The Legacy of Carl Phillip McConnell, D.O., M.D.

Richard G. Schuster, DO
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Who was Carl Phillip McConnell?
George M. Laughlin, D.O.

• “Death recently removed from our number an osteopathic stalwart who has done much to add to the prestige of the osteopathic system of practice during the forty years of his active service in the ranks of the profession as practitioner, teacher, and author...

• “Dr. McConnell, throughout his lifetime, combined his studies and practice almost exclusively to the application of the osteopathic concept. He was a pioneer in our ranks and, without question, the results of his practice added greatly to the growing public appreciation of osteopathy. Although a leader in our profession he was always modest and humble. He was a true disciple of the founder, Dr. Andrew Taylor Still.”
  – February, 1939
Cyrus Gaddis, D.O.

“Throughout the history of osteopathy, the one outstanding man next to A. T. Still, was and is, Carl P. McConnell – a quiet, lovable, clear-minded, scientific thinker, with a rare understanding of the human body, its structure and function; and with that, the significance of the osteopathic concept and art of practice.”

– February, 1939
12 Friends:
HF Underwood, EW Wanless, HR Underwood, CF Bandel, R Wanless, CE Fleck, WA Merkley, HL Chiles, WD Fitzwater, GW Riley, CS Green, TR Thorburn

• “But, the Carl McConnell personality, modest, unobstrusive, quiet, devoid of all personal aggrandisement, student, truth seeker, scientist, nature devotee, second only to that of Dr. Andrew Taylor Still himself, in illuminating and proving the truths of Osteopathy, by research, writing, and practice, physician, and lover of men, lives and will continue to live and influence his fellow men through all time.”

• —February 1939

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His story...

American School of Osteopathy, Graduation Photo, 1896.
Dr. Andrew Taylor Still is seated front row, third from left, flanked by two of his children: Martha Helen Blanche Still and Harry Mix Still. The young Carl Philip McConnell is seen top row, second from the left (without his characteristic mustache).
Photo Courtesy of the McConnell Foundation.
Accomplishments

• Authored more than 250 papers.
• Textbooks:
  – Notes on Osteopathic Therapeutics, 1898.
  – Clinical Osteopathy, 1917.
• President, AOA, 1904-1905.
• Editor, JAOA, 1920-1922.
• First director of the A. T. Still Research Institute.
• Founding member of the Sacroiliac Society, 1935.
What did he teach?

• “Osteopathic etiology and pathology constitutes the most interesting chapter of osteopathic science. The primal divergence of the osteopathic schools from previous systems is to be found in the osteopathic interpretation of disease causes and processes, and not in osteopathic therapy as some may think. Osteopathy makes claim to an independent school because it possesses a distinct etiology, pathology, diagnosis and treatment. Thus osteopathic practice is not a mere method, but instead a system, a school, a science.”

• —Practice of Osteopathy, 1906
Applicability

• “Osteopathy can cure all curable diseases, for the same forces which will overcome one malady will overcome another when set in motion.”

• “It should not be forgotten that the osteopath includes many measures in his treatment of various diseases, as nursing, dieting, hygiene, sanitation, hydrotherapy, antidotes, antiseptics, etc., and does not depend upon readjustive manipulation alone, although correcting disordered anatomical structures and perversions are paramount in the treatment.

• —Practice of Osteopathy, 1906
Postulates of Osteopathy

• “The human organism is a perfect mechanism. It contains all the attributes necessary for self-growth, self-development and self repairs. This is fundamental, for without these qualities inherency cannot be a fact and the orgasm would by necessity be conditioned from without;

• “The human organism is a unified whole. This means every part is reciprocally conditioned. Three is a complete and perfect unity of plurality of the parts; every part conditions every other part and the whole. This viewpoint is of the utmost importance for without it the organism would be a mere machine—the conditioning would come from outside;

• “The human organism contains the attributes of a physical mechanism. Vital functions are conditioned and amenable to the structural laws of physics. This facet determines the value of the science of osteopathy—its practicalness. Herein is contained the essence of the art of osteopathy.”
Postulates...

• “The above postulates are inclusive of the scientific phase of osteopathy. Their unification interprets the usefulness or value of the science, the alleviation and cure of the disorders of the organism...That there are many causative factors in the disarrangement of structural integrity goes without saying; but its corollary, that functional involvement is the result or cause of disordered structure, gives a scientific etiological basis to the osteopathic healing art. Heredity, environment, hygiene, sanitation, diet, as well as direct traumatism contains influences and forces that directly or indirectly disturb structure and function.”

• —Teachings of Dr. Still, 1913
Context

• “Because all activities of life, normal and abnormal, constitute a process. It is the significant of the dynamics of the organism that should be grasped. Organized structural systems are essential for manifestations of life. Because the organism is pre-eminently an integrated unit; and transference and transformation of energies are of commanding significance.

