

The One Hundred Year Osteopathic Wars

Abstract

Our profession, willingly or not, is going through a divorce procedure between the 'cranials' and the 'structurals'. Both camps increasingly express, in their written and oral forums, their dissatisfaction with each other. The 'structurals' feel that 'cranial' lacks any rational basis and is not much different from 'healing' or 'reiki'. They consider the mobility of cranial sutures or the rhythms of the cerebrospinal fluid as hoaxes. For those who manipulate, sharing the same professional name with irrational practitioners has become a burden, particularly at a time when osteopathy is gaining respectability.

From the point of view of the 'cranials', osteopathic 'thrusts' are little more than bone-setting. Sutherland's sophisticated art of restoring 'fluidity' to cranial sutures cannot share the same house with brutes who indulge in falling, with all their weight, on the sacro-iliac joints. Structural osteopathy is, for them, part of the obscure prehistory of our profession.

The author believes that these divisions are the late effects of the Big Bang that followed Still's death. The founder had integrated four models in his invention. They are, in historical order, *medicine, surgery, healing* and *bone setting*. Already in his lifetime, Still's followers split the heritage. Some identified with Still's allopathic and surgical model. They became the modern American DO. Others identified with Still's healing. They evolved into today's 'cranio-sacral' osteopaths. Others identified with the Founder's bone-setting, and became our modern 'structural osteopathy'.

The conflict between these schools has become, nowadays, acute. Their mutual accusations have had, however, a positive effect. Many of the myths of structural and cranial osteopathy, many of them Still's beliefs, have been seriously damaged. Rid of its myths, this profession can properly focus on where Still's real genius lied. The founder has left us with a synthesis which will continue to be creative as long as it keeps its surgery, healing, medicine and bone setting in balance.

Mutual criticism is healthy. A complete separation between the 'medical', the 'cranial' and the 'structural' DO's would be sad. It would be the end of Still's osteopathic project.

For the last one hundred years or so, the osteopathic profession has been periodically agitated by the battles between the 'Structurals' and the 'Functionals', as the two camps designate themselves and each other¹. The public has been enrolled

¹ The term "Functional technique" designated, originally, a specific approach developed by Hoover, and later, Bowles and Johnston. The term was then extended to all techniques where the operator 'exaggerates' the lesion, as opposed to 'structural', where the manipulation is made 'against' the

in the battle. Patients who are used to manipulations would feel cheated by the 'laying on of hands' of cranial practitioners. At the opposite end, patients treated by practitioners who only 'listen' with their hands would feel extremely aggressed by 'thrusts'. Hardly anything survives of the days when 'cranial' and 'structural' were the heads and tail of the same church.

Around the beginning of the last century, that young church, still within the grips of its founder, suffered a Great Schism.

The beginning of the conflict can be, symbolically, dated to the day AT Still threw JM Littlejohn, the first Dean of the ASO, out of Kirksville. The founder of American osteopathy believed that *structure governs function*. The founder of European osteopathy thought the idea ridiculous and claimed that *function governs structure*. With such conflicting paradigms, Still and Littlejohn could not teach under the same roof, and they had to part. Judging from the letters they exchanged, their parting was rather nasty², just as nasty as the recent discussions between the camps who inherited their ideas.

Very few realized, then, how significant this separation would be for the future of the profession. HH Fryette DO, the master of structural osteopathy, said, once: 'when he left, Littlejohn took all the brains out of Kirksville³'. Not a very kind statement for Still, who was in charge. Fryette was right, however, in that American osteopathy lost much of its function and remained with its structure.

Littlejohn's ideas did not die with his departure from the United States. Once in England, he developed his so-called 'General Osteopathic Treatment', which outwardly looks 'structural' but is very 'functional' in nature⁴. Two of his students, one reputed as 'structural', HH Fryette, and the other as 'functional', WG Sutherland, also kept the flame going. Later, other 'functional' techniques evolved, such as Hoover's 'Functional', FL Mitchell's 'Muscle Energy' or LH Jones' s 'Strain and Counter Strain'. All these approaches represent different mixtures of the principles defended by Still and Littlejohn, and, over the years, most have managed to gain some respectability.

Cranial, however, was never accepted by the 'structural' establishment. In Sutherland's days, it was just frowned upon. It was considered, then, as one among the many eccentricities of osteopathy. Nowadays, it has become *the* major threat for the established osteopathic profession. 'Craniosacral', under many different names, is emerging as a competing profession. The definition of who is an osteopath is at stake here. Those who lay hands or those who thrust? Who will be known, in the future, as the true heir of the ideas sown by Still? In this battle, help is sought from other quarters. The 'cranials' ride on the wave of New Age holism. The 'structurals'

lesion. 'Functional' was also extended, recently, to all osteopathic techniques, such as 'cranial', where the physical intervention of the operator is minimal.

² Archives of KCOM, brought to my attention by my colleague, friend and keen guardian of Littlejohn's flame, M. Waldman DO.

³ I heard this statement from my teacher, SJG Wernham DO.

⁴ This treatment mobilizes, with a regular rhythm, all fluids, tissues and articulations of the body. Littlejohn never made any 'thrusts'. He would 'integrate' and 'adjust' tissues back to their positional and functional optimum.

chose to join the ranks of conventional and 'rational' medicine, i.e., yesterday's enemy.

These osteopathic conflicts are, in fact, the local battles of a much larger war that pits the champions of two very noble principles. Indeed, the reciprocal relationship between Structure and Function is a question discussed by many other sciences, including physics, chemistry, philosophy, art, history or psychology. And for the last One Hundred Year, war has raged on all these fronts.

The leprous

From its beginnings, 'cranial'⁵ was set apart. For many years, its writings were reserved for the chosen few, the 'initiated', and its associations functioned as 'secret societies'⁶. Unlike all other 'functional techniques', it does not seem to use any known physical force or physiology. As opposed to regular osteopathy, with its solid roots in the laws of classical physics, 'cranial' has not found, yet, its official scientific residence. 'Structural' practitioners dismiss it as an ineffective technique, marketed through a demagogic mixture of mysticism and science.

Cranial people shrug these accusations away. They feel they are just as 'scientific' as any one else. They consider 'structural' osteopathy as a remaining dinosaur, doomed to disappear. 'Thrusts' are an imposed violence, and as such, are useless or even dangerous. For cranial people, the osteopath *must not talk* to the tissues. He is there to *listen*. They consider themselves as the only therapists able to hear, with their hands, the voice of the Vital Force in human tissues.

In parallel with this rather esoteric language, cranial developed, over the years, a rational explanation of itself, based on 'unusual' anatomical and physiological facts. Otherwise, i.e., when it does not refer to 'ethereal dimensions' of reality, its vocabulary is identical to that of 'structural' osteopathy. Its skull biomechanics, for instance, is quite similar to that used in the context of the spinal column.

