

# OBJECTS, AGENCY, DISCONTINUITY: Orthopaedic Devices and People with Polio-Related Disabilities in Poland after 1945

Marcin Stasiak

*This text addresses the general question of how medicine-based objects—for example, leg-braces, crutches, orthopaedic boots, and corsets—were included in the daily-life routines of so-called “polio-survivors” in Poland from the early 1950s onwards. It discusses orthopaedic devices as both part of the state policy towards disabled people and sites of negotiating discursive rules. This highlights the issues of agency and decision-making for people with disabilities.*

*To explore the tension between top-down plans and individual agency, the article draws on individual life stories. The source basis for this article is formed by twenty-three interviews recorded by the author between 2012 and 2015.*

*The article examines attitudes towards supportive gear in several life stages: childhood, adolescence, adulthood and late adulthood. In life-long perspective orthopaedic devices appear as ambiguous objects. They have triggered a range of responses from rejection to total acceptance. Transformations of attitudes, the article shows, were closely connected with certain life stages—an observation with many practical outcomes.*

Polio was one of the most feared diseases in the twentieth century. Yet, it was not feared because of high mortality but because of its long-term effects. By damaging the so-called anterior horns of the victim's spinal cord, the poliovirus caused weakness or complete paralysis of various muscle parts.<sup>1</sup> Statistically, paralysis most often affected the leg muscles, with the arm or trunk muscles being affected slightly less often.<sup>2</sup> These were visible effects. Braces and other supporting accessories, including orthopaedic shoes, crutches, corsets and wheelchairs, were designed to enable people with this type of impairment to move about independently. For numerous polio survivors worldwide, those aids become part of everyday life—periodically or permanently. What is essential, is that they also became a significant aspect of their experience of disability.

---

1 Paul, *History of Poliomyelitis*, 1–9.

2 Williams, *Paralysed with Fear*, 30.

While we know quite a bit about the role of assistive devices in the daily lives of polio survivors living in democratic Western states (primarily the United States),<sup>3</sup> we know very little about survivors who lived in peripheral countries. This article examines the experience of disability through the lens of material orthopaedic devices used by polio survivors in one such peripheral country: postwar Poland under authoritarian rule (1945 to 1989), the Polish People's Republic (PPR).

The first major polio epidemic outbreak occurred in Poland in 1951, when 3,060 cases were reported across the country. By the time the epidemic was brought under control in 1959 through a mass vaccination campaign, the number of new cases had not fallen below 1,000. The record was set in 1958 with 6,000 cases.<sup>4</sup> Most people who contracted polio were children under five years of age.<sup>5</sup>

Because of the timing of this epidemic, in large part, the polio survivors were almost contemporaries of the political state, the People's Republic of Poland. The outbreak coincided with fundamental political changes and the solidification of communist power. Due to the fact that the epidemic hit quite late in Poland compared to other countries and was quickly contained there, it affected people of a similar age, roughly speaking: the 1950s generation. Given the combination of these two elements: the political/institutional context and the generational dimension of polio-related disability, the general question of how orthopaedic items were enacted into the daily lives of polio survivors can be broken down into two intertwined problems:

First, the article asks questions about the position of assistive devices in the disability discourse of the time and place and, in particular, their place in state policy towards the disabled. Attention is given not just to the orthopaedic devices themselves, but also to the set of practices associated with them and focused on the person with a disability. Part of these are associated requirements for people with disabilities: postulated behaviours and desired attitudes.<sup>6</sup>

Secondly, the article looks at orthopaedic objects as sites for negotiating related discursive rules. It focuses on the issue of agency and decision-making for people

3 Wilson, *Living with Polio*; Wilson, "Braces, Wheelchairs, and Iron Lungs"; Williams, *Paralysed with Fear*, 138–67; Svensson, När något blir annorlunda.

4 Kulesza, "Choroba Heinego-Medina," 173. Polio was present in Poland before 1951. The first local epidemic was reported in the early twentieth century near Warsaw: Biehler, "Kilka słów w sprawie epidemii," 100–2. Since then it was perceived as a minor healthcare problem. While waves of epidemics swept through Scandinavia, Western Europe and North America almost year after year since the turn of the twentieth century. Eastern Europe, including Poland, seemed to be a relatively safe place. The morbidity statistics kept since independence in 1918—even if their accuracy was far from ideal—gave no cause for concern.

5 Kostrzewski and Pluskiewicz, "Poliomyelitis w Polsce," 385.

6 Defined it that way, they resemble components of the Foucauldian "surfaces of emergence." (Foucault, *Archeology of knowledge*, 45–46.)

with disabilities. In this view, although functioning within a framework imposed externally, people remain acting subjects. They become more than “little cogs” in the power machine.<sup>7</sup> Orthopaedic devices are one of the key sites where disability discourse meets individual, autonomous action.

To explore the tension between top-down plans and individual agency, the article draws on individual life stories. The source basis for this article is formed by twenty-three interviews recorded by the author between 2012 and 2015. The majority of interviewees were women (thirteen). One person was born in 1940 and contracted polio in 1947. All of the other survivors interviewed were born in the 1950s. Below, their life stories are juxtaposed with materials reflecting the era’s discourse on disability: government documents, literature produced by professionals dealing with disabilities, particularly physicians, press materials, and popular literature.

The text is divided into three parts. The first section, argues that orthopaedic devices served as vehicles of the official state’s discourse of disability, which was founded on the individual/medical model of disability. The rehabilitation in inpatient healthcare facilities is highlighted. Then, the article considers the materiality of orthopaedic devices. It develops the argument that poor quality and insufficient quantities (rooted in a shortage economy<sup>8</sup>) challenged the principles of the state’s policy towards people disabilities and influenced their experience of disability. Finally, the text shows the role that orthopaedic devices played in fulfilling social roles later in the biographies of polio survivors. The particular emphasis highlights challenges that people with disabilities in interacting with an “able-bodied” environment.

## Training

The reference points for the use of orthopaedic aids were the discourse on disability and the state’s policy towards people with disabilities. Both were pretty stable in communist-ruled Poland for decades, and it was not until the 1980s that changes were announced. The discourse at its core was founded on the individual/medical model of disability. The essence of the model was the belief that the fundamental problem in disability was the physical impairment of the individual, and that this individual must adapt his or her physicality to the “normal” (“non-disabled, fully functional”) environment.<sup>9</sup> The model focused on how disabled individuals could be useful while not making bystanders uncomfortable.

