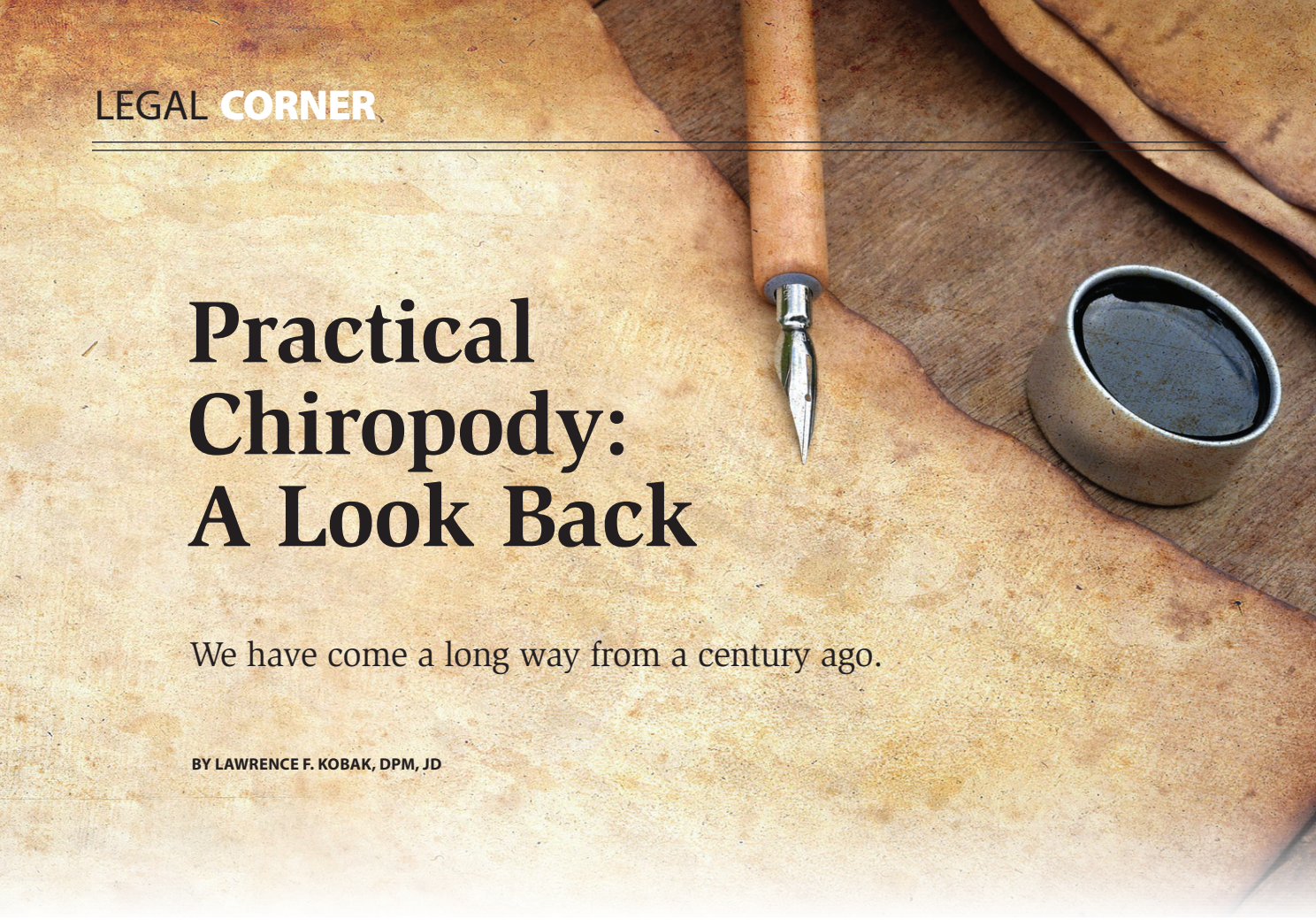

Practical Chiropody: A Look Back

We have come a long way from a century ago.