The structurals do not accept this invasion of their principles. They are incensed by cranial's use of terms like 'side bending' or 'torsion' with regard to the sphenobasilar symphysis. The additional claim that such micrometric motions have any clinical significance is considered a caricature of the rational art of osteopathy.

The hardliners of each camp wait for the day the professional and lay public will recognize the merits of the true form of Osteopathy, sending the losing side to the caves of 'alternative medicine'. Many hope for the 'final' clinical or fundamental research that will drive one of the two into definitive oblivion or glory. Osteopaths do not shy away from carrying their war into the open. Articles are written, with ever

⁵ The word 'cranial' covers, in this article, the numerous techniques that branched out of Sutherland's initial work, such as R. Becker's 'reciprocal balance', Upledger's 'cranio-sacral' and 'somato-emotional' release, 'myofascial technique', and the present author's 'connective osteopathy'.

⁶ Until the late 1970's, the only complete work about 'cranial', H. Magoun's *Osteopathy in the Cranial Field*, was not freely available to the professional or general public, unlike any other scientific or osteopathic book. Every order was screened - accepted or refused on an individual basis - by the association that published it. Membership of the association was also highly selective.

thicker bibliographies, to prove or disprove the reality of the CRI or some other cranial tenet⁷.

The author believes that this war will never end with a knock out, by historical and medical definition. 'Structural' and 'cranial' are here to stay. The two practices correspond to models that were clearly present in the writings and experiences of AT Still himself. There simply cannot be 'osteopathy' without these two sensibilities. Just like there cannot be any physics without a 'structural' and a 'functional' version, i.e., without the two complementary readings of reality called 'classical' and 'quantum' physics⁸.

Still's four models

AT Still was a self-educated physician. He had tried the 'regular' medical education for a few months, but could not stand it and dropped out. He was repelled by the sense of authority, by the drugs, but kept a fascination for the science. And amongst all the branches of medicine, he considered surgery as the most 'scientific'. Its logic was impeccable: tears should be sewn up, abscesses emptied, obstructions opened and leaks closed. Still's undisputed love for this logic is obvious in his favourite name for osteopathy: *knifeless surgery*.

Medicine and Surgery brought to Osteopathy its scientific convictions, and little else. Still refused, adamantly, their drugs and their knives, their herbs and their needles. First try knifeless surgery, he said, and, very rarely only, the 'knife' version. He had good theological, scientific and emotional reasons to reject these procedures. He looked for the medicine his rational God had meant for this world. Was it possible, he asked, that God had poisons and knives in mind, when He gave us the ability to heal? God, if He is good, and Still is persuaded that He is good, has surely placed the remedies *within* the body just where he placed the diseases. And just as surely, a godly medicine should need nothing else but fresh water, good food, what the hands can do and the mouth can speak.

By the late 1860's, the Founder knew where he was heading for: a medicine without tools. A medicine of the desert. Not being much of a fan of psychology and dietetics, Still was left with what his hands could do.

In Still's days, two schools of therapy prescribed no drugs, herbs, diets, exercises or psychological manipulations. Called 'healers' and 'bone setters', they were available, secretly and openly, in every county and every city.

⁷ See the exchange of letters in the British periodical 'Osteopath Today' throughout the years 1999-2001.

⁸ Quantum physics describes the world in 'functional terms', i.e., as mathematical functions. Elements, like the electron or the photon, have no permanent address in time and space. They are characterized by *change*. Classical or Newtonian physics believes in the solidity of time, space and motion. For Newton and his followers, 'things' have a definite weight and situation and reality is, first and foremost, a 'structure'. We can thus oppose the 'functional' reality of quantum physics to the 'structural' world of classical physics.

Just like in the osteopathic world, quantum or 'functional' physics is considered as 'alternative' by the 'structural' or 'Newtonian' establishment.

Each discipline dealt with different pathologies and each had its distinct practices and principles. They had, in fact, very little in common except for the fact that their hands were their only tools.

Think your patients

Hundreds of years before Still, physicians and lay people had played with 'healing'. Some used it as a purely medical approach, others considered it a religious experience. Famous conventional physicians used it. In the XVIIth century, for instance, JB Van Helmont, the 'Hippocrates' of his time, thought it was the very essence of the medical art⁹. Healing found its prince, in the XVIIIth century, with Franz Anton Mesmer. The Austrian physician gave 'magnetic healing' its distinctive principles. After him, healers became known as 'magnetizers' or 'mesmerizers', and, for many years, Andrew Taylor Still was one of them. To study Mesmer's principles and practice, therefore, is to study the techniques and beliefs of Andrew T. at the beginning of his career.

Mesmer, and after him, all healers, believed in the existence of a force that fills the entire Universe, called 'the Fluid' or 'Vital Force'. All the objects and subjects of this universe, trees, stars, humans and animals, are 'crystals' made from that Fluid, for there is nothing else but that Fluid, in all of Reality. Mesmer, inspired by many before him, described the unique properties of this noble substance. First, the Vital Force is self-corrective, i.e., it restores balance to itself every time it is thrown out of equilibrium. Second, the Fluid connects everything to everything else, stars and plants to humans, and humans to all other humans. This 'connectivity' explains why a therapist can treat a patient. Both are connected by the Fluid. Third, the Fluid *fluctuates* spontaneously. All objects of this world fluctuate with it, according to many rhythms, slow and fast. These are the 'tides of reality' and they are found absolutely everywhere. Within the body, these pulsations cause a periodic swelling and shrinking of the tissues. Following Mesmer's indications, healers would lay their hands on their patients, or at a slight distance, to feel these tides.

They believed, and continue to believe, that health and disease depend on the quality of the 'circulation' of the Universal Fluid in the tissues. With their hands, accordingly, they would 'direct' and 'balance' the Noble Substance *around* and *within* their patients, until equilibrium.

To achieve this, one hand would suggest a 'direction' for the Fluid. The other hand would 'receive' it on the opposite side of the body. There is no actual movement of the hands during these procedures, they are 'thought' more than enacted, for *no one can force* the Fluid. And when the Fluid reaches the sick parts, health is restored, for this noblest of all substances can only bring health.

To 'heal' someone consists, therefore, in '*thinking the Fluid*' into given areas of the body.

⁹ JB Van Helmont (1577-1644) in his *Ortus Medicinæ* suggests that 'magnetism' is one of the best tools of the physician, particularly in the treatment of wounds.

Here lies the fundamental paradigm of 'healing', and, as we shall see, of osteopathy: there is no substantial difference between Matter and the activities of the Mind. To *think* is to *change*, physically, reality. The last pages of the last book of Still, his testament, tell, beautifully, about the power of this meeting between *mind* and live *matter*¹⁰.

Healers are those who have trained their thinking on people's health and disease. They *think their patient* through their hands, eyes and ears, reaching, layer after layer, the depths of the body.

