

INTRODUCTION

This is the fourth and final part of the four volume "Technique and Diagnosis" series published by the Institute of Classical Osteopathy. Similar in format to the first three volumes, which dealt with the pelvis, the extremities and the thorax and abdomen, the articles in this volume are taken from the archives of the Institute and cover various viewpoints regarding the treatment of head and neck complaints.

Anyone who has made a careful study of this region cannot fail to be impressed by the complexity of the neurological and vascular relationships and their profound influence on the overall well being of the body. This area would be fertile ground for the research, which is apparently so vital for the future of the profession (never mind the 100 years or more of clinical successes!). Of course, one of the problems for any researcher trying to measure physiological improvements after treatment of this area would be to find osteopaths competent enough to give effective treatment! At the present time, when considering manipulative treatment of the neck, especially the upper cervical, the poor osteopath has to bear in mind 'Clause 20'. Perhaps it is remotely possible that some exceptionally clumsy thrusting technique may lead to adverse events but if osteopaths were properly taught how and when to manipulate, as they should be, the question would not arise. One wonders how a character such as T.E.Hall would have reacted to the ridiculous scenario suggested by clause 20.

M.E. Clark was a student and later a teacher at the American School of Osteopathy. His text-book 'Applied Anatomy' is a wonderful work drawing on a detailed knowledge of anatomy and physiology and presenting this in a truly osteopathic way. The first and last articles are extracts from this book, but for those interested in reading more the entire book has been reprinted by the John Wernham College of Classical Osteopathy. (Details available on their website)

Many of the articles are by two of the greatest, no, the greatest, osteopaths this country has ever produced. John Martin Littlejohn is a name that should be known to everyone involved with osteopathy. He was the father of osteopathy in the UK, founding the BSO in 1917. Trained under A.T.Still, he went on to teach both at Kirksville and Chicago. To the eternal shame of the profession his legacy has been allowed to fade into near oblivion. A prolific writer and lecturer he covered every aspect of osteopathic therapeutics and left a vast treasury of knowledge to the profession. Sadly, these works now lie on dusty shelves, unread by most students and teachers, often misunderstood and bastardised by those who do claim to have read them. Despite this, and the undeniable difficulties in studying his work, I would recommend it to any truly dedicated osteopath. The rewards make all the effort worthwhile. The articles published here give a glimpse of his unsurpassed insights into the relationship between the structure and function of the human body. Note especially his detailed analysis of the occipito-atlantal region and the two articles on the eye, which bring together the relationship between physiology and disease processes in a truly osteopathic context. John Wernham was a personal friend as well as a student of Littlejohn. Perhaps the only person to truly understand the intellectual greatness of his mentor, he struggled for over 60 years to pass on this vast wealth of knowledge and experience. Privileged to be one of his early students and later to work with him, I can personally testify to his brilliance both in Clinic and classroom. A master technician, he combined his technical skills with a profound understanding of osteopathic principles to become one of the few deserving of the title 'osteopathic physician'.

Peter Stanley and Edwin Miller were early members of the Institute. Stanley's article on migraine is taken from a lecture he gave at an early Institute conference. Also speaking at the meeting was an eminent physician specialising in the treatment of migraine who sang the praises of the latest 'wonder drugs'. These are all but forgotten now, replaced by a new set of 'magic bullets', which will, in turn, soon be superseded. Compare this with the unchanging and effective use of applied physiology outlined by Stanley. Take these principles, adapt them to the particular individual and you have a safe, natural treatment utilising the body's own resources. Miller's article on the anterior cervical region provides a wonderful glimpse into how osteopathy used to be applied in the treatment room. It is only with this level of thinking and analysis that the true potential of osteopathy can be realised. How many students nowadays are taught this kind of approach? How many lecturers are capable of teaching it? The sad fact is that most, if not all, of the Colleges pay only lip service to such principles especially in the teaching Clinics.

T.E.Hall was a student of Littlejohn and a contemporary of Wernham who remarked to me on more than one occasion that Hall was "the finest technician I have ever known". High praise, coming from such a great man. In his early career Hall was much influenced by H.H.Fryette and did much to introduce Fryette's ideas on spinal mechanics into this country. Hall's lectures on the O/A complex give a different perspective to those of Littlejohn reflecting the importance and complexity of the region and the depth of analysis and understanding required in osteopathic diagnosis and treatment.

M Waldman was student and colleague of John Wernham who has successfully bridged the gap that seems to often divide osteopaths and the medical profession in this country, working in one of Israel's finest hospital alongside surgeons and physicians.

The division between true osteopathy and so much of what passes for osteopathy today can be readily demonstrated by a consideration of so-called 'cranial osteopathy'. The head, and here we should include the upper cervicals, has always been important in osteopathic thinking as Littlejohn's article on the cranium clearly shows. Note this was written long before Sutherland came up with his untenable ideas on movement between the cranial bones. The ideas put forward in the articles by Littlejohn and Clark make far more sense physiologically than the various explanations put forward by the cranial apologists over the years. These seem to have culminated in a quasi-spiritual mumbo-jumbo referring to 'tides' and 'waves'. Contrast this with the views put forward by Littlejohn, Wernham and Clark which, being rooted in demonstrable anatomy, physiology and mechanics, can be discussed with intelligent colleagues from any background, providing they have a knowledge of these subjects.

The preceding volumes in this series seem to have been of value to the profession as all are currently being reprinted. I hope this final volume will be equally appreciated.

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