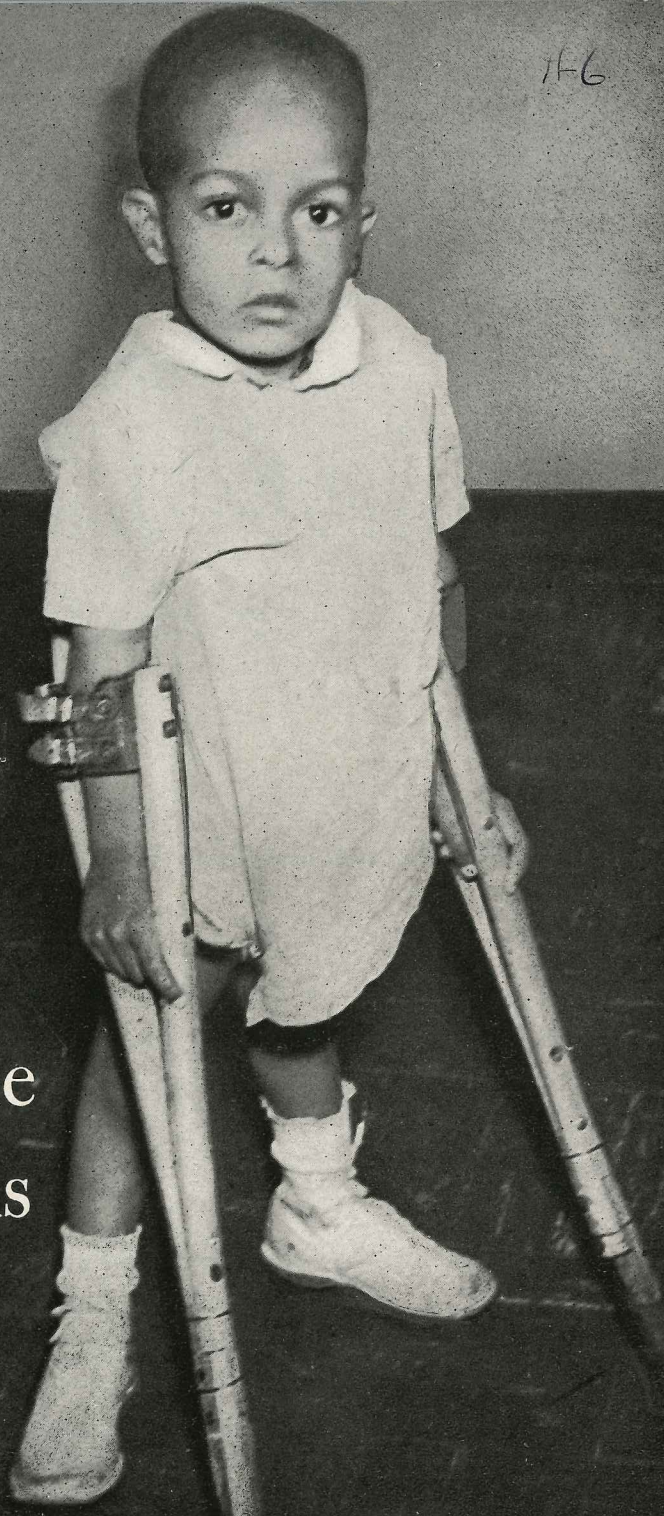


116



The
Infantile
Paralysis
Fight

A T T U S K E G E E

TUSKEGEE INSTITUTE OFFICERS

F. D. PATTERSON.....*President*
LUTHER H. FOSTER, JR.....*Treasurer*
JOHN W. CHENAULT, M.D.....*Medical Director*

INFANTILE PARALYSIS CENTER

Medical and Administrative Staff

JOHN W. CHENAULT, M.D....*Director of Orthopedic Surgery*
EVA LEE BAXTER, R.P.T.....*Physical Therapy Technician*
WARRENA TURPIN, R.N.....*Head Nurse*
JO HALIBURTON, R.N.....*Graduate Nurse*
BERNICE PLINTON, R.N.....*Graduate Nurse*
CLAUDIE THOMAS, R.N.....*Graduate Nurse*
ESTELLE WILLIAMS, R.N.....*Graduate Nurse*
CLARICE ISAACS.....*Secretary to the Director*
MOSES BEASLEY.....*in Charge of Brace Shop*

THE NATIONAL FOUNDATION FOR INFANTILE PARALYSIS, INC.

OFFICERS

BASIL O'CONNOR

President

FREDERICK B. ADAMS.....*Vice President*
GEORGE E. ALLEN.....*Vice President*
JOHN S. BURKE.....*Vice President*
JAMES V. FORRESTAL.....*Vice President*
WILLIAM F. HUMPHREY.....*Vice President*
WILLIAM F. SNYDER.....*Vice President and Secretary*
HOWARD W. DAYTON.....*Treasurer*
LOUIS C. HAUGHEY....*Assistant Treasurer and Comptroller*
EARLE R. KOONS.....*Assistant Secretary*
STEPHEN V. RYAN, JR.....*Assistant Secretary*
and General Counsel

C O N T E N T S

I.

BEGINNINGS

[PAGE 7]

II.

MEET THE CHILDREN

[PAGE 13]

III.

THE FIRST FOUR YEARS

[PAGE 22]

IV.