Rehabilitation was a key component of the program to assimilate people with disabilities into society. Obviously, it was by no means an original idea of the

7 Lindenerger and Lüdtkke, *Eigen-Sinn*, 20. Also: Lüdtkke, *The History of Everyday Life*.

8 Kornai, *The Socialist System*, 229–43.

9 Siebers, “Disability in Theory,” 738; Scotch, “Medical model of disability,” 602–3.

communist state. In general, it was a child of the industrial era and the direct response to the devastating outcomes of the First World War. Rehabilitation—medical and vocational—served as a solution for economic problems caused by the great numbers of soldiers wounded on the battlefields of the Great War. As Beth Linker put it, in the United States “rehabilitation proponents aimed to rid the nation of ‘war’s waste’.” The public thought that “the government could (and should) ‘rebuild war cripples,’ curing them of their disabilities.” This meant that “veterans of the First World War would make a speedy return to work and rely on their own wage-earning capacity rather than on government pensions.”<sup>10</sup> This idea of rehabilitation was in a sense a practical complement to the notion of “normality.” It gave a chance (or created an illusion) for the realisation of a fundamental goal: the fusion of a given individual with society. As Henri-Jacques Stiker wrote: “Rehabilitation marks the appearance of a culture that attempts to complete the act of identification, of making identical. This act will cause the disabled to disappear and with them all that is lacking, in order to assimilate them, drown them, dissolve them in the greater and single social whole”<sup>11</sup>

Usefulness to society and the state was the primary determinant of the success of this specific assimilation in communist-ruled Poland. In the countries of the Soviet bloc, in terms of the collective, the “recovered individual” had first and foremost the face of an efficient factory worker.<sup>12</sup> Discursively, labour acquired an unusually high status<sup>13</sup> and its value was particularly emphasized between 1948 and 1956. Labour competition and the creation of leaders as heroes became the most obvious example of this phenomenon.<sup>14</sup>

In the first half of the 1950s, visions and hopes of integration into society through labour sometimes took grotesque forms. For example, in a brochure dedicated to work of people with disabilities, there was a man quoted as saying that he had one forearm missing and worked as a draftsman. He declared: “I am working well, and I am especially pleased that I have completely forgotten the loss of my arm. I have become so accustomed to professional work that corresponds to my disability that I do not feel it at all.”<sup>15</sup> Illustrations accompanying text in this and similar publications showed happy people working effectively with a well-fitting prosthesis.

---

10 Linker, *War’s Waste*, 2. Cf. Perry, *Recycling the Disabled*; Anderson and Perry, “Rehabilitation and Restoration”; Verstraete and de Picker, “Between Dream and Reality.”

11 Stiker, *History of Disability*, 128.

12 Cf. Bauman, *Ciało i przemoc w obliczu ponowoczesności*, 104.

13 Kowalewska, “Wzór osobowy”; Jasińska and Siemińska, *Wzory osobowe socjalizmu*

14 Wilk, *Kto wyrabie więcej ode mnie?*; Mazur, *O człowieku tendencyjnym*, 404.

15 Hulek *Możliwości pracy*, 109.

Work remained the most important evidence of overcoming impairment and a sign of successful assimilation in subsequent decades. Although a note of heroism and the para-religious sublimity so characteristic of Stalinism was abandoned in mid-1950s, the essence of the rehabilitation program did not change. The official discourse identified people with disabilities as “invalids” for the entire period. The term referred exclusively to the ability to work and its definition was transplanted directly from the Soviet Union.<sup>16</sup> It also meant that because individuals’ other social roles and special needs did not fit into the definition, they were not approached in the state’s policy.

The nature of the PPR’s political system boosted its stability. The disability discourse was never contested on the scale observed in Great Britain or the United States.<sup>17</sup> Poland’s authoritarian regime limited the space for public debate, so establishing grassroots initiatives was hardly possible. It was extremely challenging to negotiate or oppose top-down rules. In effect, disability was consigned solely to the private sphere and did not come to the fore as a public issue until the 1980s.<sup>18</sup> To some extent, individuals with disabilities were trained to treat their condition as an individual medical problem and not as a matter of an oppressive society/state. The orthopaedic gear offered to Polish polio survivors well illustrates that approach.

Because the main purpose of the state’s rehabilitation program in case of people with polio-related disabilities was to re-establish a patient’s upright position and ability to walk, the central material object in the process of rehabilitation were leg-braces combined with orthopaedic footwear; in some cases, braces were accompanied by a corset (if the patient’s torso muscles had been weakened).

In the 1950s, polio in Poland affected almost exclusively children under the age of five. It was not uncommon for them to be infants. The signs of paralysis were not necessarily spectacular. For example, one interviewee, Elżbieta, became ill as a six-month-old infant, and her parents only noticed that she moved one leg less well when bathing.<sup>19</sup> It was not unusual for a polio-survivor to learn to walk with the help of supporting devices—crutches, orthopedic shoes and, finally, braces were their “companions” from early childhood (see figures 1 and 2).

Most Polish polio survivors received their first orthopaedic equipment in one of the rehabilitation centres. The state’s organizational response to the polio outbreak was the establishment of a network of inpatient and outpatient facilities around the

16 Cf. Phillips, “There Are No Invalids in the USSR!”

17 Vic Finkelstein, “A Personal Journey into Disability Politics,” 7 February 2001, <https://disability-studies.leeds.ac.uk/wp-content/uploads/sites/40/library/finkelstein-presentn.pdf>; Nielsen, *Disability History of the United States*, 157–83.

18 About the crossing beforementioned border by women in 1970s see the fundamental work of Padraic Kenney: Kenney, “The Gender of Resistance in Communist Poland.”

19 Elżbieta, interview by author, 24 May 2013, Audio recording.



Fig.1. A girl learning to walk with a brace in the Rehabilitation and Orthopaedic Centre in Świebodzin [Western Poland], 1967.

