



Dr. Marion A. Dick

Dr. J. Francis Smith

HANDS THAT HEAL

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The Story of Dr. J. Francis Smith, a Blinded Canadian War Veteran Who, With the Help of His Wife, Dr. Marion Dick, Has Become an Outstanding Pioneer in the Osteopathic Treatment of Mental and Nervous Disorders

THE curtain-raiser of this story is a front-line trench in France. It was a raw night in March, 1918. A steady knife-edged wind cut through to the bone. A cold drizzle of rain had made the shell-ploughed soil a semi-fluid mass of mud and muck.

From a sector held by the Royal Canadian Regiment, a raiding party crept toward the German trenches. In command was a young Canadian officer, Captain J. Francis Smith of St. John, New Brunswick.

Bullets sang close overhead as Captain Smith and his men crouched and crawled through the mud. Shells burst here and there behind them. Suddenly one burst right where they were—a gas shell; and instantly they were in the middle of a cloud of German phosgene gas.

Maybe you don't know about phosgene. It is a lung and throat irri-

tant. A concentration of one part to a hundred thousand parts of air suffices to put a man out of action through lachrymation and coughing. One part to fifty thousand of air will damage the lungs and the eyes in one or two minutes exposure.

Getting gassed was not a new experience to Captain Smith. He had been with the First Canadian Division, back in April, 1915, at the second Battle of Ypres, when the Germans first began the use of poison gas, and when gas masks were unknown and men died by the thousands with their fingers clawing at their throats. He had gotten a full dose of it then; and his throat was so badly affected that he had to be fed with a stomach-tube for many weeks.

And then there was the shrapnel—Captain Smith knew all about shrapnel. He had caught a dose of it in

his left thigh in the spring of 1916. It shattered the bone. Gas gangrene set in. But he pulled through without an amputation. In the spring of 1917 the same thing happened—only this time it was the right thigh. And again he pulled through.

Now, this night in March of 1918, a year later, here was Captain Smith, still carrying on, and leading his men in that grim sortie whose end was in that cloud of phosgene gas—and a bad case of shell-shock to boot.

They salvaged him somehow and took him to a hospital behind the lines. When he bounced back from that wallop, the surgeons put him on the operating table and cut out those bits of shrapnel from his thighs.

They got it out. It was a neat job, but when Captain Smith came out of the anesthetic he went into a post-operative delirium. When

they weren't watching he managed to get out of bed. He fell to the floor with a crash, striking his head against a chair as he went down. That fractured his skull. Just what that jolt did to his optic nerve, already crippled by phosgene, can only be guessed. Maybe a blood clot formed. Anyway, when Captain Smith came to, he was stone-blind—permanently stone-blind at the age of twenty-two.

That turn in Captain Smith's fortunes came in July, 1918, three months after the phosgene experience. Phosgene works that way. Sometimes a man may get a dose of it and apparently be unaffected at the time, and then die suddenly forty-eight hours later. Or, as in the case of Captain Smith, go blind ninety days later.

In his nearly four years of service, Captain Smith had lived more than most men do in the allotted three-score-years-and-ten; yet he had died daily. And now here he was.

They invalidated him out of the service the following September, conferred service decorations on him, and gave him a permanent commission in the Canadian Reserve. Then he went to St. Dunstan's, in England, where they rehabilitated soldiers and sailors who had been blinded in action. Only, as it turned out, Captain Smith was quite capable of doing his own rehabilitating.

Now maybe you'd like to tell about *your* operation! No? Then let's get on with the story of this tough and resilient Captain Smith. It is worth telling because the point of it seems to be that the mightiest thing in

the world is the human spirit when it chooses to put up a fight.

A few days ago it was my privilege to have a long talk with J. Francis Smith, Doctor of Osteopathy, Master of Science, Fellow of the American College of Neuro-psychiatrists, Professor of Neurology and Psychiatry in the Philadelphia College of Osteopathy, former Professor of Applied Anatomy and Associate Professor of Osteopathic Technique in the same institution, Neurologist to the Osteopathic Hospital of Philadelphia, Consultant to the Fuller Osteopathic Hospital for the Treatment of Mental and Nervous Diseases, Neurologist to the New York City Osteopathic Clinic, President of the Canadian Society of Philadelphia, Past President of the British Legion, Philadelphia Branch, Member of the Red Chevron Club, honorary life member of the Bath Club, London, trustee of the Atlas Club, former physician of the Philadelphia Quakers (professional hockey team), physician of the Drexel Institute Athletic Association, expert reader of Braille, noted among his fellow osteopaths as one of the top-flight men of the profession, able to see

more through his fingers than most men can with their eyes, and with a knowledge of anatomy which is considered outstanding in a profession where a knowledge of anatomy is the keystone of the therapeutic arch. I could tack on a few more titles—but let's let it go at that.

