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Newsweek

THE MAGAZINE OF NEWS SIGNIFICANCE

Paraplegics: The Conquest of Unconquerable Odds
(See 'Medicine')
For Your Information

MATTER OF OPINION: In these days of national and international politicking, even the most unconcerned citizens are liable to find opinions forced upon them—pro and con, anti or anti-anti. One basic realm of current opinion is War Talk, and this week National Affairs takes a look around the country to see, if possible, what the extent of that talk is, what it means, and how it affects the individual (see page 28).

BARRIERS DOWN: The Newsweek correspondent in Portland, Ore., who queried the University of Oregon for information on the new sex-education film produced there (see page 90) was told: "We are glad to make this material available to Newsweek because of the intelligent manner in which it has handled the subject in the past. There seems to be a general feeling among people in the social-hygiene field that the May 19 story was exceptionally well handled."

WALLACE LETTERS: Last week, when columnist Westbrook Pegler published the so-called "Guru" letters and demanded to know whether Henry A. Wallace had written them, National Affairs Editor Robert Humphreys felt that the amazing history of these secretly circulated letters should become a matter of record. Humphreys, who in 1943 had questioned Wallace at length concerning the letters, assigned Harold Lavine, a staff writer, to dig up numerous missing facts and piece the whole history together. The resulting account appears on page 27, 28, and 29 in National Affairs.

PERSEVERENT READERS: Two letters we received this week have convinced us that Newsweek has the most perseverent readers in the world. Dorothy E. Frandun of Brooklyn saw our tea-tasters' picture and story in the issue of March 1. She was intrigued by the "invisible man" advertisement reported by the Washington Times-Herald, communicated with the advertiser, and discovered a woman who actually thinks she has an invisible man with her," just as the item said. We have declined his offer of more details.

THE COVER: Jack Gerhardt, 22, is co-captain and top scorer of the Halloran Veterans Hospital basketball team. He is also, incidentally, one of the 2,600 surviving paraplegic veterans of the second world war, having been wounded in Normandy while serving with the 82nd Airborne Division. That there were almost no paraplegic veterans after the first world war, for the grim reason that they all died from resultant infections, is statistical proof of the advances made by the medical profession in the treatment of this affliction. For a report on how doctors and patients have worked together to lick the odds of this devastating injury, see page 55 (Newsweek photo by Ed Wergeles).
Men With Guts

Through the smoke and glare of Madison Square Garden, the basketball court had the stark quality of a George Bellows lithograph.

Ten husky young men in slender metal wheel chairs were lined up for the referee’s whistle. As the two centers pushed themselves forward, the battle began. Chairs whirled the length of the court. The ball was passed, dropped, and clutched again.

A wiry, dark-haired boy with a broad grin lifted his powerful arms for a neat shot into the basket. The audience of 15,561 sports fans roared.

This Garden game on the night of March 10 was speedy, big-league basketball, with no quarter asked and none given. The one difference lay in the substitution of free wheeling for fast footwork. The contestants were veterans of the second world war whose battle wounds had left them paralyzed from the waist down.

Paraplegic basketballers in action: The chairs weigh only 5 pounds

That made them paraplegics—a word which through frequent and dramatic usage has come to mean not helplessness, but courageous ability to get around. Shrapnel, gunshot wounds, or field accidents had cut their spinal cords and rendered their legs useless. But sheer grit, patience, and expert medical care had lifted them from hopeless invalidism to confident independence.

One team wore the navy and white uniforms of Halloran Veterans Hospital, Staten Island, N. Y.; the other, the royal blue and orange of Cushing Veterans Hospital at Framingham, Mass. In the Madison Square Garden game, Halloran, which has won 26 out of 27 games, defeated Cushing 20-11.

"Hell on Wheels": Wheel-chair basketball, as played in every veterans’ hospital in the country, is good medicine for the paralyzed veteran. Strenuous exercise lends power to the chest, shoulders, and arms, which must bear the weight of inert legs.

Athletic competition steps up the morale of the disabled American youth, whose love of sports has never left him.