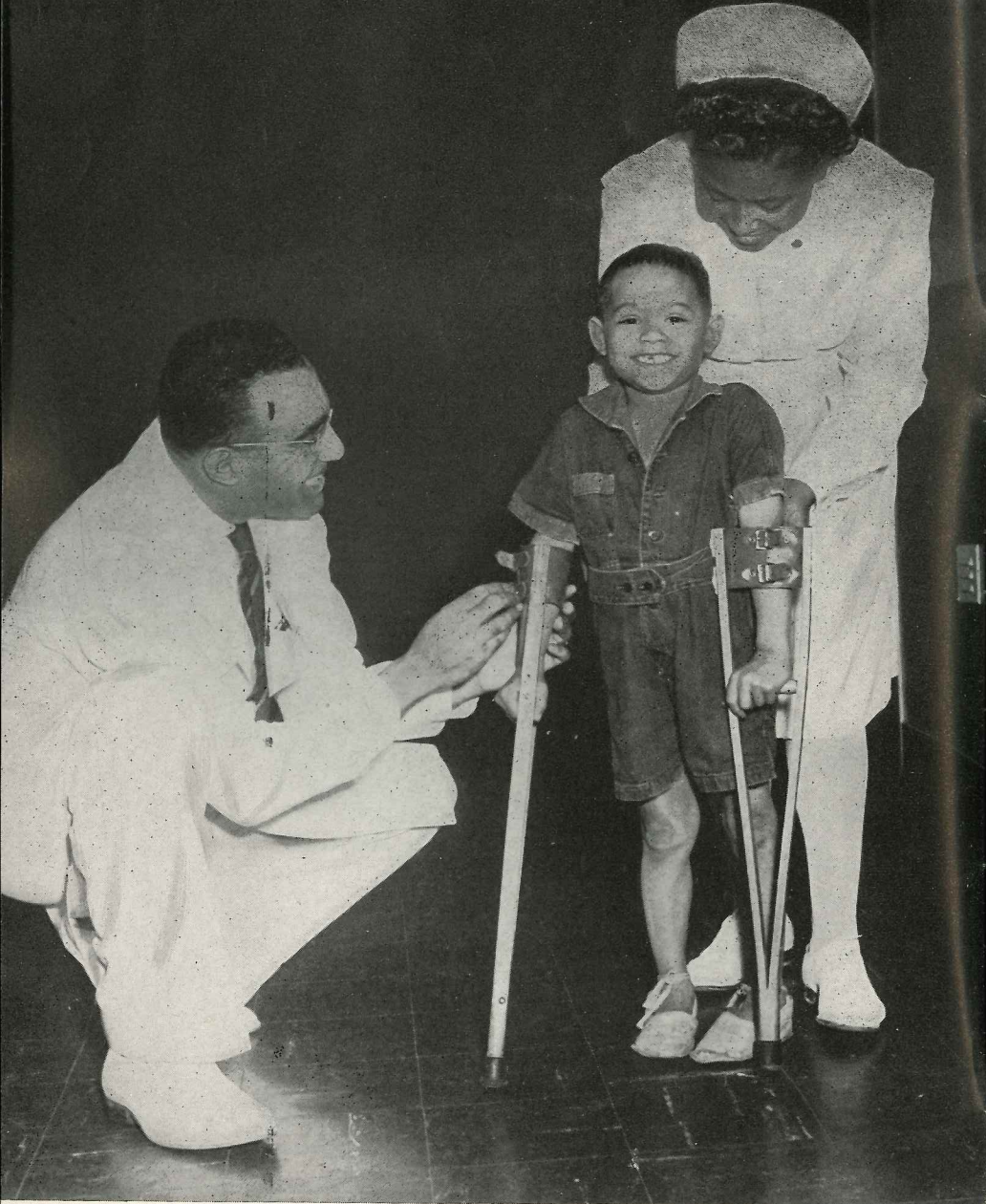
LET'S LOOK AROUND!

[PAGE 26]

V.

ADMISSIONS

[PAGE 29]



The medical director at the Tuskegee Infantile Paralysis Center, Dr. John W. Chenault, stops to encourage young Gordon Stewart of Lima, Ohio, who is being taught to walk again by Nurse Warrena A. Turpin.

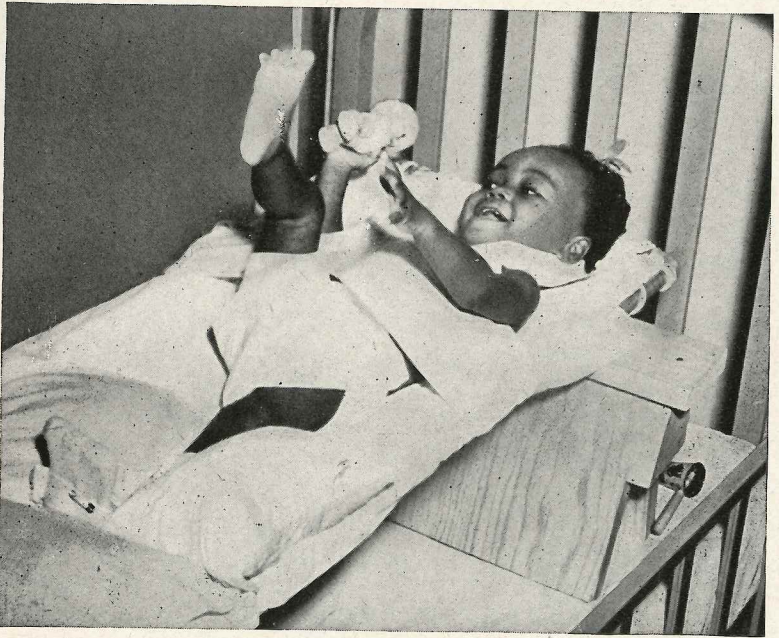
I.

Beginnings

SPREAD OVER 2,000 rolling acres on the southern edge of the Piedmont Plateau in the State of Alabama, forty miles from the capital city of Montgomery, lies Tuskegee Institute, life work of the great educator, Booker T. Washington. Here, on a campus which has seen some 30,000 Negro students, is a winding road that passes the Chapel with its graveyard in which the founder of the Institute and Dr. George Washington Carver, Negro scientist, are buried. Following that road you come to a square red-brick building on the fringe of the Campus. This is the Tuskegee Institute Infantile Paralysis Center.

The Center is a newcomer compared to the Institute or to the 34-year-old John A. Andrews Memorial Hospital, of which it is a part. It opened its doors only in 1941. But this tiny battle station in the nationwide fight against infantile paralysis, created by The National Foundation for Infantile Paralysis with more than half a million dollars given by the American people in the annual March of Dimes, is a completely equipped medical institution. Airy wards, sun decks, treatment pool, physical therapy treatment rooms, plaster room, laboratory, brace shop, recreation hall, doctors' and nurses' offices make the Center, in conjunction with the surgical facilities of the hospital, a haven for Negro patients and medical specialists unique among hospitals anywhere in the world.

Tuskegee's Infantile Paralysis Center is, on a smaller scale, the same kind of institution as Georgia Warm Springs Foundation, 90 miles away in a sister state of the South. The two, alone in the country, are devoted exclusively to the one disease of infantile paralysis, known to medical science as poliomyelitis, and especially to the care of those patients whose crippling after-effects of the disease offer unusual or unsolved problems. Both are important as centers for clinical research and the education of professional personnel to care for victims of the disease.



Jeanie Franklin, of Montgomery, Ala., shows the cheerfulness of most infantile paralysis patients as she plays, baby-like, with a toy and her one good foot.

Dr. F. D. Patterson, president of Tuskegee Institute, says: "The unit was not built with the idea of reaching all Negro patients, but to be a center for training doctors, nurses and physical therapists and for studying unusual cases. It is taking

some patients, and will take more. But the greatest good will come through the kind of cases successfully treated and the enriching experience afforded Negro doctors, among whom there are at present dangerously few orthopedic surgeons."

The Center's work has been planned to have far-reaching effect on the welfare of thousands. For, as patients are treated according to the newest and best methods available, Negro doctors, nurses and physical therapists are trained to use new techniques and new scientific information for the benefit of their race.