Oh yes, there's one other detail I forgot to mention. He did it all after he became blind. And today, at forty-three, he is still right in the middle of things, and still forging ahead.

Of course there's a woman in it. There is always likely to be when a man hits a clip like that. And what a woman! Dr. Smith has never seen her. But most of the things he knows about osteopathy have passed through the alembic of her eyes. She is Dr. Marion A. Dick, his wife and his colleague. The way it seems to work out is that everything he isn't, she is. That marriage would be worth the study of some people whose own marriages have gone sour. They entered the Philadelphia College of Osteopathy together; they married in their freshman year; she went through every step of the training by his side; she read the texts aloud and

studied them with him; in the dissecting rooms she helped him to become the master of human anatomy that he is; in the laboratories she did the looking, and interpreted and translated what she saw.

By WAINWRIGHT EVANS



Dr. C. H. Soden, professor of osteopathic technique, administering a treatment

One of the laboratories of the Osteopathic Hospital

Corner of the children's ward at the Osteopathic Hospital in Philadelphia



And when they were graduated together, he received the Alumni Prize for the best general average gained in the examinations of the entire curriculum, together with the Edgar O. Holden Prize for the best work in Applied Anatomy.

What a woman! And, as I have said, he has never seen her! They met after he came back to Canada. Before Dr. Smith enlisted for service in 1914 he had trained as a pharmacist. It was at that time his intention someday to go into the practice of medicine. Another subject that interested him was physiotherapy. When he returned to Canada, therefore, it was natural that he should become a student in the Military School of Orthopaedic Surgery and Physiotherapy in Toronto. Later he took a staff position in two military hospitals in Toronto, and later in West St. John Hospital of the Department of Soldiers Civil Reestablishment.

IT WAS while he was engaged in that work that he met Marion A. Dick, who was a physical therapist there. Today their two names are in the window of the office in the comfortable home in Philadelphia, two blocks from the College of Osteopathy and the Osteopath Hospital, where they do their work when they are not busy with their own practice.

When I met Dr. Smith he stood at the head of some stairs, waiting for me. His alert hearing caught my approach so accurately that he put out his hand at the exact instant I put out mine. He seemed to be looking at me and taking me in. Had I not known of his blindness I would have been momentarily deceived by that steady gaze.

He turned and walked into his office with unhesitating steps, motioned me toward a chair and took his own seat without hesitation or groping. Here was a man one had to step lively to keep up with. I began to realize that the stories I had heard about his ability to demonstrate from the lecture platform the fine points of an anatomical chart, without once missing the bullseye, were not exaggerated.

It had been my primary purpose to interview Dr. Smith about his specialty, the treatment of nervous and mental diseases by osteopathy. I wanted to check on reports I had heard of results in that field being superior to those obtainable by orthodox medical methods alone. It was much easier to get Dr. Smith to talk about that than about himself.

With my first question about his specialty he started off like a house afire. He talked rapidly, clearly, incisively, and with a precision that left few questions to be asked—much as if I had been one of the scores of students who listen to him weekly. The profound common sense and scientific reasonableness of the osteopathic approach to the whole problem of human health stood out clearly as he went on. There were no cloudy generalities. It was an affirmation, in modern terms, of the *vis mediatrix naturae* of Hippocrates—a faith that the body can cure itself and keep itself in health if it is given a chance to do so.

When I could I injected questions about himself. "Didn't you find it hard to do what you have done, without your sight?" I asked.

He nodded. "It was hard at first—often very discouraging. I had to refine the faculties that remained to me. I had to acquire a better sense of

touch; I had to learn to use my ears as never before; to acquire an habitual alertness as to spacial relationships; to be able to form well visualized images with my mind's eye. Most persons don't do that because they are not forced to."

"Do you read Braille?"

"Yes, but I don't use it much. It is too slow for my needs; I have much to do. Besides, the scientific books and periodicals I need most are not available in Braille. So I depend on having my wife read to me. We both gain by that, because we can talk about it. Of course without her help I could not have made the grade. Incidentally, they would not grant the osteopathic degree to a blind person now. I got in just under the wire."

"HOW did you happen to specialize in mental and nervous diseases, Dr. Smith?"

"I had always been interested in that sort of thing. I became even more interested in it at the military rehabilitation hospitals because I was surrounded there by men who needed above all things to be helped to manage their minds and their shattered nerves. Besides, I had to go through quite a struggle to maintain my morale and mental health. I knew what it meant. Naturally I wanted to help others who were hard put to it to get hold of themselves. I felt I could talk their language.

