The cranial concept

"An osteopath reasons from his knowledge of anatomy. He compares the work of the abnormal body with the work of the normal body." **—Andrew Taylor Still, MD, DO,** ***Osteopathy Research and Practice,*** 1910, p 12

One of the most original concepts of the osteopathic profession to grow out of the philosophies of Andrew Taylor Still, MD, DO, began with observations of a disarticulated skull by William Garner Sutherland, DO, during his student days in 1899. He was intrigued by the notion that the articulations of the temporal bones were like the gills of a fish and seemed made for motion. At first, he attempted to disregard the seemingly heretic ideas he was having subsequent to these observations, but he could not. He was compelled by the strong teachings of Still as embodied in the opening quote, that if the articulations looked as if they should move, they moved. He began to experiment on himself, devising many contraptions to move his own cranial bones, often with not-too-pleasant consequences. He kept these ideas to himself for more than 10 years as he struggled with the evolving concepts of cranial osteopathy. He insisted on performing the studies on his own cranium so that he could truly know and experience the knowledge he was gaining.

Gradually, Sutherland began attempts to bring this knowledge to the osteopathic profession. As with Still in his early attempts to spread the word of osteopathy, Sutherland met with little success. Talks fell on deaf ears, articles were rejected by osteopathic publications, and everyone knew that the bones of the skull did not move.

However, with increased success in treating patients and continued efforts at convincing others, Sutherland began to be recognized. In 1936, this journal made reference to his ideas in the editorial reprinted here. Della B. Caldwell, DO, urged open-minded people to evaluate Sutherland's ideas. In 1939, Sutherland published his book, *The Cranial Bowl,* and in 1944, the article of the same name, also reprinted here, appeared in the *JAOA*. By then, Sutherland had been giving seminars and workshops on his techniques, and a workbook, *A Manual of Cranial Technique,* had been prepared by the Lippincotts for use in the seminars. It is noteworthy that the manual was labeled "confidential" and the user had to sign it, acknowledging this admonition. In 1946, the Osteopathic Cranial Association, forerunner of the Cranial Academy, was formed, and from there, the cranial concept grew.

In 1948, Paul Kimberly, DO, published the article, "Osteopathic Cranial Lesions," also reprinted here. In this article, Kimberly expanded on the cranial concept and tied it into the well-accepted notions of vertebral lesions and the general concepts of the osteopathic profession. Kimberly's growing reputation as one of the great teachers and anatomists of the profession provided an impetus to the acceptance of the cranial concept.

Sutherland's ideas still face an uphill struggle in the wider profession and certainly outside it. Misunderstandings of the meaning of the term "fused" as applied to the development of cranial bone from cartilage in the infant and child led to a general perception among anatomists that the cranial sutures become immobile early in life. Despite studies showing that there exists compliance in the skull of animals and humans, many continue to view the cranium as a completely rigid structure. The difficulty in teaching students to feel the subtle motions of the cranium leads to rejection of the idea among some of our students. Perhaps worse, the out-of-hand dismissal of the concepts and treatment of the cranium by some in the profession discourages further investigation by more junior members of the profession.

The quote from Still that guided Sutherland applies today as it did then. Structure is for purpose, not decoration. Dogma should be questioned with an open mind, and facts being accumulated should not be disregarded. Today, more interest is being shown in the concepts put forward by Sutherland, Kimberly, Viola Frymann, DO, and many others. As we understand more about the intricacies of function, subtleties that escaped detection or were thought to be of little import are being recognized to have great influence in human function. Cranial motion and the energies propelling it certainly fall into this category. The concepts and clinical evidence of osteopathy in the cranial field need more attention from researchers and practitioners, but at a rational level, not as a religion. This attention is accelerating and is producing promising results. I think Sutherland would be pleased.

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Special reprints

OSTEOPATHIC RESEARCH IMPERATIVE—III.

In the research work so desperately needing to be done by osteopathic individuals as well as osteopathic institutions, negative findings are as important as those of a positive nature. As was stated last month, failures need to be reported just as much as do successes.

Two articles appear in this number of THE JOURNAL, the writers of both of which urge their readers to intensive clinical study. In both articles

there are many citations to, or extensive quotations from, literature reporting scientific research. To refer again to last month's editorial: "It is well to read . . . journals and books . . . but after all, the living bodies of our patients are the most fascinating textbooks, and there are more truths hidden away in them than has been dreamt of in our philosophy."