It was recognized in 1939 when the National Foundation, founded by Franklin Delano Roosevelt, made its first grant to Tuskegee — only one year after its own incorporation as the organization to lead, direct and unify the national fight on infantile paralysis — that such an institution was badly needed. There was no scientific evidence that Negroes were not as susceptible to infantile paralysis as members of the white race. Nowhere had accurate statistics been compiled or clinical studies made to determine whether the disease attacked all races similarly. Furthermore, there was a shortage of trained Negro medical specialists. The Center offered at least a beginning to the solution of these problems.

Why Tuskegee?

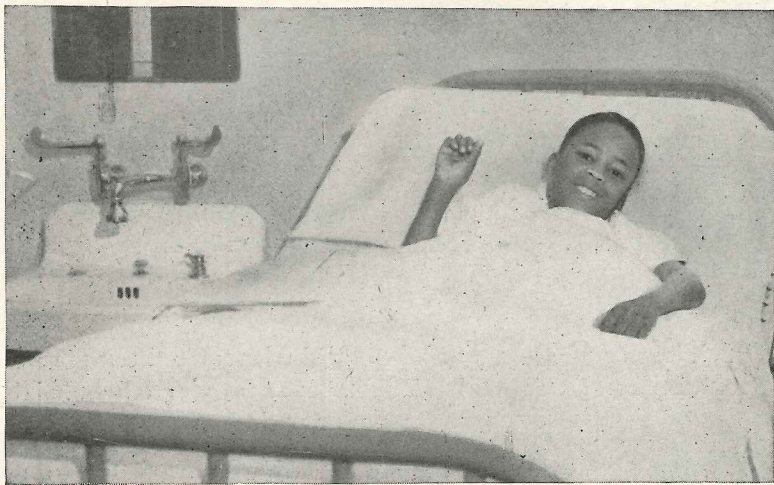
Tuskegee Institute was chosen as the location for the new unit because:

1. Its facilities — including its workshops in wood, metal, leather, etc. — provided unusual advantages for the many patients requiring mechanical appliances and vocational training.
2. The average low humidity, mild winters and temperate climate of this section of Alabama provided beneficial and attractive environment for patients.
3. The population of the surrounding country for hundreds of miles in all directions was preponderantly Negro, making it logical to draw patients from not too great distances.

4. There was no other *complete hospital* for the care of Negro crippled children in the area from Nashville, Tenn., to New Orleans, La., and from Atlanta, Ga., to Jacksonville, Fla., although there were beds for them, of course, in several general hospitals.

In addition, the record of the John A. Andrews Memorial Hospital, of which the Infantile Paralysis Center is a unit, was such as to justify the acquisition of a national research and educational center. Dr. John A. Kenney, its medical director, had organized there in 1912 the first medical clinic of the National Medical Association. This largest and oldest of Negro clinics in the United States has been held annually ever since.

Dr. John W. Chenault, the hospital's director of orthopedic surgery, is also head of the Infantile Paralysis Center and has been from its inception. During the war period he carried on as sole attending physician of the Center, assisted by consultants and private physicians of the area. Dr. Chenault is a graduate of the University of Minnesota, and former Rocke-

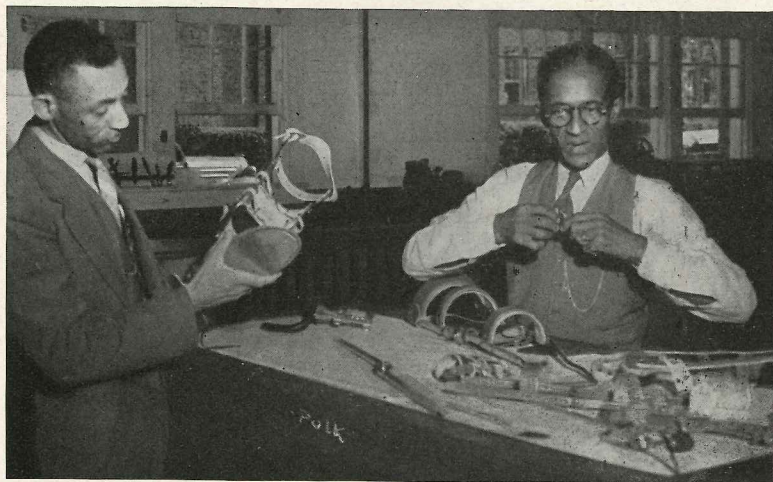


D. C. Graham, of Thomasville, Ga., the first patient admitted to the new Infantile Paralysis Center at Tuskegee on Feb. 19, 1941.

feller Fellow in Orthopedic Surgery at both the University of Chicago and the University of Iowa.

The Opening

The Center was dedicated January 15, 1941. The first patient was admitted February 19th. He was nine-year-old D. C. Washington Graham, of Thomasville, Ga., whose father brought him to Tuskegee three months after he had been stricken by infantile paralysis. Young "D. C.," as he was always called, was as typical a Tuskegee Center case as any who came later. His right leg was completely paralyzed, and part of his left leg. Yet when he was discharged in April, 1942, he was walking with the aid of braces. He has been back once for a check-up and new braces, was due back again in 1945. This young patient exemplifies the spirit of the Center: badly-crippled, sometimes almost hopeless cases are accepted and a valiant effort is made to find a way to improve their condition. Once having taken a patient, the Center continues to provide

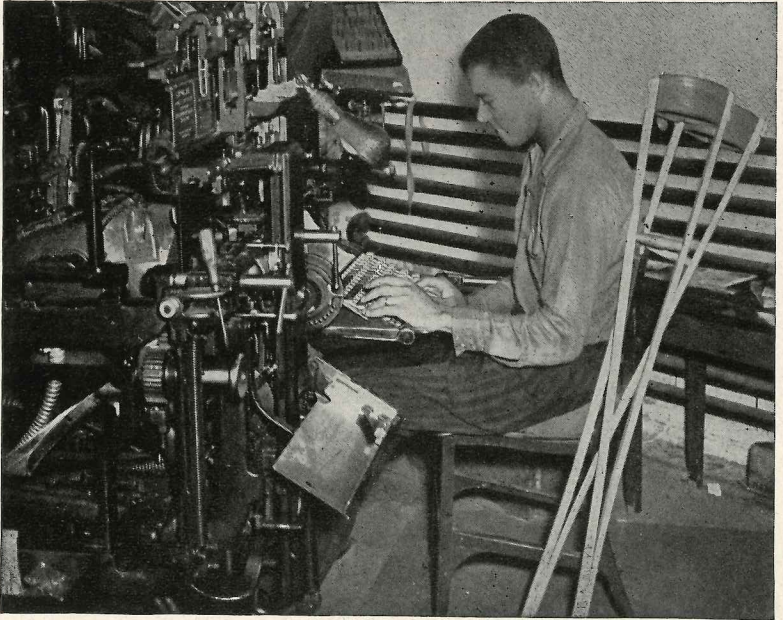


The Brace Shop at Tuskegee, where appliances and shoes are made for patients at the Infantile Paralysis Center. Left, G. L. Washington, former director of the Dept. of Mechanical Industries of Tuskegee; right, the late Frank West, Tuskegee shoemaker.

advice, appliances and whatever new treatments are possible as the years go by.