Deep in the tissues

For many years, Still experimented and played with 'mesmerizing'. He identified with every one of its principles. They were theologically just and that is what counted for him. For several years, he advertised himself as a "magnetiser". Until the end of his professional life, Still continued to speak like one, even claiming that he drew his first diagnostic information, about patients, from their 'aura'. In that indefinite area around the body, the internal Fluid meets the external Fluid, a very privileged meeting indeed¹¹.

His student, WG Sutherland, himself a healer, claimed he could practice his 'V-spread' a few yards away from the body of his patients¹². We see that both Still and Sutherland diagnosed and treated from afar. In early osteopathy, distance was no problem¹³. The umbilical cord that held the early masters to healing was too strong. Still and Sutherland, like all other healers, experienced the continuity between their thinking and the living matter of their patient. The founder of cranial called this ability: 'thinking fingers'. He meant that our thoughts have 'fingers', strong enough to grab and move most parts of reality, however distant they may be. With his hands laid on the head, the cranial osteopath claims he can reach the feet. He means: his 'fingers of thought' reach and grab the feet. Just like Still claimed he

¹⁰ AT Still, *Research and Practice*, pages 376-378.

¹¹ See in Carol Trowbridge's biography, *Andrew Taylor Still: 1828-1917*, Thomas Jefferson University Press, page 239 and note 66. This book is a must for those interested in Still's life, principle or practice.

¹² WG Sutherland, *Teachings in the science of osteopathy*, page 243. Published by Ruda Press.

¹³ A remarkable anecdote is brought in 'Early Impressions of Dr. Still', JAOA, January 1921, by Edwin C. Pickler D.O. where Still, the *outstanding healer*, appears in full daylight.

"Dr. Still demonstrated his strange power on many occasions. One time when I was in school and Charlie was practicing in Red Wing, Minnesota, the Old Doctor wanted to make him a visit and asked me to come along. We stopped over night in Minneapolis. While there, a telegram was received by him from the secretary of the school saying that the wife of a prominent citizen of Missouri, who was at Kirksville for treatment, had taken a sudden turn for the worse and was in a critical condition. He asked us to return immediately. We started home at once. We were sitting in the car talking over some point in anatomy - about the subject in which he was interested - when he stopped for a moment, then said, "That woman is better". So impressed was I with the circumstance that I looked at my watch and noted the time. When we arrived in Kirksville we found the patient comfortable and out of danger, and upon interviewing the secretary, I found she had begun to improve at approximately the time I had noted. I am not giving an explanation of these incidents, but am relating them just as they occurred. Personally, I am willing to believe that his mind was so detached from the ordinary affairs of life, that it had developed his subconscious, telepathic or spiritual qualities to the degree that he was able to see with a lucid understanding, many things which to the ordinary person are veiled in mystery".

I wish to thank my colleague, Christian Fossum DO, for having transmitted this text to me.

could free the ureters and the kidneys, the gut or the liver, with the same pressures of his hands on the abdomen of his patients. The difference between treating the gut or the liver lies within the visualisation of the operator, not the position of the hands.

In early osteopathy, what 'thought' does to tissues, was just as important as what the 'hands' did. Whether the operator presses on tissues or not is immaterial. What counts, what makes the treatment specific, are his internal images, his 'visualization'. And just like healers had done for hundreds of years before them, Still and Sutherland used to lay their hands on tissues, and then visualize, 'tune' onto the pulsations of the Fluid, ready to 'direct' and 'balance' the Tides of Vital Force. We must not smile at these words and ideas. They are far from being dead remnants from the past. Modern physicists call, nowadays, the 'Fluctuations of the Void' what Mesmer, Still and Sutherland called the 'Tides of the Vital Principle'. As a student of physics and osteopathy, I cannot tell the difference between these two visions. We should not judge people by their way of expressing themselves. The Ancient and the Moderns point at the same reality, only with different words and different degrees of sophistication.

The Holy Grail

Bone-setters, like healers, worked with naked hands¹⁴.

For thousands of years, they fulfilled, effectively, the orthopaedic needs of the population. Their system was as logical as surgery and engineering. A twisted bone had to be straightened, a contracture had to be loosened, a dislocated articulation, or a fracture, had to be reset. The healing forces of the tissues would do the rest. No one could contest the soundness of their practices, when they were well indicated and followed. Unlike healing, which spoke of a fluid and invisible reality, bone setting was the embodiment of solidity and common sense. When it worked, it produced results there and then, unlike any other therapy. The lame would walk freely, the twisted were made to stand straight. Still became so expert and fast at these manipulations that his patients nicknamed him 'the lightning bonesetter'.

Over the years, Still learned to be eclectic. Sometimes, he treated like a healer. He would 'listen' to and then 'direct' the 'Fluid' towards the depths of the body. At other times, he acted as a bone setter. He would then mobilize every articulation, tendon or muscle, with precision and force. Less frequently, and it happened less and less as his system matured, he prescribed drugs.

His simultaneous mastery of healing and bone setting was unusual. These very distinct professions attracted different patients and practitioners. Their principles, as well as their techniques, were very different. One cannot compare the 'softness' of healing to the 'violence' of bone setting.

¹⁴ I have, deliberately, excluded 'masseurs'. Massage, as a separate activity, can be considered as a 'soft' form of bone setting.

Still could not care less about established beliefs. He used what seemed good for the patient and he learned to choose the right technique for every pathology. In his days, 'healing' was rumoured to work well in 'nervous' and 'mental disorders'¹⁵. Bone setting, on the other hand, was effective in all orthopaedic troubles. Both were useless, however, for the big killers of his time, infectious diseases. There was just no answer for them, neither conventional nor complementary, and whooping cough, measles, the plague or cholera continued, unchecked, their kill. His family had been decimated, and he, himself, had nearly succumbed to the onslaught. The treatment of infections became, early on, Still's Holy Grail¹⁶. How to treat the 'chills', with naked hands, is the founding obsession of osteopathic medicine. He did not believe in the existence of external enemies like 'germs'. The enemy was man's making, not God's. Still was certain that the remedies and the diseases came from inside the body. Our problems must be right next to their solutions, and there is nothing to search outside the patient, neither germs, nor drugs. His question was: how can we reach these internal problems and solutions with no other tool than our human hands?

Setting the fractures of reality

'Healers' relate to the Vital Force with absolute respect. They do not interfere with its secret workings, whether by physical or chemical violence. When they 'direct' the Vital Force to an ailing area, healers do not force anything, they just ask humbly the body to do its self-healing. Symptoms are considered, most often, as signs that the body is fighting for its cure. Fevers, itching or eruptions are part of these efforts of elimination and must never be artificially suppressed or aggravated¹⁷. Healers had thus modest objectives. Their own model prevented them from interfering too much with disease. A fever should be kept on low fire, not too strong, not too little. They could not - and would not - change, by force, the course and substance of the Vital Force¹⁸. They waited for the body to eliminate what needed to be eliminated, and often, it was the soul. Healers could not, by their own principles, rape Reality. Like Mesmer, or the young Still, magnetizers *ask* questions

¹⁵ Mesmerism disappeared from official medicine in the XIXth century, turned 'alternative', and came to be called 'healing' or 'magnetism'. Near the end of the XIXth century, it made a comeback in conventional medicine with the development of 'hypnosis'. Its most recent child is 'biofeedback'. Like in the early days, these techniques are reputed to work well only on the 'nervous' or 'psychosomatic' aspect of disease.

