

Excerpts from Not Just Polio The autobiography of Richard Lloyd Daggett

Taking a Detour

My thirteenth birthday was June 14th, 1953, the same day I graduated from the seventh grade. About a week later my family went camping in the Eastern High Sierra. We returned home in time to sign up for my second session of swimming lessons at Downey High School. At least that was the plan. Things didn't work out exactly as planned. The first indication I had that something was wrong was waking Friday morning, July 17, 1953, with a stiff neck and back. It was not only stiff, but it really hurt, too. Putting my clothes on was very, very uncomfortable.

I had a couple of severe headaches the day before but they both went away after an hour or so. I don't remember ever having a headache as a child and, in any case, I wasn't going to let these headaches spoil my summer fun. I'd run down the street and with every stride my brain felt like it wanted to leave my skull. It hurt, but I wasn't concerned. I'd occasionally hear friends and family members complain of headaches, and they always seemed to feel better later.

This back thing was different. I'd never known anything like this. I stayed in bed until mid-morning when my mother called my father at work. He came home and they took me to see our family doctor. The doctor did some tests, mostly to do with my reflexes. He said I should be taken to the Los Angeles County General Hospital.

We arrived at County General and entered the Communicable Disease Ward. This was a very old, red brick building on Zonal Avenue, just west of the main hospital building. Everything inside seemed old, too. I was put in a bed and they began giving me more tests. Every time a doctor came by he would ask me to try sitting up in bed without using my arms. This seemed to have some special significance. I did this about a dozen times and had no difficulty.

In the afternoon they did a spinal tap. They told me it was a test to see if I had polio. Everyone in the early 1950s had seen March of Dimes posters with iron lungs and kids with leg braces and crutches, but polio was not something I thought about much as a child. I didn't think any more about polio than I did about getting hit by a truck. At thirteen, most boys believe they are invincible.

The tap itself was very painful, but what hurt even more was trying to get in the knees-to-chin position that a tap required. They kept asking me to bend forward more but the pain in my back was really intense.

I spent the rest of the afternoon in a small alcove off a much larger room. I could see other children in the larger room. Although they were all in bed they didn't seem to be very sick. Some of them appeared to be playing games of some kind.

That night my legs began to ache, and shortly after midnight I started to have trouble sitting up. I needed to urinate and I could see a urinal on the nightstand next to my bed. I tried to reach for it but my arms wouldn't cooperate. With great effort I finally reached it but I was completely exhausted.

I wasn't sure how a person was supposed to feel if they had polio, but not being able to sit up told me I had it. I distinctly remember saying to myself, "Uh-oh. I think I have it." When my parents came to visit on Saturday I told them the same thing, "I think I have it." I said it almost apologetically. I knew my parents didn't want to hear this.

Sometime late Saturday evening they wheeled me into a small room where they started an IV. Then some people in surgical gowns wheeled me to another room that looked like a dentist's office. Here they performed a tracheotomy.

A tracheotomy - without an "s" - is the name of the surgical procedure to open an airway in your trachea, or "windpipe." A tracheostomy - with an "s" - is the incision left after the operation. I now have a tracheostomy, pronounced with a long "a." Those of us familiar with tracheostomies usually refer to them as a "trach," still pronounced with a long "a" and rhyming with "cake."

The operation was performed with a local anesthetic. I was wide awake and I could watch the doctors bending over me as they worked. The one who seemed to be the leader wore goggles over his glasses because, he said, "It keeps the patient's breath from fogging my glasses up." There must have been several people present who were unfamiliar with the operation because the doctor with the goggles gave a running commentary. Everybody in the room obviously knew what they were doing to me. Everybody in the room but me!

Up until this time I had moments of apprehension but I was never really frightened. Of course I wondered what was happening but, except for the spinal tap, nothing that had been done was very painful and everybody acted like things were going fine. Then the doctor doing the tracheotomy made one final cut and air started sucking in and out of the hole he made in my windpipe. I thought he must have done something wrong. I tried to ask them what had happened, but every time I tried to talk more air bubbled up out of the hole. Now I really was frightened.

When they finished the operation they put me in a tank respirator, more commonly known as an iron lung. As my head was sliding through the opening, I vomited. I tried to apologize but the words wouldn't come out. And blood seemed to be all over the place. My blood!

I either passed out or they gave me a shot of something to make me sleep, because the next thing I remember was waking up in a large room. There was a mirror over my head, and in the mirror I could see a row of large black bellows across the room. They were going up and down. I didn't know much about respirators but I figured one of them must be making me breathe. I tried to figure which one it was by timing my breathing with the motion of each bellows. None of them seemed to match my breathing pattern. It wasn't until later in the day, when my mirror was adjusted upward, that I realized those bellows were all attached to the underside of other respirators. I couldn't see mine because it was beneath me.

I was in a Drinker-Collins "iron lung." The Drinker machines were bluish green and had the bellows on the bottom of the respirator. These were the most common type of tank respirator in Los Angeles County. The Emerson "iron lung" was a pale yellow, almost sickly color, and had the bellows on the end. The Emerson machines were less sophisticated and cheaper to manufacture. They were more common in other parts of the country. Both types made a low whooshing sound as they worked to keep us breathing.

An iron lung helps a person breathe by creating a rhythmic negative pressure within the tank. This negative pressure creates a partial vacuum and the patient's chest wall expands trying to fill this vacuum. When the chest expands the patient draws in air, mimicking natural breathing. The pressure and rate can vary for each patient. Those of us with significant paralysis of our breathing muscles often had additional air forced into our lungs through a tracheostomy. The tracheostomy can also be used to suction mucous from our lungs. I'm sure the tracheostomy saved my life.

I learned later that the doctors in Los Angeles County had a very proactive policy concerning tracheotomies and other aggressive medical procedures. The policy was, if the thought

of a tracheotomy (or other procedure) enters your mind, do it now! Most places in the United States, even in large cities, the doctors would say, "Let's wait and see how the patient does" before they acted. This delay was often fatal.

After a few days I got used to the routine: two shots in the morning, one at noon, one at night, bath every day, and an enema every other day. I had blood taken for tests every third day, usually out of my leg or groin. Ouch! Some people might think that if a person can't move, then they can't feel either. Let me clear that up right now. Polio does not affect your senses. You are able to feel everything. If something looks like it would be painful, it probably *is* painful!