• —Ventral Technic, 1936
“Nevertheless, the book of nature is an open one if we have the right approach. Analysis, interpretation, evaluation, correlation and orientation are not meaningless terms. No portion or function of the body is disparate; disease is always a process, never static, and environment, aside from organism, is meaningless. As practitioners we must get away from the artificialness of bodily systems, and stand upon the firm ground of ‘organism-in-environment.’ If there is one lesson beyond any other it is the ingraining of the operating totality of structure and process, of physics and chemism, of sign and symptom.

—Ventral Technic, 1936
Lesion types

- Osseous
- Muscular
- Ligamentous
- Visceral
- Composite

- Trauma
- Atmospheric
- Nutritional
- Compensatory
- Reflex irritation
- Unhygenic measures
- Congenital weakness
Lesion

• “The real import of the osteopathic lesion does not lie alone in some locally confined blockage of vessel or nerve no matter how important this may be. But manifestly, it is its relationship to the whole controlling field, the integrative activeness of the individual, which should be appraised.”

• —Osteopathic Art I, 1934
Visceral lesions

• “The biophysical indispensableness of the ventral plan is as significant as that of the spinal plane. No small portion of pathologic involvement occurs within confines of the ventral region. Although each plane has some degree of physiologic independence, the two planes are of course distinctly complementary. Thus in practice to technically ignore the ventral plane is exceedingly shortsighted.”

• “Those who overlook ventral technic are practicing a greatly limited osteopathy. In fact, confining osteopathic adjustment to the posterior plane (no matter how fundamental spinal therapy is) means the neglect of essential factors that even enter into vertebral and pelvic pathology.”

• —Ventral Technic, 1936
Composite lesions

• “Indeed many composite lesions are overlooked and instead of treating the en bloc disturbance as a consistent whole the component factors are treated separately with no concern or attention to the whole.”

• —Practice of Osteopathy, 1906
Lesions

“Frequently attempts are made to correct individual lesions when attention should be directed to the composite lesion and vice versa, e.g., a displaced rib is usually dependent upon a corresponding vertebral lesion, and thus the transverse plane or section of the body should be considered as a whole. A single lesion may be dependent upon a composite lesion or a composite lesion dependent upon one or more single lesions...Thus there is a constant establishing of equilibrium, physically and physiologically, through the medium of compensation, but at some phase of the change there is apt to be pathological phenomena resulting, and very frequently physiological harmony is not re-established but instead irritation, debility and other disease symptoms are constant effects until relieved.
Composite lesions

• “Consequently osteopathic etiology is many sided and complicated. To know whether an osseous, muscular, ligamentous, visceral or composite lesion is primary or secondary, compensatory, reflex, predisposing or exciting, requires a command of theoretical knowledge backed by much actual clinical experience.

• “In noting the above distinctive osteopathic etiological features, the student should not lose sight of the constitutional status of the patient which may be modified by inherited, congenital, diathetic, and environmental influences all of which go to make up the predisposition of the individual and has an important relation to osteopathic factors. Then it should be recalled that disease processes may be of insidious progress and the products and effects of pathological changes accumulative.”

• —Practice of Osteopathy, 1906
Technic

• “In the bright lexicon of Osteopathy there is no such word as ‘rub.’”
  —Principles of Osteopathy, 1906
• “Much faulty technic based upon the erroneous idea that a lesion is merely normal structure malaligned as to normal positional relationships.”
  —Osteopathic Art II, 1935
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Technic

• “Mere memorizing of technique formulae is not studying technique any more than memorizing the various steps of a urinalysis test will educate one in the principles of this important field of diagnosis. It is almost trite to say that a mastery of the principles is the only road to a thorough understanding of the subject, then memorizing of a formula becomes unnecessary.”

• —Significance of Principles, 1917
Technic

• “To a similar degree will the teacher in technique be a success when he instructs his student in underlying principles, knowing full well that the mere movement themselves are only a means to an end, depending upon individual condition and requirements as the instructor in any other subject will be a success when he never loses sight of the fundamentals of his topic and their relationship to the broad field of hygiene.”

• —Significance of Principles, 1917
Technic

• “If there is anything that should be eliminated from osteopathic treatment, it is those mechanical routine movements of rotating, flexing, extending and various Swedish-movement-massage-like manipulations that certain osteopaths give in each and every case. It shows that he is an imitator and does not have correct conception of osteopathic therapeutics. True, it is, that routine movements will have stimulating and other effects upon the system. But does the body require such treatment? Is it a lack of exercise on the part of the patient? If it is, then let the patient exercise himself. You do not want to lower yourself to be a mere ‘engine-wiper’ or an exerciser. If it is not the lack of exercise and the system is in need of certain treatment, then seek the cause and apply a specific treatment. Do not hide behind generalities.”

• —Principles of Osteopathy, 1906
from Standardization of Technic, 1915

• “Whoever is satisfied with his technique methods is in a routine rut, and routinism spells retrogression.”

• “He [Dr. Still] does not tell us to go through a certain manipulation here and another kind somewhere else, or to give a strong or weak, short or long, or light or heavy, over-hauling. Indeed not; such is not osteopathy.”