The first brace ever made at the Center was in March, 1941, for a 33-year-old woman, Pauline Freer, of Lafayette, Ala. More than 20 years before, she had had infantile paralysis which left her with a deformity of the knee. She stayed at the Center only two months. After she left, word came back that she had married. She, too, is typical. Renewed confidence and ability to live normally imbue most of the former patients.

Through physical improvement; thanks to the Center, and vocational opportunities often offered by the Institute, economic and social independence can be achieved by infantile paralysis victims who, without their Tuskegee experience, might have remained helpless and hopeless cripples.



Vocational training is an important part of the program at Tuskegee. Lonnie May, of Luther, Oklahoma, has learned to operate a linotype machine, and will go home restored not only to health, but to social usefulness.

II.

Meet the Children . . .

STATISTICS, even when impressive, are cold. The tragedy of human suffering, the futility of human crippling, the dawning hope of human usefulness and physical well-being cannot be conveyed in terse reports of numbers of patients admitted and discharged at the Tuskegee Infantile Paralysis Center. Besides, the figures are and must continue to be relatively small. As an educational and research center for Negro doctors, nurses and physical therapists, the influence of the Center is widespread. But many more patients are and will be cared for in other institutions each year than the facilities of the Tuskegee unit ever can allow.

None the less, what has been and is being done for the patients at Tuskegee gives a bird's eye view of the human factors involved in every attack of infantile paralysis anywhere in the United States. And so, if you would understand what the work at Tuskegee means in human terms, meet the children — some of them at least — who have come to the Center in its first four years of life.

MARY LEE

A stocky, round-faced little girl of 12 was working in the cotton fields near Salem, Ala., about a mile from her home. It was a "rented field," and from it her father and mother, four sisters and six brothers, would wrest most of the family income for the year. Naturally, they all worked. Mary Lee was among the hardest workers in the family. That's why her brother was surprised when she put down her hoe and complained: "My head hurts!"

She walked across the sun-baked fields and along the winding red-clay road to her home, where her mother told her to "lay down and rest till you feel right smart again." That was on a Thursday. Mary Lee rested until Sunday morning, but

she did not feel "right smart." She felt, if anything, worse; so bad that, after church, her mother sent for the crossroads doctor. He discovered she could not move her arms or legs. He sent for another doctor. Together the diagnosis was made: infantile paralysis.

There was nothing to do but keep her quiet, in bed, and have the public health nurse visit each week—"to try to work her legs and arms for her," said her mother. That was in 1938, three years before the Infantile Paralysis unit at Tuskegee was opened.

Mary Lee got well in about four weeks; her fever receded, she began to eat, her eyes were only normally bright. But her legs were grotesquely drawn up under her. She had to be carried to church each Sunday in the car, and "even when she was layin' down she was fixed like she was sittin'," her mother declared. She could not go to school, but she got some books and tried to learn at home. Mary Lee overnight was a cripple — but as ambitious as before her affliction.

She went to the public health clinic in Opelika twice in the next four years, to see if anything could be done for her. When the Tuskegee Center opened, the clinic advised her to apply for admission. She was admitted in April, 1941, less than two months after the unit opened.

For more than a year, until her discharge in May, 1942, Mary Lee lived at Tuskegee. Through an operation her hamstring muscles were transplanted. She was given muscle re-education, carefully nursed and fed and, when she was well enough, her schooling was continued at the hospital. She walked out of the hospital using two Kenny-type walking sticks, her legs perfectly straight, her head high.

In March, 1945, when a representative of the National Foundation called to see how Mary Lee was progressing, the girl was a mile from her rural home, visiting a brother. She had walked over after school, using her walking sticks to guard against the possibility of stumbling and falling. But she hardly leaned on them as she made her way out of the house to greet her visitor. Had she walked a whole mile? Why, that was nothing! She walked three miles a day, regularly — a mile and a half to and from school, where she was completing the 7th



Edward

grade at the age of 19. She confidently expected to be graduated in a year and to take a tailoring course at Tuskegee Institute after that. The whole family of 12, and even some of the 25 grandchildren her parents now have, are mighty proud of Mary Lee.

“If it hadn’t been for the hospital, she’d have had to be toted everywhere,” said her mother.

EDWARD

When the wood truck stalled on that country road outside Montgomery, Ala., on July 22, 1942, 12-year-old Edward got out and tried to help his father, two brothers and two sisters push it. The family ran a wood yard, making deliveries in the city; unless the truck moved, business ceased. But, after a time, Edward gave up.

“His head hurt him so bad he felt it was like to burst,” said his mother.

That was the onset of his affliction by infantile paralysis. He had been subject to headaches for two years, so his parents thought little of it at first. When, after two and a half hours, the truck finally started, they told him merely to go to bed and, since the next day was Sunday, to lie a-bed all morning. His mother found him late that afternoon, when she thought he was playing in the yard with the other children, lying across a day-bed, burning up with fever. She put an ice cap on his head and called the doctor.

For two weeks Edward lay in bed, unable to move. Gradually “his head was carried back so far he couldn’t straighten it out,” said his mother. The doctor came. The visiting nurse followed — twice a day for weeks. A spinal tap was taken — and the diagnosis of poliomyelitis was made. A rudimentary foot-board

against which he could rest the soles of his feet and a bed-board under the mattress were provided. He did not get well. An ambulance finally took him 40 miles to Tuskegee.

For seven months Edward lay flat on his back. Then, for four months, he sat in a chair. Finally he was graduated to crutches. In March, 1945, he still was in the hospital but walking. Walking everywhere inside the hospital, on the sun deck, across the campus, his right leg dragging a bit, but without braces. It was joy to him just to walk. It was joy to his family when he went home for visits — four times up to March, 1945 — two Christmases and two Easters.

Edward was in the 9th grade two and a half years after he was struck down, and had started learning the shoemaking trade at an Institute class. Some day he hopes to earn his living at shoemaking or, if possible, bracemaking, in which he is gratefully interested.

Asked if he had a message for his mother when the National Foundation representative saw her, Edward said, smiling broadly: "Tell her hello — and tell her I'm doing fine."

DORIS

Doris lived in a gray-shingled shack perched on the side of a hill overlooking the smoky Montgomery railroad yards. She was sitting on the steps, barefooted, wearing a clean cotton dress, when the National Foundation representative arrived. Her father, a railroad worker, stood in the doorway as the visitor approached down the rutted valley path.

"I'm from The National Foundation for Infantile Paralysis," said the visitor.

At the words Doris looked startled.

"She thinks you want to take her back to the hospital," said the father apologetically. "She was only three when she went, and was powerful lonesome."