I couldn't swallow, so they inserted a tube through my nose and down into my stomach to feed me, and I still had the intravenous tube in my arm. Later they moved the IV to my leg. When they did this they performed what they called a, "cut down," similar to what is now called a central line. They cut open a vein in my ankle and inserted the IV tube directly into the vein. That was one of the things that really hurt, both when it was opened and again when it was closed. I'm guessing they used some local anesthetic, but it sure didn't feel like it.

My mother drove to the hospital to visit almost every afternoon and both parents came in the evening. I'm sure it was a difficult time for them. I was their youngest child, and I was very, very ill with bulbo-spinal polio, the most severe form of this disease. I learned later that, in addition to polio, I had a life-threatening case of pneumonia.

It was probably more difficult for all the parents. Imagine entering a room filled with these huge metal tanks. The tanks are making their whooshing sound. All you can see are heads sticking out one end of each tank, and you know that one of these heads belongs to your child.

I've heard from many polio survivors who felt isolated from their families while in the hospital. They state that their parents were not allowed to visit them for several weeks. Even when they could, they would be kept separated, either behind a glass partition or outside the building completely, only able to wave to their child through a window. This was not the case at Los Angeles County General Hospital. As I relate above, my parents were allowed to visit me twice a day, with restrictions on actual physical contact. When I was transferred to Rancho Los Amigos we had regular visiting hours. These were Saturday and Sunday afternoons and evenings, and Wednesday evenings. Parents could visit their child on any day and at any reasonable time. Perhaps the doctors and hospital administrators in Los Angeles County had a more enlightened perspective than those in other parts of the Country.

My father began a daily journal of the events surrounding my illness and hospitalization. He never mentioned it, and I didn't know about it until after his death when I was going through his papers. I believe this journal was his way of coping with the strain and sadness he and my mother must have endured.

Here are some excerpts from the first few entries:

Friday, July 17: Dr. Hershey examined him and gave us an order to take him to the CD building at the General Hospital. Arrived about 11:30 a.m. They asked us a lot of questions and gave Richard an examination. He said he felt "Pretty good," The doctor told us he had no muscular weakness at that time.

Saturday, July 18: Arrived at the hospital at 2 p.m. Richard was suffering some discomfort and said, "I have it", meaning polio. He showed us the difficulty he had moving his arms. We returned home somewhat apprehensive. At 9 p.m. Dr. Miller called and said Richard developed some difficulty breathing and they were planning to put him in an Iron Lung later in the evening. He called again about 11:30 and suggested we come there. We went immediately. We couldn't see

the doctor until 2:15 a.m. He explained they put Richard in the Lung as a precaution and to save his strength. We went home feeling pretty low.

Sunday, July 19: Called the hospital at 9 a.m. The nurse said Richard had a quiet night and that we could see him. We went right over and visited with him for 10 minutes. He seemed in good spirits, under the circumstances, and was comfortable. Talked to one of the Drs. and he explained some things about polio to us. As long as the patient has a fever it is still "working". After that they can determine the extent of nerve damage. There is nothing to do but wait for two or three days for the answer. They will be anxious days for us. Went to the hospital again in the evening. Richard is a very sick boy.

Monday, July 20: I left work at noon. Went home for lunch and we went to the hospital. The nurse was working on Richard when we saw him. The Dr. said he had developed pneumonia. Still a very sick boy. We returned to the hospital at 7 p.m.. We were rewarded with the first hopeful sign. Richard seemed in good spirits and the nurse said his temperature was down a little. We came home clinging to that slim thread of hope.

Tuesday, July 21: Came home for lunch and went to the hospital. The nurse was working on Richard so we had to wait in the hall a few minutes before we could see him. He is very sick but the Dr. said his fever is slightly lower. He also told us that Richard has a better than even chance to pull through. Returned to the hospital at 7 p.m. Richard was asleep when we went in but the nurse awakened him. He seemed glad to see us. I asked him if he was discouraged and he shook his head to indicate a definite "NO!" That spirit can't lose and I'm real sure he will win.

I treasure this journal. It is important historically, but even more important to me is the written record of my parents' thoughts and concerns.

Everyone had to wear gowns and a few people wore masks when they were on the patient units in the Communicable Disease Ward. Men, who I assumed were doctors, would often stop by my respirator. They would talk *about* me, but never *to* me. It was almost like I was a bug in a petri dish. This heightened my sense of apprehension. Were they preparing to do some different tests? Would they be painful?

I was very naïve. I had no real understanding of how serious my condition was. Oh, I knew that I was completely paralyzed, but the long-term impact did not sink in. My greatest concern was that I might miss the first day of school in September. Part of this may have been because my only direct knowledge of polio was through neighborhood friends. They both had polio in 1948. They were in the hospital for about three weeks and then reappeared without any visible aftereffects.

As I lay motionless and on life support I thought about starting school in September. After a couple of weeks I realized I wasn't going to suddenly jump up and start walking, but I still thought I'd leave the hospital before school began. I could visualize going back to school on crutches or maybe a slight limp. In a kind of demented way this appealed to me. I figured all the pretty girls would fawn over me. And, when I was thirteen, all girls were pretty.

Perhaps a person's mind tries to protect itself from reality. Or, perhaps my mind was just overly dense. Before polio I bit my fingernails. I tried to break the habit but not very successfully. In the iron lung I couldn't bring my fingers to my mouth. After a few days I could tell my nails were longer. I mentioned this to my parents and my father said he'd buy me a nail clipper and file if I continued to let them grow.

Here I was, encased in a large, 800 pound metal cylinder with just my head sticking out. I couldn't move, breathe, or swallow. But when my father offered to buy me my own personal nail clipper I felt as if I'd just won the lottery.

I don't recollect exactly when I found out that I would be transferred to Rancho Los Amigos Hospital (now Rancho Los Amigos National Rehabilitation Center). My first thought was, "No way!" We had driven by Rancho several times when our house in Downey was being built. It had always been described to me as the, "old folks' home." There was no way I was going to an old folks' home. Rancho had been the county poor farm from the late 1800s through the 1930s. I didn't realize that Rancho had been gradually changing. It had become the largest of the thirteen respiratory centers funded by the National Foundation for Infantile Paralysis (March of Dimes).

Three weeks after I entered the Communicable Disease Ward at County General I was put in a huge ambulance built especially for tank respirators. A team of electricians followed as I was pushed through the corridors of the hospital and out to the ambulance loading ramp. They would alternately disconnect and reconnect my respirator to long electrical extension cords. My regular mirror was replaced by an unbreakable one made of polished metal and the rear doors of the ambulance were left open so I could see out the back. This was in the closing months of the Korean conflict and we happened to enter the freeway in the middle of a military convoy. I could see a long line of Jeeps and transports following the ambulance. They stayed with us for a mile or two until our driver hit the siren and we pulled away, screaming down the freeway off ramp.