"At those hospitals I was pretty constantly in contact with many very able medical men. And they taught me much. Much of the work was along the lines of physiotherapy. Every effort was made to put the patients in the best possible physical condition as a foundation for the building of morale. It meant strict attention to diet, applications of heat and light, massage, suitable exercise and the like. Well, it seemed to me that all that would be vastly more effective if it were practiced in conjunction with osteopathy. So you see that my final decision to go into osteopathy was a logical one.

"To make fully effective the methods of physiotherapy, whose value is now widely recognized in orthodox medicine, you must first correct mechanical displacements of the vertebræ, ribs and joints, because these interfere with the normal functioning of the nerves and the circulatory system. In other words, osteopathy makes use of every rational common-sense method used by orthodox medical men in the treatment of mental and nervous conditions, plus a method which they have so far refused to accept.

"Another consideration that influenced me was that the treatment of nervous and mental diseases is still a hardly developed line in osteopathy. The few osteopaths in that work are in a sense pioneers. That idea attracted me. We osteopaths ought to be doing a great deal of work in mental and nervous diseases. We can do more for the patient than can the orthodox medical man. We think our results show that. But we have not done much to push our claims. For instance, there are hundreds of orthodox medical institutions for mental cases, while osteopathy has only three: the Fuller Osteopathic Hospital at Willow Grove, Pennsylvania, Merrill Osteopathic Sanitarium at Los Angeles, and Still-Hildreth Sanitarium at Macon, Missouri. I am consultant in neurology at the Fuller Osteopathic Hospital, and Dr.

Justus L. Fuller, one of our osteopathic pioneers in this work, is president of it."

"Dr. Smith, just why do you consider osteopathy a rational treatment for mental and nervous diseases?"

Dr. Smith laughed. "That's a pretty comprehensive order. However, the basic idea is simple enough; it is that in most cases of mental and nervous disease there are present physical abnormalities which, in some instances, have directly caused the mental and nervous condition, or which tend to aggravate it and keep it going even though they may not originally have caused it. Often a nervous and mental condition will cause the physical abnormality, which then tends to intensify the nervous and mental symptoms.

"Here's a simple illustration. Most persons know from experience that worry, overwork, nervous tension, can cause a 'stiff neck.' The rigidity of the neck muscles may in turn pull the cervical vertebræ out of alignment; and that in turn may intensify the stiffness. Thus it runs in a vicious circle. One way to deal with the condition is simply to keep the neck warm, or to apply heat and massage till the stiffened muscles relax—whereupon the vertebræ may go back to their own accord where they belong, or they may not. Osteopathy would make sure that they went back and by putting them back.

"Again, the stiff neck may start with a mechanical malignment of the cervical vertebræ from a fall or a strain. As the neck stiffens, the tightening muscles tend to accentuate the mechanical displacement; so there's our vicious circle again, calling for mechanical adjustment and for restoration of circulation in the muscle as well.

"IF SUCH correction is not made, then other things may follow. Constant colds and sore throats and headaches are among the commonest results. In some instances the thyroid may be affected, with repercussions throughout the body. Many a mental case starts that way. The point I am trying to make is that the medical method of dealing with so apparently simple a thing as a stiff neck would be to help the stiff muscles to relax, and pay no attention to the vertebral malalignments. In fact, the average medical man would deny the very existence of those malalignments. But the osteopath would find them and, by his special mechanical technique, correct them. And he would also give due attention to the muscles and to restoration of normal circulation.

"Now consider a fairly typical condition found in mental cases. Most mental cases involve chronic constipation. That is especially true of the manic-depressives, whose brain and nerves have been irritated usually both by the toxins of constipation and by abnormal alignments in the spinal column and elsewhere.

"Turn such a patient over to a competent medical man and he will prescribe various things, such as colonic irrigations, suitable diet, and the like. In many cases not even that is done. He may also prescribe sedatives or hypnotics, such as bromides or sodium amytal, to quiet the patient—a line of treatment that in the long run makes the patient worse instead of better.

"The osteopath, however, in addition to colonic irrigations, suitable diet, and other forms of physiotherapy, will

straighten out certain kinks in the spine which are usually present in connection with constipation, regardless of whether they caused the constipation or the constipation caused them. The important thing is that such kinks in the middle-back have an effect on the nerves which govern the blood supply and tissue tone of the intestinal tract."

"But just how would constipation link up with mental disease, Dr. Smith?"