¹⁶ See *Research and Practice*, page 369.

¹⁷ One of the central tenets of complementary medicine is the belief in the existence of 'healing crises'. These are supposed to happen near the end of a pathological process and can take the form of an eruption, a fever or a diarrhoea. The crisis can be violent enough to kill the patient. In other words, the patient dies during his efforts to heal himself. The concept of 'healing crisis' is present in the various forms of complementary medicine. In osteopathy, patients who have had adverse reactions to manipulations, are told that the pain is a 'good sign, a proof that something is changing, that the body is trying to readjust itself'. This is the very definition of the healing crisis: suffer now, and feel better afterwards.

¹⁸ Conventional medicine developed, in its midst, a school called 'vitalist' which paralleled 'healing' in its principles and, to some degree, its practice. Typically, a 'vitalist' physician would not interfere with a pathological process. He would let the vital force 'do its job'. With such a minimalist approach, we will not be surprised to learn that healers and 'vitalists' often let their patients die during their healing crisis.

from the tissues and then *listen to the answer*, and all this asking and answering is conducted through their 'thinking fingers'. Healing, compared to bone setting or conventional medicine, is a modest, polite and harmless technique. It respects reality so much that healers, most of the time, did not dare charge any fee from their patients. Weren't they dealing with the Fluid, the goodness given by God in abundance, the very substance of our soul? Who could dare charge money for it? Can anyone seriously charge people for breathing air? Air is free, just like the Fluid is free.

Bone setters acted very differently. With no hesitation, they forced the two ends of a fractured bone together, a head of a femur back into its socket, catching the patient by surprise, often causing extreme pain. They then left the Vital force - their version of it - continue the sealing. They had to finish their job fast. Farmers and villagers had no money and time in excess, and had to be straightened back to their fields. As payment for their services, they accepted anything, money, a pie or a fat goose. Until this very day, in the French or English country side, these practitioners continue to see the 'locals', once, rarely twice, for their pains and disabilities. Their golden rule is to *find it, fix it and leave it alone*.

Whatever their limits, Still believed in these techniques and in their underlying principles¹⁹. He used them all the time, separately or together. During the same session, he would 'whack a bone back into place' or 'listen to the Fluid', which made his treatments a very original experience for his patients. But he could not lower a fever permanently with his healing - which does not allow for this possibility - or with his bone setting, which had no 'manipulation' to offer.

Faced with high fevers, healers could only pray, for they were afraid to go against the will of God and His Fluid.

Bone setters did not bother to come. Which joint were they supposed to manipulate in a case of plague or cholera?

Still's belief in the goodness of God was stronger than his faith in his human teachers. He knew there had to be a solution.

A very intelligent man, he pondered whether 'something' was missing in the *models* of healing and bone setting. He had no doubt that each had a big chunk of the 'ultimate truth'. He had proven that fact to himself, the hundreds of times he had set the bones and healed the anxious. Their practice was good, their principles were good and divine. What could be wrong? Why could they not cure the 'chills'? Why did healing fail to treat back pain and why couldn't bone setting relieve anxiety? Why did one only serve the soul and the other, the body? Weren't body and soul one? Still manipulated for years, asking these and other questions. And throughout these years, as he laid his hands, at times like a healer, at times like a bone setter, he wondered: what am I doing or thinking wrong? Or better, *what is not done by my hands* when I act like a bone setter and *what is not thought by my mind*, when I act like a healer?

In truth, Still searched a new meaning for old skills, not a new medicine.

For the historian, his 'osteopathy' is hardly original in terms of technique or principles. By his time, most of the basic principles and techniques we know as 'cranial' or 'structural' already existed. And it is easy and important for us, to find

¹⁹ As his later writings show. All of his books constitute an exact mixture of bone setting and healing.

what inspired him. His models still lie, unidentified, behind every modern osteopathic manipulation, whether cranial or structural. And it surely is interesting to re-live with the Old Doctor, his first successful osteopathic treatment. Let us experience the very first time he applied his intuitions, and succeeded where every one had failed.

The streets of Macon

It happened one day of 1874. Still was walking and chatting with a friend in one of the streets of Macon²⁰. They spotted, further up the sidewalk, a woman with three children. She was obviously poor and her children suffered, just as obviously, from dysentery. Still had mercy and offered to carry the child. Spontaneously, he began to rub the stomach and back. He was intrigued by the unequal distribution of heat, of "vitality", between the back and the abdomen of the child. Strawn along the hot and cold areas, like islands in the sea, he felt 'knots' and 'bumps'. As he walked, he decided he should do something. Indeed, there was nothing to lose. Conventional drugs were reserved for the rich and, anyway, ineffective. They only made dying an expensive affair.

Still's instincts, as a healer, advised: 'direct' and 'balance' the "vital fluid" between your two hands; direct the Fluid from the hot to the cold areas.

As a bone setter, he felt the urge to flatten the bumps and untie the knots in the muscles and tendons of the back and the stomach²¹.

As a physician, he thought of the drugs he could prescribe²².

As a surgeon, there was nothing he could do, but he would certainly have liked to reach inside the abdomen and stop the leaks.

This was all wishful thinking, however, for he knew that neither the healer, the bone setter, the surgeon or the physician had anything to offer. The child was doomed to die.

Not for Andrew T Still, who was prepared to cure anyone, anywhere, from any disease.

On that particular child, during the autumn of 1874, Still fused what had been kept separate. He saw the bumps and knots as obstacles on the rivers of the Vital Principle. He understood, from the differences of temperature, that the Fluid could not cross, alone, the distance between the back and the front. Still decided that the Fluid needed a serious push, something healers would not think of. His massage 'removed' the bumps and pushed the Fluid. He *set* the *vital force*, like bone setters had set disjointed articulations. At the end of the treatment, which lasted no longer than the walk home, the heat was balanced. The vital force was reaching the depths of the abdomen and the back, and self-healing could proceed. At that moment, on the threshold of the house, Still did not realize he had actually 'cured' the child.

²⁰ The chronology between the 'revelation' of June 1874 and the treatment in Macon is not exactly clear. A few months elapsed between the two experiences. I do not think that the order of events is crucial.

²¹ The modern problem of whether spinal manipulations have any effects on deep viscera receives, here, a historical answer. Structural osteopathy, without the principles of healing, is no more than bone setting and has by definition, a local, orthopaedic effect.

²² At the end of the walk, in his ignorance that what he did would help, he asked the woman to come on the morrow to get, for free, the drugs generally prescribed for dysentery.

