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**NEUROCALOMETER  
NEUROCALOGRAPH  
NEUROTEMPOMETER**

*Research*

*As applied to*

**E I G H T**

**B. J. Palmer Chiropractic Clinic**

**C A S E S**

PRICE \$1.00

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## I N D E X

	Page
Preface .....	3
Cirrhosis and Cancer of Liver—Case No. 917 .....	7
Sciatica and Low Back Pain—Case No. 1131 .....	31
Epilepsy (adult)—Case No. 1560 .....	49
Multiple Sclerosis—Case No. 2109 .....	63
Encephalitis (Sleeping Sickness)—Case No. 2120 .....	80
Hydrocephalus (Water on the Brain)—Case No. 2887 .....	95
Epilepsy (child)—Case No. 2348 .....	107
Tumors—Case No. 2342 .....	116

## P R E F A C E

The B. J. Palmer Chiropractic Clinic presents these case records to demonstrate the effectiveness of Chiropractic with cases medically diagnosed as multiple sclerosis, encephalitis or sleeping sickness, hydrocephalus, epilepsy, sciatica, cirrhosis and cancer of the liver, and tumors. It is hoped these records will benefit both the chiropractor and any interested lay person who may chance to read them.

To the student of Chiropractic, the Neurocalograph (recording neurocalometer) records are an excellent study of nerve pressure patterns established before adjustment of existing subluxation and the corrective pattern cycles which follow during convalescent period.

Because of emphasis constantly being placed upon diagnosis by the medical profession, it is difficult for the average lay person to realize that the chiropractor need not diagnose and therefore diagnosis is unimportant to him.

“Diagnosis” is defined by Dorland’s Medical Dictionary as “the art of distinguishing one disease from another.”

“Disease” is defined as, “a definite morbid process having a characteristic train of symptoms.”

“Symptom” as, “any evidence of disease or of a patient’s condition.”

The medical diagnostician, by questioning and by use of diagnostic equipment gathers a group of symptoms or effects and names that group of effects, multiple sclerosis, encephalitis, epilepsy, etc. The physician then prescribes treatment for the effects; which is the proper procedure, if one is to concentrate on the effects of a Cause.

The chiropractor is concerned with Cause; his education, his equipment, and his work is with the Cause of effects; not with the effects or symptoms. Knowing that every effect has a Cause and every Cause produces an effect, this is a universal law, the chiropractor must know what is the Cause, location of Cause, what produces it, and how to remove it.

As is borne out in these cases, the chiropractor finds that vertebral interference to transmission of vital energy between brain and body produces these varied effects which are diagnosed as hydrocephalus,

multiple sclerosis, etc. If given an opportunity, the chiropractor, with his knowledge and his instruments can detect Cause and remove it even before the effect is bad enough to be diagnosed as any disease, or symptoms particularly noticeable to patient.

If Cause remains long enough, tissue changes will take place to produce, substantial lesions, mal-function, and with their symptoms, could then be diagnosed as a disease. Also, when Cause remains long enough, resistance of tissues is reduced sufficiently to allow invasionary forces to produce morbid changes or functional disturbances, that ordinarily would be unlikely in healthy tissue.

In graph records that follow, reader will notice a constant pattern of Chiropractic procedure; namely, by intelligent use of the Neurocalograph, chiropractor ascertains presence or absence of vertebral interference to flow of vital energy between brain cell and tissue cell. With this knowledge of presence or absence of Cause, he knows when or when not to adjust.

The by-product of vertebral interference to flow of vital energy between brain cell and tissue cell is heat. This heat is recorded by the Neurocalograph which is a scientific, temperature differentiating, instrument indicating difference in temperature which exists between two terminals. It is used to determine presence of nerve pressure at spine which interferes with transmission of mental impulses between brain cell and tissue cell.

#### *Explanation on Use of Neurocalograph*

Two terminals are placed one on either side of spine approximately over points where pairs of spinal nerves emit. Terminals are glided up spine at constant rate of speed by a neurotempometer, which is synchronized in proper ratio with speed of graphing paper. As detectors glide over a pair of spinal nerves, any differentiation in temperature is recorded by movement of an indicator needle, or in case of the Neurocalograph, the graphing pen. Study of these comparative temperature patterns properly interpreted reveals to the chiropractor presence or absence of nerve pressure. Reader will note that evidence of vertebral interference, as directed by Neurocalograph, appears very much the same in each of following cases.

In the B. J. Palmer Chiropractic Clinic, everything is done to insure accurate comparative Neurocalograph findings. Daily Neurocalograph readings are made in a shielded and grounded booth which keeps out any variation produced by magnetic, electrical, or other ex-

ternal energetic variation. Instruments are kept at constant room temperature and relative humidity. Patients are read each day at same time to insure proper comparison.

Three important factors are involved in process of patient's return to health. First, existence of permanent damage; second, success of chiropractor in removing cause (vertebral subluxation); and third, patient's cooperation. Existence of permanent damage limits correction that can take place, even with removal of cause and proper cooperation of patient. We feel justified in urging patients to place themselves under Chiropractic service immediately after first symptoms occur, rather than to wait until permanent damage has been done.

You will notice that in some of these cases, Chiropractic was employed very soon after symptoms were first noticed before much, or any permanent damage was done. Then the possibility of complete return to health is great. In cases who have extensive permanent damage existing, progress is limited.

L. W. SHERMAN, D.C., Ph.C.,  
*Asst. Director B. J. Palmer Chiropractic Clinic*

## Case No. 917

The severity of illness, unusual back-ground and neurocalograph records make this an interesting and valuable case study.

Having been personally acquainted with Captain Allen, I insisted that he come directly to my home where he was to remain for the duration of his stay in Davenport. Neurocalograph records used in this case report were made by Neurocalograph in my office mainly because he was a patient in The B. J. Palmer Chiropractic Clinic for only two weeks and another month of Neurocalograph checking was made in my office. I made first Neurocalograph reading of his cervical spine the evening he arrived, another reading the following morning and a third that following evening before any adjustment was given. The lapse of time in making readings during the first two weeks is explained by the fact that he was a patient in The B. J. Palmer Chiropractic Clinic, and I hesitated to interfere even by making a Neurocalograph reading.

## INTRODUCTORY CASE HISTORY

On November 30, 1940, while on active army duty, Captain Allen turned his left ankle which resulted in a minor fracture. He was admitted to the hospital for treatment of this injury the next morning, December 1, 1940.

While walking with crutches, pain developed between the shoulders and radiated to the region of the liver. Within a day or two he developed a rash similar to scarlet fever which soon cleared.

About five days after the fracture, jaundice appeared. He was told it was "acute catarrhal jaundice." He was treated for this condition in hospital at army camp until February 18, 1941, when he was transferred to army hospital at Washington, D. C.

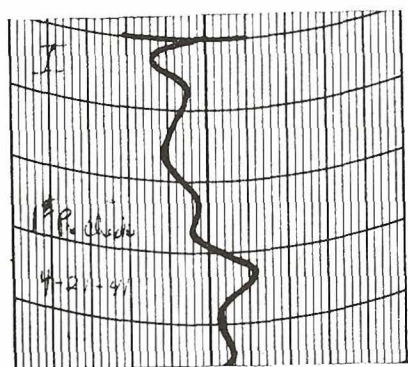
Reporting at hospital, medical treatment was continued. After about a month of preparatory treatment for surgery, an operation was made in region of gall bladder for purpose of exploring that region to determine his condition and perform any necessary surgery. On or about April 18, 1941, he was told he had a "cirrhosis of the liver and a malignancy (cancer) in both liver ducts."

"This malignancy was preventing bile produced in liver from reaching gall bladder and intestinal tract, causing a condition of jaundice." He was also told that the operation performed had been of no value whatever in helping him to overcome the condition and that there was nothing more that could be done for him surgically. He was later told by his wife that the doctors had told her "There was no chance for him to get well and she could expect him to die in a very short time."

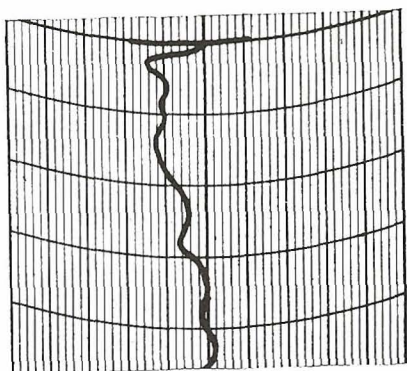
Approximately a month after surgery he was able to move about and was granted a leave of absence. He then boarded a plane for Dayton, Iowa, arriving in the evening of April 22, 1941.



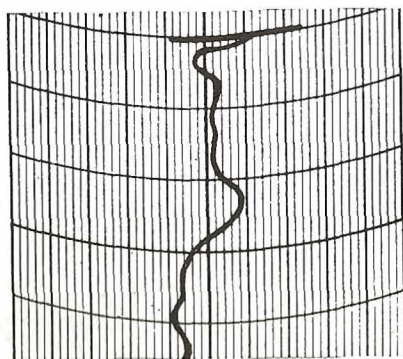
COLONEL WM. ALLEN



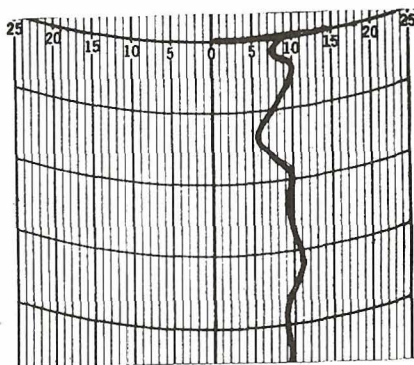
No. 1 4-22-41



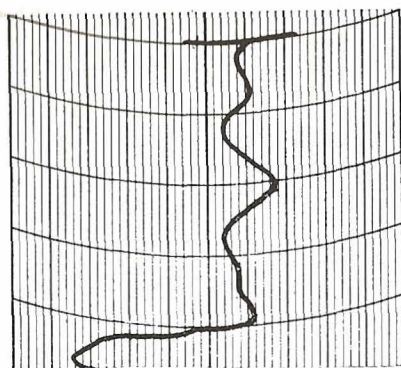
No. 2 4-23-41 A.M.



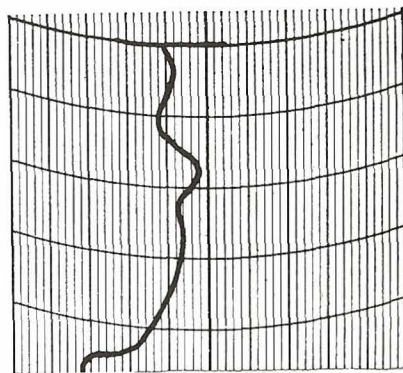
No. 3 4-23-41 P.M.



No. 4 4-27-41



No. 5 5-3-41



No. 6 5-5-41

The graphs on opposite pages represent Neurocalograph (recording Neurocalometer) findings of the cervical spine (neck region). The top horizontal curved line of the reading represents the terminus—which is the occipital bone. The detectors glide up the neck starting at about the first dorsal vertebra.

1. On the evening of April 22, 1941, the case was read with the Neurocalograph within a very short time after getting off plane from Washington, D. C.
2. The following morning the second pre-reading was made. Weight 120 pounds. The case entered The B. J. Palmer Chiropractic Clinic for examinations and Chiropractic analysis.
3. The third pre-check was made the evening of April 23, 1941. These three consecutive Neurocalograph findings, though they may vary slightly in degree, are almost identical in pattern. The following day case was adjusted. (NOTE: That adjustment was the only one made during the course of these readings.) Blood Bilirubin April 25, 1941: 19.9 milligrams per 100 milliliters of blood.

