

place...with the ethmoid, with the palatine...and many more, but sufficient for now just to illustrate its importance.

JUST WHAT IS GOING ON A short time ago I received a long distance phone call from the U.S.A. This was curious. It must be important I told myself. Perhaps my daughter and son-in-law had met with some misfortune or even...well my mind started to wander...then the operator brought me back to the present. "Dr. Parker?". "Yes", I said. "There is a Dr..... from New Mexico (or some such State) wants to speak with you person to person". "Fine put him on", I said.

"Is that Dr. Scott Parker?". "Yes?" I said. Thus began the following. We have this wonderful new product now on the market that is fantastic and will make alot of money for you. (How did he know I was having a struggle to make ends meet I thought) Yes it fits right in with the Philosophy of S.O.T. and Chiropractic and is made from completely natural products. It is a new weight reducing powder and has an excellent mark up and the patients are really taking to it. It will really boost your income. (Well here he goes again. He must really know. I must call my accountant and see if he can confirm. I thought I was doing very well)

I listened to the sales pitch for some minutes and he answered one or two questions and so it went, it goes so well with S.O.T. and it is a good way to improve your income. (Again) I stated that I thought the product would be subject to import restrictions etc. However his enthusiasm was boundless and he wanted to send samples because the sooner I started getting it the sooner my income would go up. (Again) (No samples arrived)

By this time I was a trifle annoyed and pointed out that up till the present I had managed to keep the family out of the poerhouse. However he was not to be put off and continued. I felt the man must be made of money for the call was costing mucho green stuff, so I guess if he wanted to continue he knew what he was doing.

Then it just became to much and it was my turn at his expense. I told him that the object and only object in being a Chiropractor was to use his hands and his brain and whatever else he may have to use...to locate and remove subluxations. That is what we do here in Australia and we have no problem getting sick people well. If he spent more time just doing that then he would not have to waste his time on get rich schemes...in fact people would not be letting him sleep at night because his services would be so much in demand...and he would be laughing all the way to the bank. I told him I could not see how in any way this product could tie in with the Philosophy of Chiropractic or for that matter S.O.T. END OF CONVERSATION....(If he spent just a little time studying Chiropractic we would not have had this saddening conversation)

Whilst I cannot claim to answer for Dr. DeJarnette (if you wish to reply Major I will be happy to print) I will make some observations based on my association with him and his written and spoken words. To my knowledge Dr. DeJarnette has published one major work on nutrition...Sacro Occipital Nutrition - 1959 of which we have a copy and our thanks go to Dr. Murray Strudwick of Sydney for that. We also have a reprint of that with some additions by Drs David Denton and Lorraine Bonte of Los Angeles. (This fine reprint is still available from them) The only other work which includes any dietary information is the C.M.R.T. - 1966.

In a monumental work 'Sacro Occipital Technic of Spinal Therapy' - 1940 (we have two) Dr. DeJarnette said the following:-

muscle work is metabolism, and metabolism is the use of the products of digestion and assimilation for bodily harmony. This brings up the point of dietetics. We are not fuddists on diet. Rather, we believe in normally balanced rations whereby the body has the choice of using several substances. A man who does manual labour needs protein foods. A man doing office work with but little exercise will become acid on a heavy protein diet. You need to eat in accordance with what you do. Digestion is preparation of food for assimilation. Not all the food you digest is assimilated. According to the work you are doing depends on what shall be assimilated. Rations, so to speak are issued to the muscles of the body depending on their demands. If your muscles need carbohydrates and you eat all proteins, trouble is in store for you. If you eat all proteins and your muscles need carbohydrates, again you are faced with a food shortage. Your body stores a limited amount of additional supplies which are called upon in emergencies. We believe that under normal conditions, and with a balanced ration, all difficulties with diet can be successfully met by your body'.

In 1959:-Not all symptoms warrant nutrition studies, not all patients need nutrition to recover health. Not all patients eat deficient diets. Deficient diets do not produce all the symptoms to which humanity is heir. The pretty box with the coloured bands around it and the health table of ORGANIC CONTENTS is not always a warranty of health within. It requires a lot of ingenuity to know when a nutrient is needed, and when it is not needed. It is safe to assume that 80% of the supplements sold do nothing more than supply a few vitamins.  
YOUR ADJUSTMENT COMES FIRST(DeJarnettes emphasis). Nutrition is a waste of money when used in the presence of an uncorrected distortion. Never use nutrition just because you do not know of any other thing to do, or BECAUSE YOU MIGHT MAKE A DOLLAR SELLING THE PRODUCT.(My emphasis)

I have personally been in Dr. DeJarnettes office and there was no indication of the sale of any products of nutrition. Whilst he may have given some pertinent advice to patients I was not aware of it. His practice is that of a Chiropractor and that is to find the interference to the expression of normal LIFE and MOTION and remove it from where he finds it. I have little doubt also that Major has an infinite knowledge of nutrition built up over years of research and practice but he does not to my knowledge rely in any way on a boost to his income by the sale of such products. I also know that at times Major may at times use some of these products for his own personal use but never at any time would our mentor recommend diet or nutrition of any kind without taking care of the cause.