By the next day, the child had stopped bleeding. Still was stunned. He had done the unthinkable in the eyes of his contemporary physicians, healers and bone setters. He had brought violence to the quiet world of healing, and quietness to the violent world of bone setting. And produced the natural drugs. Still had dared *manipulate the vital principle* across the body, giving it orders, whilst removing all obstacles on its way. Still had *imposed a state of balance*, not just waited for it.

The first official osteopathic 'cure', the very foundation of our profession, consisted in sculpting the distribution of the vital force on a child struck by diarrhoea. No back pain, no thrusts and no 'laying on of hands'. Indeed, very little in common with contemporary osteopathy.

What was so unique in that manipulation? With a simple kneading of tissues, the Master had obtained results as good as our modern antibiotics. Many, before Still, had massaged the back and the belly of their feverish patients. They had had, at best, a 'relaxing' effect. Anyone who would have looked at Still, that day, would surely have seen nothing new in his gestures. He had, for ten minutes, done a standard massage. What made the difference, then? I believe in the following answer: the gestures were the same, but the ideas were different. The *model he used had changed* and this difference saved the child. Since that day, it has been the deep belief of osteopathy that *the model treats*, just as much as the push of the hands.

That autumn of 1874, Still renewed the art of massage, the oldest therapy of the world. His hand and his mind had teamed up, and, together, they massaged the superficial and the deep. Osteopaths call this ability, nowadays, 'visualization'. And Still was extraordinarily gifted at visualizing²³. He believed he could 'see' the organs *under the skin*, allowing him to 'move' the ureter, the bladder or the gut with the same hand positions or movements. We must be clear about what 'visualization' means in the osteopathic tradition. To 'visualize' is to believe in the strict continuity between the mind of the operator and the living matter of the patient. What an operator thinks *about* the patient, happens *within* the patient. True, Still had inherited this 'vision' from healers, but he completely changed the images his teachers had used.

The form of forms

For magnetizers, the vital force had no precise shape or substance. Wasn't 'it the form common to all forms and the substance present in all substances? It surely could not look like anything we knew. The objects of this world are only its masks. It had to be some pure, ethereal, ineffable substance.

Still, unimpressed by the beliefs of his teachers, gave the Vital Force form and texture. He gave the Fluid the form of the organs and tissues of the body. Anatomy became, for him, the science of the shapes and textures sculpted out of the Principle of Life. It was holy, for it described the forms and relationships taken by the Fluid, the noblest substance in the universe, within Man, the noblest piece of life in the universe.

²³ The legend goes that he could, with his eyes covered, recognize and number any vertebra of a detached spinal column.

And his mind could move that anatomy wherever it was. Had not healing taught him that the mind had all power on living matter? Were they not one and the same? His mind could move living matter and no part of the patient's body would be beyond his reach, beyond the reach of his 'thinking fingers'. The skin, the viscera and the bones appeared to him as clay that his mind could sculpt.

Healing had taught him the existence of this divine Clay, this thickening of the Fluid, we call, 'human tissues'. Bone setters had taught him how to work with it. With this team, the gates of the body were flung open to AT Still. He suddenly felt he had realized his dream, a 'knifeless surgery', the ability to change the inside without opening the skin. He could reach as deep as a surgeon. He could now push stones out, open the flow of arteries, reduce internal swellings and growths, without the knife.

Still, on an autumn day of 1874, had used equal measures of force and thought, where bone setters had used mainly force, and healers, mainly thought.

After the city of Macon heard of the miracle cure, seventeen other children afflicted with dysentery were brought to him. He cured them all, so he claims. For the first time in his life - possibly in the history of Western mankind – a man had, with naked hands, won seventeen successive battles against a lethal infectious disease. He had used tools everyone had used before, his hands, but he had changed the motivations that move the tools. His hands had ceased to be hammers that pound the patient, they became the concrete extensions of his thought. They could feel as deep as his mind could visualize.

The Vision

In 1874, on the 22nd of June, at 10.30 am, what had been a vague intuition overwhelmed Andrew T's soul and body, what he called a 'revelation'. That very minute, Still felt that he was told the ultimate truth about the Universe. Every thing fell into place, his past life and his present interrogations. During that single minute, he saw every piece of nature around him and inside him work as an immense and perfect machine, churning out pieces of Reality. He saw order and meaning, everywhere. His eyes could not see, but his heart could feel *the* Presence. He knew he had entered, alive, the workshop of the Grand Architect and Supreme Engineer of the Universe. Still raised his eyes and saw His maps of the Universe, laid on immense tables, each as huge as our galaxies. No one, he was sure, had been where he was at that instant. He felt like Columbus, for he was sighting a New World. He would have to tell mankind.

On one of the tables, he could see the secret maps of the human body. It was all pure anatomy. These were the plans of God and this was His holiest science. He saw the human machine churn air and food in and out, move itself flawlessly, its pumps, cogs and wheels working in perfect rhythms, slow and fast. As he watched, in awe, he felt again the presence of the Engineer in the Machine. It seemed to flow. He recognized the Fluid. It had been there, all the time, and he had never seen It. He saw It soak every piece of our anatomy, like fresh water soaks good earth. He saw It flow to every corner, like so many rivulets loaded with goods, with bricks and

mortar to keep everything functioning according to plan²⁴. He almost reached with his hands to feel the Flow. That instant, he knew what osteopathy would be. Until the day his soul would leave his body, his hands would humbly serve the circulation of the Fluid. They would be there, everywhere, to make sure that every grain of the machine would receive the waters of life. They would proclaim, everywhere, the supremacy of the rule of the Artery.

He did not see any disease on that pure day. But its causes were obvious. There could be no reason other than a suspension of the flow of Goodness to the tissues. It was all so easy to understand. Health and disease were together, at the same moment and the same place, and his hands could reach them.

God had left the Book of Medicine open, for him to see. But the simplest of the simplest could read it too. He was seeing a truly good medicine, not one for the rich and the intelligent, not one described with Latin names and bought with gold pieces. Pure, simple, free.

Excalibur

At 10.30 am, AT Still looked up and saw his past, his present and his future crystallize into a single emerald. All his experiences, loves, hobbies and hopes, his faith and his deceptions became one. He saw and no one can tell what he saw. He tried to tell and we, many years later, can only try to tell.

The Engineer in him saw the most perfect machine. The Farmer saw the Fields of life, laden with the richest harvest. The preacher saw the grace of God. The philosopher saw the meaning of the Universe. The physician, the surgeon, the bone setter and the healer saw health in its glory and disease at its very roots.

Each saw many other wondrous things.

The healer saw the shapeless Tides he had worked with become carefully shaped organs, liquid crystals carved out from the Fluid. He saw each tissue pulsate with each heartbeat, filling with goodness. He could touch, with his eyes, the rhythms of the Fluid. He saw the umbilical cord of every organ, bone and tissue, bringing abundance. The healer saw all this, and more, and understood why he had succeeded and why he had failed.

