

*(The following paper is published by order of the President of the American Osteopathic Association because of the unique importance of an "old school" medical convention admitting it to its program, also because of the vital psychological value to the general public of the fact that the statistics of such startling results from osteopathic treatment were officially presented before a national medical association. As this is the first time in the history of osteopathy that such a thing has occurred, it is urged that members distribute reprints enough to cover the entire country, in order to show the people that the medical profession is ignorant of the truth no longer, but has been officially informed of osteopathic conquest of diseases in which medicine has failed. These reprints may be obtained from the Orange office at \$4.00 per hundred or \$30.00 per thousand.)*

**One Hundred Thousand Cases of  
Influenza with a Death Rate of  
One-Fortieth of that Official-  
ly reported under con-  
ventional medical  
treatment**

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*(Read at the Annual Convention of the  
American Association of Clinical  
Research, New York City,  
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**T**HE leading article in the October 9th number of the Boston Medical and Surgical Journal is by J. Madison Taylor, M. D., professor of physical therapeutics of the medical department of Temple University, Philadelphia. "No one," says Doctor Taylor, "has a right to condemn, deprecate, or deny efficacy to reputable measures until he has honestly and adequately subjected them to fair trial under fair conditions. In the immediate future much revision of bio-kinetic therapeutic measures must come about, and to the vast advantage of medical potential."

While I know it is not necessary to preface the startling statements which will be made in this paper by an appeal to the members of this scientific organization to retain open minds for the consideration of novel procedures, I cannot refrain from the above quotation. I cite it in order to remind you of a precedent of a recognized authority of the "old school" in an official position in a medical school and writing the first article in a most conservative medical journal, therein vouching for the scientific aspect of some of the foundational principles un-

derlying the therapeutics to be discussed in this paper.

Doctor Taylor had personal experience in the comparative treatment of influenza with and without drugs. Before reporting to you the amazing statistics of the 100,000 cases reported in this monograph, I again ask your permission to quote Doctor Taylor's brave words in condemnation of the medicinal treatment of influenza and in championing the physical and mechanical therapeutics of this and other diseases as follows:

"The resources of medication, large as they are, must have limitations. These limitations in grave exigencies impress us with a despairing sense of inadequacy. Moreover, instances are met of vast harm wrought by lack of wisdom in the manner of their use. This harm is occasionally fatal. Fatalities from medication are, however, not confined to misuse, but to fatuous confidence in them which fails to be justified.

"Never did this scientific groping so impress me as during the recent epidemic of influenza. I was guilty myself. The guilt of others, however, struck me often with even greater force. Perhaps the fatal cases were hopeless when met. Perhaps we groped in a slough of ignorance. A larger proportion died than was justified.

"Whereas, sharing equally with most of these colleagues grave doubts as to the efficacy of some standard drugs in fullest dosage, also graver doubts as to the by-effects of those drugs, I am absolutely certain that the remedial procedures, reconstructive or bio-kinetic measures employed, did no harm if perchance did no good. So much for squaring the account with my conscience.

"I postulate that: in striving to accomplish equilibration of the regulative energies in the cardio-vascular cycle, vastly greater safety resides in agencies exerted from outside, by attempts at influencing reflex response, vasoconstriction, also eliciting vagogenic and sympathetic helpfulness, readily applied and re-

leased, then by introducing drugs into the economy which may keep on doing what they should not do, or fail to do what faith in the power of the unseen hopes they will do but don't.

"I postulate further that: in the face of failures of drugs admitted candidly by such men as Victor H. Vaughan and a host of other authorities who relied largely on medication, or serum therapy, it is our duty to turn our attention to regulation applied upon the organism from without."

As a still more official authority for the condemnation of the conventional treatment of influenza I am constrained to call your attention to the fact that the Journal of the American Medical Association on October 4, published an editorial asserting unequivocally that gargles and sprays were absolutely valueless except inasmuch as they cleansed as water does, and that no physician had any right to inform patients that vaccines would prevent the occurrence of influenza. The editorial gave only negative therapeutics, not a word even suggesting any known remedy or prevention.

Cyriax of London in the "Practitioner" says that as regards the natural exciting cause of the irritative states of the erector spinae, which he claims is in itself the cause of hypertension and other pathological conditions, there is "one important group, which up to the present seems to have escaped recognition, i. e., anomalies of the vertebrae either as regards articulation or position. \* \* \* Apparent malposition of the bones \* \* \* all treatment must be directed towards removal of the cause of disease especially that described as 'mobilization of the spinal column.'"