I was taken to Building 60 at Rancho. This was just an old, two story stucco structure about 50' by 150', divided into four large rooms on the ground floor. There appeared to be eight to twelve patients in each room. There were several identical buildings in a row: Buildings 30, 40, 50, 60, and 70. My room in Building 60 had all boys, from about eight to fourteen years old. The staff greeted me warmly and always had a positive attitude, at least around the patients. The whole atmosphere was that patients were going to get better. And most did.

While at County General the only visitors I was allowed were my parents. At Rancho they allowed visits by other family members and friends. Many of my school friends came by, but I think some of my friends were kept away by their parents. Polio is not contagious after about three weeks, but some parents probably thought it was better to be safe than sorry.

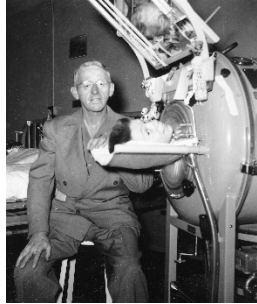
After two weeks at Rancho I was assigned a physical therapist. Her first task was to stretch any of my muscles that had tightened from disuse. Since the only parts of my body that I could move by that time were the toes on my right foot, there was a lot of stretching to do! I was still unable to breathe on my own, so when my respirator was opened for therapy I was hooked to positive air pressure directly into my tracheostomy.

Every day, prior to therapy, I would get hot packs. These were wool blankets that were steam heated and spun dry, then wrapped around my arms, legs, and torso. They were very hot, and I got burned once. But that happened only once, and was just carelessness by an inexperienced nurse. After a half hour the hot packs began to get cold and clammy. The cold, damp wool made me itch and it really felt good to have them removed and have the sweat toweled off. Some polio survivors talk about the awful smell of the hot packs, sort of like a wet, dirty dog. I agree that they did smell, but I didn't find it particularly objectionable. I actually enjoyed the moist heat.

About the same time I started therapy, they also began feeding me soft foods by mouth. It wasn't long before the tube was removed from my nose and I began eating regular meals. We often

had soft-boiled eggs for breakfast. Sometimes they were nearly raw, and at other times they were as hard as golf balls. It didn't make any difference to the nursing attendants who fed me. As they cracked open the eggs they would always say the eggs were, "Just right." It got to be an ongoing joke.

Sometimes my mother would prepare Lipton's chicken noodle soup and bring some to me in a thermos. The noodles were small enough to drink through the curved glass straws used in the hospital. There was a trick to eating, because I had to time my swallowing with the respirator. An iron lung pretty much takes over your life. It is much stronger than a patient's weak muscles. It tells you when to breathe and how deeply to breathe.



Talking while in the respirator was very frustrating too. I would get in the middle of a word and have to stop and wait for the next breath. People using respirators often talk in sentence fragments.

This might be a good time to explain terminology. I use "tank" and "iron lung" interchangeably in my story when I refer to these large respirators. I think most people in the 1950s would probably be more familiar with the term iron lung but, in the hospital, this type of respirator was usually referred to as a tank.

I quickly learned the emergency "code" of respiratory dependent patients. If our respirators malfunctioned, a tube became disconnected, or something happened that needed immediate attention we were told to make a clicking sound with our tongue. This always brought a rapid response from the nurses.

Once a week the hospital tested the back-up electric generator. With so many respirator dependent patients, it was vital that they have a reliable source of emergency electricity. At noon, on the dot, the tank respirators and other equipment would go silent as the outside electricity was shut off. In a few seconds we'd hear the huge diesel engine start up. After a few more seconds the engine was up to full speed and the transfer switch was thrown to the emergency generator. Everything would run on back-up power for about half an hour before they would switch back.

It was also vital that all employees know how to manually pump the tank respirators, just in case something catastrophic happened. Doctors, nurses, therapists, maintenance staff, and custodians had to learn. This was hard, physical work, but everyone was trained in this important exercise.

Like many of the other patients in an iron lung I had several personal items hanging near my head at the front of the tank. I had a small plastic dog that some friends brought me, a photo of my brother in his Army uniform, a photo of one of my girl friends, and a photo of me throwing a football. The football photo was the last picture taken of me before polio. Looking back, I think having it on my respirator might have been my subconscious way of saying, "This is the *real* me. Not the weak, emaciated kid you see with his head sticking out of this tank."

The mirror over my head was adjustable. On the back there was a wire frame that could hold books or magazines. Someone would have to come by periodically to turn the pages. Reading was a very slow process, but I kept up with my school work and read several books this way.

Most of the time things were pretty monotonous, although we did have movies once a week to break the routine. These were usually short films, but occasionally we had a full length feature. A man would bring a 16 millimeter projector to the ward and place the large projection screen at one end of the room. Sometimes the beds and tank respirators would need to be moved around so that we could all see. One afternoon they wheeled a group of us to Rancho's large auditorium to see a fully staged production of Humperdink's opera *Hansel and Gretel*, complete with orchestra

and professional singers in costume. Other times we would be visited by some well known personality. The first one I saw, after being at Rancho about a week, was Barbara Stanwyck.

Some strength was returning, especially to my legs, and I slowly regained some breathing tolerance: ten minutes, three times a day, then fifteen minutes, then twenty, etc. When I could breathe about one hour on my own I graduated from the tank respirator to a chest respirator. This type of respirator covers just a person's torso. It looked a little like a turtle's shell. It allowed me to lie on a bed, escaping the confines of the tank.

By Christmas 1953, I had enough breathing tolerance to visit home on a four hour pass. Most of the patients were not afforded this luxury because they lived too far from the hospital. But, it was barely three miles from Rancho to our house. A few days prior to this my mother and father had to take lessons in how to operate the various pieces of equipment I had to take home with me: portable respirator, suction machine, etc.



The first time I went home I noticed something different, but I couldn't figure it out right away. Then it dawned on me. It was quiet. There were sounds at home, of course, but at Rancho there was a constant background noise of respirators and other equipment. It wasn't loud enough to bother anybody but it was always present. The silence at home was kind of eerie until I got used to it.

In January I was transferred from Building 60 to Building 40, and my activities were stepped up. One of the first items on the list was to plug my trach tube with a temporary plug made of rolled up adhesive tape. It took several days for me to get used to breathing through my nose and mouth again, but now I could talk without putting my finger over the open trach tube.