The bone setter opened his eyes and saw the hard bones he had worked with become clay, soft and beautiful, soaked with intelligence, the very clay God had used to make Adam. He could see it breathe and pulsate. He immediately understood that this clay was unbreakable, that it would instantly repair any violence caused to it. That moment, he realized that he would no longer be a regular bone setter, for *all tissues* were made of that clay and could be set, sculpted and modelled.

The physician in him saw the drugs, millions of them, of all colours and shape. Not in distant fields or in dark shops, but inside the body, neatly arranged on conveyor belts, ready to move. He could see the machine work and stay as good as new, with drugs pouring in, instantly, on every used part. These were divine remedies, which

²⁴ In historical terms, Still's system is a mixture of iatromechanism ('the body is a machine') and vitalism ('the body is a local Tide in the Fluid'). These were the two schools of thought that dominated Western medicine during the XVIIIth and XIXth century. See A. Abehsera, *Histoire de l'ostéopathie à ses débuts*, Maloine Ed.

smelled and looked as good and pure as lavender, thyme and sage, free for all to grab.

The surgeon opened his eyes. He saw the Knife of God, the divine sword, Excalibur. He saw it penetrate the tissues and repair, remove, cut, empty, drain and sew up, without scar, without blood. How marvellous, he thought, if I could have that Sword.

And before the Vision ended, the frightened child in him heard the Voice and saw the Finger. It spoke and pointed at him. He suddenly felt his mind sharpen like a knife. His eyes were dazzled by the steel, the very steel of his name. When he opened them again, he saw his soul had become a sword, deeply buried in the rock of his body.

The Voice spoke and said: raise it, for only you can free it from the grips of your flesh. With your sharpened mind, you will open, repair, renew, drain, cut and sew up, without ever spilling the blood of the innocent.

AT Still woke up from the vision, confused and dazzled. Others had seen and told about these visions before him. Healers, bone setters, physicians, all good men of good faith, had been revealed the parts of the puzzle. Some had seen the Fluid, others the Machine, and others, yet, the Drugs or the Knife. But he had seen the whole. He was the first, in the history of mankind, to see the Machine and the tracks of the Engineer, the Field and the Farmer, the Plans and the Architect. Andrew had climbed Mount Sinai, and had brought back the Law of Medicine, the Law of Life and Death. He had, like Moses, fought to free his black brethren from bondage. Now, he would have to save all of mankind, black, yellow and white, from the bondage of sickness.

Good news for tissues

The vision ended but never left Still. What happened on the 22nd June was just the beginning of a long 'revelation' spread over twenty years. His books tell, ceaselessly, about these visions.

With the years, he integrated more and more medical knowledge - mainly anatomy - to his initial intuitions²⁵. He began with the circulation. The next addition to his primitive model was the nervous system. The last, but not the least, the fascia²⁶.

For many years, however, healing and bone setting fertilized and fought each other in his mind, with anatomy called to the rescue of one or the other. He continued to call himself a 'magnetiser' and a 'bone setter' as long as these internal battles went on. For ten years, Still, alone in his corner, went through the wars the osteopathic profession experiences, nowadays, all over the world. He went, individually, through the divorce procedure we are experimenting, collectively. For years, his healing, his bone setting, his medicine and surgery pulled and stretched his soul apart.

²⁵ See Autobiography, page 234 : « if you consider me a mesmerist, a big dose of anatomy may carry that thought away ». This sentence shows that Still was seen, by many, as a healer. Second, it gives a correct definition of osteopathy: a system that integrated anatomy to the principles and practice of healing. A parallel, and no less true definition, would be: a system that integrated the laws of the Vital Principle to bone setting.

²⁶ See *Abehsera, op.cit.* for a discussion of the 'stages' in Still's life.

At the end, he invented an osteopathy that looked, for the *outside* observer, like bone setting. We now call it 'structural' technique. It is fast, forceful, sometimes painful. But, for the *inside observer*, it would have looked, no less definitely, like 'functional' work. A visitor, inside the body of Still's patients, would have felt the hands of the Master reach the deepest tissues.

Bone setter *outside*, and healer *inside*. This is Still's answer to the contradictory pulls and pushes that had agitated his soul for so long. This is *his* osteopathy. The healer had gone underground, and would never resurface, or almost never²⁷.

But what will be our answer to those contradictory pulls? What balance will we choose?

For many years, I chose to look like a healer for the outside observer. Faithful to my teacher, however, I never forgot to add an equal measure of bone setting, a measure my patients and I, could feel, deep inside. Both ways are pure and good osteopathy. Structural and functional manipulations, when they follow the Rule of Balance, are good news for all tissues who suffer.

One hundred dollar bet

The frail science of osteopathy, from 1885 onwards, got fatter as it swallowed more and more anatomy and Still's very particular brand of physiology. The system became so sophisticated, so superficially different from healing and bone setting, that Still forgot to mention their contribution. Rather defiant of history, he was even prepared to give one hundred dollars to the man who would find who or what influenced him in his invention of osteopathy²⁸. Wasn't this somewhat arrogant? Wasn't he being unfair, even a liar, considering that every page of his books is made, warp and woof, of healing and bone setting?

Still had a different opinion about the meaning of the word 'debt', particularly when it came to his personal debts. He was a practical man. With his osteopathy, he could cure diseases the other systems had never cured. By the dozens and the hundreds, he achieved what the others had dreamed of. He succeeded where his predecessors had always promised, but never delivered. In medicine, like in business, like in farming, results talk, not theories. Still was effective, he had saved lives. Wasn't that sufficient proof that his brainchild was different from the others and that it deserved a different name?

Many would be tempted to say: 'fair enough, Drew!'. I would, anyway. 'Drew' was how his family and friends called him. And we, today, cannot help feeling the friends and family of this exceptional man.

Let us be fair, however. Still did not part from the past with ease. He was not looking for his personal glory. He never thought of calling his invention 'Still's technique', like many did and continue to do. He had discovered the medicine meant by God. Using his name would have been a blasphemy. Until 1890, Still called

²⁷ Cf Anecdote brought above where Still confides that he sees the 'aura' of his patients.

²⁸ *Autobiography*, page 343

himself, alternatively, a 'magnetizer' and a 'bonesetter', as witnessed by his business cards and professional plates. Around 1885, he seems to have invented the term "osteopathy" but did not dare use it, for it would have meant cutting, for ever, the umbilical cord with medicine, surgery, healing and bone setting. For four years, this careful man wondered whether he was doing something truly different from what the elders had done. He could see that he *manipulated* like a bone setter and a surgeon, and *thought* like a healer and a physician. He could see he was both different and the same. Around 1890, impressed, not so much by his 'new' principles, but by the clinical results he was obtaining, he made the jump and called himself an 'osteopath'. That year, Still killed and buried his parents. So thoroughly that he called osteopathy a 'revelation', with a one hundred dollars prize for the detective who would discover the secret.