BY LAWRENCE F. KOBAK, DPM, JD

Looking through my personal library, a book written in 1925 turned up. It was entitled *Practical Chiropody*. The author was E.G.Y. Runting, I. LS. Ch. He was a British chiropodist who was the first president of the Incorporated Society of Chiropodists. It was published in St. Louis, a good 35 to 40 years prior to the American name "podiatrist" and DPM degrees being in general use.

Let's take a journey back in time, over 100 years ago. The New York State School of Chiropody was founded in 1911. Dr. Maurice J. Lewi was named its first president. He was a physician and the head of the NYS Board of Examiners. It was Dr. Lewi who suggested the name change to podiatry. (Chiropody was derived from hand {chiro} and feet {pod}. For the "foot doctor", podiatry was a more appropriate term). By 1919, the name of the school was changed to the First Institute of Podiatry.

The New York school initially had a one year of high school requirement for admission! The Ohio College of Chiropody, in 1922, had an 8-month curriculum. There was no college degree required, and residencies did not exist.

Let's look at the profession of the 1920s. There were no power tools with which to perform bone surgery (In fact, chiropodists did not perform bone surgery at all). The treatment chairs were manually adjusted. Germ theory was known; however, penicillin was not discovered until 1928. The washing of hands and the sterilizing of instruments was generally practiced.

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Present-day podiatrists would recognize most of the various metal instruments that were used to practice podiatry back in the 1920s. Many were of a good quality and quite sharp with a honed edge. X-ray machines were not in the chiropodist's office yet. Many hospitals had them, but chiropodists were not on the staff of hospitals in 1925.

The book, *Practical Chiropody*, was split into 9 chapters. It was indexed, but it had only 160 pages of text. Interestingly, it was originally bought by a medical doctor in March of 1929. Let's look at some of the chapters in this book for a tour of the state of chiropody 100 years ago.

One point made in the chapter on instrumentation is that it was expected that the chiropodist knew how to sharpen his or her own instruments (interestingly, the profession then was almost evenly divided between men and women). A chiropodist who could not sharpen his own instruments was at the mercy of the itinerant

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cutler. For those of you who think we are talking about the "stone-ages", in the 1970s, into the 1980s, podiatrists could still get their nail clippers and double-action bone cutters honed into a very sharp cutting edge. Blades were not disposable. They were usually permanently attached to a handle. By use of a strop, they were honed. There is one very relevant quote: "The chiropodist should never lean on his instrument, it should always be lightly manipulated, ready to recede; sufficient force must be used to send it forward; but it must never be borne upon." Simply put, let the instrument do its job and no more. Good advice even today.

The chapter on "General Considerations" was most enlightening. It encourages the chiropodist to determine whether the patient's problem is local or rather due to some systemic problem. If the chiropodist determines that it is the latter, he recommends that the patient first be referred to his or her physician and follow the physician's recommendation for any localized treatment by the chiropodist. The author also emphasizes the importance of antisepsis.

The same chapter recommends acceding to the patient's preference in treatment… as long as it does not involve the incorrect treatment. It goes into the importance of advising the patient as to proper shoes and socks. Plaster casts of the feet are recommended for "foot supports". Of course, there was no modern theory of biomechanics in 1925.

As might be expected, the most common reason to see a chiropodist was to seek relief from a painful corn. This was the bread-and-butter patient for the chiropodist of that era. Being able to painlessly enucleate this excrescence was essential to a successful practice. A corn is described as "a pathological consequence following on a normal reaction to intermittent pressure." It references "flexed knuckles" of the toes as being contributory to the formation of corns. The book distinguishes between hard corns (heloma durum), vascular corns, neurovascular corns, soft corns (heloma molle), and seed corns (heloma miliare). Podiatry students back in the 1970s would be familiar with those terms. This book does acknowledge that without treating the cause of the pressure, the problem will recur. Pads were often the treatment of choice, after debridement. Total removal of the hard tissue down to normal tissue is counseled. In addition to paring the tissue with a sharp edge, exfoliation with salicylic acid was sometimes used.