**EXPLANATION OF BLOOD BILIRUBIN TEST:** In the normal range we find 0.25 to 0.75 mgm per 100 ml of blood.

In this case these high levels of bilirubin are indicative of hepatic (liver) damage with functional derangement of the polygonal cells and partial obstruction of the biliary capillaries.

4. Neurocalograph reading reveals same pattern but considerably less in degree than in the pre-checks.

#### CASE REPORTS:

April 28: "Bowels free, normal in movement. Color of stool: light yellow, had been dark green for about 4 days at the time entered clinic. Previous to that they had been yellow. Appetite good (has been all along). Sleep fair at night, sleep some during day. Uneasy feeling in neck yesterday and today."

April 29: "Feel sleepy most of time. Appetite good. Neck popped slightly on turning at 2 different times this morning. Uneasy feeling in neck at times. Bowels moved 2 times yesterday and once today."

April 30: "Little change noticed since yesterday. Weight 125 lbs.

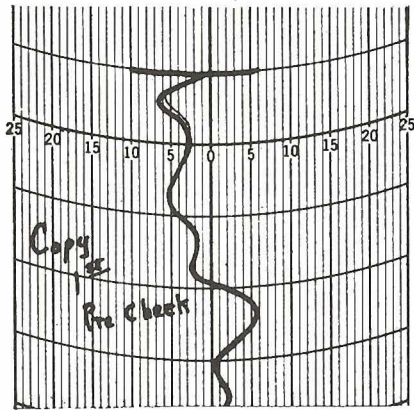
#### Comparative Qualitative Blood Analysis:

4-25-41: Blood bilirubin 19.9 mgm. per 100 ml. blood

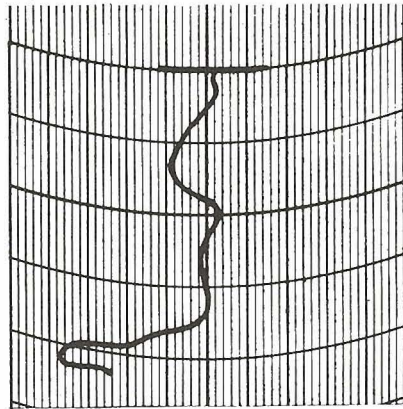
5-1-41: Blood bilirubin 17.6 mgm. per 100 ml. blood

May 2: "Had a good night's rest and sleep. Stool seems a little lighter than usual. Itching is not as bad as has been. Appetite good. Bowel movement good. Feel drowsy and sleep most of time. Feel better generally than usually."

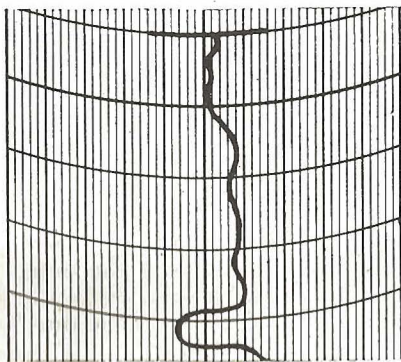
5. CASE REPORT—"Sleep good. Bowels good. Appetite good. Neck popped time or two on turning. Felt stronger last two days."
6. CASE REPORT—"Felt considerably stronger last few days. Appetite still (dangerously) good, cannot eat enough. Bowels a little slow—once per day. Itch not so intense but still active."



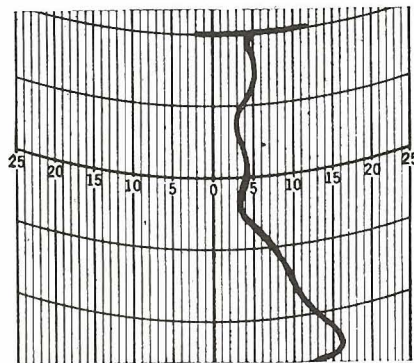
No. 1 4-22-41



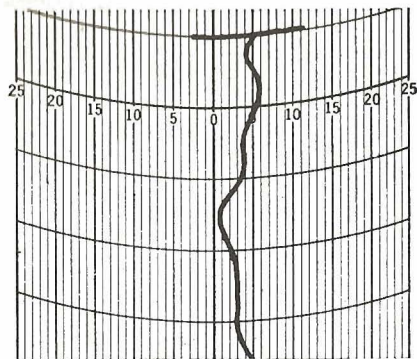
No. 7 5-7-41



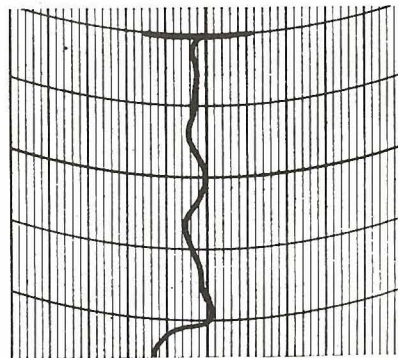
No. 8 5-8-41



No. 9 5-9-41

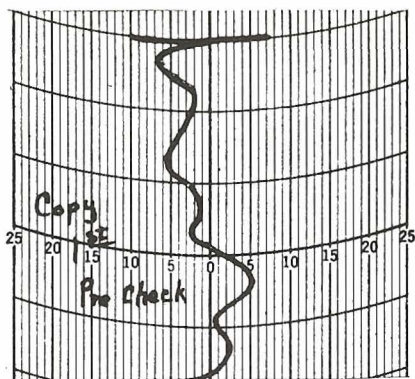


No. 10 5-11-41

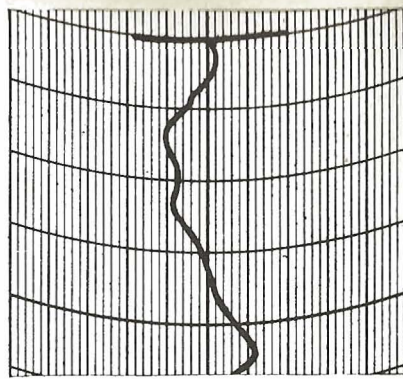


No. 11 5-12-41

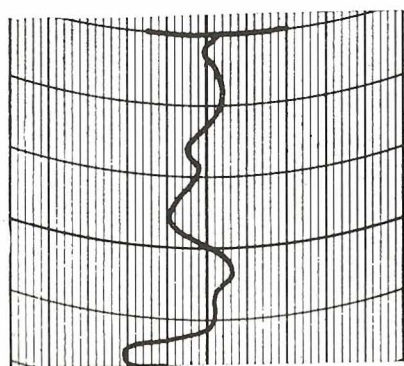
7. CASE REPORT—May 7: "Appetite good. Bowels, some looser, color slightly darker. Sleep some better. A cough I had when I entered clinic has cleared. It was very pronounced when trying to talk and when eating. General itching much less. Urine very clear. Gained 7 pounds last week"
8. May 8, 1941. Qualitative Blood Analysis
  - 4-25-41: Blood bilirubin 19.9 mgm. per 100 ml. blood
  - 5- 1-41: Blood bilirubin 17.6 mgm. per 100 ml. blood
  - 5- 8-41: Blood bilirubin 11.0 mgm. per 100 ml. blood
9. At this date patient left The B. J. Palmer Chiropractic Clinic and further daily case reports were not made.
10. Skin is gradually clearing and losing its yellowish cast.
11. Neurocalograph reading better today.



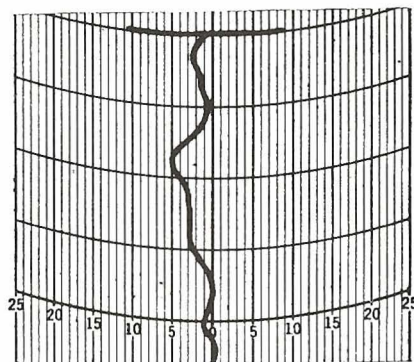
No. 1 4-22-41



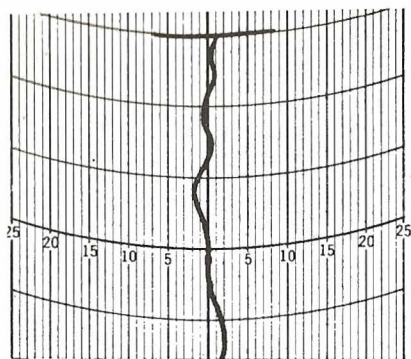
No. 12 5-13-41



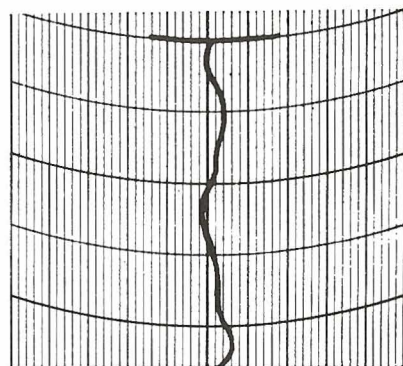
No. 13 5-14-41



No. 14 5-15-41



No. 15 5-19-41



No. 16 5-21-41

12. Neurocalograph reading not as clear as has been.

13. Evidence of nerve pressure seems to be returning. No adjustment given. We have found that very often evidence of the original pressure returns even in those cases that have been making rapid improvement. This does not mean, however, that the subluxation has returned and an adjustment should be made. In majority of cases, with proper cooperation on part of patient relative to rest and relaxation this evidence of pressure will disappear by Intellectual Adaptation.

Unless evidence of pressure returns as a direct result of an injury, a fall, or a jar, considerable time should be allowed before re-adjusting. Research has shown us that nerve pressure in chronic cases is revealed by permanent and consistent Neurocalograph patterns whether made over a period of several days or several months. After a Chiropractic adjustment is made this consistent pattern is broken. It may return but unless sufficient evidence exists that it is remaining consistent again—as originally, caution must be used in attempting further adjustments. We refer to this variation in pattern after an adjustment has once been given as “cycles of correction” and much damage can be done to the ultimate correction by an adjustic thrust given before pressure has returned permanently again.

Patient gained 5 pounds past week.

Qualitative Blood Analysis:

4-25-41: Blood bilirubin 19.9 mgm per 100 ml. blood

5- 8-41: Blood bilirubin 11.0 mgm. per 100 ml. blood

5-15-41: Blood bilirubin 7.2 mgm. per 100 ml. blood

14. Neurocalograph pattern clearing, showing that evidence of pressure was in the normal cycle of correction. Only damage would have been done had an adjustic thrust been given the previous day. You will note in further Neurocalograph findings there is a tendency for clearer readings than at any time previously.