Rules complete with tap-offs, out-of-bounds, and fouls are similar to those for able-bodied players. Dribbling is the exception; this is done by placing the ball on the lap and wheeling the chair to the objective.

The chairs, weighing only 5 pounds, can stop short, pivot, and make lightning starts and unexpected turns. There are spills, which at first make the audience gasp. But no one is hurt. The game is stopped until the player is pulled back in his chair. Long experience enables the veteran to travel about as fast as the ordinary runner. That, as one spectator observed, is like "hell on wheels."

Shooting the ball into the basket is another story. The act of throwing is much more than an arm movement; it needs the back too. The back’s broadest muscle, the latissimus dorsi, is attached to the arm and goes all the way down to the hipbone or pelvis. Because the paraplegic player must remain seated, his pelvis is immobi-

lized. Freedom of upper-arm movement is hopeless invalidism to confident independence.

Hours of practice in hospital gyms and in exhibition games have increased the paraplegic’s shooting skill. But what it cost him to learn this trick was known best to the 150 paraplegic spectators whose wheel chairs lined the court at the Madison Square Garden game.

"Cord-Case" Care: After the first world war, paraplegia was not a rehabilitation problem. Almost all the "cord cases" died from pneumonia, kidney infection, or bedsores within eighteen months. Only one is alive today.

But thanks to penicillin, sulfa drugs, and improved surgical methods, many paraplegics of the second world war lived on. What to do for these men was a question to confound the most capable rehabilitation expert. To save and restore them called for five phases of treatment:

► Neurological—to determine the exact location of the injury, the extent of the paralysis, and the loss of sensation.

► Urological—for bladder correction and control and for treatment to prevent infection.

► Surgical—cutting the spinal nerve roots to relieve muscle spasms, and plastic work on bedsores.

► Psychiatric—to build up a sound mental attitude toward this affliction.

► Physical Medicine—physical therapy, occupational therapy, and corrective physical rehabilitation.

From the start the paralyzed man was handled with brisk candor that took the edge off self-pity. A printed chart headed "What's My Score?" helped him to keep tab on his improvement. Seventy-two activities, ranging from (1) moving from place to place in bed to (72) driving a car, were listed, with the time required to accomplish each feat.

Results as reported last week marked a scientific triumph over seemingly hopeless odds. Of the 9,600 paraplegics who faced invalidism and possible death after the second world war, 80 per cent have been trained to get about on crutches. Of that number 80 per cent are either working or in school.

Civilian Crippled: The rehabilitation of the service injured brought new hope to civilian paraplegics—who outnumber the veteran cord cases eight to one. The country’s outstanding services for these and other civilian crippled is the year-old rehabilitation setup at Bellevue Hospital,

*A paraplegic can be trained to control his bladder by the clock. By keeping a record of fluid intake, he can gauge the automatic voiding time accurately.
New York (Newsweek, Feb. 10, 1947). In the big, sunny wards of the ancient institution, paraplegic men, women, and children go through intensive training to take them from bed to a job or to school.

There is Alice, a handsome brunette paraplegic who was crippled by polio at the age of 11. Before coming to Bellevue in January 1947, she had spent fourteen years in a wheel chair. Now, walking on braces and crutches with ease and assurance, Alice holds down a full-time job as secretary to a Bellevue doctor. Her roommate, another hospital secretary, is Margaret, a pretty Southern girl whose back was broken in an automobile accident in 1940.

Not all the Bellevue paraplegics have the trained agility of these girls. There is Steve, a tall Greek aviator, whose plane crash left him with two useless legs and with limited use of both arms. Steve, who was sent to America by the Greek Government, is starting at the bottom. Last week, limp legs strapped in heavy braces, the flier moved laboriously down the Bellevue training ramp.

As things now are, not more than three dozen hospitals in the United States are equipped to handle paraplegics. (The Mayo Clinic is said to have but five paraplegic beds.) Although 130 communities are in process of organizing rehabilitation centers, only a few are actually functioning.

