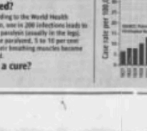
Does everyone become paralyzed? No, only about 10 percent of people who get polio become paralyzed. No, only about 10 percent of people who get polio become paralyzed.

Is there a cure? There is no cure for polio. There is no cure for polio. There is no cure for polio.

THE DISEASE IN CANADA

1953 cases Alberta 1,472, Canada 8,978

1952 cases Alberta 761, Canada 4,755



Edmonton's worst polio year, as reported in The Edmonton Journal

July 20 - Special events at Edmonton recreation playgrounds are cancelled as a polio precaution.

July 21 - The Alberta summer outbreak of polio is announced. The provincial government encourages "very active" children are encouraged to gather in large numbers.

July 22 - The health board orders Alberta schools to remain closed for the first two weeks of September.

July 23 - Children under 17 are banned from beaches, schools and recreation playgrounds by the University of Alberta at Edmonton. Provincial police officers are ordered to enforce the ban.

July 24 - First polio death in Edmonton in 1953 is recorded. It is 170 in Alberta. Within one week, 170 in Alberta. Within one week, 170 in Alberta.

EDMONTON, 1953: THE PROGRESS OF AN EPIDEMIC

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EDMONTON, 1953: THE PROGRESS OF AN EPIDEMIC

July 25 - A journal editorial decries the lack of adequate hospital care during outbreaks such as the 1953 polio epidemic.

July 26 - Officials worry about a shortage of nurses to care for 100 polio patients in Alberta hospitals.

July 27 - Alberta has 713 cases, 200 in Edmonton. The health board orders Alberta schools to remain closed for the first two weeks of September.

July 28 - 1000 new polio cases are reported for the week, down from 70 the week before. The total of Alberta cases is 1000. Officials think the epidemic is on the wane.

July 29 - Edmonton's case total is now 1000. Officials think the epidemic is on the wane. Officials think the epidemic is on the wane.

EDMONTON, 1953: THE PROGRESS OF AN EPIDEMIC

July 30 - A second polio outbreak strikes the Alberta total to 1,847 cases.

July 31 - Health cases in Edmonton are down from 100 to 24 cases. City medical officers fear new cases are recorded in the next two weeks.

Aug. 1 - The health board orders Alberta schools to remain closed for the first two weeks of September.

Aug. 2 - Another emergency flight brings an iron lung from Winnipeg. The provincial government agrees to fund the cost of the iron lung.

Aug. 3 - Alberta cases total 1,847. Officials think the epidemic is on the wane. Officials think the epidemic is on the wane.

EDMONTON, 1953: THE PROGRESS OF AN EPIDEMIC

Aug. 4 - A second polio outbreak strikes the Alberta total to 1,847 cases.

Aug. 5 - Health cases in Edmonton are down from 100 to 24 cases. City medical officers fear new cases are recorded in the next two weeks.

Aug. 6 - The health board orders Alberta schools to remain closed for the first two weeks of September.

Aug. 7 - Another emergency flight brings an iron lung from Winnipeg. The provincial government agrees to fund the cost of the iron lung.

Aug. 8 - Alberta cases total 1,847. Officials think the epidemic is on the wane. Officials think the epidemic is on the wane.

Martin lends polio experience to charity

BY ANDRÉ PICARD
PUBLIC HEALTH REPORTER

The name Paul Martin symbolizes many things in Canada: the powerful politician, the corporate titan, the prime minister in waiting.

But today, the Finance Minister will stand before a hand-picked group of the country's leading chief executives and present himself as something else entirely — a polio survivor, a man whose personal and professional life was markedly influenced by the devastating childhood illness.

Mr. Martin contracted poliomyelitis in 1947, during the worst epidemic ever to hit Canada.

He was taken to hospital, to the polio ward of Hôtel-Dieu Hospital in Windsor, Ont. He was eight years old.

"I could have been one of those kids in an iron lung, or worse," Mr.

Martin said in an interview, evoking one of the most lasting images of the polio epidemics. While there was no treatment for the potentially crippling disease, he made a full recovery, earning himself a place among a group they call the "lucky polios."

Today, Mr. Martin is lending his voice to a public-health campaign to eradicate polio by 2005, to ensure that children don't have to depend on luck to avoid the crippling disease.

The eradication goal is tantalizingly close. Last year, only 537 cases of polio were recorded around the world, down from 350,000 cases in 1988. But an unstable political situation in the remaining polio hot spots, along with funding woes, are threatening the campaign's success. The World Health Organization estimates there is a budget shortfall of about \$275-million

(U.S.), and it is making a special plea to the private sector.

So, today, at a reception staged by Rotary International (the service club launched the eradication campaign in 1988), Mr. Martin will make his pitch to big business, alongside Carol Bellamy, executive director of UNICEF, and Bruce Aylward, the Canadian epidemiologist who heads the global polio-eradication initiative.

When they pass the hat among the 40 or so CEOs gathered at the Royal Bank Plaza, they are expected to raise about \$5-million. That money will be matched, dollar for dollar, by Microsoft Corp. founder Bill Gates. In turn, the WHO has pledged to add 150 per cent.

In total, today's cocktail reception should provide \$20-million for the polio-eradication campaign, and Rotary plans similar events in Montreal and Calgary.

Globe & Mail, May 27, 2002, p. A9

2020

CTV News “W5”, Nov. 28, 2020, Promo, “The Polio Parallel: Is the Coronavirus the New Polio?”



Thank You

Direct any questions and comments to
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hhrs@healthheritageresearch.com

Also active via: <http://twitter.com/cjruty>