

THE CRANIUM (ED. WITH THE 1976 CRANIAL REVEIW COMING UP SOON IN MELBOURNE WE THINK A LITTLE TIME SHOULD BE SPENT TALKING ABOUT THE CRANIUM, FOR MIRACLES ARE PRODUCED DAILY BY THOSE FEW IN THIS WORLD OF OURS WHO HAVE MASTERED THIS DIFFICULT SCIENCE)

SKULL MECHANICS THE PROBLEMS IN CRANIAL TECHNIQUE IS THE SAME AS THE PROBLEMS IN CHIROPRACTIC. A PERCENTAGE OF THOSE WHO STUDY CRANIAL TECHNIQUE REALLY DEVELOPE A TOTAL UNDERSTANDING OF WHAT THEY STUDY. MOST WHO MAY USE CRANIAL TECHNIQUE SIMPLY LEARN TO BE SKULL MECHANICS. THEY DO CERTAIN THINGS AS LAID DOWN BY DR. DEJARNETTE AND ANTICIPATE CERTAIN RESULTS, AND FORTUNEATELY, THOSE RESULTS DO OCCUR AND ALL ARE HAPPY. A SMALL PERCENTAGE OF THOSE WHO STUDY CRANIAL TECHNIQUE REALLY TRY AND SOLVE THE MYSTERIES OF THIS THING MAN USES TO PUT A HAT ON OR TO BUMP WHEN HE RAISES UP UNDER A RAFTER IN THE ATTIC OR SOMEWHERE. DOES IT EVER OCCUR TO YOU THAT IF SUDDENLY THE CIRCUIT IN YOUR BRAIN THAT CONTROLS YOUR RIGHT LEG WERE TO GO DEAD, YOU LEG WOULD GO DEAD INSTANTLY? HOW MANY TIMES HAVE YOU PONDERED A PHYSICAL PROBLEM WHEN IN REALITY IT WAS A CRANIAL PROBLEM?

IF YOU WANT TO BE A SKULL MECHANIC, THEN YOU CAN BECOME ONE, AND A GOOD ONE WITH PRACTICE AND WE WILL HELP YOU WITH THAT MECHANICAL ART. HOWEVER WE CAN NEVER TEACH YOU JUDGEMENT FOR THE DIFFERENCE BETWEEN MECHANICS AND SKILL IS SIMPLY A MATTER OF UNDERSTANDING THE PRINCIPLES INVOLVED. YOU DEVELOPE JUDGEMENT WITH KNOWLEDGE AND A GREATER UNDERSTANDING OF THE WHOLE.

A SKULL MECHANIC ADJUSTS A TEMPORAL BONE INTERNALLY OR EXTERNALLY BECAUSE HIS PATIENT IS A CATEGORY ONE, HAS A CREST SIGN, AND AN S.B. PLUS OR MINUS WITH THE COUGH TEST. THE MECHANIC RELEASES THE PIERYGOID, ROLLS THE TEMPORAL CORRECTLY AS A MECHANIC AND THE ADJUSTMENT IS MADE. IT IS A FINE ADJUSTMENT AND PRODUCES MIRACLES. HE HAS DONE WHAT HE WAS TAUGHT TO DO AND HE HAS DONE HIS JOB WELL AND ACCORDING TO THE RULES, BUT HE CANNOT ANALYZE WHAT MUST NOW BE DONE FULLY TO RECUPERATE THE PATIENT AND RE-ENGAGE THE BRAIN CIRCUITS TO CARRY OUT THE FUNCTION WHICH HAS TO BE RESTORED.

THE MECHANIC ADJUSTS, THE CRANIAL SKILLED PROFESSIONAL PROCEEDS TO RE-EDUCATE THE BRAIN CIRCUITS JAMMED DUE TO THE SUBLUXATION. A MECHANIC IS FINISHED IN ABOUT ONE MINUTE. THE PROFESSIONAL MAY NEED HOURS OVER MANY VISITS TO RECIRCUIT THE AREA THAT HAS SHORTED OUT AND TO RESTORE FUNCTION AGAIN. THE MECHANIC HAS REASONABLY EARNED \$10.00. THE PROFESSIONAL WILL EARN SEVERAL THOUSANDS OF DOLLARS FOR HIS EFFORTS AND HE IS WORTH EVERY CENT OF THAT SUM. SOME SKULL MECHANICS MAY REASON THAT IF THE SPHENOID CAN MOVE ALL CRANIAL BONES WITH THE EXCEPTION OF THE MANDIBLE, THEN IF HE MOVES THE SPHENOID HE CAN MOVE EVERYTHING. THAT'S LIKE RUNNING A STEAM ROLLER UP AND DOWN A MAN'S SPINE, IT SURE MOVES EVERYTHING, BUT MAKES ONE HELL OF A MESS. REASONING SUCH AS THIS IS TOTALLY WRONG.

