

Dr. Irene Davis says that Dr. Stahr and three interns including Dr. Davis provided artificial respiration for a 12 year old girl with polio who was unable to breathe on her own. They spared each other for three days and Dr. Stahr, Medical Director, did his share. They were hoping to tide her over until she could regain breathing herself, but this never happened and she died. This occurred at the Lancaster General Hospital, Lancaster, Pa. before iron lungs were available.

Dr. Harold Stauffer, a general practitioner in the 1940s in Leola, Pa. in Lancaster County says, "I saw a lot of polio and it was a very sad thing because I would be called to make a house call on these youngsters and they were already having weakness of an arm or a leg. It was before the days of polio vaccine, and we physicians would worry that we would take this infection home to our family and kids. We did our best. I know for a short time I wore a gown when I saw these patients. I saw a good bit of paralysis and then they would go into the hospital and receive the Sister Kenny treatment which was in vogue at that time. Many times they would be in the respirator. My worst experience with polio was a death of a young boy in a very fine family. I think there were three small children in that family. I had seen the child one or two times before this illness. I was called there one morning early because he was having trouble breathing. While I was sending him to the hospital - his dad was taking him in - he died right there in the driveway which threw me for a loop."

In 1938 the first Iron Lung (Drinker Respirator) was obtained at Lancaster General Hospital, Lancaster, Pa. for \$1350. This bulky instrument was the only type of assisted ventilation available. It was a cumbersome and large, heavy piece of equipment which also made nursing care difficult. There were portholes through which to work, but the negative and positive pressure had to be maintained all of the time for the benefit of the patient.

POLIO UNIT

The Polio Unit began at the Lancaster General Hospital in the 40's with Dr. Wm. Saul as director from 1944-46. In 1946 Dr. Edgar W. Meiser was placed in charge and remained in charge until the disease was fairly well eradicated by the Salk and later the Sabin vaccine in the late 50's and early 60's. Dr. Louise Slack was the pediatrician and Dr. Henry S. Wentz assisted both. The Polio Unit was designated by the Pennsylvania Department of Health as the unit for the entire county and later included Lebanon County. Through financial aid of the March of Dimes and other agencies, an iron lung was purchased and at one time LGH had five of these in operation.

Edna Shreiber, a nurse, was sent to learn the Sister Kenny treatment and returned to indoctrinate the nurses and physicians in the use of this mode of therapy. The Kenny treatment consisted of hot packs placed on the affected limbs and backs of polio patients. The material was placed in washing machines with very hot water. As the machine revolved, it would wring out the material so it could be picked out of the machine and placed on the patient while real hot. The purpose was to relieve the spasm and pain of the

victims. The Kenny treatment also consisted of muscle reeducation which was supervised and performed by Edna Shreiber.

A portion of the hospital was reserved for polio patients. During the polio season which usually reached its peak in August and September, this unit was the clearing house for all infectious diseases with fever, stiff neck and vague gastro-intestinal or respiratory complaints. Patients with pneumonia, rheumatic fever, meningitis, encephalitis, tetanus and many other diseases were first admitted to an observation area in this unit. Many cases of so-called "non-paralytic" polio were seen in certain epidemics. These patients never developed paralysis. Later it was discovered that many of these patients were infected with Coxsackie or ECHO viruses and were really not cases of polio.

Dr. Meiser developed great diagnostic acumen to diagnose polio as well as other diseases simulating polio. The history and physical examination along with the results of the spinal fluid examination were essential for making the diagnosis. Frequently a fall on the way to the bathroom was one of the first reliable symptoms of an early paralytic disease. It was depressing to see youngsters and young adults develop weaknesses of their extremities, and worse of their respiratory muscles under your very eyes. The doctors were so helpless and there was nothing to do except support them as best could be done. Dr. Meiser was required to place many patients with bulbar polio or paralyzed respiratory musculature into iron lungs to assist their breathing. Many patients would "fight" this machine and he would frequently give the patient sedatives or even morphine to relieve their anxiety and allow their body to work with the machine instead of wasting their energy and the strength of their weakened muscles to "fight" the iron lung. Nursing care became very difficult with these patients. The nurses had to work through portholes with rubber closures to maintain the positive and negative pressures for breathing. Weaning patients from these machines was equally difficult and required a lot of patience on the part of the nursing staff, physicians and patients alike.

One patient was transported in her iron lung to Johns Hopkins, Baltimore, Md. where there was established a center for people in need of this respiratory assistance. This was a gigantic undertaking with a large van and electricians from Pennsylvania Power & Light, policemen and many others were needed to make this journey of 70 miles possible. Dr. Meiser supervised the whole thing.

1954 was the peak year with 118 patients admitted to the Lancaster General Hospital, Lancaster, Pa. with possible polio and 80 patients finally diagnosed as definite poliomyelitis. 28 were paralytic, 38 non-paralytic and 14 had bulbar involvement. 62 returned home, 4 died and 14 were transferred. No polio patients were admitted in 1958 until late in the year when 2 were admitted. Gamma Globulin was found effective to prevent paralytic polio in 1952-53 and thousands of children were given this by injection. In 1955 the killed vaccine discovered by Dr. Jonas Salk was administered to children. The polio unit was phased out by 1957. Dr. Meiser directed the local program of immunization of thousands of children and adults in 1962-63 at the local schools by the newly effective live orally administered polio (Sabin) vaccine.