Reassured, Doris got up off the step and demonstrated how she could walk after more than two years back home from the Tuskegee Center. Her right leg was slightly stiff and the right foot turned out, but she walked with only a slight limp and this, her father said, was hardly noticeable when she wore her brace, which she did to go to school.

Doris was stricken in October, 1942. She took sick suddenly — headache, vomiting, fever. The local doctor pronounced it infantile paralysis at once and, although Tuskegee is not primarily a hospital for treatment of the acute stages of the disease, arranged for her to go there within a week. There was no other transportation, so she went by bus with her mother who took a day from her job at a shirt factory. Doris stayed at the hospital eight weeks, has been back three times since for check-ups and readjustment of her braces.

Like so many others, although Doris had a sister and a brother, she was the only one of the family who got the disease. She is six and a half now, in her first year at school. For many years to come Doris will go back to Tuskegee to be examined, to have her orthopedic appliances changed, to take whatever treatment can be given her to eradicate the marks of infantile paralysis.

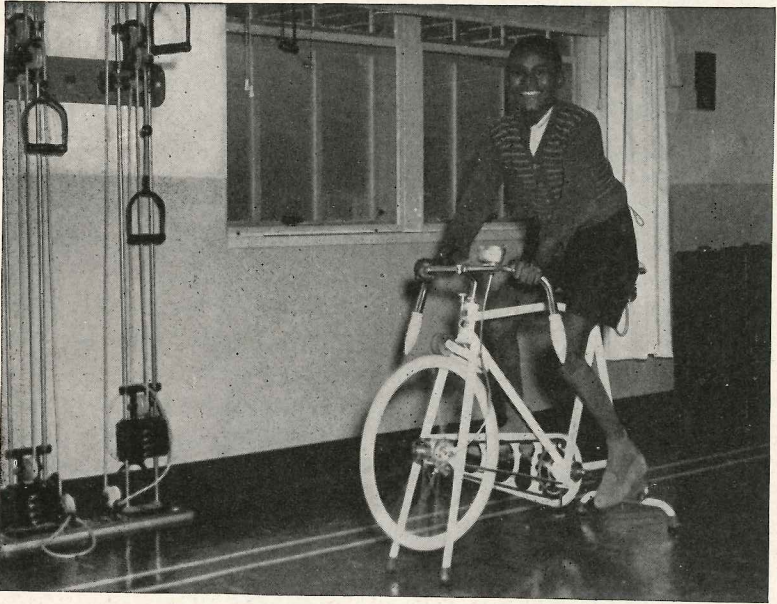
JOHN

There were 14 children in the fatherless family in August, 1941, on that Negro farm near Canton, Ga., where infantile paralysis struck. Four boys, ten girls, and all reasonably healthy — until first one, then two, finally three of the boys sickened, took to their beds, vomiting and feverish.

One hot, bright day toward the end of the month all three were carried through the entrance of the Tuskegee Infantile Paralysis Center. Three in one family, an unusual occurrence, warranted bringing them to the Center. Next day, however, two of the boys were dead. Only John remained alive.

John's hand and both legs were affected; all joint motion was limited; he was in pain. Toronto splints were applied to both his legs and both his arms. That was in August. By November no splints were needed for his legs. By May, 1942, he was discharged from the hospital, without crutches or braces, and with a newly-acquired skill: bicycle-riding.

John had received a variety of treatment not possible in many hospitals caring for crippled children: splints, hot packs, muscle re-education, underwater pool exercise, electro-therapy. All the facilities of a modern treatment center were there for him to use. His brothers came too late to be helped. But



John, only survivor of three brothers stricken with polio at Canton, Georgia, exercises on the mechanical bicycle in the physio-therapy department.

John is back at home with his 37-year-old mother and ten sisters — a 16-year-old boy now, able to take his place with his one remaining brother as the men of the family.

MADIE

Through the black-linoleumed corridor of the second floor of the Infantile Paralysis Unit of Tuskegee Institute's hospital a tiny girl with licorice-button eyes and an infectious smile pattered on sturdy straight legs. As she ran, her right arm hung useless from the shoulder.

"Say hello," said the nurse.

Madie clutched her right arm in her left hand and placed a tiny hand in the visitor's own. The fingers moved, lightly, in greeting. It was more than anyone had dared to hope for her only six months before.

Madie, not quite four, came from Abbey, Ga., in Septem-

ber, 1944, her legs and arms tight with the aftermath of infantile paralysis, her right arm and hand totally paralyzed. Her recovery, not yet complete, probably was made possible by prompt and conscientious efforts on the part of her mother and the county nurse from Sylvester, Ga. Two days after Madie came down with a headache and a fever of 101°, the nurse showed her mother how to give her hot packs. For almost two months she was cared for as tenderly as a distracted mother's love and energy allowed.

"She has a flail arm, but careful treatment and possible surgery may improve that," said the physical therapist. "There is strength left in her fingers. She cannot eat with her right arm, but she can move her hand. She is so young she can be trained to use her left hand for writing. Her mother's work probably saved her."

Madie walks, runs, bends over to touch her head to her knees. Some day, when she rejoins her mother, father, sister and brother, she will be able to go to school like anybody else.

ALBERT

He is hardly a child now, at strapping 22, but Albert still is a familiar figure in the halls of the Tuskegee Infantile Paralysis Center. For he is assistant to the official Tuskegee photographer.

Albert came to the hospital as a patient from Augusta, Ga., at the age of 18. He had been crippled by infantile paralysis when he was nine months old. He grew up without hope of being able to use his right leg, on which the foot was twisted and lifeless. He walked only with a crutch and had an awkward hampering limp.

But one day, when Albert was in the 8th grade, his teacher told him about the new unit at Tuskegee, wrote for him to find out if there were anything that could be done for him. He was admitted in June of 1941, discharged a year later.

While in the hospital, Albert had an operation on his leg and an amputation of his right foot. Then he was fitted with an artificial foot, which he learned to use with almost as much facility as his good left foot, setting it down squarely and firmly without any need for crutches. He uses a cane today, to keep

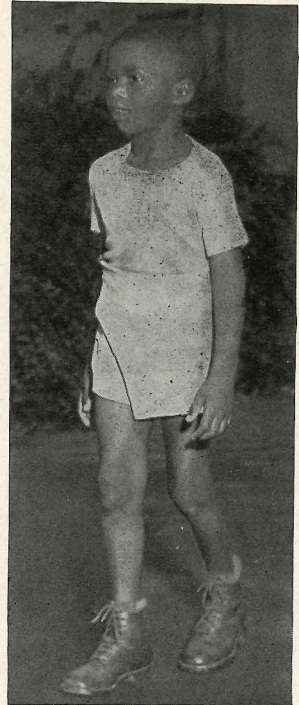
him from limping at all. He can walk without the cane if he limps a little.