SOME SKULL MECHANICS MAY REASON THAT IF ONE SKULL BONE BECOMES SUBLUXATED, IT HAS TO SUBLUXATE ALL SKULL BONES, SO HE PROCEEDS TO SYSTEMATICALLY TO ADJUST THEM ALL AS THOUGH HE IS PUTTING TOGETHER A JIG-SAW PUZZLE. HIS THEORY MAY HAVE VALIDITY, BUT HIS APPLICATION OF MECHANICS IS DEFINITELY SUSPECT, BECAUSE ONE WITH GOOD JUDGEMENT AND UNDERSTANDING KNOWS THAT IF YOU HAVE ALIGNED THE MAJOR SET OF RECIPROCAL TENSION MEMBRANES, THEN YOU PRETTY WELL ALIGN ALL RECIPROCAL TENSION MEMBRANES AT THE SAME TIME AND CERTAINLY IF YOU ARE IN ANY WAY COMPETENT AT THE RESPIRATORY TEMPORAL ROCKER TECHNIQUE THAT WILL COMPLETE THE JOB.

THERE SHOULD BE NO CONFLICT BETWEEN A CRANIAL MECHANIC OR A CRANIAL PROFESSIONAL. ONE IS SATISFIED TO PRACTICE ON AN OFFICE CALL LEVEL WITH THAT TYPE OF KNOWLEDGE WHILST THE OTHER CONTINUES TO IMPROVE HIS SKILLS AND HIS ABILITIES AND DESERVES MORE COMPENSATION FOR HE DOES THINGS AND MORE OF THEM IN A TOTAL APPROACH. UNFORTUNEATELY IN THIS WORLD WHO SIMPLY WILL NOT PAY FOR SKILL BUT ONLY FOR SERVICES AND IT IS BETTER PROBABLY BETTER TO RENDER A SERVICE AND HELP AS MUCH AS IS POSSIBLE THAN TO REFUSE HELP BECAUSE OF A PRICE OBSTACLE PLACED BEFORE THE PATIENT BY THE SKILLED CRANIAL PROFESSIONAL.

IF YOU HAVE ALL OF THE GUY ROPES OF THE CIRCUS TENT TIED TO STAKES AROUND THE PERIMETER OF THE TENT, WHEN YOU RAISE THE CENTRE POLE, YOU FORM A TENT, AND EVEN THE DOORS ARE IN THE CORRECT POSITIONS. ON THE OTHER HAND, IF YOUR GUY ROPES ARE NOT EVENLY SPACED AND OF EQUAL

LENGTH AND TENSION, WHEN YOU RAISE THE CENTRE POLE, THE TOTAL TENT WILL BE OUT OF BALANCE. THE GUY ROPES ARE THE CATEGORY ONE CORRECTIONS, THE CENTRE POLE IS THE CRANIAL CORRECTION. IT BEHOOVES THE DOCTOR IN THE FIELD OF CRANIAL MECHANICS TO RELATE FACT TO FACT. IF ONE CRANIAL BONE IS SUBLUXATED, ONLY ONE CRANIAL BONE NEED BE ADJUSTED FOR THAT PATIENT. CRANIAL TECHNIQUE IS NOT A JIG-SAW PUZZLE WITH MANY PARTS TO BE FITTED TOGETHER.

PSYCHIATRIST, PSYCHO-ANALYSTS AND OTHER RELATED FIELDS, WOULD GO BROKE IF EVERY D.C. KNEW CRANIAL TECHNIQUE IN DEPTH AND WOULD DEVELOPE HIS SKILLS IN BRAIN CIRCUITRY. HUMANITY AS A MASS POPULATION NEEDS CRANIAL TECHNIQUE. THIS IS THE MOST NEEDED OF ALL HUMAN ARTS AND SCIENCES. PEOPLE JOIN CULIS. THEY TRY RELIGIONS. THEY SIT AT THE FEET OF BLACK ROBED MENTAL THERAPISTS. THREE OUT OF EVERY TEN PERSONS PAST THE AGE OF 65 HAVE NO REASON FOR LIVING. TALK ABOUT " HEALTH MAINTENENCE SERVICE " LEGISLATION. THEY OUGHT TO TALK ABOUT BRAIN " MAINTENENCE SERVICE " AS SUCH RELATES TO CRANIAL FIELDS. PATIENTS RECEIVE CRANIAL CORRECTIONS AND GO RIGHT BACK INTO THE ENVIRONMENT OF MALADJUSTED CRANIUMS... MIXED UP PEOPLE. WOMEN LIKE WOMEN BETTER THAN THEY LIKE MEN. MEN LIKE MEN BETTER THAN THEY LIKE WOMEN. NOTHING WRONG IN THAT, EXCEPT IT IS OPPOSITE NATURE'S LAW OF REPRODUCTION AND HEALTH. MEN EXERCISE AND BUILD HUGE MUSCLES JUST TO HAVE SOMETHING TO CARRY AROUND. MOST OF THE PEOPLE ADVISING MOST OF THE PEOPLE ON BRAIN PROBLEMS WOULD STARVE IF SOMEONE CURED ALL OF THEIR "SEEKERS FOR KNOWLEDGE". IF EVERY HUMAN BEING IN THE WORLD COULD HAVE JUST ONE CRANIAL CORRECTION AND THAT CORRECTION WAS THE OCCIPITAL PUMP, THEM WE WOULD TOTALLY REVOLUTIONIZE MAN'S RESPECT FOR WOMEN AND WOMAN'S RESPECT FOR MAN. NO GREATER NEED EXISTS IN THE WORLD TODAY THAN DOES THE NEED FOR THOSE WILLING TO LEARN TO ADJUST THE MASTER STATION OF HUMANITY, THE SKULL AND IT'S CONTENTS.