The next thing they wanted me to try was standing, using a, "standing board." This was a narrow wooden table with a gear arrangement so that a person strapped on it could be raised from the horizontal to the vertical position. I was told that before I would be allowed to stand I needed a plaster "body jacket" to help support my back. They took me to the plaster room where I was suspended in a kind of rack made out of pipes. My head was in a harness, a sling supported each arm, and two slings supported each leg. More harnesses were added to each ankle and traction was applied. This allowed the doctors and the "cast man," free access to the main part of my body so that the plaster cast could be applied. The rack looked like a medieval torture machine, but there was very little discomfort. I did, however, have a feeling of extreme vulnerability from hanging suspended in mid-air. I felt really naked, too. They put a stockinet over my torso that became the lining for the cast, but I was lucky if they left the stockinet long enough to cover my private parts. If the stockinet wasn't long enough they sometimes placed a washcloth or small towel between my legs. I still felt naked.

With the plaster body jacket I was allowed to sit on the side of the bed for a few minutes. I was even allowed to stand briefly and to sit in a wheelchair. Not for an extended period, but long enough for my parents to wheel me outside and look around.

Standing was a big milestone. I was very unsteady but I could support my own weight without braces or crutches. This gave hope that I would walk at some point.



In March of 1954 we made the move to the north side of Imperial Highway. The move was very well coordinated. They moved more than 125 patients, many in iron lungs, in just four hours. My home for the next six weeks was Ward 502. The new 500 Building looked more like a country club than a hospital. The architecture of the main entrance had a very modern appearance, with a gently sloping roof and expansive floor-to-ceiling windows. The circular driveway in front of the main entrance was landscaped with tall palm trees and tropical plants.

The 500 Building had three patient wings: Wards 501, 502, and 503. Each ward had eight rooms, and each room was designed for eight patients. When fully occupied there was space for one hundred and ninety-two patients. Most of the patients had some degree of respirator dependence. That was Rancho's specialty. The 500 Building also had outpatient clinics, several therapy rooms, and an indoor exercise pool.

After we made the move I was assigned a different physical therapist. She was head of the Physical Therapy Department. Having her as a therapist was a mixed blessing. She knew what to do and had the pull to get whatever treatments she thought I needed, but she also had teaching duties. She had the habit of bringing student therapists around to various patients so that the students could observe the therapy sessions. I was the one she picked most of the time because I was cooperative, and also because I was so thin that my bones, and what muscles I had, were clearly visible. She would come by in the morning, followed by four to six students, ask if I was dressed yet, and proceed with her demonstration. If I said that I was not dressed she would pull the curtain around the bed. Sometimes, but not always, she would leave the sheet over strategic parts of my body. These were the only concessions to privacy she made. The physical therapy students were usually female and, more often than not, very attractive. I really liked my therapist, but for a young teenage boy it was very unsettling. I never complained, because I was taught not to complain. I also didn't want to blemish my reputation as the, "Nice, cooperative boy in bed number eight."

I already mentioned the visits by various notables. We were also visited by groups of semi-professional entertainers. These were mostly young girls, between nine and thirteen years old, who would sing or tap dance. Once in a while some novelty act like a clown or magician would be included. At times there were volunteers from church groups or service organizations, such as the Lions Club or Shriners, who would come in with toys or games for the Children's Ward. Boy Scout Troop 441 came to Rancho regularly, for any of the boys who wanted to participate. I had been a Cub Scout earlier, so I thought it would be fun to join. I earned a couple of merit badges, including one for knot tying, while I was still in the iron lung. The Scout Master would hold a short piece of rope where I could see it and I would direct him. I would say something like, "Make a loop in the right end of the rope. Now put the left end through the back of the loop, bring it around the right end and back down through the loop again."

In May 1954, all of the teenagers and younger patients moved to Ward 503. Here my daily activities increased. My tracheostomy was closed, I went to occupational therapy every day, and to the pool three times a week. I had no assigned physical therapy exercises while in the pool. I was told to just move around and have fun. My parents brought me a diving mask and I used this most of the time I was in the pool. Once I attempted an underwater somersault. That was a mistake.

As I was upside down I noticed the legs of the others in the pool. To me, they looked like the ones who were upside down. I laughed. That was a mistake. I inhaled some water and immediately had trouble. I stood up and went to the corner of the pool, gasping and coughing. I didn't want a therapist or nurse to see me because I was afraid I would not be able to spend time in the pool again. It took me a minute to catch my breath. If my breathing had been better I would have had no problem. No more attempted somersaults!

I was also fitted for a pair of leg braces. I could stand and walk a little without braces, but the braces added stability. In June I received my own wheelchair. For several months I switched back and forth between using the chair and walking, increasing my walking time until I no longer needed the wheelchair.

Once I could get up I started writing a journal. I didn't write every day, just whenever I felt that something happened that was worth recording. I had to learn to write with my right hand because my left hand wasn't strong enough to hold a pencil. Our teacher knew that I enjoyed poetry, so she encouraged me to write poems as a form of exercise. I wrote a short poem about my new leg braces:

*These are my braces,
They set me free.
But, these are my braces,
They are not me.*

*Without my braces,
I sit in my chair.
Without my braces,
Life is not fair.*

*But, put on my braces,
And I'm just like the others.
Put on my braces,
And I run like my brothers.*

*Well, not exactly,
I'll have to admit, no.
Well, not exactly,
'Cause I had polio.*

On my trips to therapy I'd meet adults with polio. I knew there were adults at Rancho, but up until then our paths never crossed. The children were in one section and the adults were in another. I was a young teenager, but it saddened me to see adults, often mothers and fathers, who could barely move. Who would support their family? Who would take care of their children? We kids got a lot of attention. Everyone felt sorry for, "little crippled kids," and they were often overly generous. But, I wondered, who was going to help the adults?

The last half of 1954 was all pretty much the same: physical therapy, occupational therapy, school, occasional trips to the plaster room for a new body jacket, once a month evaluation of progress with the doctors, etc. I would go home on Friday afternoon and return on Sunday evening.

Since nobody was sick, in the usual sense of the word, it was different from what a person might think of as being in a hospital.

As the end of 1954 approached, I learned that I would be sent home on a trial basis. December 31, 1954, I was discharged and given an appointment to Outpatient Clinic for the following March.

On the appointed day in March, 1955, I returned to Outpatient Clinic. It was obvious by then that plaster body jackets were not going to keep my back from getting progressively more crooked. I was told to report to the next Scoliosis Clinic. It was decided at that time that I should be readmitted to Rancho.

