

OSTEOPATHIC PRACTICE.

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Your publication committee has asked me to make comments upon questions that have an important bearing on osteopathic practice. One question is, what new ways of applying treatment have I devised since I began practice; that is, what new way have I found of adjusting vertebrae, ribs, etc., or of obtaining physiological results through manipulation. Now in my opinion there isn't any new way of adjusting a vertebra. It is simply a question, first, of knowing the condition of the tissues surrounding the joint by the abnormal feel of them (I use the word "feel," as I have never been able to find another word that would cover it). Second, to know the mechanical relations of these tissues to the joint, and third, the manipulation must be according to those mechanical relations. I have invariably found that when I followed this procedure, the results have been much better than finding a sore spot, guessing at that being the cause and giving a general treatment. In fact, I have experimented in every possible way, including the osteopathic stimulating and inhibiting idea. I have always found the better way to be, faithful diagnosis by touch and a specific manipulation at the point of the lesion. And this is in keeping with the teachings of our founder and father osteopath, who says, "man is a vital machine." This being true it remains for us to locate the hindering mechanism. Looking at this osteopathic stimulating and inhibiting idea, there are many and varied views to be taken. It is indeed an exhaustive study. There is no doubt but what it contains a physiological principle. I have seen pressure of the third sacral nerve instantly stop the distressing pain of cystitis; I have seen advanced cases of iritis relieved by pressure of the cervical sympathetic. The most violent cases of dysentery stopped by pressure in the splanchnic area. And again I have seen similar cases that were not relieved by the same pressures. I do not mean to criticise this part of osteopathic practice, for there is no question in my mind but that an irritation to nerves by manipulation has some kind of an action upon the activity of the affected part, probably renewing the normal impulses. When I treat a lesion, it is righted and the case cured; I know what I have done, and I frankly confess that when I treat a nerve by quick movement or continued pressure, I do not know as to how the result is obtained, if it is obtained. When patients are better from this treatment, and are throwing you bouquets, it is much better to recall a failure in a similar case than to pat yourself on the back. Keep a record book, read it over occasionally. It is a good cure for stimulation and inhibition cranial enlargement. I do not wish you to think, or even imagine, that a great knowledge of osteopathic principles rests in me. I am speaking from the standpoint of the early graduate and the idea was pounded into our heads that there was a mechanical cause for most diseases, and if we expected to obtain a cure; not a slight relief, but a cure, we must locate and remove that mechanical cause. So I am a lesion osteopath. At best we have only touched the outer circles of osteopathic possibilities. We are still students.

Now, if your publication committee meant what new movements I have devised for reducing subluxations, I will say, that if the osteopath, after find-

ing the lesion and figuring out the mechanical relations, learns that he has not an old movement to fit the case, he must invent a new movement then and there. Of course, you know, he might obtain an accidental result by a general Swedish movement treatment. He might obtain a result by promiscuously using a few of the movements he already knew, nature being always toward the normal. I say he might do this, but I don't think he would, at least he shouldn't. We must ever remember that osteopathy is mechanical in principle and practice. We must thoroughly understand the anatomical mechanism of the part upon which we are working.

I was asked to contribute a paper to a symposium of osteopathic practice today. I would dearly love to inform you that invariably I find a lesion of, or around, a second lumbar causing neurasthenia, a fourth dorsal lesion causing stomach disorders, a slipped fifth rib causing heart trouble, etc. But I cannot, for I find that every case is a new case. It is true that the patient's story of his symptoms leads us to look in certain regions for maladjustments, but it is absolutely necessary that a thorough examination must be made with your eyes in the ends of your fingers, finding the lesion and removing it by a specific manipulation. One person may have a fifth rib displaced, causing heart trouble; another may have a pelvic lesion, the heart being affected reflexly. The disordered heart of another may be caused by vaso-motor disturbance. There are some who do not show any osteopathic lesions by an examination. Their disease comes from either heredity, worry, severe mental shocks, infection, abuse of stimulants and narcotics or abuse of the sexual or digestive functions. In these cases, if you care to take them, the treatment must be general. But I have found that the treatment as a rule, is very unsatisfactory in patients who do not show some specific lesion. The best one can do is not to promise any more than a slight alleviation of their troubles. From the standpoint of revenue only, they are all right. One will be very liable to treat them at different periods for the rest of their natural lives, along with the old last resort, paralytic fraternity. My experience has placed me in close communion with these two classes of patients. I have had a great many and I am beginning to doubt the advisability of taking them at all. It is true some brilliant cures have been made. Where one cure is made, there are a great many who obtain no more than a slight alleviation. As the people watch every osteopathic patient so closely, is it worth while to run the risk? An osteopath will hear of his failure, forever. The big majority are against osteopathy and criticise it unmercifully. Their medicine-taking habit from birth makes them prejudiced. People generally are prone to believe things that are analogous to something they already know. Oh! the eternal, cruel, everlasting injustice we receive at the hands of the dear people. But so it has ever been with the history of all reforms in the healing art. In treating these cases, I speak of, wherein a slight alleviation is obtained and not a cure, I fear we give people a legitimate excuse for skepticism. The time is rapidly approaching, however, when we will not be criticised so much. There will be a better understanding of our method. Friends and acquaintances will say of these patients, "they are taking treatment of a doctor of that new school that does not give medicine," rather than "they are taking treatment from a faith healer who rubs," etc. It is much easier to tell what they haven't said than what they have.