Having thus gradually approached by a recognized medical path, using the words of authorities familiar to you, I now venture to proceed from Cyriax's specific statement of vertebral malposition as a causative factor and adjustment as the cure, to the subject of this essay, the report of 100,000 and more cases of influenza in the recent epidemic with a death rate of one-fortieth of that reported by the health commissioners of the various states.

Requests for information as to the number of cases of influenza, the number of cases of pneumonia, and the number of deaths from each, were sent to every

state health commissioner and every city health commissioner in cities of 40,000 population and over. One hundred and forty-eight replies were received.

Sufficient data has been received in the replies of those 148 health commissioners, together with the estimates of the national census bureau and the several insurance companies, to warrant the ultra conservative estimate of five per cent to six per cent fatalities in influenza cases under medicinal care. In Boston the influenza fatalities amounted to twenty-seven per cent, as reported by the health commissioner of that city.

These reports also show a conservative estimate of thirty-three per cent of fatalities in pneumonia cases under medicinal care, and in some large centers it ran as high as sixty-eight to seventy-three per cent. As officially compiled to date, the fatalities in epidemic pneumonia in our army camps amount to thirty-four and one-half per cent.

The American Osteopathic Association then collected authenticated detailed case reports from its members.

All told, 2,445 osteopathic physicians have reported. Those 2,445 osteopathic physicians, representing every section of the country, report having treated 110,120 cases of influenza with only 257 deaths, or a mortality of only one-quarter of one per cent. They also reported having cared for 6,258 cases of epidemic pneumonia with only 635 deaths, or a pneumonia mortality of only ten per cent.

This makes the osteopathic mortality of one-quarter of one per cent in influenza as compared with five per cent under medical treatment, or in other words, it shows that the medical death rate was forty times as high as the osteopathic. It also shows the osteopathic death rate in pneumonia in this particular epidemic was ten per cent, although previously it had only been three per cent, while the medical death rate was more than thirty per cent. In other words, three times as large a percentage died from pneumonia under medical treatment than under osteopathic treatment.

Two conspicuous effects of osteopathic treatment of acute diseases which were startlingly evident in this epidemic, although well recognized by the prac-



ticians of this school heretofore, are the upsetting of the classic rules regarding the duration of particular diseases and also the abolition of the classic crisis in lobar pneumonia. These rules hold good on the average under treatment by former methods, but under osteopathic treatment the duration of all acute diseases is materially shortened in almost every case. Crisis is the rare exception rather than the rule in lobar pneumonia under osteopathic treatment.

Physicians of other schools of practice who have had the courtesy and the patience to listen to these radical statements so far will now, either from curiosity or from scientific desire, want to know how osteopathic adjustment can be applied in the case of rapidly progressing acute diseases of as prostrating and critical a type as influenza and pneumonia without the possibility, or what might seem to them the probability of injury to the patient. The answer is first that the treatment not only does not injure the patient, but is completely minus the harmful reaction, or deleterious toxic, depressant or poisonous effect more or less necessary in the administration of drugs.

Mechanical adjustment is always toward the normal when scientifically applied. This law rules just as much in the most critical acute diseases as in chronic office practice. The able and skillful practitioner of this school regulates his dosage of his osteopathic therapeutics as carefully and as scientifically as any medical attendant will graduate the dose of his medicine.

Just as truly as all physiologic body activity is essentially mechanical, so is all pathologic activity as fundamentally mechanical; hence mechanical readjustment is always indicated in mechanical disturbances of body function, which constitutes the condition which we name disease.

The pathologic reaction which is taking place during acute diseases frequently requires only a little assistance in the way of osteopathic adjustment, if fundamental factors can be altered or influenced. The loss of equilibrium, which was known as health or normal resistance and immunity, is the result of some

inco-ordination of mechanism within mechanism.

In technical considerations essential in the explanations by one physician to another of his treatment, it is fundamental to the interpretation of this paper that we always consider that the osteopathic physician treats the patient instead of the disease. Bearing this fact always in mind, permit me to quote Carl McConnell, M.D., D.O., the original research worker in the osteopathic school:

"The static and functional are part and parcel of the whole, whether pertaining to vascular supply, or nervous stimuli, or hormone control, or ferment activity, or what not; and commonly nature is making heroic efforts that require but little fundamental assistance. After all, it is our mental concept or attitude that guides our interpretation of facts and skilfully adapts or harmoniously adjusts organism to environment or vice versa.

"In osteopathic diagnosis, aside from the usual clinical and laboratory diagnostic methods, the tension of muscles, the status of glands, the flexibility of the vertebral joints, the mobility of the chest wall, and the vital response of viscera to the tactual feel are of immeasurable value in determining the condition of the organism. To the experienced osteopath a fairly thorough survey of the organism tactually will give him etiologic knowledge of the first order. This knowledge contains many of the facts that decide his mental attitude toward the case, and which if intellectually acted upon will usually give him control of the physiologic processes. For he realizes this registration is commonly exact and clearly represents a certain anatomic and physiologic condition of the mechanism.