15. Reading clear.

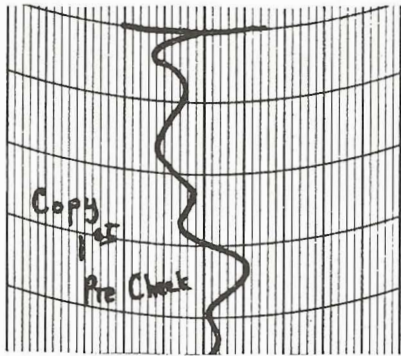
16. Qualitative Blood Analysis:

4-25-41: Blood bilirubin 19.9 mgm. per 100 ml. blood

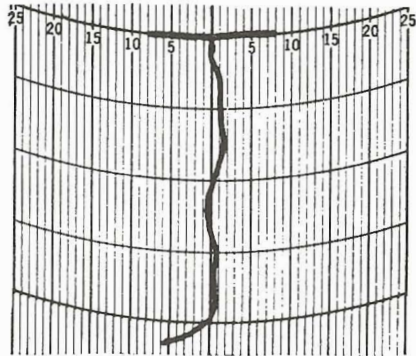
5-15-41: Blood bilirubin 7.2 mgm. per 100 ml. blood

5-22-41: Blood bilirubin 4.7 mgm. per 100 ml. blood

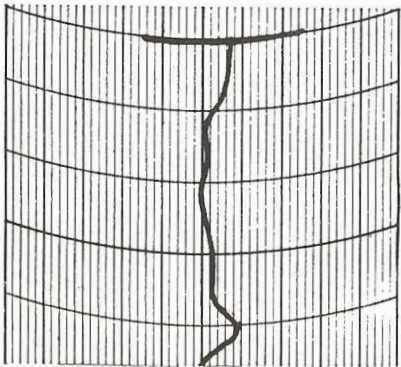




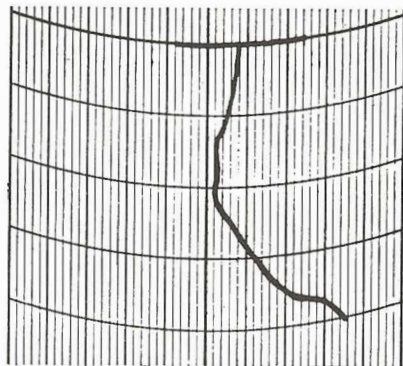
No. 1 4-22-41



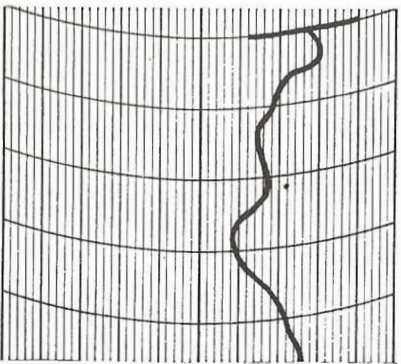
No. 17 5-26-41



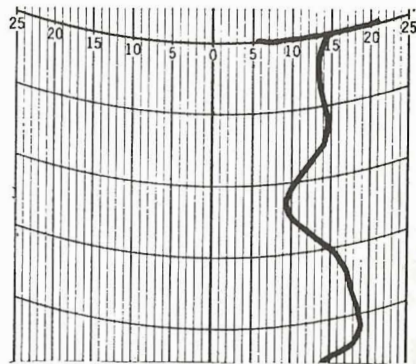
No. 18 5-30-41



No. 19 6-5-41



No. 20 6-10-41



No. 21 6-11-41

17. Neurocalograph reading very clear.

Qualitative Blood Analysis:

4-25-41: Blood bilirubin 19.9 mgm. per 100 ml. blood

5-22-41: Blood bilirubin 4.7 mgm. per 100 ml. blood

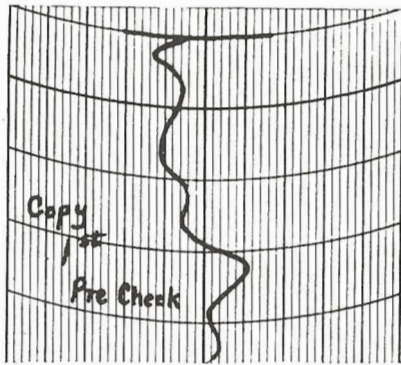
5-29-41: Blood bilirubin 3.5 mgm. per 100 ml. blood

18. Good Neurocalograph reading.

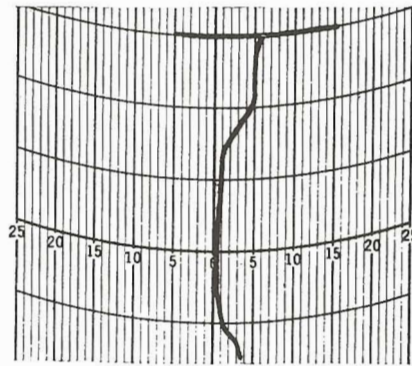
19. Good Neurocalograph reading.

20. Neurocalograph pattern is rough but note upper portion of it is directly opposite the original. Patterns opposite original reading are almost always transitory. It has little significance and, unless this pattern remains over a period of considerable time, should not be adjusted.

21. Pattern clearing.



No. 1 4-22-41



No. 22 6-15-42

Chemical analysis of the blood of Capt. Allen showed a hyperbilirubinemia of a type due to functional insufficiency of the polygonal cells of the liver. In such a condition due to parenchymal damage, the polygonal cells are unable to remove bilirubin from the blood and thus cannot excrete it in the bile. As a result the blood bilirubin level increases until it diffuses thru the capillaries and appears in the tissues and urine. This becomes evident by the development of jaundice and bile pigments in the urine.

Reference to the blood chemistry reports shows, following the first adjustment, a steady drop in the blood bilirubin level as it approached the normal level of 0.2 to 0.5 (0.25 to 0.75) mgm. per cent. This was closely paralleled by a clearing of the jaundice and a decrease in the bile pigments in the urine.

Date	Blood Bilirubin	Bile Pigments (Urine)
4-25-41	19.9 mgm.	Positive +
5- 1-41	17.6 mgm.	Positive +
5- 8-41	11.0 mgm.	
5-15-41	7.2 mgm.	Traces
5-22-41	4.7 mgm.	
5-29-41	3.5 mgm.	Negative
6- 5-41	3.5 mgm.	
6-10-41	2.3 mgm.	

22. Approximately one year and two months later patient returned, coming through Davenport on a furlough.

On being rechecked in the clinic, the Neurocalograph reading was still good. He had received no adjustment since leaving the year previously. Nor did he feel the need of further Chiropractic attention. The patient reported he felt in very good health. Attesting to his report of "doing fine" was the insignia of major on his uniform.

A letter later gave us information of another promotion to Lieutenant Colonel.

After the Battle of The Bulge in Europe, he returned to the States in August, 1945. Then February 3, 1946, he was relieved from active duty with the rank of Colonel of the Infantry.

As his photograph reveals, Colonel Allen looks and he reports that he is in the best of health.

The following letter in his own words is the story of his illness. It is given here with the hope that others may profit by it.

## COLONEL ALLEN'S LETTER

•

After three years of R. O. T. C. during my first three years of High School and the attendance of three Summer Citizens Military Training Camps during the same years, I qualified for appointment as a Second Lieutenant in the Officers Reserve Corps, prior to my eighteenth birthday. I accepted this commission and became a Reserve Officer during my Sophomore year in College. I graduated from the Western Kentucky Teachers College, receiving the Bachelor of Arts Degree, and became a High School Principal before I had reached the age of twenty-two. During the following five years, I taught and supervised in this capacity, and also attended Military Camp for two or more weeks every summer that I could, having been promoted soon after leaving college to the rank of First Lieutenant.

When the Civilian Conservation Corps was established and set up by the Army, I was ordered to active duty as a First Lieutenant, and in about eighteen months I became a Camp Commander. Shortly thereafter I was promoted to the rank of Captain. After almost four years of this work, the Army adopted a policy of relieving and replacing all officers on this duty who had been on duty for more than two years. I would have gladly remained on duty at this time and would have welcomed the opportunity to make the Army my full-time career but such was not in store for me.

Having been a Chiropractic patient for a few months prior to my relief from active duty and having obtained an improvement in my health as a result, when the Army Medical Doctors had only given temporary relief, I decided to become a student of Chiropractic. I graduated from the Palmer School of Chiropractic in July of 1939 and opened an office in Columbia, Tennessee, where I had a rather successful and enjoyable year of practice, which was rather abruptly terminated by my being called back to the Army on November 9, 1940. This was the only time that I had ever received Army Duty that I didn't want and hadn't asked for.

A few hundred of us were ordered to the Infantry School at Fort Benning, Georgia, where we began intensive training to prepare us for the great Army Expansion Program that was taking place as the result of the Selective Service Act.

Three weeks after reporting for duty, I accidentally broke my left ankle, Nov. 30, 1940. The next morning I became a patient in the Fort Benning Station Hospital, where the ankle was X-rayed and placed in a tight bandage. About three days later the bandage was removed and I began receiving whirlpool (hot water in motion) treatments for it in the Physical Therapy Department. The ankle gave me very little trouble and practically no pain. On about the second or third visit to the Physical Therapy Department I caused quite a disturbance when I mentioned to the female technician in charge that I was itching quite a bit and we noticed that a red macular rash was appearing just about all over me. I was immediately rushed back to the ward where I became the chief object of interest. My temperature was normal, my throat was not sore, yet I looked like a nice case of Scarlet Fever. Doctor after doctor came in and looked me over and I was hustled off to quarantine. In quarantine, the nurse who cared for me used all the precautions imaginable to keep from carrying the germs of my condition to other patients whom she contacted, such as putting on a full-length clinic coat and a special cap to prevent germs from getting on her nurse's uniform and her head (or to impress the patient) and washing her hands in a special antiseptic on leaving the room. I was particularly impressed with the fact that no matter how many doctors came into the room to look at me, and they were numerous, they took no such precautionary measures.

After about five days of the redness and the itching, my color began to change from a red to a yellow and my eyes began to take on the color of gold and my condition was diagnosed as "Acute Catarrhal Jaundice," which I was assured would probably not last more than two or three weeks. When the jaundice diagnosis was reached, I was placed on a fat free diet as a measure to limit the production of bile in my liver. This bile was not getting through the bile duct to the small intestine and if produced it would only be backed up in the liver and picked up by the blood vessels and carried to all the tissues of my body and eventually eliminated by the kidneys. This made the urine as dark as walnut stain, and made my skin a real dark yellow, almost a green. There was supposed to be an inflamed condition in my bile duct that was closing it to the extent the bile just couldn't get through. Various examinations were made to see if it could be determined just what was causing this interference to the flow of bile along its normal course. All were of no avail. I was jaundiced but no one could tell why. Blood tests were made weekly to determine the amount of bile in my blood. This looked good for the record but was of no value toward getting me well. I was told quite often that I could

expect to get better most any time as such a condition seldom lasted more than three weeks, and that no one ever died from Jaundice. The Doctor didn't explain that quite often people died from conditions of which Jaundice is only a symptom.

In a few week's time my ankle was well enough but my jaundice did not improve. The hospital granted me a pass occasionally and I went into the nearby town of Columbus, Georgia. I always went to the office of a local Chiropractor, a classmate of mine at Palmer School. He adjusted my neck a few times, most of the time Atlas ASR-A, but I recall that on one occasion after making a new X-ray of my spine, he adjusted Axis PRI on a Hylo Table. The pressure as indicated by the Neurocalometer would always check out but seemingly would not stay out as I always needed an adjustment each time he checked me. Perhaps the short time the pressure did remain out was sufficient to keep me living until the correct adjustment was given, the one that held. As time went on, I began to wonder if this was one of those cases in which surgery must be resorted to. The Chief of Surgery at the Ft. Benning Station Hospital examined me and did not think so. My weight was down below 130 by the end of January and my color was no better. The doctors still encouraged me as best they could about my condition. They tried everything in their power from enemas to the usual medical procedure of gall bladder draining, but all without the desired results. The intense itch that this condition had started with had continued and was much worse at times. Nothing they could put on me seemed to stop it, and I refused to take any medicine that would have quieted it down by a narcotic effect. The only thing that gave me any relief was plain old scratching, and I did so much of that my fingernails thickened to compensate for the extra work they did. The only difficulty with this was that I would scratch the skin off during my sleep, and at times when I was awake. Hot water would ease the itching in my hands. I was forced to quit putting my hands in it because I was actually burning them at times and my knuckles were cracking open.