Fig. 2. Polio survivors practicing with crutches under a physician's supervision, Radziszów Rehabilitation Sanatorium [Southern Poland], the 1950s.



country. Closed centres, the real core of the system, were created mostly in 1951-52, and were organized by the Ministry of Health. In the end, the role of these centres and the outpatient units that emerged in parallel went beyond the immediate goal of minimizing the impact of the polio epidemic. Over time, they began to care not only for disabled polio survivors, but also for people with other conditions. Yet the system, was developed specifically in the wake of the *poliomyelitis* epidemic. The sheer scale of the problem and the fact that the disease involved children played a role. But the fact that the outbreak coincided with the consolidation of communist power in Poland was of key importance. One of the manifestations of this was the takeover of the health service by the state and the development of its new organizational model, inspired by the Soviet one.<sup>20</sup> The development of a network of polio treatment facilities was undoubtedly one of the elements of government legitimization, an attempt to show that it was not only repressive, but also caring.<sup>21</sup>

The fitting of the first braces, as well as the use of crutches, was usually preceded by surgical treatment. This treatment consisted in the correction of limb length discrepancy and foot (feet) deformity, among the most common effects of polio. Paralyzed limbs do not grow as fast as healthy ones, hence surgical lengthening was necessary. Foot surgery stabilized the foot and eliminated its unnatural bend, both of which facilitated walking.

Learning to move with a brace/braces, and often with the aid of crutches, was not easy. An excerpt from Ewa's memoir provides a good illustration of how challenging this was. Ewa was born in 1954 and contracted polio when she was 4-years-old. As a 6-year-old, after initial rehabilitation and surgery, she was fitted with two braces:

I remember being placed in a standing position, and being supported the entire time . . . Then I held on to the railing with my left hand [her "functional" hand] and had a crutch put under my right arm. These were my first steps. I remember spinning in my head. . . I didn't know what was happening to me. And the pain was terrible here within the hip belt . . . [I was] like a cyborg of some sort . . . My two [braces] weighed 5700 [g]. And I must have weighed 20 kg myself then.<sup>22</sup>

For Marek (b. 1951), learning to move around with braces was also a long process, and the beginnings were just as difficult as for Ewa: "I remember the first time they

20 Indulski, *Organizacja ochrony zdrowia*, 180; Szpak, "Chory człowiek," 21.

21 Kozłowska and Sikorski, "Implementation"; Cf. Szpak, "Chory człowiek," 24-25.

22 Ewa, interview by author, 7 February 2014, audio recording.

put me on my legs, I didn't know if I was standing on my leg or if they put something under me. The first thing was that I had several falls . . . it made my head spin."<sup>23</sup>

The goal of the training was not just to move independently and with an upright body position. Training also aimed to make the relationship between the body and the orthopaedic object as unproblematic as possible. The goal here was a kind of "fusion" of the body with the orthopaedic object, so that later on, at the level of everyday interactions, bodily damage would have as little chance as possible of transforming from a "discreditable" to a "discredited" feature.<sup>24</sup> A product of the rehabilitation process, the braced, crutch-supported "average man" was expected to walk as "normally" as possible. One guidebook on rehabilitation methods for children after polio, listed one of the primary goals of "rehabilitative improvement" as "striving to get the patient up and running and to achieve the most correct, economical and aesthetic [non-disabled] gait possible."<sup>25</sup>

At times, children undergoing rehabilitation resisted the use of aids. As early as the 1950s, experts pointed out that children were reluctant to wear orthopaedic shoes and braces, opting for other, faster ways to move. The youngest ones, like Maria, preferred to move on their buttocks or by other available means. It was mostly slightly older children who discovered the advantages of crutches—they had learned to walk before contracting polio.<sup>26</sup> This was the case with another of my interviewees, Dariusz: "I had desires to go here, to go there, not to be carried, not to be moved on a sled. I wanted to do it myself. By any means, just to have it done myself. And I perfected walking on crutches. . . I could walk on crutches without [legs] touching the ground, . . . it was easier for me [on crutches than in a brace], I could move faster."<sup>27</sup>

However, the vast majority of children undergoing rehabilitation submitted to its rules and, even if with reservations, accepted them. Perhaps their attitudes were influenced by being in closed rehabilitation centres. Actually, the whole process was laborious and long-lasting. Many polio survivors spent months or even years in closed rehabilitation centres, interrupted by short stays at home. As a result, some of them became more familiar with the inpatient facility than a distant family home. Jakub (b.1950) spoke about his experience at the centres: "Doctor ordered . . . and that's how we did things, because you had to follow orders. You did what they said and that's how it was done and supposed to be done. And it was like a duty. . . I didn't want it. That's what they preached and that's what they did, because they knew."<sup>28</sup>

23 Marek, interview by author, 14 February 2014, audio recording.

24 Goffman, *Stigma*; cf: Courtine, "Ciało anormalne," 236–7.

25 Kruszewska, *Gąsowski*, 57.

26 Anisimowicz et al., "Obóz harcerski," 208; Milicka, *Powrót do życia*, 40.

27 Dariusz, interview by author, 19 May 2012, audio recording.

28 Jakub, interview by author, 20 May 2013, audio recording.

Polio survivors generally did not contest the principles of rehabilitation or the braces they were equipped with. The reason was simple: they actually helped many people walk (crucial in a world oriented toward non-disabled people). Stanisław (b. 1959) recounted: “I accepted the brace very quickly, because I recognized it as something that helps me walk efficiently.”<sup>29</sup> Indeed, for most polio survivors, getting their first braces meant a huge qualitative change. They could stop being completely dependent on caregivers. For many, it also meant getting up from a then unambiguously stigmatizing wheelchair. As Daniel Wilson noted in regard to the attitudes of polio survivors in the United States: “In spite of their weight and discomfort, polio survivors often accepted their braces because they enabled them to do things that otherwise would have been impossible.”<sup>30</sup>

### Stubborn materiality

This should not be taken to mean that that all Polish polio survivors accepted orthopaedic appliances automatically or without hesitation. The assumptions and goals of rehabilitation have not always stood up to a confrontation with reality. In the case of young children, some found that the braces offered were too heavy. Maria (b. 1954) recalled that she got her first brace when she was three or four years old. She remembered taking a few steps in it, but walking in it regularly was beyond her capabilities. She had to cope in other ways. As she recalled, “We lived upstairs, and I was so happy when my mom took [the brace] off...I couldn’t walk [without it], but I managed to move—on my bottom, down the stairs, and I would sit on the doorstep and watch the kids play.”<sup>31</sup>