Charlotte Weaver in this JOURNAL begins a series of articles presenting a belief which the orthodox tell us was disproved decades ago. But it must be remembered that osteopathy includes many things which were put forward long ago and either discarded and forgotten, or apparently "disproved" time after time by supposed authorities.

George A. Still[1] was right when he objected to "doing over and over, experiments in physiology and surgery which are ages old and which have already been excellently done, and calling it research." On the other hand it is entirely in order to present new material or new explanations of known facts and to undertake advanced work on such a basis. In such case, as in any other, negative results should be as carefully and honestly presented as positive results would be.

Dr. Hammond presents in this JOURNAL an article of a vastly different type. It undertakes to explain the clinical results of the so-called "lymphatic pump," which has been used under that name for fifteen or sixteen years and some elements of which have been employed by osteopathic physicians for much longer. It seems also to give reason for the much more recent undertaking of combining such treatment with the application of artificial fever. This article also opens up a great field for study and again a field where negative findings as well as positive are valuable.

Let us refer again to the editorial in the January JOURNAL, where the importance of standing x-ray pictures is stressed. In that connection Wallace M. Pearson[2] of Kansas City College states that in thin individuals suffering from ptosis, "Routine treatment with the establishment of motion, is most ineffective and probably harmful, because one half the applied treatment will undo the worth-while half." Dr. Pearson does not decry all treatment, but only "routine" treatment, and that not carefully thought out. Self-deprecatingly, he says that the work so far done under his direction in the Kansas City college clinic in the way of standing x-ray studies is not worthy of the name "research." But at least it is laying the foundation for something very much worth-while, where again negative findings will be just as valuable as positive.

In this series of editorials there has already been stressed the importance of individual osteopathic physicians keeping alert minds to record and understand what is done, why it is done, and the results observed. It has already been said that if even 1 per cent of the members of the profession would set themselves each to study one particular problem, the results in a very few years would be beyond the range of our present imagination.

We are not forgetting the importance of correlating the results of such individual study. Della B. Caldwell[2] has recently said:

"Many fine things are lost to our profession that have originated with practitioners who either did not realize their importance or did not have the ability to get them across to the profession, or perhaps did not have the means to do so.

"What I would like to see is a clearing house composed of competent members, open-minded people, who would investigate and evaluate these things. When they are of value, we should find a way to incorporate them in the osteopathic armamentarium. To illustrate—the technic used by William G. Sutherland to move the bones of the skull has great value not only for headaches but also for the effect this treatment may possibly have on the pituitary gland, and through it on the whole chain of ductless glands.

"There are countless other valuable osteopathic things around this country needing to be adopted into our osteopathic family and put to work. I strongly feel that we have given too much time and thought to the sinking ship of internal medication. Not a thing of value in advancing osteopathy will ever come from its musty, decaying hull. Instead let us have this clearing house of scientific investigation, evaluation, and development of all these different thoughts and investigations in unexplored fields that are rightfully ours."

The Bureau of Professional Development of the American Osteopathic Association does undertake to function as such a clearing house. It has investigated a number of things and it is still engaged in such investigations. THE JOURNAL also hopes to serve the profession in this regard by publishing articles such as the two already mentioned which appear in this number. It is not to be expected that THE JOURNAL can accept and undertake to popularize every belief that is put forward. It must make the distinction already suggested between investigating things which have been tested over and over—which have been conclusively and scientifically disproved—on the one hand, and on the other those things which seem to be in line with known facts or at least not too much opposed to such facts.

If the rank and file of the profession—if even 1 per cent of us—would devote ourselves individually, each to a problem of his choice, and study these problems as they should be studied, the advance the profession will make will be stupendous and there will be such a demand for a clearing house of ideas that we will have to create, for the purpose, a group of workers who will have time for nothing else.

It will be interesting to know what members of the profession are undertaking such study and what line each is following. It will be of interest also to receive suggestions for other lines of study, from individuals who cannot themselves undertake such work.

R. C. MC. AND R. G. H.

1. Still, George A.: Research or Real Estate. Jour. Osteo., 1914 (Mar.) 21:193-200.
2. Personal Communication.