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In the chapter on verrucae, the chiropodist was aware of the various layers of the epidermis and dermis as well as the process of mitosis. Dr. Walter Reed discovered the first virus in humans in 1901. In 1925, chiropodists knew that warts were often present in areas of friction, were contagious, and how the tissue looked under a microscope. There was talk that certain bacteria seemed to be present. In 1907, Dr. Guiseppe Ciuffo demonstrated that warts were viral in nature. However, this discovery might not have been generally accepted, as the Runting book never mentions that fact.

Wart treatments included salicylic acid with debridement, excision of the wart, freezing, various other acids and alkalis, and even radiation. Use of "fulguration and electrolysis" was felt to require more education prior to general use.

Another chapter talks about inflammatory conditions. Bursae were discussed. Curiosity as to why a simple cortisone injection was not referenced as a possible treatment led to some research. Cortisone was not used in private practices until the 1950s (the things we take for granted….)

Acrylic orthotics? Plastic was not used in orthotics prior to the 1950s. Whitman braces, made from metal, had been available since 1905. William Scholl, a physician (yes, that Dr. Scholl) began using a thinner metal arch in 1910. Corrective shoes were the rage in the '20s and '30s. By 1949, the FTC started employing cease and desist orders against corrective shoe manufacturers, as their health claims were absurd and unproven.

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Diabetes is mentioned but once in Runting's 1925 book. Insulin was not even discovered until 1921. Until then, having diabetes often meant dying at a young age. Eli Lily got the exclusive rights to make insulin in 1924. There was no "team concept" in the treatment of diabetes.

Taping, padding, and strapping were mainstays of the chiropodist's office in 1925. The ability to perform these methods of treatment was a prized quality in the chiropodist's office in 1925.

Hyperhidrosis and bromhidrosis were often treated with zinc stearate and sulphur, mixed as a powder and applied within the sock daily. Salicylic acid, starch flour and talcum were sprinkled in the sock daily as an alternative treatment.

Iodine was a mainstay for antisepsis, as was hydrogen peroxide. Mercury and phenol were also used (phenol, however, was not used in nail surgery until Dr. Otto Boll described a phenolization procedure in 1945). For some perspective on infections and infectious disease: just a few years prior to 1925, the Spanish Flu killed more people than were killed in all of World War I. Vitamins D and E had been only recently dis-

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covered (not yet for Vitamin C). The discovery of the electrocardiograph won the Nobel Prize for physiology in 1924.

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While foot and ankle surgery were being performed in 1925, they were not performed by chiropodists. No such training was given in any of the schools. No state included bone surgery in their chiropodial scope of practice. In fact, Runting states that the chiropodist should always defer to the medical doctor when it came to treatment or diagnosis. He does mention that if the chiropodist behaves in that fashion, the physician will usually defer to the chiropodist if he stays within his area of expertise, the foot. On the flip side, chiropodists did not have to worry too much about acquiring malpractice insurance!

In 1925, the chiropodist was limited to his five senses in formulating a diagnosis. Treatment options were severely limited, usually to non-invasive means with no hospital involvement, no residencies, and a much shorter training period. House calls were often made. Chiropody was seen as a care somewhere in between a trade and an adjunct of the medical profession, as opposed to today, where it is seen as an essential part of modern medicine.

The next time your lab results or your MRI reports are delayed, gain new appreciation for being able to practice podiatry in 2024. **PM**

Dr. Kobak is Senior Counsel in Frier Levitt's Healthcare Department in New York. Larry has extensive experience representing physicians in connection with licensure issues, as well as successfully defending physicians before Medical Boards, OPMC, OPD investigations, as well as Medicare fraud, fraud & abuse, hospital actions, RAC Audits, Medicare Audits, OIG fraud, healthcare fraud, medical audits, and health plan billing audits. As a licensed podiatrist prior to becoming an attorney, he served as the international president of the Academy of Ambulatory Foot and Ankle Surgery.