LEARNING IS NOT FUN. DOING IS NOT FUN. LIFE DOES NOT GO ON FOREVER. DR DEJARNETTE WOULD LIKE AND HOPE TO LEAVE AS AN INHERITENCE TO ALL HUMANITY, THE SKILL NEEDED TO SOLVE HUMANITY'S PROBLEMS AS THEY RELATE TO THE ONLY STRUCTURE IN HIS BODY CAPABLE OF ANALYZING AND REACTING TO PROBLEMS..."THE SKULL AND BRAIN". I AM SURE YOU WILL AGREE THAT THIS A NEVER ENDING CHALLENGE THAT MUST GO ON. TO THOSE OF YOU READING THESE LINES MAY WE INVITE YOU TO MAKE IT YOUR GOAL TO BE IN OMAHA NEXT YEAR TO GAIN THE UNDERSTANDING AND KNOWLEDGE NECESSARY TO SERVE THE NEEDS OF YOUR PATIENTS TO A FAR GREATER DEGREE, THAN YOU EVER THOUGHT POSSIBLE. IF YOU HAVE NEVER TAKEN CRANIAL WORK BEFORE THEN YOU WILL HAVE TO WAIT UNTILL THAT TIME FOR CRANIAL TECHNIQUE IS TAUGHT TO DOCTORS IN THE FIELD JUST ONCE A YEAR IN OMAHA AT THE END OF SEPTEMBER.

THE CHIROPRACTIC CHALLENGE BY M.B. DEJARNETTE D.C.

CHIROPRACTIC OFFERS A CHALLENGE TO ALL THE PEOPLES OF THE WORLD, INCLUDING ALL THE DOCTORS OF CHIROPRACTIC. CHIROPRACTIC IS NOW THE ONE GREAT UNDISCOVERED ART AND SCIENCE IN THE HEALING FIELD. ONCE A TOTAL DISCOVERY IS MADE AND UTILIZED, THE THINKING OF ALL SCIENTISTS WILL HAVE TO CONFORM TO THIS PRINCIPLE OF LIFE AND LIVING.

NOTHING IS MORE MYSTERIOUS AT THIS TIME THAN IS A REAL FINE CHIROPRACTIC ADJUSTMENT TO THE VERTEBRA. THIS ADJUSTMENT ALMOST DEFIES DESCRIPTION FOR IT CONTAINS ELEMENTS YET UNLISTED. THIS MIRACLE OF HAND TO VERTEBRA, FROM DISEASE TO HEALTH DEFIES COMPREHENSION BY THE MULTITUDES.

THOSE WHO ASSOCIATE CHIROPRACTIC WITH PHYSICAL FITNESS HAVE NOT GAINED EVEN A SLIGHT IDEA OF THE TOTAL PRINCIPLES INVOLVED IN TOTAL CHIROPRACTIC. PHYSICAL FITNESS IS SIMPLY A NEW NAME FOR PHYSICAL CULTURE AND WAS NECESSITATED BECAUSE THOSE IN MEDICAL POWER DID NOT WISH TO RECOGNIZE BERNARD MCFADDEN, THE FOUNDER OF PHYSICAL CULTURE. THE SIMILE BETWEEN PHYSICAL FITNESS AND PHYSICAL CULTURE IS EASILY SEEN IN MEDICAL ATTEMPTS TO SUBSTITUTE PHYSICAL MEDICINE FOR CHIROPRACTIC. THAT THE CHIROPRACTIC PROFESSION WOULD SUBSTITUTE PHYSICAL FITNESS FOR CHIROPRACTIC IS ALMOST BEYOND BELIEF, BUT IS EXPLAINABLE SIMPLY BY NOTING THAT LAY PEOPLE ARE TRYING TO DIRECT CHIROPRACTIC TODAY.