Early in February, I suggested to the Ward Doctor that maybe I should be sent to the Walter Reed General Hospital in Washington, D. C., which was reputed to be the best the Army had. They seemed to like the idea and got busy with the necessary formality of such a transfer. I had failed to respond to their treatment and was going rapidly in the other direction, so they were glad to have the opportunity to "Pass the Patient on."

When I arrived at Walter Reed on February 18th, I was made strictly a bed patient and was not allowed to lounge around the ward

in chairs and seldom allowed off of my bed, as had been the case at Fort Benning. A few days after my arrival there, Col. Norman T. Kirk, Chief of Surgery, and some others came to see me.

Col. Kirk, who later became Major General Kirk, Surgeon General of the Army, told me that I must have an operation. Although he didn't know what was causing my jaundice, he felt that an exploratory operation should be made to see if there was any corrective surgery that could be performed to help me to get over this jaundice. I was assured that I might never be as well as the average individual afterwards, but that they hoped to be able to make some correction that would save my life and permit me to live almost a normal life afterwards. Col. Kirk had the reputation of being about the best surgeon the Army had. They told me that I had the privilege of refusing the operation when I asked just what I had to say about it. They said I could think it over and let them know in a few days.

I called my wife, who was in Kentucky, that night and asked her to come over. A few days later she arrived. She suffered quite a shock when she saw me in the condition I was in. She had no idea I was so emaciated, and still thinks I did her a great injustice by not telling her the extent of my condition so she could have joined me sooner.

We decided that the operation might be the best and told the doctors so. They began to try to build me up to where I could stand it. Any jaundiced person is a bleeder because his blood will not coagulate fast enough, making the possibility of death from hemorrhage very great. I was fed and injected periodically with a vitamin "K" preparation which is supposed to overcome this difficulty. Along with all this I was fed both orally and through the veins in an effort to give me a little more strength for the ordeal to come. All this called for more blood tests to see just what the condition of my blood was. I must have been bled more than a gallon during the course of my illness.

On March 21st, as I recall, the operation was performed. Needless to say, I lived through it, but was told by the Attendant in the Surgical Recovery Room that I came so close to dying that I had to have blood plasma administered for surgical shock and an oxygen tent applied to tide me over after the operation before I regained consciousness.

When Col. Kirk came in to look me over the next day, I asked him what he had found when he cut me open. He said that he was in too much of a hurry to tell me then, but that he would be back in a day or two and tell me all about it. I soon learned as I suspected then, that he was afraid that what he had to tell me might not be so good for me so soon after the operation.

I spent the next two weeks flat on my back most of the time. Drainage tubes that had been left in the gall bladder and the common bile duct were withdrawn at the end of two weeks, after no bile had flown from my liver to them. I was given my first buttered toast in months, along with a little more fat in my foods, following the operation, in an effort to try to force the flow of bile from the liver to the intestines, all without the desired results. My wound was healing but my jaundice still remained with me. I was soon up and about the place in a wheel chair. Spring had come and the grounds at Walter Reed were beautiful. Perhaps my condition made them seem all the more so.

Just before time for the lights to go out one night, about the 19th of April, and almost a month after the operation, Col. Kirk came through the ward on an inspection and stopped by my room. I asked him when he was going to tell me what he found when he cut me open. He replied that he would tell me then, told me to sit down, and he sat down, then asked if I could stand a shock. I replied, "I can take it, go ahead." He then proceeded to tell me that when they had operated on me that they had hoped to find some condition that they could correct, but they had not. He said that they had found an old flat gall bladder and biliary system with no bile in it, that I had a cirrhosis of the liver and a malignancy (cancer) in both of my liver ducts, that the liver was an old green slick liver and had not reached the "Hob-nail" stage, and that when that happened ascites (fluid in the abdominal cavity around the intestines and the organs) would set in. He also told me that they had taken samples of tissue from the bile duct and from the fundus of the gall bladder which had tested negative (non-cancerous) in the laboratory. He told me that he was very sorry that nothing they had done for me had been of any value to me and that there was nothing more surgically that could be done for me. (Medicine having already failed.) (I never learned until I was well on the road to recovery that he had told Mrs. Allen that I might live a month or I might live two or three months, but for her to not be surprised at my passing at any time.) I thought this last statement was very fair in that he readily admitted that all they had done for me had been of no value to me. Col. Kirk went on to say that his former Chief of Surgery, Col. Kellar, M.C., retired, living in Washington, D. C., came out and stood with him on the operation and that they concurred in the diagnosis. (Col. Kellar was supposed to have been the outstanding Army Surgeon up to that time.) Col. Kirk explained that he didn't actually see the cancer in my liver as any cutting into my liver would probably have killed me, but that they had had a number of other cases with similar symptoms and they were all cancerous.

Upon being told that all had been done that could be done for me, I asked Col. Kirk if I might have a sick leave to go to my home in Kentucky. He said that I might and I asked if it would be for a month, two months, or what? He replied that I could have a month and if I showed any signs of improvement or did not get any worse to let him know and he could then give me another month, but if I got the least bit worse, to hurry right back to the hospital. I have often wondered just what their action would have been had I gotten worse and hurried back. I left Walter Reed on April 22nd and flew direct to Davenport, Iowa, and entered The B. J. Palmer Chiropractic Clinic the next day, postponing my trip to Kentucky until later.

On entering the Palmer Clinic I was examined both Chiropractically and Medically and wish to say here that no medicine was ever given me. I believe ten different films were made of my spine, including A-P Flat and Stereos, Diagonal Stereos, Lateral Natural, Full Spine Stereos, and I believe, Vertex Stereos. The Axis vertebra was found to be subluxated Posterior and Right. The Neurocalograph showed a Spinal Cord Pressure due to this subluxated vertebra. When I arrived at the Clinic I was still as brown as an Indian and weighed only 120 pounds. Very few of my friends there recognized me.

The day following my entry into the Clinic, April 24th, will always be a red-letter day on my calendar. It was this day that the Spinal Correction of the Cause of my illness was made. When Dr. B. J. Palmer saw me for the first time in the Neurocalograph Grounded and Shielded Booth, his words of encouragement were: "Doctor, I hope you haven't waited too late." I shall always remember how B.J. joked me as he was getting me ready for the adjustment, asking if I had ever had an adjustment and what price adjustment did I want now, etc., all to get me better relaxed and to get my mind off of my neck so that the adjustment could go through freely and without interference. I was giving all the cooperation I could, lying on my left side on the side posture table, when B.J. snapped the adjustment through. There had been no doubt in my mind since that time, for I knew then that I had just received an adjustment. I was checked with the Neurocalograph soon afterwards and the pressure was gone. I was taken back to one of the quiet rest rooms where I immediately fell to sleep to awake when I was called about three hours later.

Three days after the adjustment I could see evidence of bile getting through to my intestines, the fats I was eating were being digested, the "Cause" of my illness had been corrected. During the seven weeks that followed I regained my weight back to within my normal range and my

color returned to normal. The rapid progress with which I regained my health, weight, and normal color can best be understood if the following chart of progress is read slowly and with careful deliberation.

Date	Weight	Blood Bilirubin (Laboratory Exams)
4/23/41	120 lbs.	Entered Clinic and examined
4/24/41	Received Adjustment, Axis Vertebra—PR.	Side-posture table
4/25/41	...	19.9 mgm. per 100 ml.
4/31/41	125 lbs.	...
5/ 1/41	...	17.6 mgm. per 100 ml.
5/ 7/41	134 lbs.	...
5/ 8/41	...	11.0 mgm. per 100 ml.
5/15/41	141½ lbs.	7.2 mgm. per 100 ml.
5/22/41	146 lbs.	4.7 mgm. per 100 ml. (End 1 Month)
5/29/41	153½ lbs.	3.5 mgm. per 100 ml.
6/ 5/41	155 lbs.	3.6 mgm. per 100 ml.
6/10/41	156 lbs.	2.3 mgm. per 100 ml.
6/17/41	159½ lbs.	...

In about two weeks after the adjustment I abandoned my chair. In two more weeks I was driving my own car and going where I pleased. When I left Davenport at the end of seven weeks, after having received only one adjustment, a "Specific Adjustment," I drove my own car back to Washington by way of my home in Kentucky. It was indeed a pleasure to have to introduce myself to Col. Kirk and members of his staff so soon after they had given me up to die, for they did not recognize me.

Col. Kirk said that he was glad his diagnosis and prognosis of my case were wrong. The diagnosis was changed to "Hepatitis" (Inflammation of the Liver). Col. Kirk had me brought before the Chief of Medication, Col. Freer, and told him he just wanted him to see the "Marvelous recovery this boy has made."

The following Saturday Col. Kirk called special attention to the recovery I had made to a group of other officers (Doctors) during one of their routine weekly inspections of the wards, pointing out to them the condition I was in and how the operation had done me no good, and how I had gone home and stayed two months and come back a well man.

My weight had come back to me much faster than my muscles, which left me in a sore and generally weakened condition. On the basis of this, Col. Kirk gave me another month of sick leave which began about July 10th. While on this leave, I wrote Col. Kirk a full ex-

planation of where I had gone when I first left the Walter Reed General Hospital in April and just what was done for me and why, explaining also that I was a Chiropractor. I further explained that I had both Chiropractic and Medical Clinical records in my possession that I felt would be of interest to him. This was his first information that I had been to a Chiropractic Clinic.

When I returned to Walter Reed on or about August 9th, and saw Col. Kirk the next day, he made no mention of my letter. A few days later it was decided that the scar from my first operation was weak, or that I had what was called an incisional hernia, and that I must have a second operation to patch it up. This operation was performed on or about Aug. 18th by Col. Kirk's assistant, Lt. Col. Duggins, while Col. Kirk was away on leave. Just a few nights before I left the Hospital, Col. Kirk came by my room again and stopped to talk with me. He told me that he had received my letter, and that it was a good letter. He then said, "Whether Chiropractic got you well or what got you well is not for me to say. The thing that I was interested in was that you got well, and you did. I will say this, however, there was nothing we did for you, our operations or anything else, that was of any value what-so-ever to you." He then looked at my Neurocalograph and other records and received a short explanation from me as to the meaning of these records. He admitted that he had had little contact with and knew very little about Chiropractic. I explained to him that most of the patients we received were the cast-offs of the other healing professions, and that when we got results on these we felt that we had done something.

September 14th

A few days later, after nine and a half months of hospitalization, I returned to duty at Fort Benning, Ga., on a full duty status. After completing three months of intensive training at the Infantry School, I was transferred to Camp Wheeler, Ga., where I commanded a Heavy Weapons Training Company for about six months, which terminated when I was shipped to Panama and assigned to the Fifth Infantry Regiment, third oldest unit of our Army. During my stay with this regiment of about twenty-three months, six of which I served in Panama in Jungle Training and Canal and Coastal Security work, the Regiment came back to the States and was converted into a Mountain Infantry Regiment, part of the 71st Mountain Infantry Division. I was promoted to the rank of Major shortly after I went to Panama. Shortly after we returned to the States, I attended the Battalion Commanders Course at the Infantry School and assumed command of the Second Battalion

of the Fifth Infantry and led it through all phases of Mountain Training and through what the War Department termed the "Most rugged maneuvers that any of our troops had been through" in the mountains along the coast of California. During this period I had been promoted to the rank of Lieutenant Colonel. Shortly after "D" Day in Europe, I was ordered flown to England along with a large number of Colonels and Lt. Colonels to be used as replacements for the large number of such grades who were being killed or wounded in combat. I was assigned to the 5th Armored Division about July 3, 1944, in Southern England. Before the month was out, we were in Normandy, France. On August 1st we started rolling on that long, mad, bloody rush across France, Belgium, Luxembourg and into Germany on the 14th of September. In November, after the 28th Infantry Division had lost so heavily, I was placed in command of the 1st Battalion, 112th Infantry Regiment of that Division. I held this command during the Battle of the Bulge and through subsequent operations until after the War in Europe ended. I was returned to the States in August of 1945 and relieved from active duty on February 3, 1946, with the rank of Colonel of Infantry.