I re-entered Rancho on March 22, 1955. Because of my scoliosis the doctors gave orders that I was to remain flat on my back, at least until they could decide what to do next. While at home I had a physical therapist who came twice a week to put me through range of motion exercises. These continued in the hospital and, in addition, a different therapist started me on a series of back-stretching sessions. The two therapists would put me face down on a work table and slide my body off one end. One of them held my hips flat to the table while the other bent my head and shoulders down and to the side. Several people said it looked like they were torturing me but, actually, it hurt very little. Maybe my pain threshold was just high.

I spent the first couple of weeks on Ward 501. I was in bed when we learned of the successful field trials of Dr. Jonas Salk's polio vaccine. Those of us who had enough breathing capacity to shout "Hooray" certainly did. No sane person would want another human joining our exclusive "club." Our club has pretty awful initiation rituals and continuing "dues" of pain, struggle, and frustration.

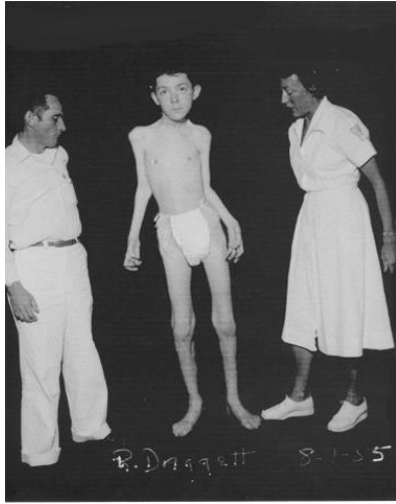
Few people today can fully appreciate the significance of this announcement. In the 1950s, polio ranked as high as the threat of nuclear war to a great many Americans. This is reflected in the headlines in the photograph at right.

I heard only one sour grapes comment. A man in his early twenties said, "Yeah. You're a little late, guy." Other than this, I seldom heard any complaints from patients. Of course the younger patients sometimes cried when therapy hurt, but they usually dried their eyes and resumed play with the others when therapy was over. I couldn't read anybody's mind, and it would be expected if some patients had episodes of anger or despair, but I saw few outward signs of this.

During the summer months I had several appointments at the Scoliosis Clinic. Usually Dr. Vernon Nickel, chief of the Orthopedic Service, would have the doctors look on as he described the patient's history. Then he would ask for recommendations concerning possible treatments. It seemed that in my case they always said, "Operate!" In preparation for this I was ordered to have a complete set of x-rays: front, back, side, standing and lying down. I also had a series of



photographs taken. I hadn't had an opportunity to see my whole body since contracting polio and it was pretty discouraging to see these photographs. Here I was, fifteen years old and almost literally nothing but skin and bones. It was a real blow to my ego. It reminded me of the pictures taken of bodies in the World War II concentration camps. I was fifteen years old, five feet nine, but I weighed barely ninety pounds.



I happened to see these photographs again, many years later, and I was given a copy recently by hospital staff. I'm still thin and in some ways more visibly disabled than I was in 1955, but I hope I've filled out a little bit.

For two months I heard very little about any possible surgery on my back. Then, late in September, a lady came to me on the ward, handed me a clipboard with a piece of paper, and said, "Sign this!" I didn't read the whole thing but it looked like an authorization for surgery. I signed it, but I'm not sure why they wanted my signature. I was only fifteen years old.

The next day I was sent to the plaster room where I was once more hoisted up on the rack for a new cast. All of the previous body casts had gone from my hips to my underarms. This one went from my knees to the top of my head. There were holes left in the cast: one over my stomach area so that I could breathe easier, others in the front and back so that I could use a bedpan or urinal and, of course, my face was left exposed. A couple of days later I went back and had the cast sawed off. They cut along both sides of my body so that the cast was separated into two parts. It was designed so that I could lie in the bottom part and the top would fit over me, sort of like the lid of a tight fitting sarcophagus.

Cutting casts off was never one of my favorite activities. In theory the saw is designed to cut hard objects like plaster and leave soft things like skin alone. But when you are as thin as I was, the theory didn't always work. The saw couldn't tell the difference between the cast and my hipbones, ankles, or any other bony point of my body. I usually looked like I had walked through barbed wire when I left the plaster room. The sawing process on this longer cast was even more unpleasant. Besides the usual cuts and scratches it was just about the loudest noise I'd ever heard. The plaster was covering my ears and it amplified the sound of the saw, especially as it neared my head.

The surgery was scheduled for October 11, 1955, and I was sent to the surgery ward a couple of days before. I had what I considered an unnecessarily large blood sample taken by a man who kept poking away until he got what he wanted. My back was washed with a strong disinfectant and other preparations were made.

They doped me up pretty well the morning of the operation. I was wheeled into surgery and saw Dr. Nickel and Dr. Jacquelin Perry. I vaguely remember someone feeling my arm and asking for a size 18 needle. In my sedated state it sounded to me like he asked for a needle 18 inches long. I thought, "Where could they put a needle 18 inches long in my body that wouldn't stick out the other side?" If I had been able, I would have run out of the operating room so fast that nobody could catch me.

Many years later I told this story to Dr. Perry. I seldom saw her laugh, but she did that day. She added, "Richard if you had gotten up from the table and started running I would have been running right along side of you."

My spinal fusion was done in two stages. They took small chips of bone from the sides of my vertebrae and used them to plaster over the joints, effectively fusing them together. In the first operation they fused the third to the eighth thoracic vertebrae. This first operation went well. Except for the first couple of days there was very little discomfort. I was put in a tank respirator as a precaution, but was back on the bed and into my sarcophagus cast in three days. The fourth day I was back on Ward 502. About two weeks after surgery they took the stitches out. No problem at all.

Three weeks after the first operation I was back on the Surgery Ward being prepared for the second stage. Things just didn't seem to go right this time. I was taken up to surgery about eight in the morning, but there had been a scheduling mix-up and I had to go back down to the surgery ward to wait. I finally got into the operating room about eleven o'clock. By then the sedatives had worn off. I was wide awake as they slid me onto the table and began hooking me up to various tubes and bottles. It was a relief to hear somebody say, "Put him under." This time they fused the ninth thoracic to the third lumbar vertebrae.

When it came time to remove this second set of stitches, it was about the worst pain I had ever experienced. My skin had grown over the top of the stitches and two doctors worked about forty minutes digging the stitches out. I had some things done to me at General Hospital that really hurt, like the spinal tap and the cut down, but this was much worse. Excruciating is the only word that comes to mind. I tried not to make a sound but I'm sure a few muffled moans escaped, and I'm afraid a few tears escaped too. The boy in the bed next to me said later, "That must've really hurt. They've done some pretty tough stuff to you but this was the first time I ever heard a peep out of you."