The design of braces has remained constant over the years. The stability of their main features resembled the stability of disability discourse during the period in question. They have been made of the same materials for decades: steel, rubber, and leather. They were heavy and uncomfortable. They often caused painful abrasions and lacerations. In his adulthood, Jakub preferred using crutches to braces. He recalled, “[The brace] bothered me. It was not comfortable. While walking with a brace, particularly in summertime, the abrasions appeared immediately.”<sup>32</sup> Jakub’s feelings were confirmed by an experts’ report from the 1968. The report commented on behaviours of the summer camp participants the authors had observed: “While playing outdoors children most often wore their braces directly against the bare skin. Heat, high sweating, sand and dust caused frequent abrasion damage to the skin,

29 Stanisław, interview by author, 16 October 2014, audio recording.

30 Wilson, “Braces, Wheelchairs, and Iron Lungs,” 186.

31 Maria, interview by author, 6 April 2014, audio recording.

32 Jakub, interview by author, 20 May 2013, audio recording.

especially in the area of the back thigh due to friction of the highest band . . . and in the area of both ankles and knee joints”<sup>33</sup>

In addition, braces were not a piece of equipment users could always rely on. Stanisław recalled that “[braces] unfortunately tended to break down. Even though they were made of solid materials.”<sup>34</sup> In his memory, the mechanism that locked the leg at the knee and prevented the user from falling appeared to be the weak point. Indeed, when it comes to this feature of the braces in particular, the recollections of users are consistent with the conclusions of experts studying these items in the 1950s and 1960s.

Experts emphasized that orthopaedic equipment provided by domestic manufacturers was outdated and needed to be upgraded. Lack of suitable materials, especially plastic to replace metal (in case of braces) or wood (used in production of crutches), was cited as the biggest obstacle to making progress in this regard. An author of the article about orthopaedic devices published in a peer-reviewed medical journal in 1966, noted that, “The progress of orthopaedic technology in recent years is very rapid worldwide. It must be admitted that a lot has been done in Poland to modernize the technology. . . Nevertheless, traditional methods still play an important role in the manufacture of orthopaedic appliances. The pace of implementing plastics . . . is very slow compared to other countries”<sup>35</sup>

Another of the inconveniences associated with the braces was essentially logistical in nature. Waiting times for orthopaedic equipment were typically long. The manufacturers often failed to meet their deadlines. So oftentimes getting braces often involved multiple visits to orthopaedic workshops to hear that the brace was still unfinished or needed tweaking. This became a particular challenge with children who, as they grew, needed such equipment replaced more often than adults. Problems with obtaining orthopedic items in a timely manner were highlighted both in the 1950s and in the late 1970s / early 1980s.<sup>36</sup> The situation doubtlessly was not unique to Poland. As Frances Bernstein shows, similar problems arose after the Second World War in the Soviet Union in the case of arm and hand prostheses.<sup>37</sup> Indeed, this was a manifestation of a broader problem affecting almost every area

33 Manikowski and Wojciechowska, “Zagadnienie zaopatrzenia ortopedycznego,” 40.

34 Stanisław, interview by author, 16 October 2014, audio recording.

35 Kowalski, “Koncepcje organizacyjne zaopatrzenia ortopedycznego.”

36 *Sprawozdanie z wizytacji Poradni Zaopatrzenia Ortopedycznego w Katowicach i Katowickich Zakładów Sprzętu Ortopedycznego* [Report on the visit of the Orthopedic Supply Clinic in Katowice and Katowice Orthopedic Equipment Manufactory ], 1974, 112. In Sign: 10/11, Ministerstwo Zdrowia i Opieki Społecznej; Department Rehabilitacji [Ministry of Health and Welfare: Department of Rehabilitation], Archiwum Akt Nowych w Warszawie [Central Archives of Modern Records in Warsaw] (henceforth AAN).

37 Bernstein, “Prosthetic promise and Potemkin limbs,” 52–60. See also: Bernstein, “Prosthetic Manhood.”

of life in postwar Poland and other Eastern European countries: a shortage economy. The accompanying technological backwardness has been well documented. People across the Soviet bloc were typically used to waiting for consumer goods and generally were not surprised by their poor quality.<sup>38</sup>

As far as the quality of orthopaedic equipment is concerned, the situation started slowly improving after 1989. Better materials became available. The opening up of the economy meant that the range of equipment was not limited to that produced by state manufacturers. This resulted in lighter, less faulty, and more quickly produced orthopaedic items. In 2015, one of my interviewees showed me her new brace—made of carbon fibre. It was a leap in quality compared to the ones she had to use as a child. Nevertheless, the price makes braces made of such materials unattainable for most of my interviewees.

### Cripples Climbing Trees

Orthopaedic devices were the companions of polio survivors for years. They were part of daily life interactions and social roles. In childhood, the gear enabled polio survivors to participate in playground activities. The replacement of Marek's stick that he used for walking with a brace was undoubtedly exciting, given that the latter gave him the opportunity to climb trees. Marek remembered how people watching him later exclaimed in awe: "A cripple like this climbing up the trees!"<sup>39</sup> In Dorota's (b.1952) case the orthopaedic appliances served as a gateway to the world of childhood activities in a different way. She recalled using her crutches in stickball matches. She was also involved in football games. As it was impossible for her to move fast, she played as a goalkeeper.<sup>40</sup>

But childhood was not only about play but also getting an education. Going to "regular" school in the case of people with disabilities was definitely a challenge. Although state policy documents emphasized that such an inclusive model was the preferred solution,<sup>41</sup> the model often exceeded reality.

Neither the school buildings nor their staff was prepared for students with mobility problems.<sup>42</sup> The reluctance among school principals must have been

38 Kornai, *The Socialist System*, 229–43; Cf. Mazurek, *Spoleczeństwo kolejki*.

39 Marek, interview by author, 14 February 2014, audio recording.

40 Dorota, interview by author, 13 February 2014, audio recording.

41 W. Dega, „Stan leczenia usprawniającego (rehabilitacji) w Polsce w odniesieniu do schorzeń i uszkodzeń narządów ruchu” [The state of rehabilitation in Poland in regard to motor organs impairments], 1957, 454–5]. In *Sign. 1/28*, Ministerstwo Zdrowia, Gabinet Ministra Wydział Prezydialny [Ministry of Health, Ministry of Health, Minister's Cabinet, Presidium Department], AAN.