Albert never saw a photographer's dark room until he was sent as apprentice to P. H. Polk, Tuskegee photographer. His work was so promising that, when the one year rehabilitation course provided by the Crippled Children's Services of his native state of Georgia was finished, he was kept on as a paid worker. He lives on the Tuskegee campus, leading a completely normal life, rides a bicycle, works in a garden, even soon may learn to dance.

WILLIE

Six-year-old Willie also was in the hospital in March, 1945, eight months after his admission in July, 1944, when he was unable to walk at all. The Montgomery, Ala., boy received hot packs and muscle re-education for his paralyzed left leg and his weak right one. But Willie was walking now, without discomfort, though he leaned heavily on the outer border of his left foot. Corrective shoes, hot packs, continued muscle re-education, were reducing the foot deformity, the stiffness of his back, bringing back strength to both his legs.

It might take a total of two years to do everything for Willie that could be done. For if he went home and were allowed to run and play, he might not remember how he had been taught to use his muscles, and so would undo the benefits of a régime which, if followed, might demonstrate not only for Willie but for other children similarly affected what proper treatment can do to restore normal function and health. It takes a long time, even after a child walks, to establish pattern of motion which will continue to benefit him in normal life.



Willie

Yes, these are seven children, picked at random from the 101 who have been patients in the Tuskegee Infantile Paralysis Center. Not all got well. Not all *will* get well. For infantile paralysis, when it leaves crippling in its wake, is a disease which cannot be wiped from the record of a human life like chalk from a blackboard.

There also is Leon, 36-year-old road-worker from Louisiana, stricken five years ago, who has been in the hospital two and a half years. His legs are useless, and he spends his time in a wheelchair, playing with the children among whom he is the only adult. Leon will be discharged as soon as a home can be found for him — his wife and daughter have disappeared; no one knows where they are.

There's Isaac, who at 16, has come all the way from Baltimore, after three weeks in a respirator, and who lives with useless arms and legs, stiff back, stiff neck, stiff shoulders, hoping for improvement as elusive as a will-o-the-wisp, five months after he was stricken.

There are Charles — with casts on both his legs — and Hester, whose whole body was involved, but who soon will be ready to try two walking sticks although her arms and hands still are weak.

Cripples, all of them, made so in the sudden onslaught of the disease which still baffles scientists in the year 1945, though they race with the paradoxical slowness of research toward final illumination of the mystery. Cripples, yes—but cared for. And as they are cared for, men and women learn how to give *better* care to infantile paralysis patients.



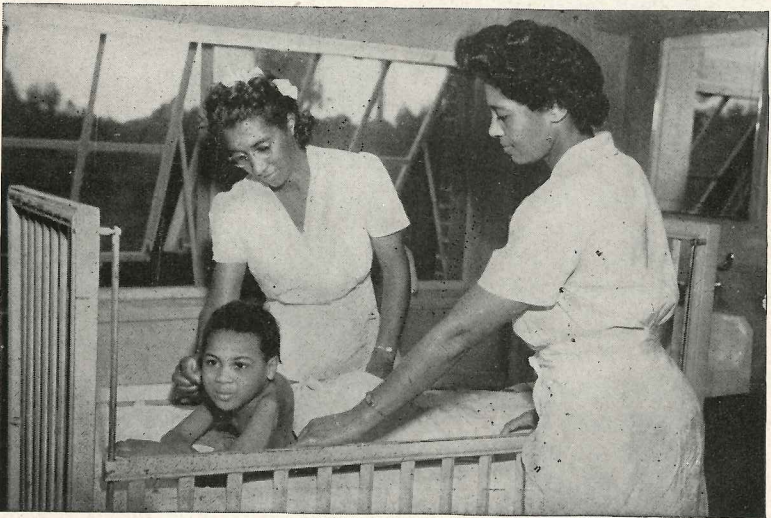
Charles Brooks, 24, of Ivy Depot, Virginia, is learning all over again to walk. Not so long ago he was helpless, a bed patient.

III.

The First Four Years

THE TUSKEGEE INSTITUTE Infantile Paralysis Center was established as an after-care center, *not* as a hospital for communicable diseases into which infantile paralysis patients traditionally go for the first weeks of their illness. But the year the Center opened, an epidemic of infantile paralysis broke out in Alabama. It was necessary to accommodate victims without delay, and even to add six beds to the 24 that had been the capacity of the Unit.

The daily visible improvement in those patients brought into the hospital in the early stages of the disease was such that the cry from doctors and nurses was, "If we could only *always*



Early treatment of infantile paralysis includes hot packs here being administered to Hester Fitts of Marian Junction, Ala., by Kenny Packers Mrs. Elaine Benn and Mrs. Fletcher Mae Cooks.



The Treatment Pool at Tuskegee Infantile Paralysis Center, where young Caleb Robinson is receiving treatment from Physical Therapist, Marjorie A. Franklin.

get them early!" Though still primarily a hospital for after-care, the Center admits enough nearby cases in the acute stage to ensure that professional workers going out from Tuskegee will have a wide knowledge of early techniques for minimizing crippling.

In 1942 and 1943, Alabama patients who had succumbed to the disease in 1941 continued to come for after-care. They came from other states, too — as far north as New York, as far west as Oklahoma. Most of the 101 patients admitted to the hospital from March 1, 1941 to December 31, 1944, were from the southern states, more than half from Alabama and Georgia — the surrounding territory. Twelve patients were admitted on two or more occasions; 58 stayed for more than a year. One patient, still there, has been in residence for two and a half years. In addition, out-clinic patients were served regularly until transportation difficulties in 1943 closed down the weekly clinic. It will reopen when the war ends.

Human Statistics

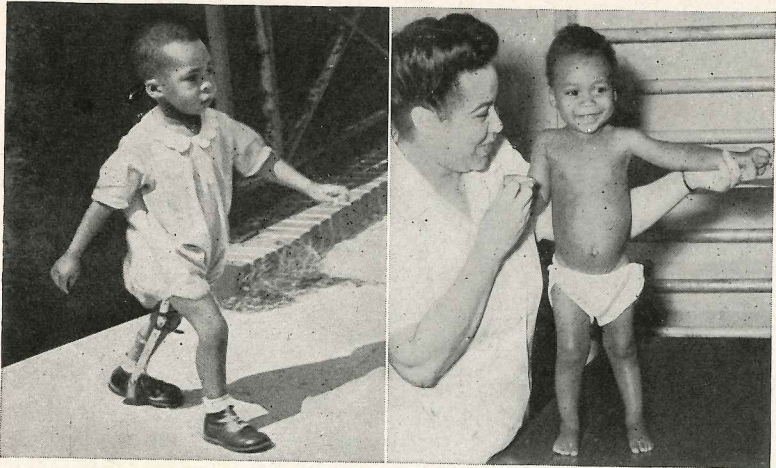
One hundred and one persons, chiefly children, hospitalized at the Center in four years, seem pitifully few in a nation

which, in the one year of 1944, saw more than 19,000 new cases of infantile paralysis! The significance of the 101, however, does not lie in their number. Other facts must be considered.

