

Future Reprints

Future special reprints sections will feature articles categorized as follows:

■ September: The Cranial Concept

- ☐ "Editorial—Osteopathic Research Imperative III" (1936)
- ☐ "The Cranial Bowl" (Sutherland, 1944)
- ☐ "Osteopathic Cranial Lesions" (Kimberly, 1948)

■ October: The Autonomic Nervous System

- ☐ "Influencing the Vegetative Nervous System Through Manipulation" (Northup, 1945)
- ☐ "Autonomic Nervous System in Osteopathic Therapy" (Waitley, 1948)

■ November: Emerging Osteopathic Education and the War

- ☐ "Streamlining Osteopathic Education During War Emergency" (Peach, 1943)
- ☐ "Educational Fundamentals in Osteopathy" (Thompson, 1946)
- ☐ "Necessity for Emphasizing and Strengthening Manipulative Service Offered in Osteopathic Hospitals" (Peckham, 1947)

■ December: Government and Practice Rights

- ☐ "What Osteopaths Stand for in Legislation" (Hildreth, 1910)
- ☐ "Tendencies in a Social, Political and Governmental Way Which May Influence Doctors" (Thomas, 1937)
- ☐ "The Future in Retrospect" (Swope, 1937)

The editors hope that you find this information informative and helpful in understanding and appreciating the history of our unique profession as it strives toward unity.

Editor's note

The pages appearing in this "Special reprints" section have been electronically scanned from the original journals in which they appeared. Consequently, the scanning process at a density to enhance readability has picked up artifacts and other "blemishes" that existed in the original paper on which the text was printed. JAOA regrets these anomalies and hopes that they will not detract from the content of these works published in the osteopathic medical profession's early history.

Gilbert E. D'Alonzo, DO, August 2000



OSTEOPATHY AND INSANITY

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(Address before the Kansas City Session of the A. O. A., August, 1916.)

JUST as there are varying forms of insanity, each with special symptoms so that one form can be easily differentiated from another, so there are varying causes. There is a toxic cause, for example, as in alcoholic dementia (mental enfeeblement) or paresis (syphilitic dementia), etc. Similarly, inheritance, shock and the like may act as causes. The special merit of the osteopathic system was to point out the relations between injuries in the broadest sense of the term and insanity.

It has long been recognized that injury associated with fracture of the skull or with hemorrhage could produce mental derangement; also that the condition known as "concussion" due to a blow and causing unconsciousness or confusion, but without fracture or bleeding could cause insanity. The osteopathic physician,

however, was the first to point out that slight injuries causing no marked gross changes in the spine and unassociated with fracture or bleeding could nevertheless produce mental disorders and that this, indeed, was a common cause of such disorders.

Histories of injuries are very common and one must naturally be cautious in ascribing an ailment to an injury, unless a direct relation can be shown. The condition may immediately follow as an acute process or develop gradually, dating back to an injury which might have been considered slight at the time but often after getting the history we learn "the patient has never seemed quite the same since the hurt in football" or the like, and that the patient has gradually grown worse. This is almost a universal finding in adolescent dementia (præcox), for example, and in many cases of chronic dementia coming on without obvious cause. Even in the acute form, when it obviously follows the injury, the condition is ordinarily described as "concussion" and is attributed to the shock upsetting the mental equilibrium. Here the correction of certain "lesions" (structural spinal abnormalities) has often quickly cleared up the whole condition, showing the spinal derangement rather than the concussion, or jar, to the brain, was the important causative factor.

In the foregoing conditions the injury results in disturbing the blood supply probably to the brain and therefore affects its function through disturbed nutrition. Another common way in which the functions of the brain may be perverted is through toxic blood (impurities). These may disturb function only, or result in the destruction of tissue, as in alcoholism and syphilis. Autointoxication plays a part here and therefore any cause of such intoxication, as disordered kidneys (uremic conditions) disturbed digestion and the like. In such cases the cure lies in purifying the blood. So the osteopathic physician lays chief stress on disordered blood as a cause and correction and purification as a cure of many disorders not hitherto successfully dealt with.

As illustrations from case histories there are:

(1) Cases of boys on the football field receiving an injury in a scrimmage and becoming confused immediately thereafter or losing consciousness first with resultant confusion.

(2) Similar instances are those of people being thrown from horses, cars and the like and immediately showing a changed mental state.

(3) These "acute confusional insanities" are commonly quickly corrected with very few treatments.

(4) When untreated, on the contrary, they often develop a permanent weakness of mind.

In the chronic progressive conditions we similarly find histories of seemingly slight injuries, usually overlooked by the doctors at the time, from which slight symptoms appear and develop gradually into a well marked "dementia" or mental weakness. Many of the progressive "dementia" cases in adolescents give the history of "football" or "falling from trees" or "housetops," "downstairs," etc.

Many causes are mentioned, which at first sight seem to have nothing in common with the mechanical theory just referred to. For example, the climacteric or "change of life" in women is assigned as a cause. However, as the majority of women show nothing markedly abnormal at this time, it is obvious that associated factors are working at the same time in those with mental abnormality. In such cases we find spinal deviations, which doubtless by disturbing the nutrition to the brain co-operate with the "nervous storm" occurring as part of the physiology of the climacterism and the two conjoined are the causative factors. Similarly the so-called "causes" may often be explained in a parallel manner.

The results of our practice confirms the truth of the above propositions, inasmuch as recoveries have occurred here in patients brought direct from other institutions with other methods of treatment where no change had occurred whatsoever.

For the details of these cases I would refer to our quarterly bulletins which are sent regularly to the profession and in which careful analysis is made of every patient discharged, including diagnosis and results.

STILL-HILDRETH SANITARIUM.