42 Szczepanski, *Sytuacja ludzi niepełnosprawnych*, 462.

widespread, since in 1957 it forced the Ministry of Education to issue a recommendation regarding the admission of “crippled children” to schools: “In view of the great difficulties that parents face in placing crippled children in general schools and kindergartens, the Ministry of Education obliges the directors and managers of these institutions to accept crippled children who are mobile and do not require special care.”<sup>43</sup>

Indeed caregivers at rehabilitation centres and the authors of all disability manuals were right: the world polio survivors were entering was entirely unsuited to their needs. It meant that if they wanted to attend school, they had to depend on their training and assistive devices or caring parents who helped in getting to school (by wheelchair or sledge). In childhood, the essential feature of disability experience was mobility. During adolescence, the aesthetic aspect and self-presentation came to the foreground. It was a time when assistive devices were not only about getting from place to place efficiently, but also about looking attractive. The nature of the change that took place around the last years of elementary school was well reflected by Wanda (b. 1954):

It was a little before people thought about their own appearance—I used to go in dresses just like usual, with a brace. It didn’t bother me. Later on, of course, given puberty and focusing more on looking pretty, well I definitely went with pants. And since fashion had already changed, pants were already becoming more common for girls, this was no longer a big problem. I have walked around in pants practically all my life now.<sup>44</sup>

Pants, long ones—without any exceptions—became a mandatory piece of clothing for almost all brace wearers. Their primary advantage was to hide the eye-catching braces. Second, pants hid leg deformities (muscle paralysis usually made one leg slimmer). Wojciech (b.1952) said: “I have [one leg] thinner . . . the muscle atrophy I have on that right leg, it was immediately noticeable. . . I didn’t swim, I didn’t go to the beach . . . But when I was sailing, for example, unfortunately I had to undress.”<sup>45</sup>

No piece of clothing or even the best orthopaedic equipment every made disabled polio survivors move identically to their healthy peers. The way they walked uniquely identified them and more or less marked them. While in early childhood rehabilitation was more a matter of being able to play with your friends in the backyard, and therefore the quality of your gait did not play such a big role, it had a serious impact on your sense of self attractiveness during adolescence. Andrzej recalled:

---

43 1957, III. In Sign. 3877, Ministerstwo Oświaty [Ministry of Education], AAN.

44 Wanda, interview by author, 20 June 2014, audio recording.

45 Wojciech, interview by author, 20 June 2014, audio recording.

“I was a little ashamed of my disability . . . it’s just that everyone was staring at me. For example, an assembly at school and having to walk to the stage, for example, to get something. And I was ashamed of that. I was mentally reluctant to go to the blackboard. After all, it was stressful for me. Maybe it was related to women. Because this period is when a person starts to get a crush, etc. As long as I sit, it doesn’t show, but when I stand up: it shows that I’m disabled . . . With that kind of courage, I didn’t feel very strong about public speaking.”<sup>46</sup>

The problem was particularly significant, especially for adolescent girls. In the case of Maria, whom I described earlier, the orthopaedic devices she received clearly conflicted with her vision of womanhood. When she was a teenager she gave up her brace for that reason:

I already started dressing up a little bit there, trying to look nicer, something like that. It was as if this thing [the brace] didn’t fit into this image of me that I wanted to create for myself. I was able to dress nice, I was able to do my hair, have my first make-up. But it was spoiling my image. I was ashamed of it. I wanted to get rid of it.

Same thing with [orthopaedic] shoes. When . . . I was able to wear just an orthopaedic shoe later on, I didn’t want to wear that either, because it didn’t fit me. The girls wore sandals, some flip-flops. I wanted to do that as well . . . The doctor at the clinic told me that if I didn’t want to wear those clumsy, orthopaedic shoes, I should put in some kind of insole.<sup>47</sup>

When she was a child, Maria had to give up her brace because it was simply too heavy. For a teenager, the weight of the device wasn’t such a big deal anymore. What was troublesome was its aesthetics.

In the case of Agnieszka, who was one year younger than Maria, rejecting the brace took an even more radical form. After having surgery to lengthen her leg (usually such surgeries were repeated in children’s ‘teens), the teen decided she would do anything to not have to wear braces. As a result, she practiced standing all night long, being careful not to break her newly operated leg. She started taking her first steps supported by crutches. And then the attending doctor wrote her a new brace prescription, which she was supposed to take to the orthopaedic workshop located in the rehabilitation centre. And it was then when Agnieszka decided to break the rules. As she recalled: “I took the application, went to the park. I don’t remember

---

46 Andrzej, interview by author, 20 February 2013, audio recording.

47 Maria, interview by author, 6 April 2014, audio recording.

whether I cried or not, but I know that I sat there for a very long time . . . I know I tore up that prescription and I think I buried it, because I was afraid to throw it in the trash so they could find it . . . And I didn't tell anyone. I started walking: on one crutch, then without a crutch, just walking."<sup>48</sup>

The epilogue of this situation is perhaps worth mentioning, because it says a lot about the relationships that exist in at least some rehabilitation centres. After some time, Agnieszka met the doctor who had operated on her (he was also the head of the entire institution and a nationally renowned orthopaedist) in the park that surround the centre without braces. Not only did he not scold her for insubordination or order her to go to the workshop to get a new brace, but he expressed his admiration for Agnieszka's determination. Such a reaction was largely due to the quasi-familial relationships that were formed in the centre where Agnieszka stayed (it was the leading facility in the country, so centres were not as good everywhere).

On the other hand, if we look at the two revolts described above, both Maria's and Agnieszka's, we can see that they were actually within the general framework of disability discourse. The two teens moved in their assigned area—they just wanted to look like other girls their age. At the same time, they wanted rehabilitation to be done on their terms, not according to external rules, embodied by braces and the orthopaedic shoes hated by probably all people with disabilities. Theirs were small, internal protests. From the standpoint of politics or people with disabilities in general, perhaps it had no greater meaning. But in their private, personal life stories, its role was certainly important. The dilemmas and image problems described above were specific to adolescence and youth. As a general rule, disabled polio survivors did not differ from their healthy peers in this respect. And while the issue of appearance certainly mattered throughout life, it ceased to be so important when the challenges of adulthood arose.