#### SUMMARIZING

I was a practicing Chiropractor holding the rank of Captain in the Army Reserve Corps when I was ordered to active duty in 1940. Soon after reporting for duty, I broke an ankle, entered an Army Hospital where I soon developed a Jaundiced Condition and became seriously ill. I was given all the Medical Treatment the Army offered and then operated on by the best surgeon in the Army's best hospital, told that I had Cancer of the Liver and that nothing they had done for me had been of any value to me and that there was nothing more they could do. I was given up to die. I left the Army's best Hospital and entered the World's best Chiropractic Clinic, was given one, and only one, Chiropractic Adjustment by the World's Greatest Chiropractor which corrected the "Cause" of my illness, my health returned, and I returned to the Army's best Hospital where I had to introduce myself to the Surgeon who had given me up to die and who is now Major General Norman T. Kirk, Surgeon General and head of the Medical Corps of the U. S. Army. I was returned to duty, served my Country through many months of Combat, decorated with the American Bronze Star Medal for "Heroic Achievement" on the Battlefield, and with the French Croix de Guerre for combat service with the First French Army in the reduction of the German Colmar Pocket, given the Combat Infantryman's Badge, promoted three times, relieved from duty as a

Colonel of Infantry, and am again a practicing Chiropractor. The adjustment I received on April 24, 1941, put me through a war, as I had no other adjustment until September, 1945. It not only put me through a war, it also returned me to the practice of Chiropractic.

WM. H. ALLEN,  
Colonel Infantry,  
0-223875

## Case No. 1131

This set of Chiropractic clinic records are quite typical of those patients suffering from "Low back pain and sciatic trouble." The Neurocalograph reveals the causative factor in this case to be quite remote from the area of pain or from the area of spinal distortion as shown by the spinograph. The average uninformed mind usually thinks in terms of direct manipulation of the affected areas when the spine is concerned, rather than with the correction of the cause which is usually in the atlas axis region of the spine.

Neurocalograph records made before the adjustment and those following give proof to the location and removal of nerve pressure which was the cause of this "Low back pain and sciatic trouble." The comparative spinograph records verify the correction taking place.

### History

Right sciatic neuritis; sciatic trouble began acutely about May, 1942, after gradual onset since March, 1941, following effort at lifting. Chronic head catarrh.

### Entrance Physical Examination

Femur twisted by muscle pull on right hip. Pressure upon muscle in right thigh causes spastic action of these muscles; also spastic action of these muscles if leg is straightened.

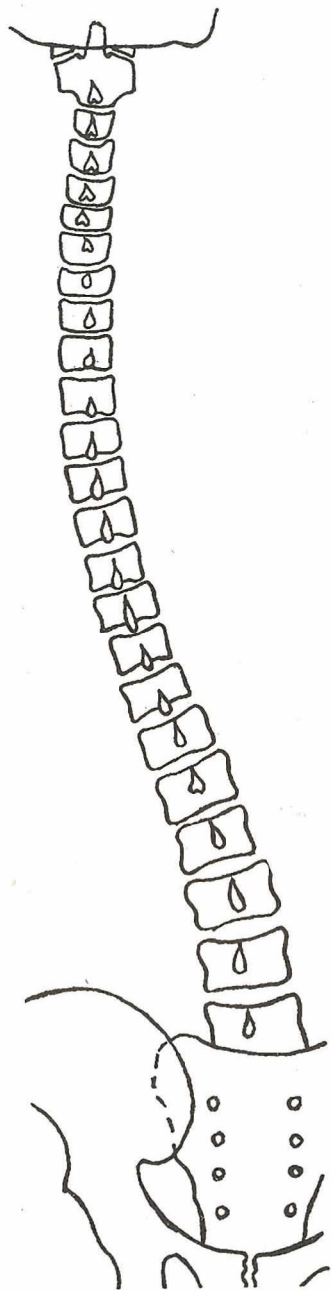
### Patient's Entrance Remarks

Some 14 months ago a physical strain of lifting a bed patient was felt slightly. This was followed by a chain of over work, worry, and a variety of strains that depleted energy to a danger point. The result was a general break down and specifically inflammation of the whole sciatic nerve distribution of right side.

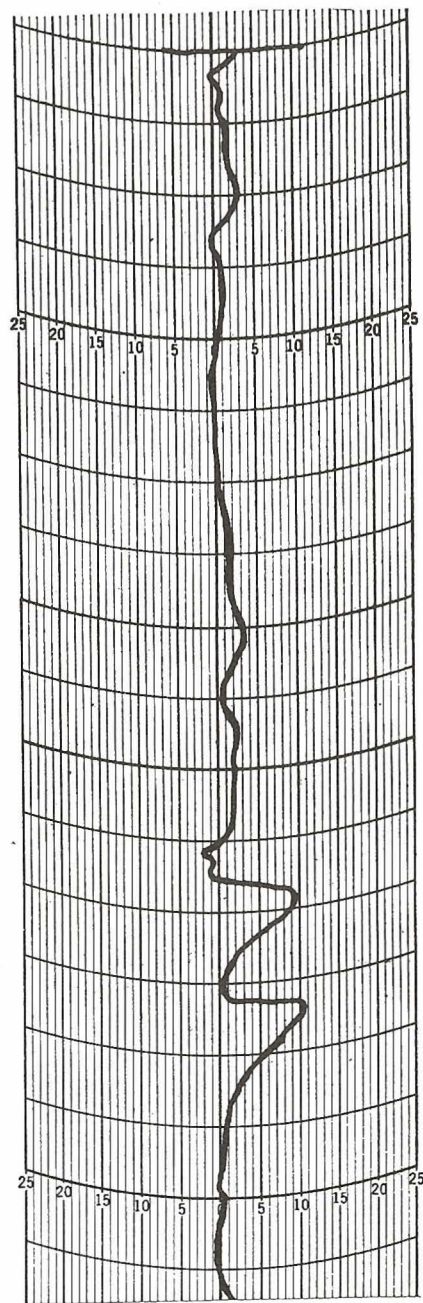
For over a month very little sleep was had. Adjustments at intervals over the year had sometimes helped and sometimes not. One month ago I closed my office and placed myself under a local competent Chiropractor who greatly helped me.

One day one of my patients who was following my progress was moved to ask why I did not go to The B. J. Palmer Chiropractic Clinic at Davenport, Iowa. My answer was that finances did not permit after the reverses of the past year. Next day she returned with another faithful follower and they informed me that I was going because they had gone out and raised the funds among the present and former patients. Talk about the thrill of a life time!





No. 1 6-2-42



No.1a 6-2-42

1. Full spine spinograph tracing reveals bad curvature. Spinograph an 8 x 36 taken A to P—Standing posture.

Specific cervical pictures revealed axis subluxated posterior and right.

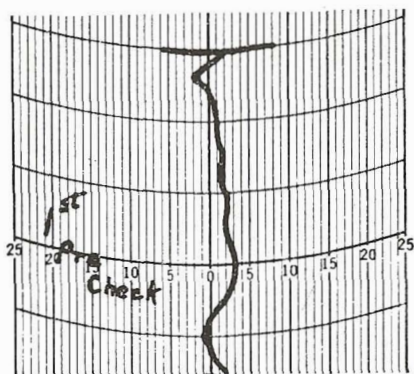
- 1a. Neurocalograph reading before adjustment.

Beginning at the bottom approximately at sacrum apex patient was read up the spine to about the level of the first dorsal where cross mark identifies stop. (Cross mark accidentally left out in copying 1a.)

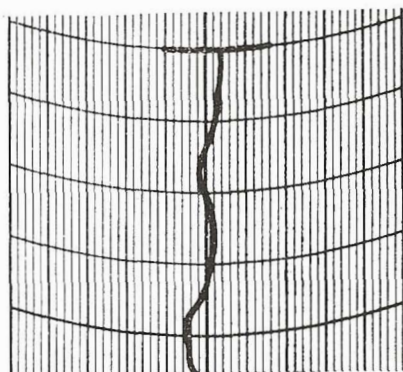
Reading unit changed for completing reading of cervical region. (We find it advisable in reading the full spine to use separate detectors for reading below first dorsal and for reading from first dorsal up because:

1. Operator's hand over a period of time warms the detectors.
2. In order to have constant speed throughout the cervical region in using the Neurotempometer, it is necessary to have the fulcrum close to the tip of the detectors.)

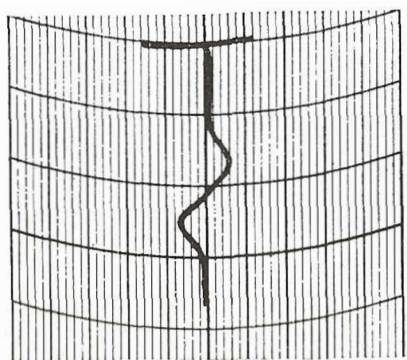
Clinic patients are read full spine when they enter and when they leave only.



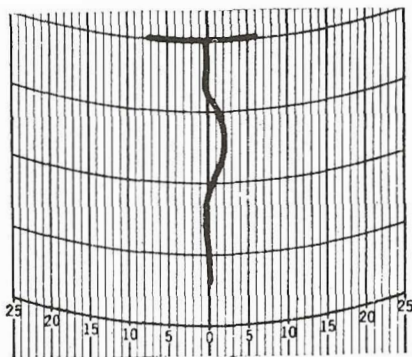
No. 2 6-2-42



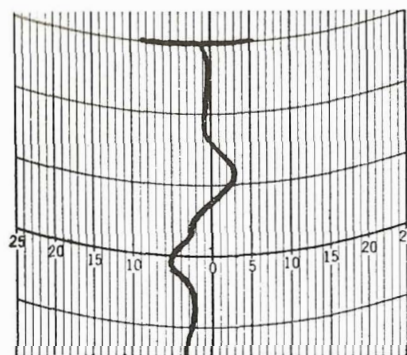
No. 3 6-2-42



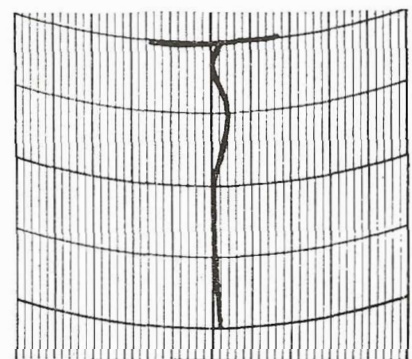
No. 4 6-3-42



No. 5 6-4-42



No. 6 6-5-42



No. 7 6-6-42

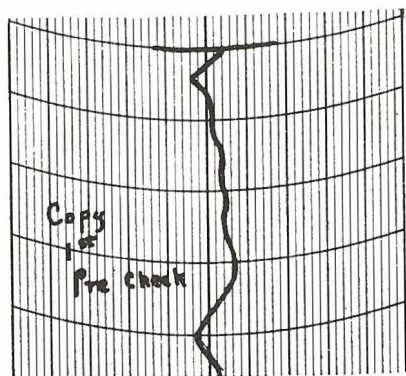
2. We are mainly concerned with the cervical region which is copied here. Please note the pattern that exists throughout the cervical region and the break reading at the top just below the heavy horizontal line which indicates the base of occiput. Patient was adjusted Axis PR. (Posterior and right.)
3. Patient allowed to rest for a few minutes and then re-read revealing the break reading gone.
4. *Neurocalograph Reading:* Next day reveals break reading gone. Pattern changing in middle cervical region.

