

***Few of us became what we thought at age 10 that we wanted to be. But Dr. Jacquelin Perry did.***

“I knew at about age 10 that I wanted to be a doctor,” she said. “I read every medical book in the Los Angeles Library.”

She achieved her goal and practiced medicine until a week before her death on March 11 at age 94, despite having lived with Parkinson’s disease for a number of years. She was Emeritus Chief of Rancho Los Amigos National Rehabilitation Center’s Polio and Gait Clinic and its Pathokinesiology Program.

During her nearly six decades at Rancho in Downey, California, she pioneered many clinical breakthroughs and new surgical techniques that would bring her many honors and awards. But to the polio community, it was her work with polio patients in the 1950s and later in the 1980s for which she is best known.



Jacquelin Perry, MD (left)

Dr. Perry earned her medical degree from the University of California-San Francisco and went into orthopedic surgery, not a field that the few graduate women doctors then pursued. She joined the medical staff at Rancho in 1955, one of only 10 female orthopedic surgeons in the country.

She developed surgical techniques for straightening curved spines and fusing shattered vertebrae. One technique, developed in collaboration with Dr. Vernon Nickel, was for paralyzed polio patients, who had been in iron lungs (Rancho was one of the respiratory polio centers funded by the March of Dimes). It used a “halo” device to stabilize weakened necks and immobilize the spine, neck and head. It is still widely used in hospitals to stabilize a fractured neck.

Through her laboratory research, Dr. Perry became the world’s foremost expert on gait analysis and authored *Gait Analysis: Normal and Pathological Function*, which became the standard textbook for orthopedists, physical therapists and rehabilitation professionals. She had a prolific publishing career, authoring more than 400 peer-reviewed publications and nearly 40 book chapters that were noted for their rigorous scientific standards. She was also widely sought as a speaker. In 1996, the Jacquelin Perry Neuro-Trauma Institute and Rehabilitation Center was opened at Rancho.

continued on page 10

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*PHI’s mission is to enhance the lives and independence of polio survivors and home mechanical ventilator users through education, advocacy, research and networking.*

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continued from page 3

interrupted bladder stimulation at the level of the sacral nerves. This may result from certain types of surgery on the spinal cord, sacral spinal tumors, or congenital defects. It also may be a complication of various diseases, such as syphilis, diabetes mellitus or poliomyelitis.

This was a partial help, but none of these references pointed to any reasons for polio to impact the bladder muscles. The only two published medical articles I could find were references in the *Journal of the American Medical Association* in 1948 and the *Journal of Urology* in 1936.

Regardless of the cause, the next question for me was what were my treatment options? The obvious first step was the indwelling, or Foley, catheter placed while I was in the ER. This eliminated the urine retention. This also brought almost instantaneous relief from my nausea and malaise. After I stabilized and all the tests were completed, my urologist suggested intermittent catheterization. This procedure requires that a person insert a disposable catheter several times a day. Because of my limited arm and hand strength this was very difficult for me. It was also fairly uncomfortable.

I have been using a Foley catheter, replaced monthly, for about one year.

It is not recommended to use one beyond that length of time because of the risk of infection, erosion of urethral tissue and other complications. If my urethral Foley catheter needs to be discontinued, a relatively common solution is to have a suprapubic catheter. This is an out-patient procedure to place a catheter into the bladder through a small incision in the lower belly. My friend with the neurogenic bladder has had a suprapubic catheter for several months and has had no problems. It is much more comfortable than the urethral catheter.

Another possible treatment is a “pacemaker” for the bladder. The one I have researched is the Medtronic InterStim®, used to treat incontinence and also retention problems. This small apparatus uses wires surgically implanted in the sacral nerves to stimulate the bladder muscles. Based on my research, I am not inclined to have such a surgical procedure at this time.

Decision time is rapidly approaching, and I will make my decision in consultation with my urologist. I welcome feedback from other polio survivors, and will post a medical update in a future issue of *Post-Polio Health*. ■

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## Jacquelin Perry, MD, 1918-2013

continued from page 2

When polio survivors in the 1980s began to experience symptoms of extreme fatigue, muscle weakness, joint pain and breathing difficulties, Dr. Perry was one of the first – along with PHI founder Gini Laurie and Dr. Lauro Halstead – to identify the condition as the late effects of polio.

She told the *New York Times* in 1985 that polio survivors “just push themselves more than most of us. They’ve put up with signs of strain to live a normal life. I always say people who had polio are overachievers, because so many of them are out to prove they can do just as well as those who didn’t have it. But now the strain has accumulated, and tissues are aging prematurely.”

Dr. Perry’s advice: “Modify your lifestyle to accommodate your new reality,” and “Listen to your body and adopt a program that avoids the strain.” ■