As "polio survivors" were entering adulthood, the context of their relationship with and attitudes toward orthopaedic items once again changed. This was determined by the new social roles they were entering, which provided them with independence. It meant facing a new set of challenges. While polio survivors may have been able to get around on their buttocks or jump around on crutches as children, and may have been able to get to school by wheelchair or sled in the winter, they simply could not function in many situations in adulthood without braces and crutches.

Andrzej, whom has already been mentioned, recalled that when he studied in Warsaw he had to cross Parade Square [the largest square in the centre of Warsaw, where national ceremonies were held] on his way to university. Crossing the square

---

48 Agnieszka, interview by author, 3 August 2014, audio recording.

was quite a challenge for him to cross its vast and slippery surface in winter. But at the same time, he added, he was still at an advantage over his wheelchair-bound colleagues. While he could attend classes, they studied exclusively at home, appearing in university buildings only for exams.

The same disregard for disabled access was true in many workplaces and public institutions. Zbigniew (born in 1955), recalled working at one of the so-called Disabled Workers Co-operatives: “there was no elevator at the J. co-operative. And all the offices, the clerks were upstairs, so if someone was in a wheelchair, they couldn’t get there. You had to ask others to arrange things for you, to help, or to bring you upstairs.”<sup>49</sup>

Failure to accommodate people with limited mobility occurred even in institutions designed for them. In 1979, Marian Weiss, an eminent orthopaedist and also the president of the Towarzystwo Walki z Kalectwem [Society for fighting against disability] (TWK), intervened with the provincial Committee of the Polish United Workers’ Party (PZPR) concerning the Society’s premises in Krakow in 1979 to secure more accessible premises:

I kindly ask for assistance in obtaining premises for the Board of Directors of the TWK Division in Krakow . . . the premises in the building of the Voivodeship Rehabilitation Outpatient Clinic . . . on the second floor are inaccessible to handicapped persons . . . the premises vacated by the Voivodeship Cardiology Outpatient Clinic on the ground floor of the same building, are allocated to the Voivodeship Sports and Medicine Clinic.<sup>50</sup>

The wheelchair was also a problem socially as well. Wiesława (b. 1955) met her future husband as a twenty-eight-year-old woman. He was a paraplegic, having been in a wheelchair since the age of twelve. Wiesława’s mother definitely did not like the idea:

For my mom, it was a tragedy when I started dating [Zbyszek]. And when I mentioned that Zbyszek and I wanted to get married, that he was in a wheelchair, it really came as a shock to my mother . . . It even came to the point that I moved out of the house . . . and I lived here with my future husband for a couple of years, without getting married, because for my mother . . . the possibility of getting involved with a person in a wheelchair was completely unimaginable.<sup>51</sup>

---

49 Zbigniew, interview by author, 20 February 2014, audio recording.

50 1979. In Sign. III, Archiwum Towarzystwa Walki z Kalectwem [Archive of the Society for Rehabilitation of the Disabled].

51 Wiesława, interview by author, 27 April 2013, audio recording.

Wiesława's example is a clear illustration of a broader problem that people with disabilities have faced and still continue to face. Their ability to start a family has been questioned, similar to their sexuality which was questioned indirectly. Supporting devices—especially those so clearly associated with disability as a wheelchair—were treated as obvious and sufficient evidence that people with disabilities should not start a family. The theme of being surprised that a person with a disability (usually a woman) wants to get married came up in at least a few conversations. Parents mostly thought they would be left alone.

For disabled individuals, motherhood was a challenge of a special kind. At least a few of my female interviewees were met with surprise or even outrage when they decided to have a baby. Dorota (b.1952) recalled, “When I decided to get pregnant, it was my doctor friends who said: ‘God, are you crazy or what?’” The gynecologist supervising her pregnancy asked for a certificate from an orthopaedist.

Ewa gave birth to a daughter in 1980. The delivery went smoothly and she was also looked after by professional doctors. Nevertheless, the nurse who admitted her to the hospital, scolded her for her lack of responsibility (Ewa quoted her words: “How could you let [the pregnancy] happen, you are a cripple. You will be a bad influence on the child, they will take it away.”<sup>52</sup>)

The pressures when starting a family were different for a person with a disability, especially a woman, than for others. Ewa narrated her experience: “I was trembling all the time out of fear, taking care so that nothing physical would happen to my child, so that no one could blame the disability. There was no physical harm when the child was with me . . . It was such a strong tension for me.”<sup>53</sup>

Taking care of a baby required the idea of “supportive aids” to be greatly expanded. Support was no longer just about the disabled individual's own movement. There was extra fear for the baby being hurt. Walking with the baby, for example, was a challenge, as was getting out of the house with the stroller. Even if, like Dorota, one lived on the ground floor, there were a few stairs to handle. Overcoming them with crutches alone was not a big problem. But moving with a stroller could already cause trouble. Dorota was forced to solve the problem her own way: “I was coming down with the stroller. I would take a bath towel, tie two dumbbells together so the baby would be well positioned, and then go bump, bump, bump [Dorota imitates the sound of a stroller sliding down the stairs]. And that's how we went downstairs. I would leave the towels and the dumbbells on the railing to take them when coming back from a walk.”<sup>54</sup>

---

52 Ewa, interview by author, 7 February 2014, audio recording.

53 Ewa, interview by author, 7 February 2014, audio recording.

54 Dorota, interview by author, 13 February 2014, audio recording.

With the appearance of a child, having a car also turned out to be an important issue. It meant a whole new level of demands when it came to moving at home. Anna (b. 1950), had a daughter in the early 1980s. Her husband, Leszek, is also disabled. Anna outright admitted, “before, I did not want to have a car. Moreover, we could not afford it, but I said: Leszek, if we are going to have a child, we need to have a car the same month . . . our child would be born”<sup>55</sup>.

Acquiring your own vehicle was not always easy, especially if it was going to be customized for someone with a disability. But once one managed to acquire a car, it became a basic supportive aid for many. In adulthood, having a car became even more necessary.