*Patient Report:* "Head felt clearer as though load had been lifted. Felt glow over body, especially in hands and feet. A feeling of lassitude, exhaustion, and a sense of hunger. For an hour after adjustment could not stretch out straight on back due to contraction of right leg muscles." (Our patients at the Clinic, after they have received an adjustment, are wheeled back on a special ambulatory cot and placed in bed. They are required to rest for at least 3 hours, sleep if they can.)

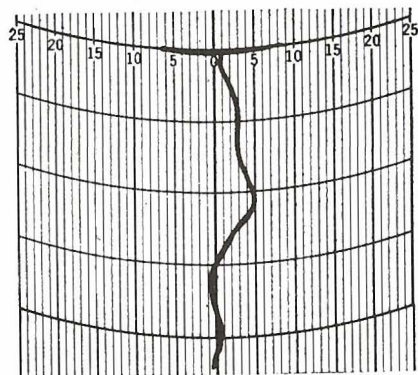
"After an hour, relaxation was possible. Right leg warmed up after being cold for a month."

5. *Neurocalograph Reading:* Shows improvement of pattern.
- Patient Report:* "Have been tired and feel as though I could sleep indefinitely, but as soon as I went to bed entire right leg started pulling and aching from sacrum to foot. No sleep until after breakfast. Closed eyes about 10 times but each time a violent contraction of leg muscles prevented sleep. Another good bowel movement like yesterday. Hungry most of time."
6. *Neurocalograph Reading:* Increase in pattern in middle and lower cervicals. Atlas-axis region clear.
- Patient Report:* Seem to be much more straight this p. m. Gnawing sensation continued again last night in right leg but managed to sleep about 7 hours in spells. Hip is sore today but ankle a little warmer. Feel definite improvement."
7. *Neurocalograph Reading:* Pattern much improved.

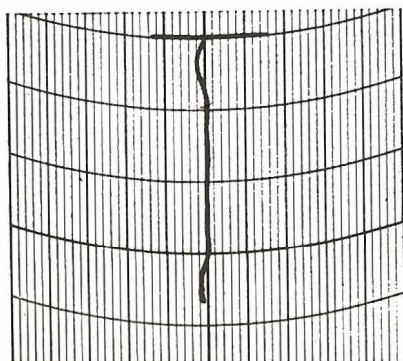
*Patient Report:* "2 hours sleep this morning was all. No cramping last night. Lumbar region seems stronger this morning. Foot and ankle have more life. Good bowel movement this morning; none yesterday."



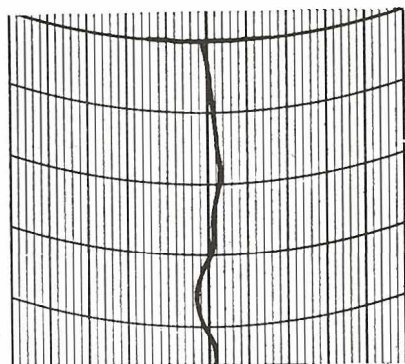
No. 2 6-2-42



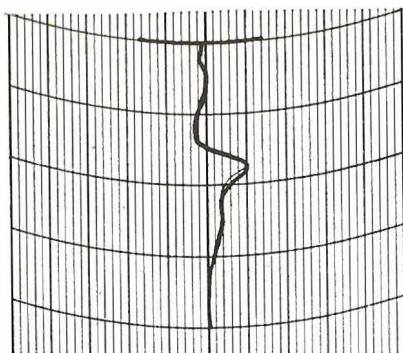
No. 8 6-8-42



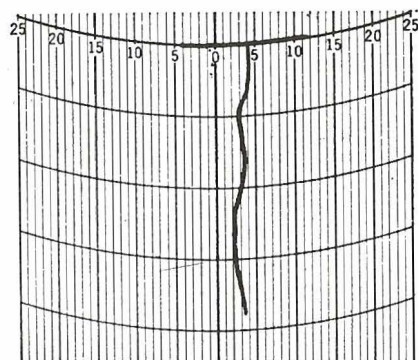
No. 9 6-9-42



No. 10 6-10-42



No. 11 6-11-42



No. 12 6-12-42

First graph is a copy of the Neurocalograph reading of cervical region before the patient was adjusted on June 2, 1942.

8. *Neurocalograph Reading*: Slight increase in pattern over last reading.

*Patient Report*: "About 8 hours sleep Saturday night and same Sunday night. Feeling better for the sleep. Kidneys seem to be unloading something judging from odor of urine. Less soreness but more stiffness in right leg; can only stand a few minutes without aid of crutch. Took short walk yesterday."

9. *Neurocalograph Reading*: Improved.

*Patient Report*: "Leg felt fine when I went to bed but soon started hurting; kept awake until 3:30. The more bother in night the better next day. Bowel movement good; appetite good. Catarrhal condition better than in years."

10. *Neurocalograph Reading*: Good pattern.

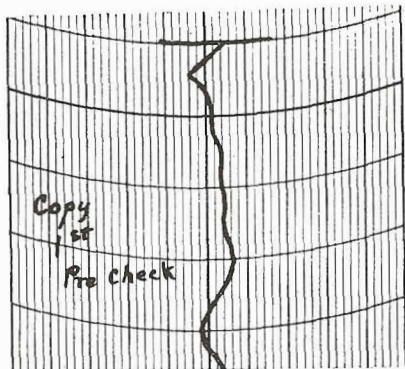
*Patient Report*: "Good night of rest and sleep, no pains or cramps. Feeling fine except slightly tired. Lower leg still cool and feels a little heavy. Hip much improved."

11. *Neurocalograph Reading*: Pattern very rough in middle cervicals. Please note no return of reading at base of skull.

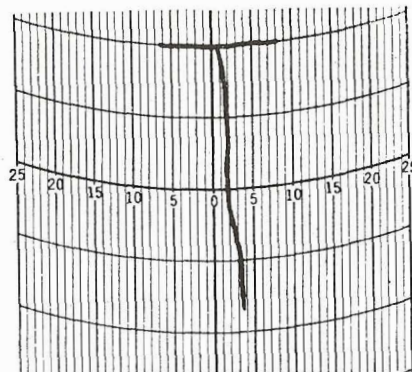
*Patient Report*: "Leg and knee gaining strength; no tendency to cave in on stairs. Itchy sensation in leg deep as though healing was in progress. Resting better all the time. Vitality picking up. Walked too far on crutches last night which gave little stiffness in leg this morning."

12. *Neurocalograph Reading*: Pattern good.

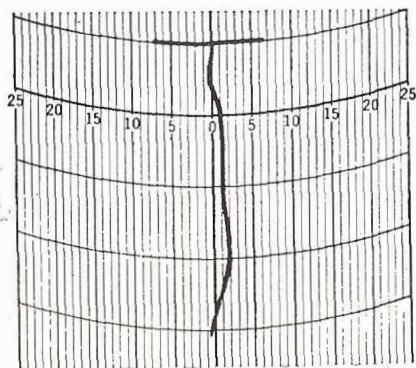
*Patient Report*: "Fair night's sleep, ache in leg; more constant in hip and ankle. Last night could stand straighter. Today seem more to the side. Everything else apparently the same."



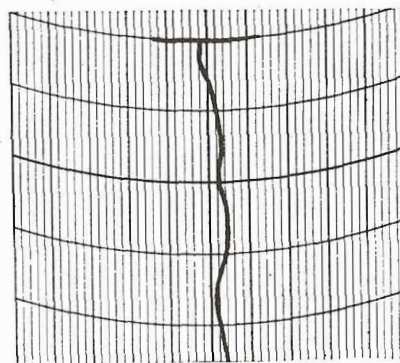
No. 2 6-2-42



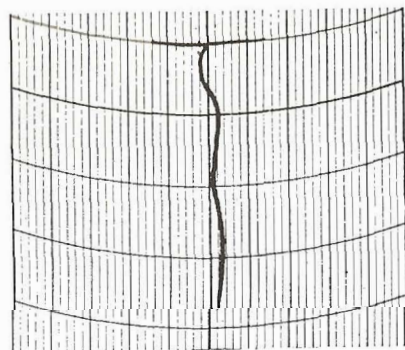
No. 13 6-13-42



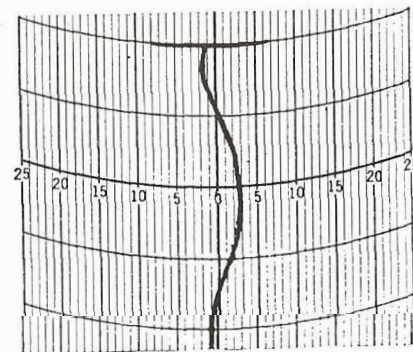
No. 14 6-15-42



No. 15 6-16-42



No. 16 6-17-42



No. 17 6-18-42

13. *Neurocalograph Reading:* Exceptionally good pattern.

*Patient Report:* "About same as yesterday."

14. *Neurocalograph Reading:* Good. You will notice that the pattern is becoming more consistently good throughout entire cervical region now while at first it was considerably rough.

*Patient Report:* "Two nights of wakefulness due to shooting pains from hip to ankle while lying down. Lying in any position seems to cause pressure on the sore nerve. Still cold sensation in right leg below right knee. Slight drip in throat gone. Lumbar region very weak. Feel as though an adjustment was due."

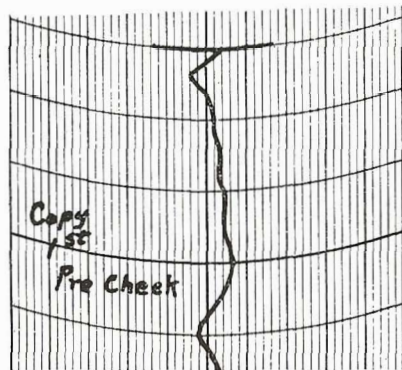
15. *Neurocalograph Reading:* Still good.

16. *Neurocalograph Reading:* Reveals some disturbance in atlas-axis region.

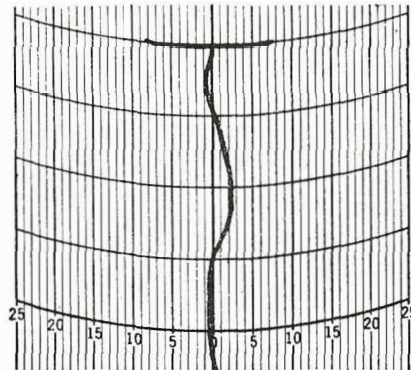
*Patient Report:* "After a very restless night with drawing pains in legs, hips, and thighs woke with feeling of stiffness in both hips. Feels like a large wound just healing over. Soreness seems to be working back up into lumbar. **Feel straighter. Think it is all progress.** Feet seem to be getting more life."

17. *Neurocalograph Reading:* Improved.

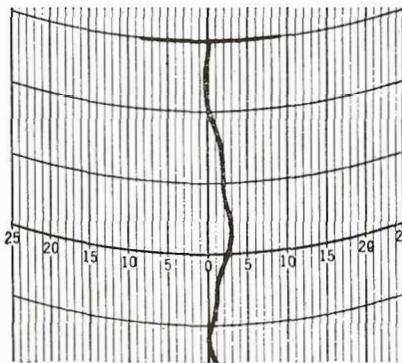
*Patient Report:* "Had more heating in ankle and foot. Hips still stiff and sore; running up into sacro-iliac area more. Slept better last night."