IMPINGE A NERVE FIBRE THAT FEEDS A MUSCLE IMPULSE AND ALL OF THE PHYSICAL FITNESS IN THE WORLD WILL NOT RESTORE THAT MUSCLE. SEND NORMAL IMPULSES TO NORMAL MUSCLES AND THEY DO THEIR OWN PHYSICAL FITNESS DEEDS.

WE MUST NOT BECOME MIRED DOWN IN CONVENTIONAL LAY THINKING WHEN WE TRY TO DEFINE CHIROPRACTIC AND WE MUST NOT BECOME STYMIED IN MEDICAL THINKING WHEN WE RESEARCH CHIROPRACTIC.

The THOUGHT IMPULSES NEEDED TO PLACE MY MENTAL IMPULSES ON TO THIS TYPING PAPER ARE BEYOND

COMPREHENSION, AND BECAUSE THEY ARE BEYOND HUMAN UNDERSTANDING, WE GIVE THEM NAMES SUCH AS INNATE, SUBCONSCIOUS AND DIVINE.

IF THIS GENERATION OF CHIROPRACTORS LAYS A FIRM FOUNDATION FOR CHIROPRACTIC EXPLANATION, FUTURE GENERATIONS WILL ARRIVE AT TRUE AND PROVABLE CONCLUSIONS AS TO WHY THINGS WE DO EMPIRICALLY ARE EXPLAINABLE SCIENTIFICALLY. THIS GENERATION OF CHIROPRACTORS HAS BECOME MIREN IN "GAIN FOR FAME". THE BEAUTIFUL OFFICES AND EXPENSIVE EQUIPMENT HAVE BECOME FACADES FOR THE TRUE MEANING OF CHIROPRACTIC. THE STATE ASSOCIATION PRESIDENT WRITES THAT A "CHIROPRACTOR BUILDING A NEW OFFICE IS CONTRIBUTING MIGHTILY TO THE PRESTIGE OF CHIROPRACTIC", BUT LET A CHIROPRACTOR WRITE A BOOK THAT MAY ULTIMATELY SAVE THE SCIENCE OF CHIROPRACTIC, AND THAT FEAT GOES UNNOTICED. WE LIVE TODAY IN MATERIALISTIC PALACES, BUT DEPRIVE OURSELVES OF THE OPPORTUNITIES OFFERED FOR THE TRUE ADVANCEMENT OF CHIROPRACTIC.

MANY THINGS MUST BECOME INVOLVED IN THE ULTIMATE ACCEPTANCE OF CHIROPRACTIC AS A MAJOR FACTOR IN THE HEALING SCIENCES. THE FIRST AND FOREMOST IS RESEARCH. WE MUST PROVE THAT WE CAN SUBLUXATE A VERTEBRA KNOWINGLY AND FORETELL THE CONSEQUENCES. IF A CHIROPRACTIC THRUST WILL CURE ASTHMA, A CHIROPRACTIC THRUST PURPOSELY AND ERRONEOUSLY GIVEN, WILL PRODUCE ASTHMA. WE MAY HAVE MANY OF THE SKILLS NECESSARY TO THE SCIENTIFIC PRACTICE OF CHIROPRACTIC BUT TOO FEW ARE INTERESTED IN SKILLS. WE HAVE THE KNOWLEDGE SUFFICIENT FOR THIS GENERATION AND THE ONE TO FOLLOW, BUT TOO FEW ACCEPT THAT KNOWLEDGE AND FOLLOW THROUGH IN IT'S APPLICATION. MOSTLY THEY WANT FAME AND FORTUNE INSTEAD OF SKILLS.

THE DAY WILL DAWN FAR TO SOON WHEN CHIROPRACTORS WILL HAVE TO ANSWER TO SCIENCE AND THE RIGHT ANSWERS HAD BETTER BE READY AND IN ALPHABETICAL ORDER. WE CANNOT SURVIVE IN THE CRITICAL EYE OF SCIENCE BY SIMPLY STATING "CHIROPRACTIC GETS RESULTS". IT IS TRUE THAT MANY HIGH SCHOOL STUDENTS TODAY CAN ASK EMBARRASSING QUESTIONS RELATING TO CHIROPRACTIC.