We should tell the truth now. Osteopathy was born a cocktail, in equal parts, of the principles and practice of medicine, surgery, bone setting and healing²⁹.

Disintegration

When the master died, the principles and the practice he had fused in his head and his hands disintegrated into their initial parts. American osteopathy inherited, *en masse*, the medicine and the surgery, spiced by infinitesimal doses of bone setting and healing. No one should deny the right of the American DO's to call themselves osteopaths, although they hardly manipulate. Do they not use *over fifty percent* of the ingredients Still used when he cooked osteopathy³⁰?

The rest, a few Americans and all Europeans, divided into two camps, who came to be called the 'structurals' and the 'functionals', or, in their modern form, those 'who thrust' and the 'cranials'.

Behind all these names, we can easily recognize old medical practices, who were buried with Still and his embarrassing business cards.

Still's successors hurried to bury their father. There was much pomp and many tears. They sang Still's favourite song, 'Oh Happy Day'. They erected statues, they mummified his log cabin. They were truly moved. But a year after his death, their fears surfaced. The Board of the ASO dismissed Charles Still, the last son involved in the affairs of the school, from all his functions. The father had died a natural death, and now he was killed.

Proud of their new doctorate, Still's successors cleaned the profession of any of the remnants of their father's healing and bone setting. And, until this day, nothing can exasperate an osteopath - who has studied five or ten years - like comparing him to healers and bone setters - who have never studied.

²⁹ A Abehsera, *op.cit.*, where I discuss the other models that inspired Still : farming and engineering, in particular.

³⁰ 50 percent of medicine and surgery. One percent of healing, i.e., the 'wholistic' belief in the influence of the musculoskeletal system on the general economy. One percent of bone setting, the simple manipulations on the musculoskeletal system learned and occasionally practiced by American DO's.

Protesting

History speaks differently. Cranial practitioners do *behave* like healers. They may disagree, they may point at their sophisticated biomechanics as proof of their difference. But their technique and principles are as old as healing. The 'structurals', who really act like bone setters, also protest that they have loaded their gestures with their own brand of biomechanics. Where Still spoke of 'straightening twisted necks', modern osteopaths, after Fryette, talk of Flexion/Side-bending/Rotation lesions of the cervical vertebrae.

The words may have changed, but we must not forget that the basic techniques and assumptions of cranial and structural, existed way before Still, Fryette or Sutherland: the Fluid, the rhythms, the V-spread, the thrusts and the soft tissue work.

Do we then have to consider Sutherland's 'cranial' and Fryette's 'structural' as regressions, as a return to the sources that inspired Still?

This is obviously not the case. The students of the Master did integrate, each differently, his 'fused' message.

Structural osteopaths absorbed some of the principles of healing, particularly the 'wholistic' approach and the belief in the existence of 'self healing' capacities in the body. Even the most orthopaedic amongst them, would believe in the relevance of, for instance, the tiny atlas/axis articulation in the treatment of a sciatica, or of the curve of the foot on the function of the shoulder girdle.

Cranial osteopaths integrated the principles and practice of bone setting. Their books describe numerous 'manipulations' of articulations, albeit very small ones, and have a very complex biomechanics to justify these manipulations, completely unlike healers. As such, they act, by definition, as bone setters of the 'cranio-sacral sphere'.

Each one evolved its unique reading of human anatomy and physiology. Cranial, for instance, sees bone tissue as made of pure 'vectors' in space. The operator's mind can change their direction at will. Tissue motion is seen as totally *compliant* to the thoughts of the osteopath, the founding principle of healing.

Structural practitioners look for the solid aspect of tissue life. Weight, resistance to motion, levers, fulcrums and adhesions are the various masks taken by this search for the solid traps that prevent the vital waters of the body from flowing.

With time, the split and alienation deepened between the two schools. They developed, each, their own science, journals, meetings, societies and jargon. Judging from contemporary osteopathic literature, many osteopaths seem to have gone far off centre, reverting to almost pure forms of bone setting or healing. The healers, amongst our profession, hardly refer to anatomy or to the need to manipulate. Many of the 'bone setters' of our profession, have ceased to relate to the 'globality' of the body, function and structure. Both continue to call themselves osteopaths. Sometimes, and unfortunately, the *only* real osteopaths.

With the years, opinions become unshakeable beliefs. How difficult will it be to convince that cranial osteopathy does not relieve sciatica *because* it moves the zygoma over ten angstroms, and that 'thrusts' do not 'work' by tearing 'adhesions'?³¹

Quantum osteopathy

I have reviewed here, briefly, the historical background of the One Hundred Year War between the 'structurals' and the 'cranials'. We must not forget that we are not fighting these battles alone. Osteopaths are posted on one of the many frontlines of the war between Function and Structure.

On another front, quantum and classical physics have also had their fights for the last one hundred years. Like structural osteopaths, classical physicists see the world as made of particles, of discrete points that can be weighed, positioned and dated. Quantum physics, like 'functional osteopaths', has described states of matter that cannot be weighed, positioned and dated, such as waves, or virtual particles. Classical physics, with its 'particle' model, describes fairly well the behaviour of large objects. Quantum physics describes, with brilliant precision, the behaviour of the smaller elements of reality. Humans are both a large object, obeying to classical laws, but no less a quantum object, made of indefinite waves, virtual photons and non-local electrons. Our body is thus, simultaneously, an aggregate of particles and a bouquet of waves. As particles, it is here and now, in the office of the osteopath. As virtual waves, the body of the patient and the operator spread to the confines of the universe. How to deal with it, whether with thrusts or with V-spreads, is anyone's choice. V-spreads and the like are appropriate measures in the quantum reading of reality. Particles, on the other hand, are fair game for manipulations, massage or thrusts.

We can identify the war between Structure and Function in many other places. It has raged in art, also for the last one hundred years, pitting classical painting, where every object has definite contours, against impressionist and abstract painting, where objects interfere with each other, like waves do.

No one, surely, would dare say that one aspect of reality is 'more' right' than the other. Could any one claim that classical physics is 'truer' than 'quantum physics', or that classical painting is more 'appropriate' than impressionism?

The One Hundred Year War began on all fronts at the same time, with structural osteopaths, classical painters and classical physicists, and many of their allies, on one side. All of them fight for clear borders between the objects and subjects of this world.

On the other side, we find cranio-sacral practitioners, impressionistic painters and quantum physicists. The first look for interferences between the *organ fields* of their patient, the second between the fields in their landscapes and the third, between electromagnetic – or other physical - fields³². Members of the same alliance, these three warriors have much in common. Cranial practitioners use anatomical

³¹ For a detailed discussion of the models of osteopathy, the reader can consult my lectures on the site of the Israeli School of Connective Osteopathy, at 'www.connective.org'.

