

## Dr. McCONNELL'S DISCUSSIONS

### A Glimpse of Dr. Still's Art

One of the striking features of Dr. Still's art, as I understand it, is his intensive palpation. He early came to the conclusion that the body organism is complete, that the properties of self-repair are either actively or potentially at one's command if he but knows how to liberate the forces. Of this, I am certain, he is absolutely convinced. For his experience includes innumerable instances over a long period of time and embraces a wide range of disorders. The osteopathic problem resolves itself to one's ability to adjust successfully the disordered mechanism. But the adjustment in itself is a minor problem. The crux of the matter rests upon one's definite knowledge of anatomical data. To Dr. Still anatomy means something far more than descriptive texts of the dead house findings. It is inclusive of physiology and histology. For what does mere verbiage of macroscopic tissues amount to if the functioning organism is not included? Structure and mechanism is of little use if the dynamics, the living forces, are absent.

To know the living body from the conception of the tactual sense, to know how the tissues feel and react tactually, this is the special desideratum. This takes into consideration something vastly different from structure or a mere machine. Foremost in therapy, though directly associated with structure, is function. Without function the organism is a thing of the past. Though the physics and chemistry are expressed in mechanical terms, still there are attributes that carry mechanism beyond the cold confines of a mere machine.

It is the properties of the vital organism, as revealed through tactual discipline, the tone, mobility, temperature, and resistance of tissues, not alone structural position and relation, that demand no small part of tactile efforts. All of these are in one sense structural or mechanical expressions, to be sure. But upon the other hand they are in

another sense removed from mechanism as we ordinarily understand it (which, mechanism, after all, may only be a simple method of explanation), for they are part and parcel of living phenomena. That is, there is a subtle regulatory system that, at the present time at least, is most difficult to explain in terms of mechanism. Test tube and microscope have their places as instruments of precision, but they can not supplant a certain definite invaluable knowledge that is obtained by the educated tactual sense. This knowledge is of foremost consideration in actual practice. It distinctly reflects the status of the life-giving forces. In the final analysis, of course, all methods must be co-ordinated, not in the abstract, but in their application to the concrete case.

Consequently with Dr. Still's conviction that the body is a complete vital mechanism, physiologically unified, it is not surprising that with him the necessity of tactual education is stressed to the point of a martinet. Of this necessity there are no qualifications or howevers. It is absolutely insisted upon. For in no other practical way can the art of osteopathy be attained.

And probably right here is our most serious lapse as a profession, individually and collectively. The very essence of osteopathic science and art comprises the etiologic diagnosis. This is just what makes osteopathy a complete system. The conception is simple and rational enough in theory, but so difficult in practice. Reducing each and every treatment to an individuation, not formula, demands creative endeavor, and requires painstaking and exhausting effort. The pulsating, life-giving tissue, with its many possible gradations, must actually be felt with the educated hand in order that appreciation of its functional integrity may be determined. All diagnostic methods at best are crude and probably will always be so. But this does not preclude that there are certain invaluable measures to be prosecuted. Dr. Still says that probably each tissue is to a certain extent a creator of its own fluid substances. This has

been proven by recent experiments. It goes to show that there is a most practical importance attached to the tactual effort, that to the educated touch invaluable data may be elicited. This is definitely shown in our every day work. Not only can one sense the status of local tissues directly, but there is also the reflected expression of the mechanisms that make up the concatenated organism. In elucidating the significance of circulatory, nervous and chemical regulatory mechanisms Dr. Still propounded some of his greatest discoveries, that to-day are being fully vindicated by experimental work. He always sees beyond the part; physiological unification along normal lines is his practical goal. Most important of all has been the practicalness of his efforts. Definite results are secured.

At one period in the history of the parent school Dr. Still practically did all of the examining of patients. He was not specially concerned with the symptoms, although these did not escape notice, but he was concerned with the signs. He personally saw the student's mind was osteopathically educated through his finger tips. Taking the student's fingers in his and specifically revealing or pointing out, and feeling, the lesions and contrasting the same with normal tissues for months at a stretch was his favorite method. And interspersed with this procedure were his many fundamental physiological conclusions which have been verified in later years. It required several months of daily practice before he was satisfied that the student could begin to ascertain through the tactual sense what he should find out. The tactile or palpation corpuscles can be wonderfully developed.

This is the point of view that is so essentially osteopathic, and which is so elusive if the necessary educational ground work is not forthcoming. And still to put it into practice is difficult. For so much of our present day literature, at least, and the vast bulk of medical writings, deals with symptoms and post-mortem pathology. The actual osteopathic pathology of the living should demand more of our attention and study. This

is not saying that other things are not of value, but it is emphasizing the point that relative proportions are hugely distorted. We are not lacking in theory, and which is receiving added support from many quarters, but it is safe to say that every one of us falls short in etiologic diagnosis of our art. And this is the very thing that determines our success.