"I have already indicated that. The toxins of constipation cause intense nervousness; they irritate the whole nervous system; they whip the thyroid and the other endocrine glands into abnormal activity and finally into exhaustion; they tend to break down other vital organs; they make the victim grouchy, irritable, high-strung, neurotic, hard to live with—in other words, mentally ill. Some people go through life that way—mentally ill, but not ill enough to go to an institution. Others may have a congenital, perhaps inherited, weakness of the brain and nerves so that they succumb; and the person becomes 'insane'—a very objectionable word from the psychiatric point of view, by the way."

"CAN you give me a few examples of such cases?"

"Well, let's consider first a woman with a thyroid psychosis. A disordered thyroid can do appalling things to the mind. An osteopath searches for the cause of the thyroid condition. He finds that the vertebrae of the upper back and neck are out of alignment and that there is pressure on important nerves; that the collar bone is out of normal alignment; also the upper rib.

"Result: interference with the subclavian artery, which is between the clavicle (collar bone) and first rib and which supplies blood to the thyroid. Further result, loss of normal motion of the clavicle and first rib, with loss of stimulation of circulation in the small blood vessels in that whole area. Also a profound irritation of the muscles of that area, contraction of the small blood vessels, and congestion of venous blood. The thyroid goes haywire because it doesn't get enough blood; that upsets other endocrines, because the endocrine system is intricately and delicately interdependent. Such endocrine imbalance affects the nervous system, the brain—and indeed the whole body economy. A typical thyroid psychosis follows. The patient is 'insane.'"

"Appropriate osteopathic treatment would involve manipulation of the tissue to relieve venous congestion near the thyroid; adjustment of spine, upper rib, and clavicle; relief of constipation—a fruitful source of thyroid disorders; attention to diet, possibly with the prescribing of organic iodine; and, in addition, an effort by the psychiatrist to build up a constructive mental attitude in the patient. Orthodox medical treatment would offer most of this—but would omit the very necessary osteopathic adjustments."

"Are there many mental cases that result from a fall, Dr. Smith?"

"A good many. I have in mind a graduate nurse, for instance, who was in a trolley accident. In three months she developed profound melancholia and signs of *paralysis agitans*. The muscles and joints of the upper back and neck were very rigid. As usual in these cases, she had chronic constipation. I loosened up the tense muscles and ligaments and induced free motion

in the vertebral joints. The constipation was treated. Seven months later she was back at work. That was six years ago. She is still well."

"How about dementia praecox?" I asked. "Do you approve of the so-called shock treatment?"

"I believe it is claimed that twenty-five per cent of catatonic cases, treated early by the shock method, recover," said Dr. Smith. "But statistics show that about that number recover anyway. So I don't feel that this much-touted shock treatment has proved itself. Moreover, it is very violent and often causes spasms of the back muscles that may pull vertebrae out of place. A recent issue of the *Journal of the American Medical Association* cites cases where vertebrae have even been fractured by such spasms.

"ON the other hand, our dementia praecox experience in osteopathy is that about forty per cent recover, and do not relapse. I recall a case that recovered most gratifyingly. This was a nineteen-year-old boy, a bright fellow, who became depressed when he found there was no money to send him to college. He became sullen, developed delusions of persecution, restlessness, sleeplessness, and other classical symptoms. In a medically conducted mental hospital they diagnosed it as dementia praecox. And he grew steadily worse.

"When he was brought to me I found him underweight. His thyroid was enlarged. He was so badly constipated that the impacted fecal masses could be felt through the abdominal wall. Nothing had been done about it. His neck and upper back muscles were contracted and hard; there was little normal motion of the vertebrae of the neck and upper back and upper ribs.

"Colonic irrigation, artificial fever, fruits and vegetables in abundance, and osteopathic treatments, improved him in three months. He went back home, joined the CCC for four months, got a job in a chain grocery store, and has now been there for five years, with successive promotions. He probably won't relapse until he goes back to his former physical condition. His brain and nerves—his weak spots—couldn't stand much of that.

"And then there was the case of Mrs. Brown—as I will call her. She was a maniac-depressive. Her husband discovered she was unfaithful to him. As soon as she knew he knew about it, she suddenly became a sloven and refused to do her housework. She was sullen and moody and threatened suicide. It was the old story; constipation, wrong diet, lesions of the neck and upper back. She improved under treatment. Then I released her from her sense of guilt, and the husband from his resentment, by convincing them that her unfaithfulness had been the result of her abnormal mental condition in the first place. She got well; and now, five years later, is living a normal, happy life."

"According to that, osteopathy would clear up domestic difficulties in a good many households," I suggested.

"Yes," nodded Dr. Smith. "Lots of trouble comes from jangled nerves that come from physical abnormalities. Anything that makes for good health—osteopathy included—would make for sanity and sane living and would put a crimp in the business done by the divorce courts—and by the criminal courts as well."