Late effects of polio—the so-called Post-Polio Syndrome, i.e. progressive weakening of previously rehabilitated muscles, make it necessary for survivors to have a reliable and adapted means of transport. The essence of the change that the Post-Polio Syndrome causes is well illustrated by Zdzisław’s story. His first car was a Fiat 126p. As he recalled, “Fortunately, it didn’t even have to be specially adapted.” “But,” he immediately added, “Now I’m the one who can’t drive a normal car anymore, I have to have an automatic transmission. That’s because I can’t brake with my right foot, I have to do it with my left. Well, I could always do that, it has only been a few years now.”<sup>56</sup>

Post-Polio Syndrome also shapes relationships with orthopaedic devices in other ways. Some people find it increasingly difficult to get around with the help of braces.<sup>57</sup> As adults, they discovered the benefits of a wheelchair. Fortunately, thanks to the systematic removal of architectural barriers, using public spaces in this way is now much easier than it was in the years of their youth.

## Conclusion

Orthopaedic items were constant companions in the lives of “polio-survivors” in Poland. Without a doubt, they formed part of the discourse on disability prevailing in Poland after the Second World War. On the other hand, the quality of their workmanship and technological backwardness were a derivative of the state’s inefficiency and evidence of an economy characterized by deficits.

Relations with orthopaedic items took different forms in different stages of life. Getting on one’s feet and learning to walk, symbolized by the braces (clearly associated with polio) meant that young children had to familiarize themselves with

---

55 Anna, interview by author, 7 November 2014, audio recording.

56 Zdzisław, interview by author, 12 April 2014, audio recording.

57 Dariusz, interview by author, 19 May 2012, audio recording; Zdzisław, interview by author, 12 April 2014, audio recording; Wiesława, interview by author, 27 April 2013, audio recording; Emilia, interview by author, 12 April 2014, audio recording

an unfriendly, heavy device. This was not an easy task and caused resistance from young patients at times. Most, however, followed discursive norms. The functionality of the braces was important—they allowed people to move around in a world that viewed rehabilitation normatively as being like the “average man.”

It was not only function, but more importantly the impact on self-presentation that played a role in how individuals related to their orthopaedic device when they were young. Teens tried to either get rid of or at least hide the equipment that was harmful to their self-esteem (orthopaedic shoes and braces). However, their self-will was manifested within the boundaries set by disability discourse and did not break its rules.

Adulthood brought different problems and challenges to polio survivors. Going to university, working, and especially starting a family involved reconfiguring relationships with supportive devices. This was particularly true for the decision to start a family and have a child. There was a need to expand the set of devices being used. The car played an important role. Post-Polio Syndrome, which appeared in adulthood in many “polio-survivors,” made the car as indispensable for adult survivors as braces during childhood and youth.

## Biography

Marcin Stasiak is the post-doc at the Faculty of History, Jagiellonian University in Kraków, Poland. His areas of expertise are: social history of Poland in the twentieth century, history of disability and oral history. He recently published a book: *Polio w Polsce 1945-1989. Studium z historii niepełnosprawności* [Polio in Poland 1945-1989: Study of the history of disability] (Universitas, 2021).

## Bibliography

- Anderson, A., and R. P. Perry. “Rehabilitation and Restoration: Orthopaedics and Disabled Soldiers in Germany and Britain in the First World War.” *Medicine, Conflict and Survival* 30, no. 4 (2014): 227–51.
- Anisimowicz, Z., M. Kozińska, E. Pielowska, and K. Szawłowski. “Obóz harcerski jako jedna z form leczenia usprawniającego dzieci kalekich” [Scout camp as a form of rehabilitation of disabled children]. *Chirurgia Narządów Ruchu i Ortopedia Polska* 29 (1964): 205–10.
- Bauman, Z. *Ciało i przemoc w obliczu ponowoczesności* [The body and violence in the contexts of postmodernity]. Toruń: Uniwersytet Mikołaja Kopernika, 1995.
- Bernstein, F. “Prosthetic promise and Potemkin limbs in late-Stalinist Russia.” In *Disability in Eastern Europe and the Former Soviet Union: History, Policy and Everyday Life*, edited by Russell, M., and E. Iarskaya-Smirnova, 42–66. London and New York: Routledge, 2014.
- Bernstein, F. “Prosthetic Manhood in the Soviet Union at the End of World War II.” *Osiris* 30, no. 1 (2015): 113–33.

- Biehler, M. "Kilka słów w sprawie epidemii porażenia rdzeniowego ostrego (choroby Heinego-Medina) w Królestwie Polskim w 1911 r." [A few words on the epidemic of poliomyelitis (Heine-Medin disease) in the Kingdom of Poland in 1911]. *Medycyna i Kronika Lekarska* 48, no. 6 (1948): 100–2.
- Courtine J.-J. "Ciało anormalne. Historia i antropologia kulturowa ułomności" [Abnormal body. History and cultural anthropology of impairment]. In *Historia ciała, t. 3: Różne spojrzenia. Wiek XX* [History of the body], edited by A. Corbin, 187–242. Gdansk: Słowo/Obraz Terytoria, 2014.
- Elliot, J. *Using Narrative in Social Science. Qualitative and Quantitative Approaches*. London: Sage, 2005.
- Foucault, M. *Archeology of knowledge*. London: Routledge, 2002.
- Goffman, E. *Stigma: Notes on the Management of Spoiled Identity*. London: Penguin Books, 1963.
- Hulek, A. Hulek. Możliwości pracy osób z uszkodzeniami kończyn górnych [Possibilities of work for people with impairments of the upper limbs]. Warsaw: Polskie Wydawnictwa Gospodarcze, 1954.
- Indulski, J., ed. *Organizacja ochrony zdrowia* [Organization of health-care services] Warsaw: PZWL 1984.
- Jasińska A., Siemieńska R., *Wzory osobowe socjalizmu* [Personal models of socialism], Warsaw: Wydawnictwo Wiedza Powszechna, 1978.
- Kenney, P. "The Gender of Resistance in Communist Poland." *American Historical Review* 104, no. 2 (1999): 399–425.
- Kornai, J. *The Socialist System. The Political Economy of Communism*. Oxford: Clarendon Press, 1992.
- Kostrzewski, J., and H. Pluskiewicz. "Poliomyelitis w Polsce w latach 1951–1956 w świetle materiałów statystycznych" [Poliomyelitis in Poland 1951–1956 in the statistical data]. *Przegląd Epidemiologiczny* 9, no. 3 (1957): 385–97.
- Kowalewska, S. "Wzór osobowy i pożądane postawy pracowników w przemyśle" [The personal model and the desired attitudes of industrial workers]. In *Przemysł i społeczeństwo w Polsce Ludowej* [Industry and society in People's Poland] edited by J. Szczepański, 217–31. Wrocław: Zakład Narodowy im. Ossolińskich: 1969.
- Kowalski, M. "Koncepcje organizacyjne zaopatrzenia ortopedycznego w Polsce" [Organisational concepts of orthopaedic gear supply]. *Chirurgia Narządów Ruchu i Ortopedia Polska* 31, no. 4 (1966): 465–8.
- Kozłowska, U., and T. Sikorski T. "The Implementation of the Soviet Healthcare Model in 'People's Democracy' Countries—the Case of Post-war Poland (1944–1953)." *Social History of Medicine* 34, no. 4 (2021): 1185–211. DOI: 10.1093/shm/hkaa04723.08.2020.
- Król, J. "Zagadnienia zaopatrywania chorych z porażeniami po chorobie Heinego-Medina w aparaty, gorsety i obuwiu ortopedyczne" [The question of supplying people with polio-related paralyses with braces, corsets and orthopaedic footwear]. *Chirurgia Narządów Ruchu i Ortopedia Polska* 19, no. 6 (1954): 175–88.
- Kruszewska, W., and P. Gąssowski. *Leczenie usprawniające po chorobie Heinego-Medina* [Medical rehabilitation following Heine-Medin disease]. Warsaw: PZWL 1955.
- Kulesza, A. "Choroba Heinego-Medina (Poliomyelitis anterior acuta)" [Heine-Medin disease (Poliomyelitis anterior acuta)]. In *Choroby zakaźne w Polsce i ich zwalczanie w latach*