How many of us ever stop and think how absolutely revolutionizing the osteopathic viewpoint is? It is so clear cut and logical, in fact, exceedingly practical when once attained. The difficulty arises in divorcing ourselves from preconceived ideas of which medical coloration comprises no small portion. The contrast of data between the really osteopathic with that of the so-termed medical is so sharp and common sense that nothing else can so clearly reveal the genius of Dr. Still.

Every day technique is a definite index of one's osteopathic conception. If an osteopathic diagnosis is really made there can never be even to the uninitiated any semblance of routinism.

Starting with the theory of osteopathy, which from its wide and fundamental biologic viewpoint must needs give a new and added value to every subject in the curriculum, the chief reliance of student as well as practitioner must always be in anatomy and physiology. The living body should be interpreted by this scale; all other measures are subsidiary. This is the osteopathic yard stick and nothing else will suffice. A laboratory diagnosis, for example, amounts to but little to the practitioner unless it is interpreted individually and in conjunction with other factors elicited of the patient. The law of averages and statistical deductions are no more absolute than routine technique. Every case must stand out as a distinct and definite problem. This is a point that Dr. Still has always insisted should be clearly understood.

The native ability of a student always means far more to Dr. Still than traditional influence or formula. In fact the latter tends to stultify effort. He clearly saw the

pitfalls of both tradition and imitation. Nothing can warp one's judgment like tradition, though in certain instances it may serve a useful purpose. For individual premises are revealed in every problem. And an art that is based upon imitative effort can rarely succeed, for art means creative endeavor. Here, to him, as I understand it, is the essence of osteopathic practice. There can be no repetition in a series of cases from the very nature of things. Every instance stands out sharp and clear-cut, depending upon problems presented, of which no two can be alike, and thus demanding a different application of the principles involved. This requires art, science, skill, dexterity. This, to Dr. Still, I am certain, is osteopathy. This is the great reason he was so reluctant to have any one try to imitate some technique manipulation. He clearly foresaw its dangers. He undoubtedly saw that the spirit of tradition dominated medical practice, and he fought hard to get away from it. For if the fundamentals, the basic principles of osteopathy, are correct the successful practitioner must by virtue of this, by absolute necessity, account by his own ability in solving the many and varying applications of the principles at the bedside. Manipulation can never be anything but a means to an end. Etiologic diagnosis is the guiding star.

Thus in his practical work he always came back to the anatomical study. This is the bedrock upon which the values will be found. Anatomy is not something to be studied, laid aside, and then forgotten. It is the source of eternal therapeutic knowledge.

To apply an art demands a definite pre-conception of the thing applied. Otherwise the technician can not be anything else than a bungler. Certainly routine technique is not an art, but only a crude imitation. This is not implying that systematic overhauling of the mechanism is routinism. There is almost as much difference between the two as between abortion and a full term delivery.

I know that I am bearing down strongly

upon this point. But it is a feature that Dr. Still emphasized for years. "Engine wiping" was his proverbial red rag. He so well knew that it was one of osteopathy's great dangers.

The osteopathic concept stands out so vivid and clear cut that if it is once thoroughly attained the student should never have any doubt as to the indicated method of procedure. Manipulative skill is far from being the first thing to be desired, but instead skill in osteopathic diagnosis. Only by the latter can one develop a keenness of tactual sense that is so essential in practice. This is by all odds the first step to manipulative efficiency. The second is a knowledge of mechanics. Fundamental to both is an understanding of minute living anatomy and its physiological unification. There is no royal road to such an attainment. Even the practitioner of many years' experience is constantly perfecting his methods if he expects to continually improve his work. This is one lesson that Dr. Still taught that is irrevocable.

It is evident that there is only one way to thoroughly apply the osteopathic art. And that is to know the living anatomy, how it looks and feels, and reacts to the tactual sense. Then one is in a position to make a study of the all-essential minutiae as revealed in each and every case. The indicated mechanics, or manipulative technique, will offer its own solution if one has any mechanical ability.

Those who have had the great privilege of seeing the masterful work of Dr. Still over a period of years know full well that his examination and technique have no qualities of the hit or miss, of general movements, and the like. He is never satisfied until he is reasonably certain that the specific lesions have been located. Then he is just as particular in applying the individually indicated technique. He never for a moment loses sight of minutiae, for herein is the key of the inception of pathologic processes.