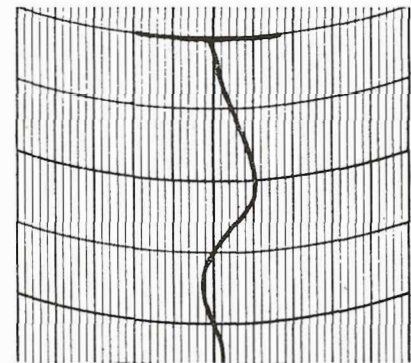
No. 2 6-2-42



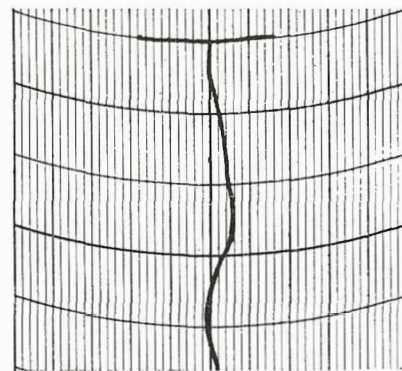
No. 18 6-19-42



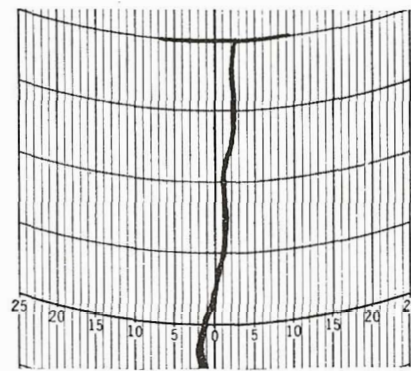
No. 19 6-20-42



No. 20 6-22-42



No. 21 6-23-42



No. 22 6-24-42

18. *Neurocalograph Reading: Good.*

*Patient Report:* "About same as yesterday. Can turn over on hip in bed with much less pain. Gained 4 pounds weight."

19. *Neurocalograph Reading: Good.*

*Patient Report:* "Very good night of sleep. Woke without much soreness or stiffness of leg for first time. Bowel action and appetite A-1. Feel 100 per cent outside of curvature and slight discomfort in leg."

20. *Neurocalograph Reading: Reveals large heat line in lower and middle cervical region; atlas and axis region clear.*

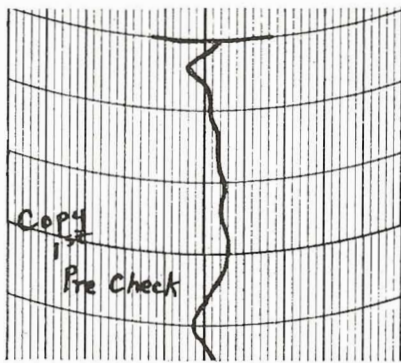
*Patient Report:* "Still having drawing sensation in leg and hip. Less soreness on palpation."

21. *Neurocalograph Reading: Improved.*

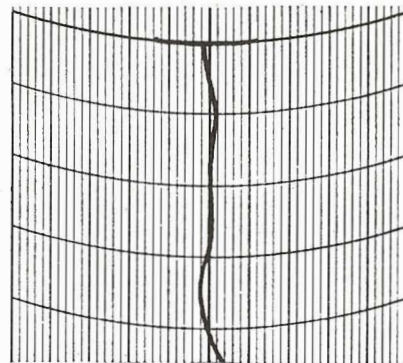
*Patient's Report:* "Not much change from Saturday, June 20, '42."

22. *Neurocalograph Reading: Good.*

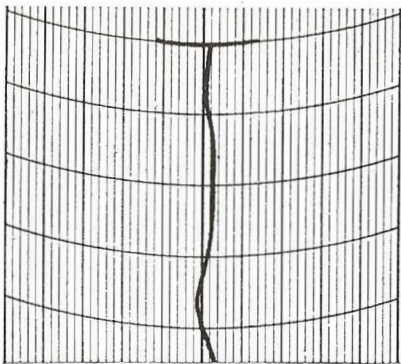
*Patient Report:* "Went without crutches all day yesterday. Felt strain on neck and soreness in hip and leg as result of lack of support. It seems to have made an improvement as of today. Pelvis will come more nearly straight. Exercised 1 mile on bike last two days."



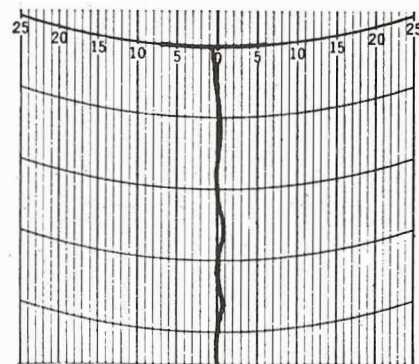
No. 2 6-2-42



No. 23 6-25-42

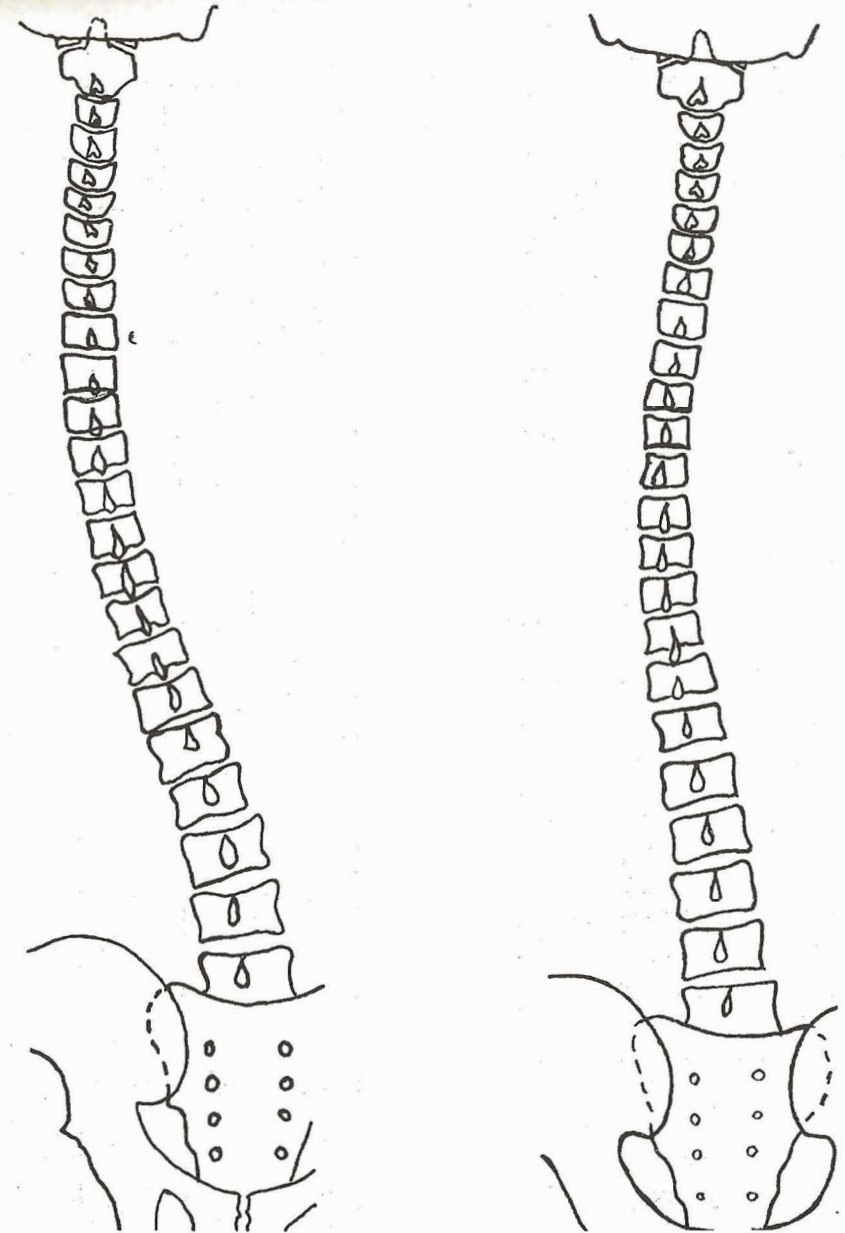


No. 24 6-26-42

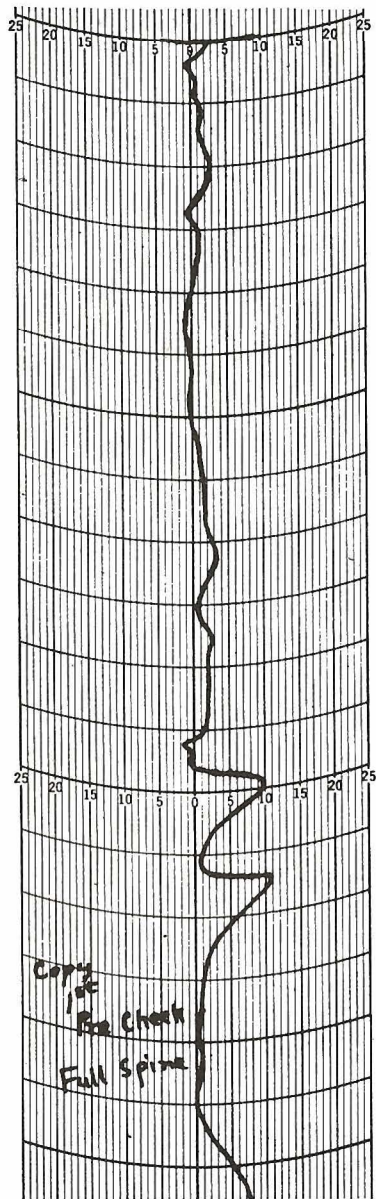


No. 25 6-27-42

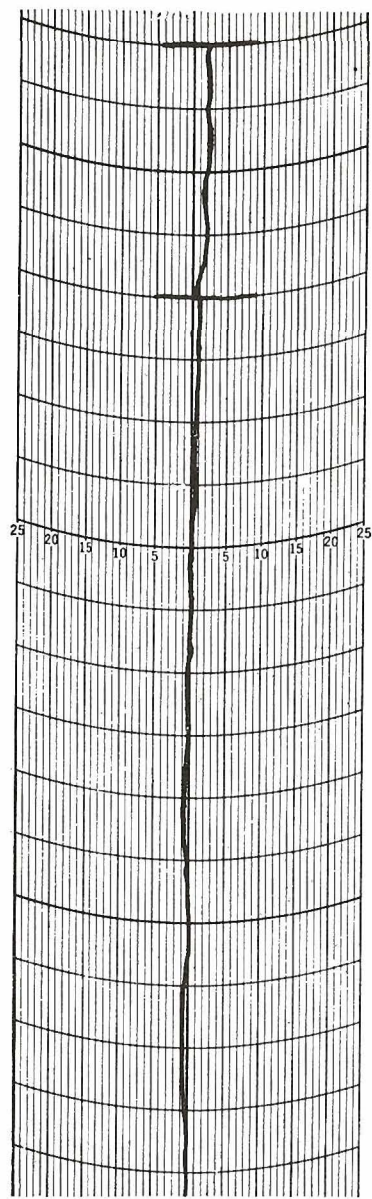
23. *Neurocalograph Reading:* Very good.  
*Patient Report:* "Had splendid night's sleep. Felt like a million. Less soreness in leg; most noticeable in hip socket. Less weakness across lumbar muscles, can stand straight longer. Appetite and elimination normal. Feel equal to running. Leg stronger."
24. *Neurocalograph Reading:* Good.  
*Patient Report:* "Had little sleep last night. Right hip quite sore this morning. Foot and ankle were warm yesterday; cooler today. Six and one-half pounds increase in weight since entering Clinic."
25. *Neurocalograph Reading:* Good.  
*Patient Report:* "Slept better. Pain confined to hip joint. Elimination and appetite good. Heat in foot and ankle today. Feel relaxed and tired."