After my incision had healed sufficiently they sealed the sarcophagus cast closed. I was sent home, cast and all, the day before Thanksgiving, 1955. My father made a wheeled platform for me to lie on. I spent most of the time in the living room, watching TV or reading. A teacher came to the house and gave me my school assignments.

I returned to Outpatient Clinic in March 1956 and the long cast was removed. X-rays were taken of my spine and a short body jacket-type cast was put on. After being sealed in for almost four months from the top of my head to my knees it sure felt good to move around. And boy, was I a mess! My hair was all matted, and dead skin rolled off everywhere. It took days to get clean. A couple of months later the short cast was removed. Now I really was free. I was still crooked, but I was stable. I could stand under the shower and let the water run all over me. It was wonderful!

With the short cast removed I was officially discharged from the hospital. I continued to see Dr. Nickel for several months as a private patient, and I had private physical therapy sessions with Bob Kaplan, a rancho physical therapist who also had an office in Whittier. My mother drove me to Whittier twice a week, and on the way home we usually stopped at McDonald's for a cheeseburger and chocolate malt. This McDonald's is in Downey, at the corner of Florence Avenue and Lakewood Boulevard. It is still there, is the oldest McDonald's remaining in operation, and has the original "golden arches" design.

I continued school with a home teacher provided by the school district. In those days students with a disability were not encouraged to attend regular classes. A teacher came to my home every school day. The teacher usually stayed about an hour, but for that hour I was the only student. I had to be prepared.

I know I benefited academically by having a home teacher, but my social life surely suffered. My neighborhood friends would come over occasionally, and I was invited to a few parties, but not very often. I was, however, getting very good grades. I had always gotten good grades in Reading, English, Art, and Social Studies, but only acceptable in Math. I still struggled with Algebra, but Geometry and Trigonometry were a snap. And having a teacher on a one-to-one basis meant I couldn't fake it. If I was having a problem with a certain subject, the teacher knew it immediately. Overall, it was probably good for me. But I missed taking science lab courses and mixing with the other students.

I already mentioned my lack of an outside social life. This was compounded by the social rituals of the time. In the 1950s it was the young man's responsibility to provide for transportation and to pay for meals and entertainment. I didn't drive, and I had very little income of my own. And, not attending school meant I knew very few girls my age.

I probably had a pretty low physical self image, too. I was well liked and felt at ease with individuals or in small groups, but I was uncomfortable in many situations. This was especially true when I was around girls whom I had known before I contracted polio. I remember once when a girl I knew came to our door soliciting donations or selling something. I had a severe crush on her in the seventh grade. My mother knew her and invited her in. I was mortified. I was lying on the couch, in pajama bottoms and a t-shirt. I must have looked like an animated, half-dressed skeleton. It least that's how I felt. We exchanged a few words and she left. I sensed that she was just as embarrassed as I was. I was angry with my mother for not giving me some warning, and I pledged to myself that I would never be caught in that situation again. From the time I got out of bed in the morning until the time I went to bed at night I was fully dressed. I wore my leg braces, long pants, and a long sleeve shirt.

There is a stereotype of a teenager looking into a mirror and saying, "I can't go out tonight. I've got this great big zit on my face." They think that everyone is going to be staring at their pimple. I was seldom troubled by acne, but walking with braces and having limited use of my upper extremities I sometimes felt that everyone in the room was watching me. It took many, many years for me to overcome this.

Because I graduated from high school with honors, I was urged to consider college. I did consider it, but I had many internal conflicts to resolve. Schools in the 1950s, including colleges, didn't encourage attendance by students with my degree of disability. This was slowly changing, but many obstacles remained. Although I could walk, and climb most stairs, I had trouble opening doors. And I couldn't take notes very well so college lectures would be a problem. Even getting back and forth to classes would be very difficult.

I also had a real fear of catching a respiratory infection. It seemed that two or three times a year my brother would come home from college with a cold or sore throat. I am no more

STUDENT (LAST)		Daggett		(FIRST)		Richard		(MIDDLE)			
CLASS	DATE	QTR.			1 2 3 4			SCHOOL YEAR		1958-59	
1	World Hist	a									
2	Trigonometry	a									
3	Solid Geometry	a									
4											
5											
6											
SUBJECTS											
EAST J.H.S.		<input type="checkbox"/>		QUARTER 1		<input type="checkbox"/>		QUARTER 2		<input type="checkbox"/>	
NORTH J.H.S.		<input type="checkbox"/>		QUARTER 3		<input type="checkbox"/>		QUARTER 4		<input type="checkbox"/>	
Downey Senior High School		<input type="checkbox"/>		DOWNNEY UNION HIGH SCHOOL DISTRICT		<input checked="" type="checkbox"/>		WEST J.H.S.		<input type="checkbox"/>	
								Warren Senior High School		<input checked="" type="checkbox"/>	

STUDENT (LAST)		Daggett		(FIRST)		Richard		(MIDDLE)			
CLASS	DATE	QTR.			1 2 3 4			SCHOOL YEAR		1957-58	
1	Dr. Prob.	a	a	a							
2	Plane Geom.	a	a	a							
3	Civics	a	a	a							
4	English II	a	a	a							
5											
6											
SUBJECTS											
EAST J.H.S.		<input type="checkbox"/>		QUARTER 1		<input type="checkbox"/>		QUARTER 2		<input type="checkbox"/>	
NORTH J.H.S.		<input type="checkbox"/>		QUARTER 3		<input type="checkbox"/>		QUARTER 4		<input type="checkbox"/>	
Downey Senior High School		<input type="checkbox"/>		DOWNNEY UNION HIGH SCHOOL DISTRICT		<input checked="" type="checkbox"/>		WEST J.H.S.		<input type="checkbox"/>	
								Warren Senior High School		<input type="checkbox"/>	

STUDENT (LAST)		Daggett		(FIRST)		Richard		(MIDDLE)			
CLASS	DATE	QTR.			1 2 3 4			SCHOOL YEAR		1959-60	
1	World Hist	a	a	a							
2	Solid Geom.	a	a	a							
3	Trigonometry	a	a	a							
4											
5											
6											
SUBJECTS											
EAST J.H.S.		<input type="checkbox"/>		QUARTER 1		<input type="checkbox"/>		QUARTER 2		<input type="checkbox"/>	
NORTH J.H.S.		<input type="checkbox"/>		QUARTER 3		<input type="checkbox"/>		QUARTER 4		<input type="checkbox"/>	
Downey Senior High School		<input type="checkbox"/>		DOWNNEY UNION HIGH SCHOOL DISTRICT		<input checked="" type="checkbox"/>		WEST J.H.S.		<input type="checkbox"/>	
								Warren Senior High School		<input type="checkbox"/>	

susceptible to colds than the next person, but if I do get one it is almost always difficult for me. A cold usually puts me out of commission for a week or two. This was a psychological barrier that I found hard to overcome. To compensate, I took college courses through the UCLA Extension Program.