1. They were served by a staff of one doctor, seven nurses, and two physical therapists until recently, when the staff was reduced by two nurses and one physical therapist. This handful of Negro specialists has acquired invaluable experience in the care of infantile paralysis patients, forms a nucleus for spreading knowledge.

2. Most of the patients were in advanced stages of crippling, some so badly deformed and weakened that only expert surgery, treatment and re-education could create noticeable improvement. The majority improved to a great extent.

3. The patients received prolonged treatment, not readily available in most hospitals. They were not dismissed after a few weeks or months. The average length of stay ranged from



It was some time after he first came to Tuskegee before little Clifford Marshall, of Bowling Green, Ky., could stand on his own two legs, even with the aid of Physical Therapist Mrs. Eva Lee Baxter. Today he strolls nonchalantly about the grounds, aided only by a brace on one leg.

10.6 months in 1941 to 14.8 months in 1942, 15.6 months in 1943, and 18 months in 1944.

4. In the four years there were only four deaths, two in 1941 and two in 1943.

An indication of the *size* of the job done for the 101 persons lies in the fact that in 1944, with only one physical therapist employed, 2,324 physical therapy treatments were given. Of these, 832 were muscle reeducation, calling for the highest skills of the profession.

Professional Training

Another benefit to the Negro medical profession was a two-week institute on the care of acute and convalescent poliomyelitis, held in June, 1944, sponsored by the Georgia State Chapter of the National Foundation. Part of the teaching staff of Georgia Warm Springs Foundation participated, and six doctors, sixteen public health nurses, six institutional nurses, and ten private nurses attended.

Tuskegee Institute has a nursing school, to which 100 cadet (student) nurses have come since the Center opened. Three of the students' 30 months of training are spent in the Infantile Paralysis Center. This means 100 additional Negro nurses have had first-hand experience with the care of infantile paralysis patients during their training.

Plans for the enlargement of the Infantile Paralysis Unit were under way almost from the first. Toward the end of 1944, building actually started, financed in part by the National Foundation, although the Government supplied almost two-thirds of the funds. The expansion is a joint one for the John A. Andrews Hospital and the Infantile Paralysis Center. When completed, the Center will have 26 more beds, giving it a capacity of 56 beds for infantile paralysis patients. The hospital, which specializes in surgery and obstetrics, will have 34 more beds. The addition was scheduled to open in the summer of 1945, although additional staff had not yet been obtained. A new dormitory for student nurses also is to be built during 1945, partly by Government funds and partly by National Foundation grants.



The Infantile Paralysis Center at Tuskegee.

IV.

Let's Look Around!

IF YOU WERE to visit the Tuskegee Infantile Paralysis Center, this is what you would see:

A modern, three-story, fireproof building, bound to the John A. Andrews Memorial Hospital by a one-story corridor; over its white Georgian doorway in gold letters the words, "Infantile Paralysis Unit."

You would walk into a linoleum-floored soundproofed lobby. To the right, you would find the doctor's office, to the left the secretary's office, and beyond the lobby, through swinging doors, six rooms, three on each side of the hall, dedicated to three separate purposes.

First, on the right, the plaster room where casts are made and applied; then the head nurse's office; finally, a spacious room whose door proclaims it the "Recreation Center" but which, for six hours a day, is the schoolroom for the child patients. The room is always full of voices and activity, as the children with their crutches on the floor at their feet or sitting

in wheelchairs, strive to keep abreast of their friends on the outside. The pictures, books, curtains — in keeping with the restful green and gray color scheme of the hospital — were donated by the Phi Delta Kappa Sorority at Tuskegee Institute.

On the other side of the first floor hall are the laboratory, where urinalyses, blood counts and other pathological examinations are made, the nurses' lounge and the brace shop, where children's appliances are fitted after being made in the Institute brace shop which is part of the shoe-making division. The Center's brace maker participates in the teaching program.

In the basement, reached by electric elevator, are the physical therapy treatment rooms; a gymnasium equipped with whirlpool and leg baths, electrotherapy machines, facilities for massage; a smaller room with exercise machines such as a bicycle and a shoulder wheel; and a separate room containing a stainless steel Hubbard tank used especially for the treatment of small children who cannot use the pool. At one end of the basement is the green-tiled treatment pool, 25 by 30 feet in size, and four feet deep, with a capacity of 20,000 gallons of water maintained at a temperature of 92 degrees. Gleaming chrome metal guard-rails and a hydraulic lift for the transfer of patients from stretcher-carts to pool complete the equipment.

The top floor is the patient floor, containing six rooms with hospital beds lined up so they face each other, not too close together. Except when physical therapy treatments are being given from 10 o'clock until noon, or when a teacher is visiting the bedside of a patient who is unable to come downstairs, there are always visitors — not from the outside, but ambulatory patients, going around to play with those who cannot get out of bed. Cheerful, noisy and mischievous, they are as happy a lot as you will find anywhere. One of the never-solved mysteries of this disease is the cheerfulness which seems to accompany its victims!

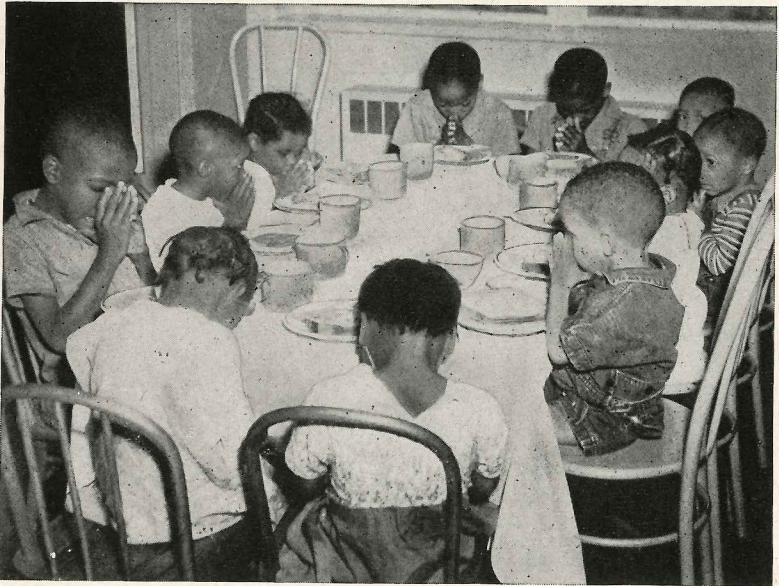
The bed patients wear hospital gowns, but others their own clothes: cotton dresses or denim overalls. They are urged to dress and undress themselves whenever possible.

On fair days, which means most of the time, the walking patients and those in wheelchairs go out on the sun deck for

part of the day. Sometimes the bed patients are moved to wheeled cots for sun baths on the deck.