26a. 6-26-42.—Final full spine X-ray picture taken a little less than a month apart reveals a very considerable improvement. Position same as for the primary full spine X-ray which was anterior to posterior standing.



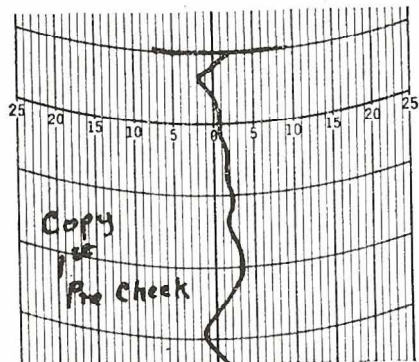
No. 1 6-2-42



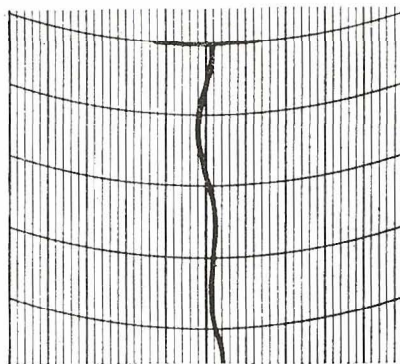
No. 26b 6-29-42

26b. 6-29-42 — *Neurocalograph Reading*: Final reading by Neurocalograph of full spine shows entire spine quite clear of any evidence of nerve pressure. This comparative picture between the full spine Neurocalograph reading when the patient entered the Clinic before being adjusted as compared to the reading of the full spine after approximately one month service is quite typical of other cases when the subluxation has been corrected. The service rendered this case consisted of one adjustment given at axis on 6-2-42. He received no adjustment at any place between these two readings.

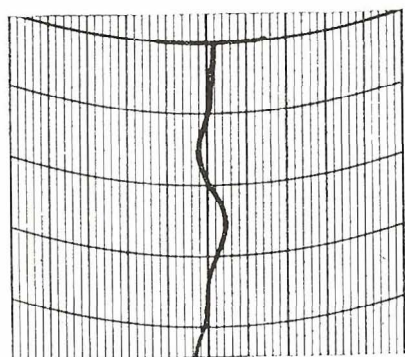
*Patient Report*: "Ankle has been about normally warm since Saturday. Two fair night's sleep with short period awake. Tire easily when walking with cane."



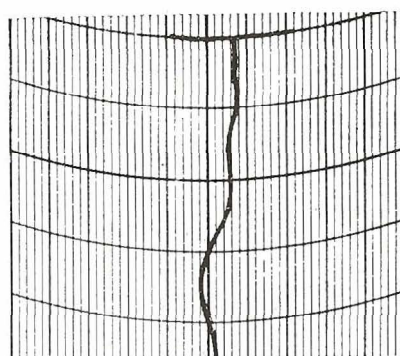
No. 2 6-2-42



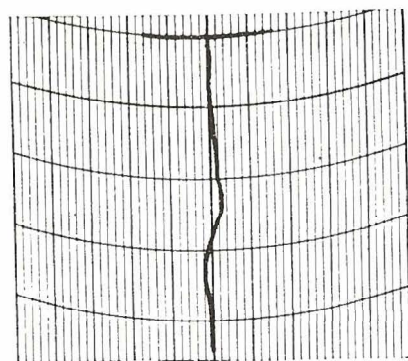
No. 27 8-24-42



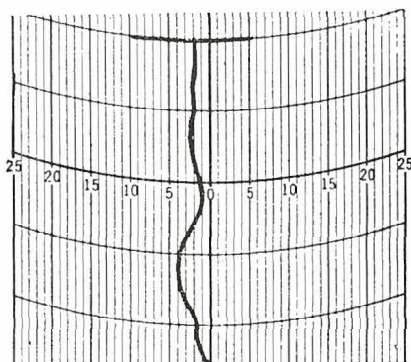
No. 28 8-25-42



No. 29 8-26-42



No. 30 8-23-43



No. 31 8-24-43

27. Patient returned for check-up after approximately two months at home.

*Neurocalograph Reading:* Still quite good.

*Patient Report:* Left Clinic June 29. Noticed gradual strengthening of back and legs until about two weeks ago. Pulling on left side of neck not noticed for three weeks. Tire rather easily yet. Last Thursday went swimming; left wet trunks on a little too long. Have since had a slight disturbance in left knee joint and lumbar. Functions good. Still occasional difficulty in getting to sleep nights. Catarrhal condition all gone. In a general way feel better than before illness."

28. *Neurocalograph Reading:* Reveals pattern disturbed in middle cervical region.

*Patient Report:* "After good night's rest feel much better. Left knee improved. Lumbar region less tired and sore. Head clear. Just feel relaxed. Slightly tired and sleepy."

29. *Neurocalograph Reading:* Clear.

*Patient Report:* "Felt head and neck congestion last night. Lots of sneezing, chills and fullness of head."  
(AFTER LYCEUM TIME PATIENT WENT BACK TO HIS PRACTICE)  
Patient returned 8-23-43, approximately one year later to Lyceum and checked into Clinic.

30. *Neurocalograph Reading:* Good. (Please note how consistent the pattern is.)

31. *Neurocalograph Reading:* Pattern little rough; no reading.

*Patient Report:* "Just to summarize the past year. Month by month can feel improvement. Am working hard and do not get tired easily. Have had three adjustments since last Lyceum from a fellow Chiropractor at home. Sometimes have return of coldness in right ankle; at present it is warm. All in all I don't think there is anything wrong that a few days rest would not fix. My Clinic experience has been of inestimable value in my practice. I was always strongly HIO but know that I overadjusted and probably still do but I am learning. Now have chronic cases get well in two, three, or four adjustments in three to four months checking period. Thank you, B.J.!"



## Case No. 1560

These records are unique for their research value in the cause and correction of an incoordination diagnosed "epilepsy," as revealed by Neurocalograph, nerve pressure pattern behavior during period of reaction and retracing, and clinical picture of severe withdrawal symptoms.

*History:* Age 24 years. Condition diagnosed as epilepsy: grand mal, since age of 7 years. Most of the convulsions occur at night, averaging 1 to 5 every 24 hours.

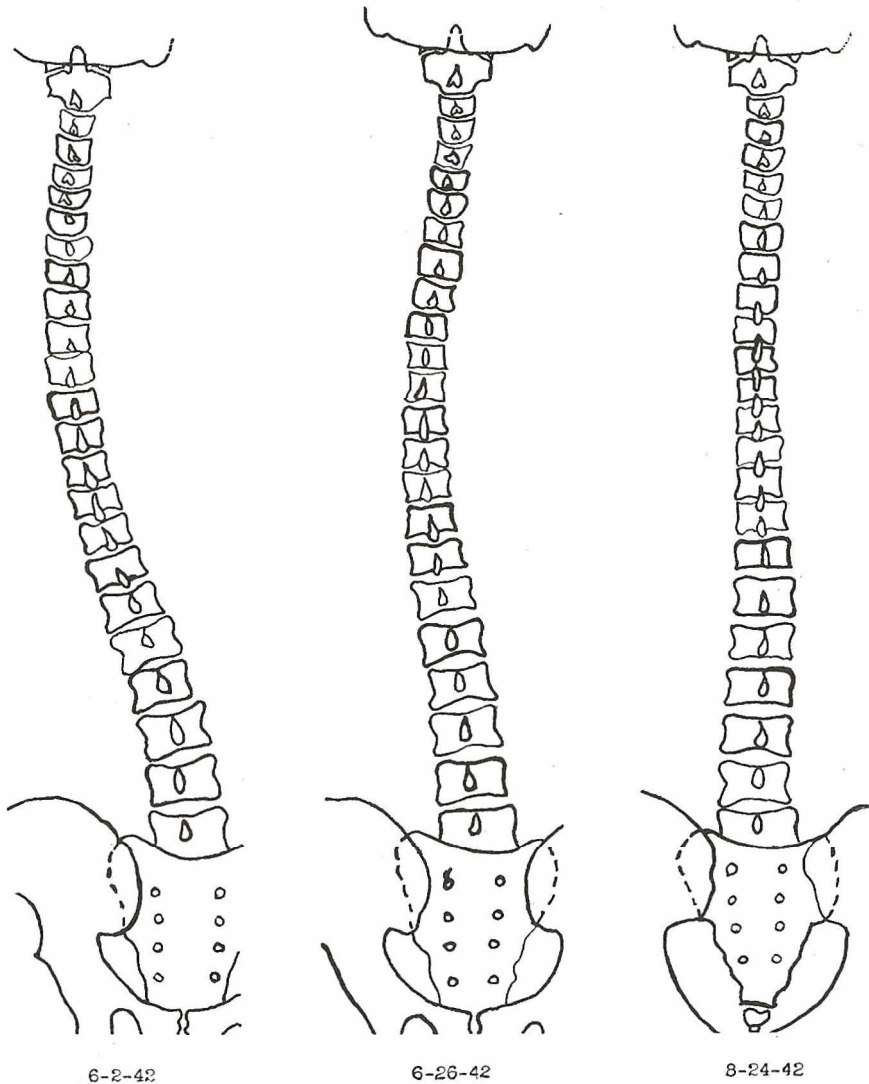
*Patient's Entrance Remarks:* The longest that he has gone without any attacks has been two or three weeks and that was immediately after adjustment from local chiropractor. Patient has been taking phenobarbital for past 17 years.

Drugs prescribed for Epileptics interfere in the making of accurate Chiropractic analyses. These drugs are depressant in nature and either obliterate or camouflage—especially Neurocalograph findings. We so instruct our patients. They either cease taking them or gradually reduce the dosage until they finally eliminate them entirely. We realize that in the majority of cases where drugs have been taken over a period of years there may follow withdrawal symptoms which may be severe in character when the drug is withdrawn. Where a patient has been taking an unusually large amount of these drugs, we hesitate to at once drop the drug entirely. However, the faster they can be discontinued, the quicker correction can be made.

In this case, the amount of drugs ingested daily averaged about  $1\frac{1}{2}$  grains of Phenobarbital. This was discontinued a day or two prior to his entering the Clinic. Much of the reaction following reduction of nerve pressure was, in our opinion, withdrawal symptoms as case reports indicate.

There was a question in the father's mind when these reactions became severe whether or not his son could pull through. Those of us who are very closely associated day by day with these cases may also question the advisability of allowing these withdrawal symptoms to continue. In this particular case there was that question in our minds. I took this question directly to Dr. Palmer, i.e., Shall we put this boy back on a reduced amount of Phenobarbital in order to cut down on the severe withdrawal symptoms? His comments were: "Let us analyze this case. He has been under drugs for the past seventeen years. He continued to get worse. Continued normal mental balance was despaired of. The patient was brought here for correction. Drugs are a hindrance. They have no corrective value. Why jeopardize the ultimate progress of this case by returning to the original treatment in any degree?" The wisdom of this line of reasoning certainly has been borne out in this case.

We certainly want to commend the father on his intelligent understanding of what we were doing as well as his cooperation. As a father he could have interpreted the severe reactions and withdrawal symptoms as an indication of his son getting worse.



Comparative full spinographs reveal correction of curvature. Patient reports that he has had no adjustment since the one received on June 2, 1942.