• “All of you are familiar with how at all times and places he has been requested to give his ‘technique’ for this disease and that. Really such a request is virtually absurdity.”
from Standardization of Technic, 1915

• “There should be a minimum dead level of efficiency before one should be allowed to practice.”
• “One’s technique reflects his conception of osteopathy.”
• “First, we should clearly understand that the primal object of technique is normalization of function.”
“Right here arises the great point (we will not call it a problem for all tissues are part of a unified whole) of soft tissue work versus the bony lesion. Unquestionably there are more soft tissue lesions than bony ones, for the very simple reason many of the bony lesions are brought about through muscular imbalance. The muscular route is probably the chief road in producing osteopathic lesions of all kinds. But the muscular lesion is not the lesion that calls for a high degree of skill in establishing normality of structure. As we have previously said, nature without doubt is constantly correcting innumerable lesion (especially the muscular ones) and most any kind of treatment will correct many others. To a few, in a sense, this is the curse of the Nibelungs’ hoard. There remains a class, however, that nature or “any kind of treatment” is not able to cope with, and these are the ones of deep structural significance that require a high degree of mechanical skill to adjust.
“The extent of functional change is not always commensurate with the physical damage, because locality of the involvement is an important factor. Then, many changes are relatively unimportant for nature is constantly striving to maintain normality, and thus innumerable lesions are temporary; in this class one’s general resistance, hygienic measures, and rest only are required. Another class of lesions are those of more serious and extensive involvement, which require some assistance in order to normalize. These are the cases which general manipulative measures and the like more less readily correct...”
“But beyond these are the deeply seated and anchored lesions, as we have repeatedly said, that require a greater or less degree of skill to adjust. To correct these one must have some knowledge of both diagnosis and mechanics, based upon actual experience, and an art that exemplifies preciseness; it is this class of cases that we are specially interested in. But we should not lose sight of the fact that any classification of lesions is purely arbitrary. There is no line of demarcation; it is simply a graduation, and a very gradual one, of one so-called class into another. This is one great reason why all methods of manual treatment secure some results, but this is very far from stating that all methods have equal merit.”
“To a large extent, the art of technique to Dr. Still, as we understand it, means precise detail work to every single lesion, although in a series of lesions that usually expressed in gross by some noticeable disturbance of configuration or a curvature, there are one or more ‘key’ lesions, which if unlocked or released, will so condition the rest, secondary or compensatory lesions and mechanical changes, that comparatively little attention to these is required.”
So what was he actually doing?

• What we would call...
  – Functional
  – Visceral
  – Myofascial release
  – Ligamentous articular release
  – Thrust
  – Still
from Limitations of the Osteopath, 1904

• “...but it seems at the present stage of osteopathic development a comprehensive and consistent understanding of fundamentals is, in some quarters, deplorably lacking. Our practitioners’ education and enthusiasm should be osteopathically rock-ribbed. The inconsistent broadening out process should be stopped...Dr Still only a few weeks ago, he made the statement that it was his belief that the man who sought truth for truth’s sake would always be provided for.”
“On the other hand, there are practitioners who are such extremists that they occasionally attempt the impossible through osteopathic therapeutics. They encroach, for illustration upon the distinct field of surgery. The reason for this is a distorted perspective.”
from Limitations of the Osteopath, 1904

• “We are not doing all that is possible. Our practitioners are capable of a greater and better work than they are now doing. Distinctive osteopathic etiology and therapeutics we will grant, if practiced alone is a specialty. But Osteopathy as a school of medicine is not specialism. No doubt that osteopathic therapeutics as practiced by a number is clearly limited in applicability. This suicidal tendency is just what we must avoid. Our future is before us and there is no doubt we can make of it what we will. We can specialize in the osteopathic school as in other schools. But to say that osteopathy is a specialty by virtue that our characteristic work is manipulation is not logical. We treat both acute and chronic diseases with equal success. The treatment is not limited to diseases of any one tissue or section of the body.”

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“Osteopathic diagnosis is distinctly in a class by itself. Although it includes for its major portion the diagnosis of our school, it should be kept in mind that there are other methods, especially laboratory methods, which we use as well...One of the easiest things in our practice is to become slip-shod in osteopathic diagnosis; to become proficient requires much practice and experience. It is an accomplishment that also requires time and personal instruction in order to become even passable. Educating the senses of touch and sight, especially the former, is a slow process...This part of osteopathic education is by far the most tedious.”
from Limitations of the Osteopath, 1904

• “Osteopathic manipulation is only a means to an end at best. Unless we have distinct and logical etiology, pathology and diagnosis our therapy amounts to naught more than massage or movement methods. Inclusive of the lesser importance of manipulation is the great concern we should have for the correct execution of our therapeutics.

• Many so called osteopaths have done more to prostitute osteopathy than all other things combined. Through their ignorance they force osteopathy to the manipulative and movement-cure rubbish heap.”
Why was he forgotten?
How has he influenced me?
Thank you

- Theodore Jordan, DO
- Melita Marcial-Schuster, DO
- Anthony Chila, DO, FAAO
- David Patriquin, DO, FAAO
- Edward Stiles, DO, FAAO
- Sarah Sutton, DO, FAAO
- Ken Lossing, DO
- ...the many who have died who taught me...and the students who continue to inspire me.