

EDITORIAL With this issue of the Bulletin we end the first year of publication of some articles of interest and most of all a regular communication with you all. We have had a total of 58 subscribers and I am sure in the coming year we will increase this amount. The majority of you have kept up your interest in S.O.T. and quite a few of you are becoming most proficient so much so that your services to the patient will have improved manyfold. Some of you for reasons of your own have decided not to upgrade your competency any more and have dropped by the wayside. Perhaps it does involve a little extra study and changing some of your routines and even enlarging your clinics and horizons, but then our Code of Ethics demands of us to keep up to date and to keep the patient firmly in mind and to give the highest possible service of which we are capable. This is why Keith and myself are doing our little bit to keep you informed.

This has been a momentous year for Chiropractic in Australasia. For this was the Year of the Chiropractic College. Yes our own I.C.C. in Melbourne. We must all pledge to keep this Institution alive. What started as an idea some many years ago has been carried thru to fruition by a number of dedicated people however I would mention Tony Hart as having carried alot of this burden and also Graham Kinney who is doing much good work. Let us all get behind this College for it represents the future of Chiropractic in this region. The College particularly needs funds for day to day running expenses. This may not be tax deductible but it sure represents the future of our profession. When I was in Melbourne recently on a visit to the College I was astounded to find only \$2500 had been donated from the field and this being donated by a total of ten far sighted colleagues. In this past year Keith and myself have donated from the S.O.T. Trust a/c a total of \$900, to the running expenses of the College. GO get your cheque books right now...and make out a cheque to the International College of Chiropractic for \$50...yes FIFTY DOLLARS... and send it today for their running expenses. Now when all of you do this small thing we reach the grand total of \$2900. Surely it is time to put back into this great profession, it has given us everything and we sure will be on the pigs back in the years to come if we fertise and nurture this thing we brought into the world to make it strong and healthy enough to fight our battles which we have in our future. Show the College we in S.O.T. care enough to share some of the burdens they face.

AMERICAN MEDICAL ASSOCIATION It appears they are in financial difficulty and have sacked 77 from their staff. Dr. R Moser editor of JAMA has resigned in protest at a cutback in the size of the Journal. Our old friend DOYL TAYLOR is also retiring because his Department of Investigation (anti quackery) is being abolished. Lets hope the rot continues.

OMAHA Keith has a number of schemes for travel under investigation and we will be able to arrange a group flight. Now the question is how many more of you haven't made up your minds yet? Let us know pretty soon as I expect to have positive information from Dr. DeJarnette regarding reservations. Don't think you will get away with a Bob Scott (W.A.) feat like last year. Our Robert just turned up in L.A. and called Major said he was coming...yes just like that. Well if our esteemed colleague had not travelled half way around the world he would not have been allowed to attend. I was informed last year by Major that it won't be allowed again so let us know in order that we can have you registered the proper way.

MELBOURNE The date will be 15th, 16th & 17th. of August at Noah's Hotel Melbourne. There will be a complete Beginners course starting on the Friday and on the Saturday there will be the advanced study group. The advanced course this time will start at L.5. and work up the spine and on the Sunday entirely new work to most of you will be demonstrated. This time we are not going to mail the field because the expense is ridiculous but we would request all of you get onto your colleagues and see if they are interested and have them write to us. Have your State Secretary put an article about the Seminar in your next State Newsletter. In other words start talking and keep the S.O.T. ball rolling. We already have a number who are coming so lets make this seminar a huge success. Dean Lines has got one, match him folks. I trust those in NZ have enough notice to get the low fare.

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**QUESTION** Some good answers this last month. For the second-month in a row Brian Lonsdale gave the best overall answer. Most of you outlined the correct handling of the patient after Cat. 2. and blocking and the checking of the Fibres, but all of you got hung up on the Gall Bladder. Now the most likely fibre was as you all picked number 3. which has L1 also on the same tract. Yet all of you chose to ignore this fact when the symptomatology could have fitted either D.4. or L.1. When handling a patient we cannot afford to overlook such a basic fact. Many of you suggested dietary counselling and this was good, some suggested anterior dorsals etc. It is most pleasing to have so many good answers, it shows you are all thinking.

Now see what you can do with this one. We have a patient who has come to us in extreme pain. Low back and down the legs...more particularly down the sides and the front of the legs. The posture is antalgic to the anterior. Rib heads are painless and no 4.C pain or mastoid spinous or transverse pains are present in the cervicals. The medial knee is tender on the right but the patient seems to favour the left leg. What would you do with this patient? Would you expect that your management of the patient in 3-4 visits to change if so what too and why? All of you have the capability to answer these questions.

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**ADDRESS** Dr. DeJarnette has a new box number. Box 338 Nebraska City Nebraska 68410  
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**CATEGORY 2.** Had a letter from Alan Wade in NZ regarding this subject and changing the blocks to the other side. Here is what Dr. DeJarnette has to say:

When the blocks are properly positioned, response is rapid and predictably good. When blocks are not properly placed, results will not be good and not predictable. Take a Cat. 2 patient. You have a weak arm on the right...upper fossa. The right leg is short or so you believe. You place the blocks for that short right leg, but lo and behold, soon the left arm is weak on both upper and lower fossa and the right arm is even weaker. Do you know the problem? You missed the short leg side or you missed placing the blocks as you thought you placed them. The remedy is an immediate reversal of the blocks. Take a left short leg if all of this happened because you thought the patient had a right short leg. Sometimes the internal malleoli are so fat that you simply cannot be sure till you try. We experimented for several years on the Cat.2. before we developed it as you now understand the procedure. We would begin empirically to see if we could level the legs. This did not develop. We then developed the arm fossa and it works to perfection. But the Doctor can err on leg measurement. Remember one simple truth. The blocks cannot think. If you erroneously place the blocks, the patient needs help. Time won't correct an error. The Cat.2. is the most profoundly involved of the three Categories. When first developed it seemed the total answer for the acute low-back-pelvic syndrome, and it is that answer. Nothing is faster and more certain of results in such cases. The involvements in this Cat. 2. is brought to light in our 4 step analysis in which the arm fossa is step 3. In this 4 step analysis of all adult patients, step 3 brings to our attention many very complex health problems that react perfectly as Cat.2. procedural cases. The problem here is not an acute low back-pelvic syndrome, but perhaps a very ancient migraine, a very resistant arthritic problem, as well as many forms of gastro-intestinal complaints. The gamut runs from a simple pain in the shoulder joint to suicidal dementia. It is terrifying when we recognize the multitude of human health problems in which focus of causes lies within the weightbearing sacroiliac joint. To illustrate, just recently we saw a patient of 61 years with a resistive malignant hypertension. The patient came to us for this problem. Step 3. of the analysis brought to light a Cat. 2. problem. A very unusual finding was this. The right leg was short in the supine. We did the measurement test 4 times and came up with a right short leg each time. The patient was blocked for this right short leg, but here is the sticker. Within one minute the bilateral arm tests were weak on all 4 fossae. In the beginning we had a lower left fossa. Something was radically in error here, and the rule is simple...when things do not go correctly, stop what you are doing and reverse the procedure. The blocks were shifted to a left short leg and within 2 minutes both arms and fossae were normal. This could have been a tripper had we not dared to change but change we did and all came out smelling like a rose. Now for the mystery. The Cat.2. discovered on the step 3. analysis where is no low back-pelvic complaint, does have one following the first Cat.2. adjustment. This makes patients very unhappy. They do not mind at all paying for one thing and having 6 things eliminated, but they sure don't like paying for something no one else wants. In the good old days, this is simply retracting,

and it may be retracting today, but we prefer to term it an "awakening happening". A thing long dormant has come to life and its elimination eliminates dozens of other problems.

QUOTE I respect the D.C. who does \$500,000 per year providing he would send his mother, father, wife and children to that same type Chiropractor.

ADJUST ME HERE DOC. How many times a day do you hear, "while you are on my back, fix the other ones that are out". Dammed if this "out" thing hasn't had me stumped for years. What is "out"? Patients have been chiropractically trained that the vertebra jumps out of place and has to be knocked back into place. Cracking knuckles helps some folk settle down. Cracking backs helps others, but it will never make us an acceptable profession, or a profession in which abilities are forsaken just to avoid issues. The only explanation and the only logical way to avoid doing what you know should be done, is to place a charge of so much for each vertebra adjusted each day. A patient of mine told me last week that she went to the hospital, had her appendix and tonsils out the same day, and was charged for each operation. Logical and why not. Hell vertebrae by the dozens is trash.

THINGS IN THE PIPELINE Another tape will be made available. (quite a few of you sent for the last one. There are a few left-\$5.) The next one will be on the practice of S.O.T. An index will be made available for the First Aid Manual. Also preparation will begin on the production of an S.O.T. Directory. This latter item requires the co-operation of you all. We need to know whether you are using S.O.T. and to what extent. Some people are not using it but have sufficient knowledge of the procedures to understand what has been done for the patient S.O.T. wise and we would like that information also. Among your colleagues there may be one or two who do not get this Bulletin who may use S.O.T. to some extent and who are not aware that this Bulletin exists or that we are going to assemble a Directory. I can think of two right now.-J Nolan(NZ), and J Beringer(W.A.) So we would be pleased to hear from each one of you on this information.

BULLETIN RENEWAL This will be the LAST Bulletin you receive unless you renew your subscription NOW. We hope you have enjoyed reading our Bulletin this last year and will do so in the coming year but, we must have your renewal first. Enclosed with this bulletin you will find a subscription renewal form to be filled in with your registration for the next Melbourne Seminar on the 15th, 16th, & 17th of August at Noah's Hotel.

CRANIAL Here is a beautiful example of chiropractic thinking, trying to mature. On page Vol. VIII S-107, July 1974 A.C.A. Journal, under title "The Hyperactive Child", Dr. Seymour Limeshow does a beautiful job of writing and explaining medical procedures, but when it comes to Chiropractic care he becomes totally lost. The good Doctor thinks medicine and tries to explain chiropractic care. The hyperactive child is perhaps the greatest single illustration we can exhibit whereby a proper cranial correction is the solution, yet cranial correction is not even mentioned in that beautiful article. What a shame, to have something so specific as cranial technique totally ignored. What a terrible family tragedy to have to raise a child on Valium and other medical tranquilizers. What a way to defeat nature. It is simply like making a child wear shoes all day with two nails sticking through the heel and sole, and then telling the child to stop crying or giving him a drug to shut out his pain and unhook his brain. The state and school systems spend millions on such children, yet the chiropractic profession, with a solution, sits with its noble behind in a sauna bath.

When we stop and think for a moment that every tiny baby should be examined cranially and how very simple such examination is, we are ashamed that such is not done. Doctors call this office continually wanting Dr. DeJarnette to adjust some 10 year old retarded child's skull so he can be well. The Doctor never thought about skulls until he was suddenly confronted with one in need of help. He will probably from now on only recognize cranial need when he sees a retarded child. We know that the retarded child needs cranial help, but we also know that every child is a cranial suspect.

Dave Palmer It has happened at last. Finally Dr. DeJarnette was called for. He was flown down to Florida for a day. Apparently 2 cranial adjustments were given and an 80% recovery is the result. If this does not give the rest of the chiropractic profession something to think about we don't know what will. If the subluxation is in the cranial vault then there is only one way to fix it-specific DeJarnette Cranial Technique.