New VA Load: The veteran who suffers a peacetime paraplegic accident can always depend on the VA hospitals for complete care. Of more than 1,500 paraplegics now in seven VA installations, something like one-third are postwar cases. Civilian injuries range from farm, mining, and swimming accidents to automobile crashes and freak mishaps such as falling down elevator shafts and from painting scaffolds. There are also new postwar paraplegics from the services—jeep, truck, glider, and plane casualties—to take the place of departing war paraplegics.

At VA hospitals like Kennedy Hospital, Memphis, the veteran paraplegic puts the final touches on his training. There in one large building called Independence Hall is a complete make-believe world for the disabled. Walking surfaces, such as pebble, gravel, and tile, help the crippled veteran to develop a keen sense of position. There are ramps, stairs and chairs, church pews, dummy buses and streetcars, and streets with stop lights.

When he finishes his training, a rehabilitation “steering committee” tries to find him a job or to put him in job training. Employers say that paraplegics have less absenteeism than most workers, and very little illness.

Paraplegic Health: The psychiatric condition of the paraplegics is surprisingly good. An Army study recently released revealed that only 15 per cent were “strongly depressed,” white 12 per cent were “indifferent to recovery.” Three per cent were hopeless and would never try to walk. But at least 70 per cent had achieved “good psychological adjustment.” Of the 1,578 paraplegics now under VA care, only 38 are in neuropsychiatric hospitals.

Paraplegics do better when kept together in wards than when put in separate rooms. Their loudest gripe is against the so-called “acid-ash” diet. To prevent kidney stones and gallstones, their food must have a low alkaline content. This rules out potatoes, milk, fresh tomatoes, and fresh
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MEDICINE—

fruit. But they eat lots of noodles, spaghetti, rice, and such vegetables as asparagus, onions, turnips, and cabbage.

Doctors discourage the use of alcohol, since once a paraplegic starts drinking he may not stop. But he can have beer.

From Dr. A. Ray Dawson, VA assistant medical director for rehabilitation, comes the prophecy that the present paraplegic population—the first in the world—will have a near-normal life expectancy. However, these people are particularly susceptible to such ailments as pneumonia, urinary-tract infection, kidney ailments, and high blood pressure. Many suffer from malnutrition in the early stages; others tend to have liver diseases. To help cut down these illnesses, all seven VA paraplegic hospitals are engaged in research:

Kennedy VA Hospital, Memphis, is studying disturbances in blood pressure.

Hines VA Hospital, Chicago, is making an elaborate neurological study of the paraplegic's main organs—stomach, kidneys, liver, and heart.

At the Van Nuys, Calif., VA hospital, Dr. Ernest Bors is investigating the paraplegic's sex life. Doctors know that when the spinal cord is completely severed, there is no hope for normal sex activity. But in some of the less seriously affected men, Dr. Bors finds that sex power has returned. Impotence rather than sterility is the main barrier. By carefully recording paraplegic sex progress, the VA doctors hope to turn up new facts to help the impotent cases.

In other hospitals, VA rehabilitation experts have even suggested the use of prosthetic devices.

A House to Live In: Veteran paraplegics seek and need no sympathy; they scoff at too sentimental offers of help. They have cars, gifts from the government. What they want most now is a place to live that is suitable for men who are paralyzed from the waist down. They need ramps instead of stairs, bathrooms large enough to enable wheel chairs to enter and equipped with showers containing seats. They want low light switches, low mirrors, and low basins under which they can slide their chairs.

Last year the American Institute of Architects drew up a set of house plans to cover these features. But a house suitable for a paraplegic would cost around $20,000 today—too much even for the veteran who gets the government's highest pension—$360 a month. A bill has been introduced in Congress to provide government aid for the veterans who are crippled because of injury to the spinal cord.

Given his health, a house, and a job, the paraplegic makes few demands. If too many medals are passed around, he is likely to mutter that he'd rather have his legs. One young paraplegic summed up the general attitude this way: "We are not helpless; don't let anyone consider us so. We want to be known as men who happen to be paraplegics, not as paraplegics who once were men."

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