To suggest that some diet powder made from natural products fits in perfectly with the Philosophy of Chiropractic and in particular S.O.T. is demonstrating an ignorance almost beyond description. It is enough to have the ghost of B.J. stirring and I have little doubt a few well chosen words from that formidable gent would have our Doctor with his medical powder licking his wounds. It is also notable that Dr. DeJarnette in virtually all his works except those mentioned does not mention nutrition at all but concentrates his energies on guiding us to be better chiropractors. Surely this is significant. If Dr. DeJarnette thought additives and pills and potions etc, etc, so very important, he would be writing about them in every years notes. But no, there is none and we applaud his efforts to keep us Chiropractors. In our office there are a few substances which are unobtainable from sources in this country or by a patient. Otherwise occasionally vitamins may be recommended but never sold. Just good sensible diet is promoted and we go about our work of finding the subluxation. Our practice has healthy people beyond the average American. S.O.T.ers dream just because we use straight S.O.T. Cranial Technic, C.T. and whatever else removes subluxations. We have ~~need to sell pills and potions to either get the patient well or put our pockets,~~ and we could do just the same wherever. Dr. DeJarnette doesn't need them and neither do you. They Chiropractic and it seems obvious to me that Chiropractic the same way as the osteopaths...into oblivion. The only us different is our ability to find subluxations let's just follow exactly what Dr. DeJarnette lays down ~~demands that simple. (As a fine Chri~~

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1977 - 1978. A beautiful year for the most part and another year of steady progress in S.O.T. This year we ran an introductory series in Sydney and it was extremely well attended for the first three seminars. Then the air strikes and Jim Parkers L.A. seminar got in the way, so the second three were not well attended at all. By the way those who had 100% attendance at the first three seminars will have their certificates shortly and for the second three also. In March we gave a Cranial review in Melbourne and as well in August and may we say to those who attended that it was a pleasure but to those who cannot see the wisdom of making a better Chiropractor of yourselves we are sad.

The scene for next year is a bit clouded, what with the legislation the Victorian and N.S.W. Governments pretend they will bring forward, and the outcome of some important talks that have been recently held with the U.C.A., and of course a tongue in cheek new President of the A.C.A., we will stand back a bit and make our mind up in a little bit.

The I.C.C. is making fine progress and encouraging noises seem to be coming from that direction as regards having an S.O.T. course as an elective. We unfortunately are so far away from the scene to have any direct involvement but will seek to help any competent S.O.T.er who is willing to teach. At the end of November Keith spent some three hours at the I.C.C. giving an introductory lecture on S.O.T., Its Philosophy and Physiology as well as some of the Basics. No doubt there are a number down there who will have to rethink a few things and if their thinking is straight S.O.T. will become their mode of practice provided of course they are prepared to be thinking Chiropractors and follow the rules laid down by Major DeJarnette. S.O.T. provides the finest and most logical system for the identification and elimination of the subluxation.

On December 23rd. the Founder and Developer of S.O.T. will be 78 years of age. Send him a card, tell him you love him and you will be there with him next year in Omaha. Major has spent more time and money and devotion to the sick, than any other single Chiropractor in history and he is still doing it. Tell him you care about S.O.T. and give him a lovely Christmas. Major we all love you back here in Australia.

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THOUGHT(Cont'd) Emotions of fear, depression, anger, bitterness and discontent may completely paralyze our inner healing power. By removing these unhappy states by any means, life will be freed to do its work of restoration of the body back to normal.

Health is so important because so much is dependent upon it. We by having it able to earn a livelihood, participate in sport, endure hardships and enjoy life. Health is often the greatest asset the human being possesses, though most may not realize it till it is lost. By the removal of the neurological component and as well correct thinking we will be closer to perfect health. We live in a most confusing world and the body as well as the mind are under increasing pressure, not only from socio-economic areas but environmental (pollution) problems as well - so that it is extremely difficult to identify the Basic cause of subluxations. (and therefore dis-ease). So for the present we accept the subluxation as a fact but tend to invent it's causes rather as something which fits in with our particular belief as to cause. This is because precious little research has been done in this area, and so it is with thought.

Proof is lacking and so is the necessary research program. Therefore we

must accept that there is much more evidence presently available for the subluxation as the cause rather than thought as a primal cause except in a few cases. The Chiropractic profession is quite right in supporting the subluxation as the cause of dis-ease but some concentrated research is necessary in the area of the cause of the subluxation. Thought could be one of the subjects at the top of the list. Research of this type would probably explode a few myths and would advance our efforts in the prevention and maintenance of homeostasis and thus we would have a healthier world. Think about it.

Ref. The Power of Thought Edwin Bywater.