The years from the late 1950s to the early 1980s were my best physically. I walked well, if stiffly, and had a high level of function. I needed help with some tasks but was fairly independent. However, because of reduced pulmonary capacity, I didn't have the energy to work all day, every day. A regular nine-to-five, five-days-a-week job was not possible. This is one reason I volunteer with many organizations. I can pick my hours and tasks.

Post-polio syndrome, or the late effects of polio, affects most polio survivors. My problems started thirty years after my initial recovery period. It was almost as if my warranty ran out. I still functioned reasonably well but noticed loss of strength and I was tiring more easily.

Late in June of 1984, I felt I was coming down with a cold. With me a cold usually has three stages: several days of congestion and discomfort, three or four days of gradual improvement, and another week to get back to normal. This cold, or whatever it was, just did not respond to my usual treatments. I went to a doctor in our new HMO and he did a very brief examination. He said I was just tired and I should go home and rest. If I had taken his advice I'd probably be dead. I felt miserable, and knew enough about pulmonary issues to realize something wasn't right. I made an appointment at the Pulmonary Service at Rancho. I wanted to have my CO₂ level and other blood gasses checked.

Given the way I felt, it didn't surprise me that my CO₂ was elevated. What did surprise me was that it had shot through the roof. Obviously, I was not getting adequate ventilation. July 11, 1984, I once again became a Rancho Los Amigos in-patient.

For two weeks we tried several non-invasive respiratory options. I just couldn't seem to tolerate them. To compensate for my reduced ventilation I was given oxygen, but I knew this was not a good long term solution. Administering oxygen will help with blood oxygen levels but it can mask CO₂ retention, and this can be fatal. After much thought, I decided that another tracheostomy would be the best choice for regaining my pulmonary health.

The prospect of having another trach didn't frighten me. I have several good friends who still function well with trachs after more than thirty years. If our vision is less than perfect we wear glasses. If our hearing is impaired we get hearing aids. To me, it was not such a huge leap of faith or logic to get help when my breathing became compromised.

On the other hand, having a trach would mean I couldn't wear a tie. It may sound odd, but this was my only real psychological hurdle. I really enjoyed wearing a suit and tie. I looked better, and I felt my disability was less obvious.

I was relieved to learn that this tracheotomy, unlike my original surgery, thirty-one years before, was going to be done under general anesthesia. I didn't look forward to a repeat of my 1953 experience with trach surgery under local anesthesia.

This was the time of the 1984 Los Angeles Summer Olympics, and the television coverage of this event helped to break the monotony. In addition, a segment for the television series *Highway to Heaven* was being filmed right outside my window. This added a little extra diversion.

I was discharged exactly eight weeks after being admitted to Rancho. The new trach and the weeks in bed, coupled with some of the late effects of polio, caused some changes in my life. I couldn't stand in the shower safely, both because of my increased weakness and because of not wanting to get the tracheostomy wet. The trach made it more difficult to cough naturally, but it

facilitated mucous management mechanically. I couldn't cough it up very well, but I could suction it out of my airway if needed.

I reduced my activities to compensate for my lower energy level. I was probably pushing my limits anyway, since for many years I had been very involved with a variety of church, civic, and disability-related organizations. I've tried to be more selective and conserve my energies for those things that I feel are most important. I try, but I'm not always successful. I have a very hard time saying no to projects that I feel are worthwhile.

1985 was the thirtieth anniversary of the Salk polio vaccine. A specially engraved plaque was to be presented to Dr. Jonas Salk at an international polio conference held in St. Louis, similar to a conference I attended in 1983. Dr. Salk was the man who developed the first effective polio vaccine. He could not be at the conference because of a prior speaking commitment overseas, so the conference organizers asked me to present the plaque to him at the Salk Institute, in La Jolla, California. I talked to Dr. Salk on the telephone several times, and we were able to schedule a time that was convenient for both of us. My father drove me to La Jolla and my mother accompanied us. She was thrilled with the opportunity to meet the man who was most responsible for the first effective polio vaccine.

Jonas Salk was very gracious. He said he was sorry that he hadn't been able to get the vaccine into use in time for me to benefit. He asked about my polio experiences and gave us a tour of the Institute. It was a real pleasure meeting him. When he died in 1995, CBS radio called me to get my reaction to his death. I think I expressed my admiration for him, both as a person and as a medical pioneer. At least I hope I did. I didn't know it, but my telephone conversation was being broadcast live. A friend from church told me later that he was driving home from work, listening to the radio, and all of a sudden he heard my voice.



Because I am president of the Polio Survivors Association, and because of my contacts at Rancho, I was asked by CBS News to provide background material on polio for a feature they were doing to mark the polio vaccine anniversary. They came to our house to tape part of a feature that appeared on the CBS Evening News. I was also interviewed by most of the local television stations.

My physical condition continued to deteriorate, which was anticipated but still frustrating. When I could no longer get up the steps into our house, my father built a ramp up to the back door. I could walk up the ramp, and I figured that when the day came when even this might not be possible, I could roll up in my wheelchair. Unfortunately, my increased weakness also meant that I couldn't get up the steps to my friends' houses. I began turning down social invitations. I now try to have friends come to my home. Summer afternoons, in my backyard with a group of friends, is one of my favorite activities.

I was invited to participate in the filming of a documentary on polio. It was to be called *A Paralyzing Fear: The Story of Polio in America*. I had appeared on television before, but this was the first time I was before a real motion picture camera. My portion of the film was shot at a hotel in Santa Monica, California. The producer was the off-camera interviewer, and in the room with us were a cameraman, a lighting man, a soundman, a makeup lady, and a "gofer." The gofer would go for this and go for that. His job seemed to be making sure the lens was clean and enough film

was in the camera. After editing, my segment lasted only a few seconds, but the film was very good and appeared on PBS.

A year later I appeared in another polio documentary. This one was called *A Fight to the Finish: Stories of Polio*, and part of it was filmed in my backyard. This documentary put more emphasis on how polio impacted the family unit. My part in this documentary was pretty brief too, but a little longer than the first film. I enjoyed the whole experience. Like the earlier one, it dealt with polio's history, but it did it on a more human level. My father and my brother Robert also appeared in this film.