AN INSURANCE ADJUSTOR CAME INTO THIS OFFICE A FEW WEEKS AGO WITH TWO FULL SPINE X-RAY FILMS AND ASKED ME TO LOOK AT THEM AND TELL HIM WHAT THE PERSON'S TROUBLE WAS. THE FILMS HAD BOTH BEEN OFFERED IN DEPOSITION AT LAW BY A CHIROPRACTOR AS EVIDENCE THAT HE WAS ENTITLED TO THE SUM HE ASKED FOR THE PATIENTS CARE. STRANGE BUT TRUE, THE FILMS WERE NOT OF THE SAME PERSON, YET THEY HAD BEEN OFFERED BY A DOCTOR OF CHIROPRACTIC AS EVIDENCE OF A BEFORE AND AFTER SERIES OF ADJUSTMENTS. YOU COULD NOT LOOK AT A FULL SPINE AND TELL ME WHAT DISEASES OR PAINS THE PATIENT SUFFERED FROM, AND NEITHER COULD I, YET I NOTICED SEVERAL PLACES WERE MARKED ON THE FILMS AS EVIDENCE OF SUBLUXATIONS. NOW LET US COMPARE THOSE TWO FILMS OF TWO DIFFERENT SPINES TO A SERIES OF FILMS OF THE SOFT TISSUES SUCH AS THE STOMACH, LUNG FIELDS, COLON ETC. WE CAN READILY DIAGNOSE AN ULCER CRATER, RECOGNIZE A FOSBERG'S OR CARMEN'S SIGN. WE CAN EASILY SEE THE FLECK OF BARIUM IN THE GASTRIC ULCER CRATER WE SEE THE SHELVEING OF THE SIGMOID AS EVIDENCE OF CARCINOMA, WE DETECT BRONCHIAL CARCINOMA BY SEEING THE SPOKE EFFECT, AND WE CERTAINLY RECOGNIZE PNEUMONIA BY IT'S OBLITERATION OF ALL LUNG MARKINGS AND CONSOLIDATION. OFFER US A FILM OF A FRACTURED FEMUR AND WE SEE IT, YET WE CANNOT LOOK AT A SPINOGRAM AND DIAGNOSE THE PATIENT'S DISEASES; BUT WE CURE DISEASES BY USING THE SPINOGRAM AS A GUIDE.

IT IS ALWAYS INTERESTING TO PRESENT TWO FULL SPINE FILMS TO TWO GROUPS OF CHIROPRACTORS AND HAVE THEM READ THEM SEPARATELY. I HAVE YET TO SEE THE DIFFERENT INTERPRETERS AGREE IN TOTO, YET WE CLAIM THIS TO BE PART OF CHIROPRACTIC SCIENCES. WE MUST ADVANCE THROUGH SELF CRITICISM. IF WE CANNOT PLEASE OUR OWN EGO IN THE SILENCE OF PERSONAL MEDITATION, THEN HOW SHALL WE HOPE TO PLEASE AN EVER INCREASINGLY CRITICAL PUBLIC. AN EXPERIMENT THAT ALWAYS AROUSES CURIOSITY IS TO PRESENT TWO FULL SPINE FILMS WITH DATES COVERED TO A GROUP OF CHIROPRACTORS AND HAVE THEM SELECT THE BEFORE FILM AND THE AFTER FILM.

WE DO NOT MENTION THE ABOVE AS RIDICULE BUT AS SELF CRITICISM, CHIROPRACTIC WILL NOT SURVIVE ON SALES GIMMICKS OR 5% BUSTS, OR HIGH PRESSURE PRACTICE PHASES, BUT WILL SURVIVE IF IT DOES SO ON SCIENTIFIC DATA GATHERED BY CHIROPRACTORS WILLING TO MAKE THE ESSENTIAL SACRIFICES ENTAILED IN RESEARCH IN DEPTH. CHIROPRACTIC MUST ELEVATE IT'S SCIENCE TO THE HIGH POINT OF EFFICIENCY WHEREBY THE CHIROPRACTOR CAN POINT TO AN AREA OF THE SPINE, ASK FOR X-RAYS OF THAT AREA, ADJUST THE FAULTS FOUND, AND PRODUCE RESULTS. THE FULL SPINE FILM IS NOT ALL BAD, BUT IT IS A MASSIVE ALLOPATHIC DIAGNOSIS BY EXPOSURE OF THE WHOLE. WE WOULD THINK LITTLE OF THE MEDICAL SCIENCES, IF IN SURGERY THEY HAD TO SPLIT A PERSON FROM THE TOP TO THE BOTTOM TO FIND THE THING THEY SOUGHT.

THE STEPS TO EFFICIENT CHIROPRACTIC AND PROFICIENT CHIROPRACTIC ARE SIMPLY SELF EVALUATION AND SELF CRITICISM. GIVE AN ADJUSTMENT TO ONE VERTEBRA IN A SPECIFIC DIRECTION, AND THEN SENSIBLY ASK YOURSELF WHY. IT IS AMAZING HOW OFTEN ONE CAN MAKE AN ADJUSTMENT AND FAIL TO ANSWER THE SIMPLE QUESTION, "WHY?". DID YOUR THRUST PRODUCE A POP, AND IF YOU PRODUCED THE POP, WAS THAT THE ADJUSTMENT YOU SOUGHT? IF YOU DELIVER A THRUST AND NO POP RESULTS, DO YOU TRY AGAIN, THIS TIME HOPING FOR THAT POP? WHAT HAPPENS IF THE POP FAILS TO DEVELOPE? DO YOU STILL CHARGE FOR YOUR SERVICES, OR DO YOU APOLOGIZE TO THE PATIENT? WHAT RELATIONSHIP DOES THE VERTEBRAL POP HAVE TO THE ACTUAL THINGS YOU WISH TO ACOMPLISH WITH YOUR THRUST? 90% OF THE GOOD RESULTING FROM A THRUST UPON A SPECIFIC AREA OF A VERTBRA HAS NO RELATIONSHIP TO THE AMOUNT OF NOISE MADE. THE LOUDER THE POP THE HEALTHIER THE VERTEBRAL APPENDAGES, THE LIGHTER THE POP, THE SICKER THE VERTEBRAL APPENDAGES. NOW WHICH IS IMPORTANT...POP OR NO POP?