³² Which explains, possibly, the constant reference of Sutherland to the presence of 'liquid light' inside the body. As if the tissues were pure light refractions, just like in impressionist paintings.

visualizations – mental images - very similar, in their quality, to those of impressionist painters: the contours and borders of bones, muscle and viscera are made to mix freely. Their V-spread make bones melt and liquids solidify, just like in Turner's paintings, where the sky fuses with the sea, the winds and the ships; just like Van Gogh, who mixed, in his landscapes, the substance of the stars with that of clouds and rooftops. These are not just theoretical comparisons. A cranial technique rises and falls on the impressionistic quality of its images. A structural technique succeeds and fails in proportion to the precision of the biomechanics used.

The New Age wave

The 'functional' and 'structural' models are not just ours. They are global models of reality. They are not in competition. None is superior or inferior, more effective or more realistic. Such judgments would be meaningless from a historical, physical, clinical and philosophical point of view.

These judgments have been made, however. Ever since Still, and his later preference for bone setting over healing, structural osteopathy has considered itself as the 'true' form of osteopathy, and attacked craniosacral work. This is thoroughly unjustified. Thrusts have never been legitimised by *any science* and manipulators should not feel on safe, rational ground. No evidence exists that would point at some superior clinical efficacy of classical osteopathic manipulations over massage, placebo, bone setting or cranial.

Likewise, cranial practitioners should be able to describe their work without resorting to an obscure, spiritualistic dogmatism which leaves no room for human mistakes.

For the last one hundred years, the 'functional' and 'structural', with their hands empty of any science, have flung at each other theoretical assumptions, with no evidence other than their inner conviction that 'they are doing the right thing' or that they 'get better results'.

In terms of popularity and numbers, the equilibrium is shifting, now, in favour of quantum physics and cranial work. Structural osteopathy must be careful not to miss this evolution in medicine. Its attacks on the rationality of cranial are self-suicidal. I believe that 'structural' works for *the same reasons*, but with different means, that cranial works.

With some cosmetic changes in its formulation, cranial's models are in very close agreement with our generation's paradigms about matter. Its non-locality - one can treat any tissue from anywhere in the body, and even from outside the body - its wave-like perception of tissues, as well as many other features, strongly evoke the world of quanta.

The recent popularity of cranio-sacral work goes well with the New Age consciousness of the 'wave-' and 'virtual' aspects of the reality. It has, unfortunately for its medical credibility, adopted some of the more extreme New Age style, claiming theological virtues for its manipulations.

A suicidal profession

Stripped of its stubborn materialism, structural osteopathy is a logical system, as logical as the bone setting that inspired it.

Stripped of its arrogant claims about knowing the Secrets of Life, cranio-sacral or 'myofascial' osteopathy is a perfectly legitimate practice, vindicated by much philosophy and physics.

Osteopathy needs its two paradigms like reality 'needs' its two physical paradigms. No one can dismiss as irrelevant the fact that the body is particle *and* wave, local *and* non-local, real *and* virtual, in time and space.

This duality of existence has long been known in the West and in the East, to the Greeks and to the Chinese, but without the 'scientific' and 'technological' dress our generation gave it.

Our profession continues an old interrogation into matter, live and inert. Structural osteopaths consider the body as an aggregate of gas, liquids and solids, that needs to be ordered in space and time. Cranial osteopaths see it as a spontaneously fluctuating *milieu*, devoid of any matter, full of virtuality, responsive to human thought.

These are beautiful and very real principles. They can pollinate each other for many years to come, bringing out new therapies and ideas, as they have done for the last One Hundred Years. Osteopathy desperately needs its own polarity. Cranial people should accept the relevance, to their art, of the 'structural' analysis, language and skills. Structural people should be sensitive to the need to 'listen', impartially, to the tissues, i.e., with an immobile hand. A listening so attentive that tissues can heal from it.

Cranial and structural are complementary readings of the same anatomical reality. The split, at the time of Still, allowed the growth and sophistication of each current. Sutherland transformed the unspecific 'push' on the vital force, traditional to 'healing', into the anatomically-centred 'V-spread'. The 'whacking' of the spine, typical of bone setters, has become the sophisticated 'lumbar roll'.

This profession should be proud of its two faces. It should certainly not commit suicide by accusing itself in front of the public. Osteopathy has become increasingly exposed, and the conflict will grow, in parallel with the exposition. Some do not bother about maintaining the unity. They have preferred to abandon ship and teach their own brand of healing or bone setting. We bid them farewell and we should not be afraid that they have stolen the essential. Those who have left, offer, by definition, variations of healing and bone setting, not osteopathy, which takes much time and much thought.

We have the entire future of Still's project, still intact in front of us.

The Big Bang

Structural osteopathy is of little interest without the principles of healing. Cranial osteopathy is no more than a relaxation technique without the principles and practice of manipulations. Patients do not need us as second-hand bone setters or healers. Good osteopathy, which is rare, occurs when the hand, whether it moves or not, is specific and holistic. When the hands can 'straighten' a recurring sprain of the ankle,

with the rest of the body in mind. Or when the hands, or the 'mind' of the operator, can integrate the twists of the gut to those of the lower spine.

I do not know if anyone practices, in the real world, that kind of osteopathy. I believe, from our literature, however, that many of us do try hard. This synthesis was Still's dream and, according to hearsay, he achieved remarkable clinical results with it. He could 'see' inside the body better than most healers. He could manipulate dislocated hips better than most bone setters. Because he was good in both, because he excelled in skills no one bothered to acquire, Still was rewarded. He transgressed the forbidden, he married what should stay divorced and osteopathy was born. His mixture was better than the parts. Still was, undoubtedly, one of the great transgressors of history.

It is sad, however, that the Founder felt compelled to hide his ancestry. His professional plates and business cards, along with a few unpublished remarks, are the only records of his healing and bone setting. What would have been the face and fate of contemporary osteopathy, had he said the truth? True, his clinical results were different from his 'ancestors'. But his techniques and his ideas were no different. He should have pointed at the rings of the historical chain to which he belonged.

Early on, Still's successors, possibly Still himself, suffered from a disease rampant in our profession ever since, the obsession with 'looking' and 'sounding' rational and scientific.

An obsession that made us hide, for the last hundred years, the existence of our alphabetic parents, healing and bone setting. We only showed our medical and surgical ancestry to the world.

The war has had its good sides, when we think of the progresses made by cranial and structural since their heroic beginnings. Twins, every one knows, should be educated separately. They would, otherwise, imitate each other. We have done just that for the last century. But how far should we go in keeping them separate?

We must not make idols, says the Bible. Neither of Still, nor of any man, woman or science. But Still's *complete model* has never really been tried by the profession, let alone surpassed. He alone, so far, has been the magician of osteopathy.

We have never been able to achieve collectively what he did individually. Who among us can, with his hands alone, set a hip, cure dysentery, pass stones, differentiate, with the eyes covered, any bone from any other?

We have yet to start from the beginning. And, only then, try to improve on Still's obvious flaws and mistakes.

We must be careful, however.

For who can judge the Judge?