"Of course, many acute diseases are the result of infection of some area of the upper respiratory tract. It is important, if possible, to locate the point of invasion and fortify the locality with as normal a circulation as can be secured. The basic requirements of artery, vein, lymphatic and nerve not infrequently tell the story if these can be normalized with any degree of precision. In fact, it is this very definiteness, the principle of which all are agreed upon, that is so essential to attain, and still so often neglected. Right here, if seen in time, is the first opportunity of aborting the disorder, before systemic involvement, or comparatively little has taken place. The obtaining of local tissue resistance is the key. In my opinion, it is not enough in the potentially serious cases to simply relax the musculature. No doubt this

is very beneficial, but it is only the first essential stage of the osteopathic treatment. The edematous barrier of the involved lymphatic tissues should be upset if possible in order to both enhance drainage and leucocytic activity. Care should be taken not to irritate the glands. Then one is in a position, that is the field of operation is prepared, to perform a certain amount of interosseous adjusting, which often goes a long way in dissipating predisposing factors."

While Doctor McConnell's words have given you the philosophy of osteopathic technique, it is just as impossible for me to tell you how the treatment is administered as it would be for one of you to teach one who had never performed a surgical operation how to do a laparotomy.

What will be the effect of the disclosure of these statistics upon the conduct of the campaign against another epidemic if it occurs this winter as predicted? Will the public health authorities and medical corps of the army continue to justify the high death rate by the application of the official red-tape, or will they unbend, renounce their slavish allegiance to medical politics and save thousands of lives by permitting other than the dominant school of practice to administer to the stricken? What is to be the attitude of the medical profession itself? Is it to continue to close its eyes and ears to facts? Will it still defy a growing public demand or will it frankly, honestly, and in a manly face to face way, welcome that which saves lives? It is not necessary to ask what the attitude of the public will be. Time has been when the public had no right to an attitude in medical matters, but times have changed. The public pays the bill, and the public has waked up to the fact that it has a perfect right to discriminate regarding the character of results of the service for which it pays, and this is being applied to physicians as well as to men in other walks of life.

19 ARLINGTON STREET.

Dr. Gay L. Barr, of Trenton, a graduate of the class 1917, of the Philadelphia College, has opened a branch office at 117 Mahanongu Street, Pottsville, Pa.

#### CALIFORNIA CLINICS.

The osteopaths in California are great hustlers. They have recently opened two flourishing clinics.

A meeting of the Alameda County Osteopathic Clinic Association was held at the Hotel Oakland, Oakland, Cal., Nov. 13, 1919. Mr. Wallace Alexander, of Piedmont, subscribed three thousand dollars to help establish and maintain an osteopathic clinic in Oakland for one year (till it could be made self supporting) if the local D. O.'s would show their faith and willingness to support a clinic by giving a like amount. Thirty-five hundred dollars was subscribed by 90 per cent of the Osteopathic doctors practicing in Alameda County. The clinic opened at 5th and Broadway, Oakland, Nov. 17, 1919, with an expert laboratory technician and Dr. Edith Robb as resident interne.

The Osteopathic Clinic of Pasadena was organized and opened under the new plans of the Western Osteopathic Association on "Armistice Day." Every osteopathic physician of Pasadena has signed up for clinic work, and sufficient funds have been subscribed to pay the rent for two months of a suite of rooms and furnish the same. The Association has secured an interne to take permanent charge; work has already begun and some treatments have been given.

#### HIGHER ENTRANCE REQUIREMENTS.

The Board of Trustees of the College of Physicians and Surgeons of Los Angeles have decided that no students will be accepted in the future who have not had two years of pre-medical work before entering the school. The college also announces a postgraduate course in surgery covering one year. Only those who have had an internship of at least two years of actual practice will be registered, and at the end of the course a degree of Doctor of Surgery or its equivalent will be given to those who have satisfactorily completed the course.

#### DECISION AGAINST OSTEOPATHS.

The Maryland Court of Appeals has decided against the osteopaths in the action which they brought against the Health Department.

The Los Angeles County Osteopathic Society held its last meeting of the year December 8. Dr. L. E. Wyckoff, vice-president, presided. Speakers were Dr. W. Curtis Brigham, Dr. Charles Spang, Dr. George Burton, Dr. H. W. Foster, Dr. Louis Barros, Dr. J. F. Trester, Dr. L. C. Candler.