WHEN THE HUMEROUS IS DISLOCATED FROM THE GLENOID FOSSA AND YOU MANIPULATE THE HUMERAL HEAD PROPERLY SO IT IS RELOCATED INTO THE FOSSA PROPERLY, YOU DO HEAR A DEFINITE POP BECAUSE YOU ARE DISPLACING FLUIDS WITH A ROUND BONE. WHEN YOU PULL YOUR FOOT OUT OF GOOEY MUD, THE VACUUM PRODUCED CAUSES A SUCTION SOUND. THIS HAS NO RELATIONSHIP TO THE WITHDRAWAL OF YOUR FOOT, FOR IT IS ONLY A COINCIDENTAL ACT OF THINGS NATURAL. NO ONE WOULD SELL THAT SUCTION SOUND IN RELATIONSHIP TO WALKING.

PHYSIOLOGICALLY THE VERTEBRAL POP IS A MONEY MAKER. YOU CAN SELECT A PERFECTLY NORMAL VERTEBRA, ADVISE YOUR PATIENT THAT IT IS DISPLACED AND YOU ARE GOING TO REPLACE OR SET THAT VERTEBRA. EXPLAIN IN DETAIL THAT WHEN YOU MAKE THE "SETTING" OR REPLACEMENT, A POP WILL BE HEARD. THAT POP BECOMES IMPORTANT AND IT HAD BETTER TAKE PLACE OR YOU ARE A NINCOMPOOP IN THE MIND OF THE PATIENT. IF YOU THRUST UPON THAT SAME VERTEBRA WITHOUT ANY EXPLANATION AND A GREAT BIG POP TAKES PLACE, YOU CAN FRIGHTEN THE WITS OUT OF SOME PEOPLE.

THE CHIROPRACTIC CHALLENGE TODAY IS THE DEVELOPEMENT OF THE PROCEEDURES ESSENTIAL TO A SCIENTIFIC ANALYSIS, THE LOCATION OF THE BASIC AREA OF NERVE INTERFERENCE, THE ADJUSTMENT TO NORMAL OF THE OFFENDING STRUCTURES, THE MAINTENENCE OF NORMAL OF THOSE STRUCTURES UNTIL THE BODY CAN ADAPT TO THIS NEW FEELING OF WELL BEING. THE CHIROPRACTIC CHALLENGE TODAY IS NOT HOW MUCH MONEY ONE CAN MAKE...OR HOW MANY TRIPS ONE MUST MAKE TO THE BANK DAILY TO CARRY THE BALES OF BILLS. THE CHALLENGE IS NOT TO GET SUCKERED INTO SUCH A PROGRAM, FOR IF YOU DO ALL OF YOUR ENERGIES WILL BE DIRECTED TO FINANCIAL GAIN AND YOUR SCIENCE OF CHIROPRACTIC WILL SUFFER, AND ULTIMATELY THE END WILL ARRIVE WITH A BIG DISASTER SIGN ON IT. THE CHALLENGE IS TO KNOW WHAT IS NEW AND WHAT IS REBORN UNDER A NEW NAME. REINCARNATION CERTAINLY APPLIES TO MUCH OF WHAT WE SEE IN CHIROPRACTIC.