Just a few words now in regard to the fallacy of general or shotgun treat-

ments. There seems to be a growing tendency toward the giving of these treatments of one-half hour's duration. This is a rock that can easily wreck the ship. There are a few diseases that demand treatment given to the entire anatomy. The great majority of them do not. As loyal osteopaths, we must uphold the science of our espousal. If we are not sure of what we have done, the method of procedure, etc., in curing a patient, but have obtained an accidental result by general treatment, unconsciously releasing a pressure somewhere in the patient's anatomy, we are not working in harmony with the principles of osteopathy. By following such an indiscriminating method of treatment, we both undermine and upheave the very bed-rock of our profession. If general treatment were all there is in osteopathy, then by a demonstration of simple imitation of movements I could teach it to any one in three weeks' time. Besides, how foolish it would be to study twenty months to learn twenty movements more or less. Now we come to the question that, in my opinion, has the most important bearing on osteopathic practice.

The question of surface anatomy and its continuous study after graduation. In the last June's *Journal of Osteopathy*, the Old Doctor, our Old Doctor, "Pap," the man upon whose natal day God didn't do "nuthin but jest set around and feel good—" Dr. Still says, "The osteopath's hands are better trained to find the cause of disease than all the x-ray machines that have ever been made." So they are, or should be. When I was a boy, I remember many times of seeing the Old Doctor out in the woods, sitting on a stump with a humerus, radius and ulna, or an articulated skeleton of a hand and wrist, constantly running his fingers over them, studying the articulations, etc. He was laying the foundation of osteopathic diagnosis. He knew that he must be acquainted with the topographical anatomy of the normal living body and the knowledge must be in the ends of his fingers. You have all seen the Old Doctor studying a joint, muscle, nerve or artery of one of his hands with the other. I hope it isn't true, but I have been led to believe that some osteopaths neglect the study of surface anatomy after beginning practice. Osteopathy will gain inasmuch as its practitioners obtain results and no more. We, its adherents, are the ones upon whose shoulders rests its future. You, in whose hands rests so much of the health of this world, I pray you not to neglect this important study. It is that ability to know the abnormal by touch that makes the osteopath the peer of diagnosticians. I do not mean just the study of the bony landmarks. Our Maker gave us the sense of touch—it should be so developed by us, particularly, that we may be able to trace muscles, nerves and arteries. Even a medical journal says of us, "As to the value of the osteopathic method of teaching anatomy, there can be no question or of its vast superiority over the methods in vogue at the medical schools of the present."

Brother and Sister Osteopaths, I ask you in the name of our osteopathic brotherhood—Do you give sufficient thought to the study of surface anatomy? How does the answer come, guilty or not guilty? If any of you are neglecting this important branch of our profession, do not continue to do so. Obtain a model, boy or girl, and have certain hours during the week to study that model. There was also a practice in vogue, among a few of the students, during my attendance in school, which I would recommend to you. It was that of reading, by touch; letters and figures of thread placed under a cloth. As the fingers became more proficient, thicker cloth was used. You

see, we must develop the same tactile sensibility that the blind have. Now from my observation and experience to sum up:

Study surface anatomy continuously.

Never administer a general treatment where a particular one is indicated.

Never treat a patient hard the first time.

Be sure of your diagnosis and you will never put on your patient an uncertain or misguided hand.

Be sure you know the mechanical action and relations of the region or part you are working upon.

Do not allow your enthusiasm of a cure to make you forget a failure of a like case.

Be very careful of your prognosis. Remember disease is very complicated.

When informing a patient of the time it will take you to master his case, double the time you think it will take, then add 50 per cent.

Better tell them at first that you are not infallible than to wait and probably let them find it out.

Remember that you are working more for the future of osteopathy than for money.

During my short career, where the word "osteopathy" was heard once in the beginning of my practice, I think I am safe in saying it is heard now one thousand times. The future of osteopathy, in my opinion, is so very significant in its prolific possibilities that experience has not fathomed or realized its compass.

In conclusion, I want to say once more that I am a lesion osteopath. And I am certain that I shall see the day when all anatomical lesions can hold up their heads and say "I know that my redeemer liveth."