- 1919-1962 [Infectious diseases in Poland and their control 1919-1962], edited by J. Kostrzewski, 265-91. Warsaw: PZWL, 1964.
- Levi, G. "The uses of Biography." In *Theoretical Discussions of Biography: Approaches from History, Microhistory, and Life Writing*, edited by H. Renders and B. de Haan, 61-74. Leiden-Boston: Brill, 2014.
- Lindenberger, T., and A. Lüdtkke. *Eigen-Sinn: praktyki społeczne i sprawowanie władzy. Wprowadzenie* [Eigen-Sinn: Social Practices and Exercise of Power. Introduction]. Translated by K. Kończal. Poznań: Wydawnictwo Nauka i Innowacje, 2018.
- Lüdtkke, A. (ed.). *The History of Everyday Life: Reconstructing Historical Experiences and Ways of Life*. Princeton: Princeton University Press, 1995.
- Manikowski, W., and S. Wojciechowska. "Zagadnienie zaopatrzenia ortopedycznego dzieci kalekich przebywających na wakacyjnych koloniach letnich" [The problem of orthopaedic devices for disabled children at summer camps]. *Chirurgia Narządów Ruchu i Ortopedia Polska* 33, no 1 (1968): 39-42.
- Mazur, Mariusz, *O człowieku tendencyjnym. Obraz nowego człowieka w propagandzie komunistycznej w okresie Polski Ludowej i PRL 1944-1956* [On the biased man: The image of the new man in communist propaganda in the period of People's Poland and the Polish People's Republic 1944-1956]. Lublin: Wydawnictwo UMCS, 2009.
- Mazurek, M. *Spółczesność kolejki: o doświadczeniach niedoboru 1945-1989* [Waiting in Lines: On experiences of scarcity in postwar Poland]. Warsaw: Wydawnictwo Trio, Europejskie Centrum Solidarności, 2010.
- Milanowska, K., and W. Dega (eds.), *Rehabilitacja medyczna* [Medical rehabilitation]. Warsaw: PZWL, 1999.
- Milicka, W., *Powrót do życia* [Return to life] Warsaw: Nasza Księgarnia, 1975.
- Nielsen, K. E. *A Disability History of the United States*. Boston: Beacon Press, 2012.
- Paul, J. R. *History of Poliomyelitis*. New Haven: Yale University Press, 1971.
- Perkowski, P. "Wedded to Welfare? Working Mothers and the Welfare State in Communist Poland." *Slavic Review* 76, no. 2 (2017): 455-80.
- Perry, H. R. *Recycling the Disabled: Army, Medicine and Modernity in WWI Germany*. Manchester: Manchester University Press, 2014.
- Phillips, S. "There Are No Invalids in the USSR! A Missing Soviet Chapter in the New Disability History." *Disability Studies Quarterly* 29, no. 3 (2009).
- Scotch, R.K. "Medical model of disability." In *Encyclopedia of American Disability History*, edited by S. Burch, 602-3. New York: Facts on File, 2009.
- Siebers, T. "Disability in Theory: From Social Constructionism to the New Realism of the Body," *American Literary History* 13, no. 4 (2001): 737-54.
- Stiker, H.-J. *History of Disability*. Ann Arbor: University of Michigan Press, 2002.
- Svensson, M. *När något blir annorlunda. Skötsambet och funktionsförmåga I berättelser om poliosjukdom* [When something is different: Respectability and bodily ability in stories about polio]. Lund: Historiska institutionen, 2012.
- Szpak, E. "Chory człowiek jest wtedy, jak coś go boli". *Spółeczno-kulturowa historia zdrowia i choroby na wsi polskiej po 1945 r.* ["A man is ill when he is in pain." A socio-cultural history of health and illness in the Polish countryside after 1945]. Warsaw: IH PAN, 2016.

Szczepanski, J., ed. *Sytuacja ludzi niepełnosprawnych i stan rehabilitacji w PRL. Ekspertyza* [The situation of disabled people and the state of rehabilitation in the Polish People's Republic. Expertise]. Wrocław-Kraków: Zakład Narodowy im. Ossolińskich, 1984.

Wilk, H. *Kto wyrąbie więcej ode mnie? Współzawodnictwo pracy robotników w Polsce w latach 1947 – 1955* [Who shall cut down more than me? Labour competition of Polish workers 1947-1955]. Warsaw: Trio, 2011.

Wilson, D.J., “Braces, Wheelchairs, and Iron Lungs: The Paralyzed Body and the Machinery of Rehabilitation in the Polio Epidemics.” *Journal of Medical Humanities* 26, nos. 2–3 (2005):173–90.

Verstraete, P., and de Picker M. “Between Dream and Reality: The Rehabilitation of War-Disabled Belgian Soldiers 1914-1921.” *Historia y Memoria de la Educación* 11, (2020): 257–80.