I HAVE BEFORE ME THE "CHIROPRACTIC LOOSE LEAF LIBRARY OF 1923". I CAN SHOW YOU IN THAT LIBRARY THE STEP BY STEP PROCEEDURES NOW BEING TAUGHT AS PRACTICE BUILDING IDEAS BY MANY CHIROPRACTORS. LOOK THROUGH THIS 1923 LIBRARY AND YOU WILL SEE EVERY SUPPOSEDLY NEW IDEA BEING SOLD TODAY FOR FROM \$150.00 TO 10% OF ALL YOU MAKE FOR THE REST OF YOUR LIFE. THE CHALLENGE IS TO KNOW IS TO BE A SUCCESSFUL CHIROPRACTOR YOU MUST HANDLE A MAXIMUM NUMBER OF PATIENTS A DAY. YOU CANNOT SURVIVE AS A SUCCESS WITH FIVE PATIENTS A DAY UNLESS EACH PAYS YOU \$50.00 PER VISIT. A CHIROPRACTOR WORKING FIVE DAYS PER WEEK SHOULD MAKE \$4000.00 PER MONTH.(ED. REMEMBER THIS WAS 1968) THIS ANY CHIROPRACTOR CAN DO IF HE PRODUCES RESULTS. THIS NO CHIROPRACTOR CAN DO IF HE DOES NOT PRODUCE RESULTS. THE CHALLENGE TELLS YOU THAT IF YOU WANT TO HANDLE A MAXIMUM PATIENT LOAD YOU MUST HAVE AN ACCESIBLE OFFICE. THAT OFFICE MUST BE PROFESSIONAL IN ALL ASPECTS. THE DOCTOR MUST BE PRESENTABLE AND HAVE A PERSONALITY THAT PRODUCES CONFIDENCE. YOU MUST HAVE EFFICIENT ASSISTANTS AND THEY MUST BE PAID IN PROPORTION TO THEIR WORTH. THEIR WORTH IS JUDGED ON HOW MUCH MONEY THEY MAKE FOR YOU. YOU HIRE ASSISTANTS AS AN INVESTMENT. MAKE THAT INVESTMENT PAY DIVIDENDS.

THE CHIROPRACTORS HANDS ARE HIS TOOLS. KEEP THEM IN PERFECT WORKING ORDER. THE DOCTORS DRESS IS IMPORTANT ALTHOUGH THIS WRITER DETESTS THE WHITE JACKET AND THE TOTAL DOCTOR LOOK. "Professional skill is your major challenge. you must be able to locate that subluxatedn vertebra that is producing the major nerve interference. you must know the position of that vertebra. you must know the essential step necessary in it's proper alignment". (E.D. THIS WILL BE CONTINUED NEXT MONTH)

APPRECIATION IS AN ART...A FINE ART. SOME SAY IT IS A LOST ART. B.J.

FEDERAL CONFERENCE JOTTINGS. (K.B.) WHAT A NICE RELAXING CONFERENCE - THIS WAS THE VIEW OF MANY AND IT WAS NO DOUBT DUE LARGELY TO THE EFFICIENT ORGANIZATION OF STEPHEN BARDSLEY WHO DID A MAGNIFICENT JOB, BUT ALSO TO THE LOW KEY, INTERESTING DELIVERY OF DAVE DRUM WHO CRACKED A FEW IDOLS AND POSED SOME CHALLENGES, BUT DID NOT DEMAND INTERLECTUAL PARTICIPATION. AN INTERESTING QUESTION SHOULD BE ASKED AND THAT IS WHAT DO YOU CONSIDER OUR ONE BIG ANNUAL CONFERENCE SHOULD OFFER?

THE ONLY MEDIA COVERAGE I SAW WAS A LARGE ARTICLE AND PHOTOGRAPH IN THE "AUSTRALIAN" WHICH MENTIONED "CHIROPRACTOR" ONCE AND THE REST OF THE ARTICLE COULD HAVE BEEN ABOUT A ST. KILDA MASSEUR. THAT IS A PITY BUT NO DOUBT AS A RESULT OF THAT ARTICLE SOME PEOPLE WILL TAKE THEIR ATHLETIC INJURIES TO A CHIROPRACTOR, WHO WILL BECOME A LITTLE RICHER WHILE SOMEONE ELSE IS SUFFERING FOR LACK OR WANT OF CHIROPRACTIC CARE. WE PERSONALLY HAVE A RULE THAT UNLESS THERE IS A CHIROPRACTIC PROBLEM, WE DO NOT ACCEPT THEM FOR EXTREMITY PROBLEMS. SOME MAY ASK WELL WHO IS GOING TO FIX THEM IF WE DON'T, AND OUR STOCK ANSWER IS WE ARE CHIROPRACTORS. SIMPLE ISN'T IT AND, AS YOU HAVE ALL EXPERIENCED MANY OF THE EXTREMITY PROBLEMS DISAPPEAR AS NEURO-MUSCULO-SKELETAL PROBLEMS DISAPPEAR AND NORMALIZE.

IN OTHER WORDS IT ALL BOILS DOWN TO THAT QUESTION OF SCOPE. WHERE DO YOU STOP? IS ANYTHING THAT IMPROVES HEALTH, CHIROPRACTIC? OBVIOUSLY NOT. (WE THINK WE SHOULD COLLECT YOUR OPINIONS ON THIS, SO PLEASE WRITE AND WE WILL SEE IF THERE IS A COMMON THOUGHT - WE DO NOT WANT TO STRUCTURE YOUR THOUGHTS BY ASKING SPECIFIC QUESTIONS)