Most of the children get out of their cribs or beds for meals, which are served in the wide upper corridor near a big back window. Even the two-year-olds wait until all are seated, then clasp their hands under their chins and chant a grace:

*"God is Grace, God is good
And we thank Thee for this food
Bow our heads, must all be fed
Give us, Lord, our daily bread."*



Grace is chanted by the young patients in the Tuskegee Infantile Paralysis Center before each meal. Those around the table are Ida Mae Wallace, Opelika, Ala.; James Hicks, Jr., Atlanta Ga.; Caleb Robinson, Notasulga, Ala.; Clifford Marshall, Bowling Green, Ky.; Charles Robinson, Douglasville, Ga.; Mary Jo Graham, Alexander City, Ala.; Theodis Sanders, Phenix City, Ala.; Hester Fitts, Marian Junction, Ala.; Madie Pickens, Abbey, Ga.; Willie Rufus Foster, Birmingham, Ala., and Willie Presley, Montgomery, Ala.

V.
Admissions

PATIENTS ADMITTED TO THE TUSKEGEE INFANTILE PARALYSIS CENTER				
<i>Year</i>	<i>On Rolls</i>	<i>New Patients</i>	<i>Re-admissions</i>	<i>Kept from Previous Years</i>
1941	30	30	0	0
1942	57	22	7	28
1943	48	27	5	16
1944	36	22	0	14
	<u>171</u>	<u>101</u>	<u>12</u>	<u>58</u>

ADMISSION to the Center is made by the filing of application forms obtainable from the office of the Director of the Center. Any Negro patient, who has been diagnosed by a physician as having or having had infantile paralysis, is eligible. However, the waiting list is long, and patients must be selected on the basis of the problems presented by their cases, as well as the prognosis of probable improvement by treatment at the Center, which cannot be obtained by the applicant elsewhere.

Patients are classified as full pay, part pay and free:

	<i>Full Pay</i>	<i>Part Pay</i>
Adults	\$4.00 per day	\$2.00 per day
Children (under 12)	\$3.00 per day	\$1.50 per day

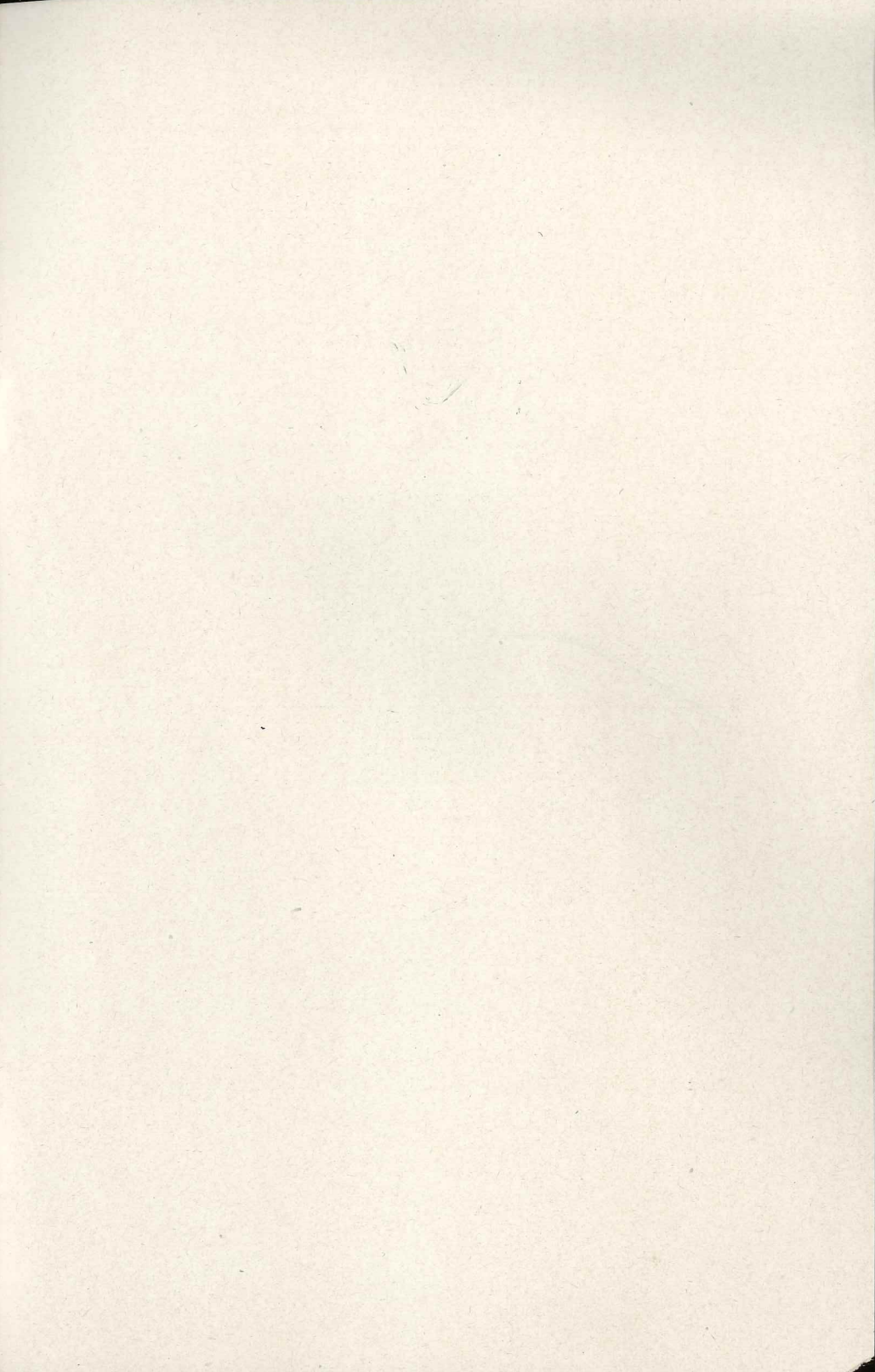
In order that a patient be admitted as a free case he must be referred by an authorized social agency or by a County Chapter of The National Foundation for Infantile Paralysis. The Chapter (there is one close to your home — look it up in

the telephone book) will pay the expenses of any Negro patient acceptable to the hospital who is unable to meet the hospital fees. It will also provide transportation if needed. No funds are provided by the hospital for the transportation of patients, but in the case of acceptable free patients all necessary medical and surgical attention and all mechanical appliances are provided.

Ambulatory patients or those requiring limited physical therapy may obtain accommodations in the surrounding community and receive treatments through the out-patient department at a nominal fee. However, patients in those parts of the country where adequate treatment is available are not encouraged to come to Tuskegee unless their cases present special opportunity for study and the use of new medical techniques.



While they're being treated, they're also under the supervision of a capable teacher learning reading, writing and 'rithmetic, at Tuskegee.



Sleeve #6

Blue Binder: Pubs. of M.O.D.