I learned during the filming that Robert had been afraid, I think panicked was word he used, that he might get polio too. A day or two after my official diagnosis of polio, he had to get an injection of gamma globulin. This gives a boost to the immune system, and was the only defense available against a communicable disease.

Increasing weakness doesn't usually bother me, but it does bring episodes of major frustration. I dislike calling a plumber or electrician for a routine household task. I know how to do most of this stuff. I was rewiring table lamps and fixing toasters when I was nine years old. Plumbing is not rocket science either. It just takes strength and agility that I don't possess. I know how to do most carpenter jobs too. And I enjoy doing this sort of thing. It would have been exciting and challenging to design and personally build my own house. The designing part I've done. It's the building part that stops me.

Losing strength due to polio's late effects has brought other frustrations. I love to cook, but now I need help with almost every aspect of this. I have wonderful help at home but I cut down on cooking because I dislike asking for help with every little task. I think many polio survivors have the same problem. We were taught to do things ourselves as much as possible and it goes against this early training to ask for help. I'm always preaching to other polio survivors that this is the new reality, but I often fail to heed my own advice.

I should probably clarify a statement that I've made several times in this life review. I've written that, "disability, by itself, didn't pose a psychological burden." The qualifying words are "by itself." The fact of having a disability is no more a burden to me than becoming bald. It is just a fact of life. We are all different. Few people have "perfect" bodies. Few people have the ability to run a four minute mile. Having a disability changed my life, but it didn't ruin my life.

On the other hand, I've had some emotional hurdles. Most I've been able to convert, inwardly, from hurdles to frustrations. Others remained stumbling blocks. Some of my hurdles might have been magnified by the fact that I contracted a pretty severe case of polio as an adolescent, at a time in life when most people begin developing social and dating skills. My early teen years were spent in the relative isolation of a hospital. This relative isolation continued through my high school years. I was no longer in a hospital, but I wasn't *in* school or in the *real world* either.

One aspect of my increasing disability that might be considered "positive" is that I have become less bothered by my outward appearance. When I was walking, and had a higher level of function, I worked at minimizing the appearance of disability. Now I use a large power wheelchair. There is no possibility of hiding this, so I don't even try to hide it. In a strange way, this has been liberating. I still try to dress well, within the limits of wheelchair use, but that is about as far as my efforts go. The people I care about know what's inside. They know what kind of person I strive to be. That is all that really matters.

On April 29, 2006, I received the prestigious Amistad Award from the Rancho Los Amigos Foundation. This was presented at a gala black-tie banquet. Approximately four hundred people attended, and I was especially honored to have over thirty of my family and close family friends join me at this very festive event. Previous Amistad honorees include renowned orthopedic surgeon and polio pioneer, Jaquelin Perry, M.D., actress Betty White, and Olympic champion Rafer Johnson.



My relationship with Rancho Los Amigos has extended for more than fifty-five years. This institution and its staff have added immensely to my quality of life. It is fitting that I give of my time in return. Whatever talents I can share, and whatever time and effort I put forth, pales in comparison to what Rancho has given me.

Looking back, I know my parents were responsible for how I dealt with polio. I never heard them say, “Poor Richard,” or any other expressions of pity. My father had a positive, no-nonsense attitude. His advice equated to, “OK, You hit a pothole. Now move on.” He would sometimes say to me, “Don’t say ‘I can’t do this.’ Say you’re having difficulty.” My mother was a little more protective. After all, she was my mother. But even she expected that I live my life positively.

My parents also expected that I contribute to society in some way. They were active in the community and expected their children to do the same. That’s why I volunteer my time. I truly believe we are put on this earth to help one another. I hope I’ve made a difference. Realistically, I know I can’t solve all the world’s problems, but if I can help one person, improve the life of one individual, then I am also enriched.

I have been so fortunate. Yes, I had polio, but I contracted this disease in Los Angeles County. The county had the resources to give the best medical care possible. With additional funding from the March of Dimes, the county built Rancho Los Amigos, the largest and most up-to-date treatment facility for respiratory polio patients in the nation. Rancho gave me the finest rehabilitation available and continues to monitor my pulmonary health. I doubt I would be alive today if it weren’t for Rancho’s timely medical interventions.

During my polio days at Rancho I saw miracles every day. I knew a boy of twelve who looked perfectly normal, but polio had robbed him of the ability to swallow. He was fed through a tube. Did this deter him from participating in life? Absolutely not. When patients had birthday parties he would join us for cake and ice cream. He couldn’t swallow any of these treats but he would take a bite and then turn around and discretely spit his un-swallowed portion into a basin.

I know several women who returned home, despite quadriplegia and respirator dependence, to raise their children and manage their households. Men, women, and children with varying degrees of disability left the hospital and led successful lives. I’ve learned that it’s not what life holds that counts, it’s what you bring to it.

I was asked once by a television reporter what I thought my life would have been like had I not contracted polio. I replied that people can’t, or at least shouldn’t, dwell on things that might have been, because no one knows what, “might have been.” You just do the best you can. You make decisions based on the information you have and the circumstances at the time.

And, almost every time I'm interviewed by a reporter, they say something about how "brave" I am. I find this statement embarrassing. The first time I heard it I didn't know how to respond. It took me by surprise. Now I tell them, as politely as possible, that bravery has nothing to do with it. Bravery is when a person consciously puts their own life in danger to save or protect someone else. A person who happens to have a disability has not made a conscious effort to be disabled. It just happened. They still have the desire to live as full a life as possible. Just like everybody else. You don't have to be brave to do this.



Having had a severe case of polio might have given me a unique insight into the human condition. It certainly made me more sympathetic to the everyday struggles faced by most people. Did polio make me a better person? I hope not. I would like to think that I would have been a good person, no matter what my life experiences included.

In the movie *Saving Private Ryan*, Ryan, as an old man, kneels at the grave of Captain Miller, the man portrayed in the movie by Tom Hanks. He is overcome by emotion. He asks his wife to confirm that he has been a "good man," and thus worthy of Miller's sacrifice. Many people worked to ensure my recovery from polio. I hope that at the end of my life I will be found worthy of their efforts. I hope it will be recorded that I was a "good man."

There are many things I haven't done that I would like to have done. I would love to walk the entire length of the John Muir Trail, or just once more sing in a mixed chorus or play a saxophone. On the other hand, I've done many things that others only dream about. Saying this I will close with, "To Be Continued."