AFTER THE 1975 ANNUAL CONFERENCE WHEN TWO AMERICANS WERE GUEST LECTURERS AND PRINCIPAL SPEAKERS, SCOTT WAS TAKEN TO TASK BY MANY FOR HIS COMMENTS RE. THE VALUE OF ORTHOPAEDIC AND NEUROLOGICAL TESTING ETC. AS PROPOUNDED BY THEM. INTERESTINGLY DR. DRUM TOLD OF HIS EXTENSIVE INTERACTION WITH SCIENTIFIC AND CLINICAL CIRCLES AS WELL AS POLITICO-LEGAL, AND HE SAID "STANDARD ORTHOPAEDIC TESTING HAS LITTLE OR NOTHING TO DO WITH CHIROPRACTIC. MOST OF THE TESTS ARE FOR ADVANCED JOINT DEGENERATION. WE DEAL WITH FUNCTIONAL PROBLEMS BEFORE PATHOLOGICAL JOINT AND TISSUE CHANGES ARE MAJOR ISSUES IN MOST CASES."

HE ALSO STATED SOMETHING ELSE THAT HAS BEEN MENTIONED MANY TIMES IN THIS BULLETIN AS QUOTED BY DR. DEJARNETTE, THAT YOU CANNOT PROVE A SUBLUXATION ON AN X-RAY AND POST X-RAYS ARE OF LITTLE VALUE IF YOU EXPECT TO SEE REDUCTIONS ETC. (HOPEFULLY THE LEADERS OF OUR PROFESSION HERE IN AUSTRALIA WERE LISTENING CAREFULLY FOR WE MUST NOT BE CAUGHT WITH THIS ONE AS HAVE OUR AMERICAN COLLEAGUES)

MOST SYMPTOMS ARE ASSOCIATED WITH COMPENSATIONS WHICH PRODUCE INFLAMMATORY OEDEMA. IT ONLY TAKES 2 MINUTES AFTER SPINAL TRAUMA FOR COMPENSATORY NEUROVASCULAR AND LYMPHATIC CHANGES TO OCCUR. VEINS STRANGELY IN THE LUMBAR PLEXUS AND THE HAEMORRHOIDAL PLEXUS DO NOT HAVE VALVES.

MEDICAL ORTHOPAEDISTS ARE ABANDONING THEIR OLD HOBBY HORSE (WHICH BECAME AN ALBATROSS AROUND THEIR NECKS) OF DISCS BEING THE CAUSE OF LOW BACK ACHE - AS IT IS MORE FREQUENTLY FLUID CONGESTION.

CHECK YOUR PATIENTS TO SEE IF THEY ARE ON ANTI-COAGULANT THERAPY (AFTER CLOTS) AS DEATHS HAVE RESULTED FROM EVEN MILD ADJUSTMENTS, ESPECIALLY IN THE UPPER CERVICAL AREA.

VALIUM HAS NOW PASSED ASPIRIN AS THE MOST COMMONLY USED DRUG USED IN THE U.S.A.

SEMINARS THIS MONTH ON THE 13TH. AND 14TH. WE ARE HAVING THE BIG CRANIAL REVIEW AND AN ASSOCIATED ASSISTANTS COURSE. WE REALLY LOOK FORWARD TO THIS ONE, FOR THIS WORK IS THE EPITOMY AND WE WOULD LIKE ALL WHO ATTEND TO MASTER THIS DIFFICULT WORK, FOR MANY SICK PATIENTS WILL BENEFIT AS A RESULT. THE ASSISTANTS COURSE WILL BE PRETTY COMPREHENSIVE BUT WILL NOT INCLUDE OFFICE PROCEEDURE. SUBJECTS COVERED WILL INCLUDE ANATOMY, S.O.T. PROCEEDURES, TERMINOLOGY, CRANIAL ASSISTANTS HOLDS, PLUS MANY OTHER PROCEEDURES YOUR ASSISTANT MAY USE WITH YOUR PATIENTS.

ON DECEMBER 11TH AND 12TH. KEITH WILL PRESENT C.M.R.T. 2 AT NOAH'S HOTEL AND THIS WILL CONCLUDE OUR SEMINAR ACTIVITIES FOR THIS YEAR. FOR NEXT YEAR WE PLAN AN INTRODUCTORY SERIES TO COMMENCE IN SYDNEY UNDER THE AUSPICES OF THE I.C.C. AT PRESENT NEGOTIATIONS WITH THE I.C.C. ARE UNDER A CLOUD AND DIFFICULTIES HAVE ARISEN SO AT THE PRESENT WE ARE UNABLE TO MAKE ANY POSITIVE ANNOUNCEMENT REGARDING THIS. WE WILL ENDEAVOUR TO CLARIFY THIS ISSUE IN THE NEXT BULLETIN IN ORDER THAT PLANNING CAN BEGIN. OUR SEMINAR PROGRAM FOR NEXT YEAR WILL BE PUBLISHED IN JANUARY AND MAY INCLUDE OVERSEAS LECTURERS. HERE IS HOPING.