SPHENOID...MASTER BONE OF THE TOTAL SKULL AND FACE (D.J. 1972)

The one bone that can alter the position and function of all cranial bones and thirteen facial bones is the sphenoid...that old bat that sits inside and monitors all it can survey. When we miss the sphenoid, we miss the whole show. When we fix the sphenoid, we come close to fixing the whole thing, as the T.V. commercial would show us. The simplest things in the world are the most elusive.

The miracle of the sphenoid is that it has always been where it is now. It has done its job the best it could and seldom has it needed surgery or radiation, so we all assumed it would be self sufficient. Little did I dream when I first found the dollar sign that it would be so directly related to the position and function of the sphenoid. If each of you will review your case records for the past five years, you will be amazed how often the dollar sign has been overlooked in your selection. Most of you have found crest signs and have overlooked that important \$ sign.

It is amazing how many never really understand what they read, and yet they produce results. I talked to a good S.O.T.'er some weeks ago who through all of the past years has thought the weak dollar sign was the important one, and that also applied to the crest sign. He has been directing his adjustments towards the weak signs, instead of using the true signs for his contacts. This good doctor has not been all in error... for it is provable that pathologically, the weak crest or dollar sign denotes disease and pain, while the normal crest or dollar sign represents normal. This perhaps has been a difficult problem for those who tried to reason and think their way through the Category One procedure. Those who followed instructions, produced marvellous results without deep thinking. You see, it is sometimes best to trust and obey and let others think through the problems they discovered.

The sphenoid bone is responsible for every subluxation you ever saw in a patients spine. It is responsible for every swollen joint you have been called upon to reduce. It is responsible for man's pain syndrome. It is so important, god put it astride the central poles of the cranial struts for protection. It is a big subject in cranial technique.

For those who are anatomically minded and must associate anatomy and physiology to all they do and even unto their daily bread, you may turn to any standard anatomy and read about the sphenoid bone. It holds no secrets. It's surfaces are all common knowledge. It's articulations are spoken about in all Colleges of the healing arts. If you are too lazy to look in Gray's or Cunningham's anatomies, here is a list that will confuse you no end and it will prove a feat to just memorize it.

The sphenoid is the division bone of the skull, occupying it's central position, forming the anterior, middle and posterior cranial fossa, and also the temporal, infra temporal and nasal fossa part of the orbit.

It's structure is made up of a body, lateral expansion into greater and lesser wings. That is why it is named the bat bone of the skull. It has an inferior projection, the pterygoid, which has many parts as you all know and which furnishes us a lever with which we unlock the sphenoid from the frontal notch and the temporals.

The sphenoid body contains the sphenoid sinuses and compartments for structures of the brain. The superior crest of the sphenoid contains the ethmoid spine, olfactory grooves for the olfactory lobe at the fore brain, optic foramen and optic chiasma...sella turcica, turkish saddle for the pituitary gland...dorsum sella, with notch for the sixth cranial nerve on each side.

The inferior surface of the sphenoid contains the sphenoidal rostrum, vaginal process for the medial pterygoid plate and the surface for the palatine bone articulation. The anterior surface of the sphenoid contains the sphenoidal crest, rough lateral margin for the articulation with the ethmoid and the palatine bones, and the smooth remainder part for the tissues forming the roof of the nose and the sphenoid ostia (opening for the mouth).

The posterior surface of the sphenoid forms a cartilage junction between two bones, the sphenoid and the occipital. This ossifies at the age of 26, so it is important to correct before that age. The lateral surface of the sphenoid contains attachments of greater and lesser wings to the body...forms the medial wall of the orbits...medial wall of the sphenoid fissure...groove for the carotid artery...see how important this bone is.

The small wings form the two roots with the optic foramen between them. The three recti muscles of the eye attach to the tubercle at the junction of the lower root with it's body...again see what it does. The superior surface forms the anterior cranial fossa for the brain bed.

The inferior surface overhangs the superior orbital fissure...anterior border of the small wing is serrated and beveled. The posterior border of the small or lesser wing is smooth and ends in the clinoid process. The great wings project laterally, superior and anterior. It has three surfaces and they are the cerebral internal, anterior and the temporal lateral.

The cerebral internal surface contains the foramen rotunda for the second division of the fifth cranial nerve, the foramen ovale for the third division of the fifth cranial nerve and a small meningeal artery, and lastly the foramen spinosum for the middle meningeal vessel. The anterior surface of the greater wing contains the orbital surface, sphenomaxillary surface, posterior wall of the pterygopalatine fossa, and part of the foramen rotunda.

The temporal surface contains the temporal fossa above the infratemporal crest, and the infratemporal surface below with the foramen ovale and it's spinosum. The sphenoid has five articulating borders...posterior body...squamosal border, angular spine projection, and pterygoid process. The sphenoid articulates with the following surfaces...basilar process of the occiput forming the sphenobasilar arch. With the temporal petrous apex, anterior petrous process, with the anterior angle of the parietals, via the wing tips...with the two frontals...the inferior L of the frontal forms the important bridge articulation around which many functions take