



Rollin E. Becker

Be Still and Know
Estate quieto y conoce



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BE STILL AND KNOW

**A Dedication to William G. Sutherland,
D.O. Presented in Philadelphia,
Pennsylvania, Sept. 22, 1965**

The theme of this paper is the continuous recognition of the necessity of "being still in order to know" through the most direct Channel possible that of being closer to your Maker than mere material breathing. It should also have as a supplement to the title, "Be Still and Know," a Re-dedication to William G. Sutherland. When one thinks of a dedication to a man who has given a great service to mankind, there is a tendency to think of it as something that happened when he was alive and that this is a new day and filled with new discoveries. A re-dedication, on the other hand, is a living thing, a continuing experience, an unfolding understanding, and the promise of greater truths to follow. Such was the work of William Garner Sutherland. He brought to us an understanding of the Breath of Life as a healing principle and demonstrated it to us by his work as a man and as a physician, by experimentation upon himself until the truths he gave us were verified, by his service for his patients, and by the classroom instruction he left with his students.

How often in this day and time do we hear reference made to the Master Mechanic of the human body, the Grand Architect, the Master Architect, God, Deity, Creator, or other terms of reverence for the Maker of the human temple in which we reside? These are the terms of the science of osteopathy as envisioned by Dr. Andrew Taylor Still. Dr. Sutherland told us, "I have often said that we lost something in osteopathy

ESTATE QUIETO Y CONOCE

**Una dedicatoria a Will G. Sutherland
D.O.
Presentado en Filadelfia (Pennsyl-
vania 22 sept, 1965)**

El tema de este trabajo es el reconocimiento continuo de la necesidad de "estar quieto para conocer" a través del canal más directo posible, el de estar más cerca de" tu Hacedor que de la mera respiración material. También debería servir de complemento al título, "Estate quieto y conoce", una Re-dedicación a William G. Sutherland. Cuando se piensa en una dedicatoria a un hombre que ha prestado un gran servicio a la humanidad, se tiende a pensar en ello como algo que ocurrió cuando estaba vivo y que esta es una nueva era llena de nuevos descubrimientos. Una re-dedicación, en cambio, es algo vivo, una experiencia continua, un conocimiento que se despliega y la promesa de verdades más grandes. Así fue el trabajo de William Garner Sutherland. Nos trajo una comprensión del Aliento de Vida como principio curativo y nos lo demostró con su trabajo como hombre y como médico, experimentando en sí mismo hasta que las verdades que nos dio fueron verificadas, por el servicio a sus pacientes y por la instrucción en clase que dejó a sus alumnos.

¿Cuántas veces, en este tiempo, nos referimos al Maestro Mecánico del cuerpo humano, al Gran Arquitecto, el Maestro Arquitecto, Dios, a la Tierra. La Deidad, el Creador, u otros términos de referencia para el Hacedor del templo humano en el que residimos? Estos son los términos de la ciencia de la osteopatía imaginada por el Dr. Andrew Taylor Still. El Dr. Sutherland nos dijo: "A menudo he dicho que

that Dr. Still tried to get across, that was the Spiritual that he included in the science of osteopathy." Dr. Still was closer to his Maker than mere material breathing in his development of the science of osteopathy; he was guided by a Spiritual Fulcrum and so was Dr. Sutherland. If we, as students of the science of osteopathy, are to understand osteopathy, we will find it necessary to reawaken our knowledge of the Deity that centers us, make it our Spiritual Fulcrum for our guidance, and learn to think, feel, and use the Creator in our daily practices. Through his knowledge and use of the science of osteopathy, Dr. Sutherland gave us the guideposts to follow. Let us compare, for a moment, this dedicated type of reasoning of the early 1900's with the science of today. I read an editorial in a recent publication written by a renowned scientist who was trying to reconcile spiritual and scientific truths. It was his conclusion that science and the spiritual are not incompatible but rather that the great truths of each are more or less parallel with each other, i.e., that each reaches toward that unknown understanding that is necessary for known understanding. That thought does not strike me, with a sense of agreement. How can one reason that this is a scientific truth and that this is a spiritual truth? I would place my confidence in a scientist who is reaching for scientific understanding through a Spiritual guidance rather than trying to raise a separate superstructure.

I like the thought of a biologic scientist who was discussing the phenomena of life when he stated, "In fact, the life sciences are not only much more complicated than the physical sciences, they are also much broader in significance, and they penetrate much farther in the exploration of the universe that is science than do the physical sciences. They require and embrace the data and all the explanatory principles of the physical sciences and then go far beyond that to embody many other data and additional explanatory principles that are no less -that are, in a sense, even more- scientific. The point is

hay algo en la osteopatía que el Dr. Still trató de entender, que fue lo espiritual que incluyó en la ciencia de la osteopatía". El Dr. Still estaba más cerca de su Hacedor que de la mera respiración material en su desarrollo de la ciencia de la osteopatía; era guiado por un Fulcro Espiritual, al igual que el Dr. Sutherland.

Si nosotros, como estudiantes de la ciencia de la osteopatía, queremos comprenderla, encontraremos que es necesario despertar nuestro conocimiento de la Deidad que nos centra, hacer de ella nuestro Fulcro Espiritual para nuestra guía, y aprender a pensar, sentir y usar al Creador en nuestras prácticas cotidianas. A través de su conocimiento y uso de la ciencia de la osteopatía, el Dr. Sutherland nos dio las pautas a seguir. Comparemos, por un momento, este tipo de razonamiento de principios de 1900 con la ciencia de hoy. Leo un editorial en una reciente publicación escrita por un renombrado científico que intentaba reconciliar las verdades espirituales con las científicas. Su conclusión era que la ciencia y lo espiritual no son incompatibles, sino que las grandes verdades de cada una de ellas son más o menos paralelas, es decir, que cada una de ellas llega a la comprensión desconocida que es necesaria para la comprensión conocida. Este pensamiento no me parece que esté de acuerdo. ¿Cómo se puede decir que esto es una verdad científica y que esto es una verdad espiritual? Yo pondría mi confianza en el científico que busca la comprensión científica a través de una guía espiritual, en lugar de tratar de levantar una superestructura separada.

Me gusta el pensamiento de un científico biológico que discutía los fenómenos de la vida cuando afirmó: "De hecho, las ciencias de la vida no sólo son mucho más complejas que las ciencias físicas, sino que también tienen un significado mucho más amplio y penetran mucho más en la exploración del universo que es la ciencia que las ciencias físicas. Requieren y abarcan todos los principios explicativos de las ciencias físicas y van mucho más allá para incorporar muchos otros datos y principios explicativos adicionales que no son menos -que son, en cierto sentido, aún más- científicos. La

that all known material processes and explanatory principles apply to organisms, endowed with the phenomena of life, while only a limited number of them apply to nonliving systems.” The osteopathic concept concerns a living system and includes the cranial concept. Dr. Sutherland told us, “The cranial concept is not a specialty unit set apart from the science of osteopathy. In truthful realization, the concept was envisioned by Dr. Andrew Taylor Still.” Again, I say, the total osteopathic concept requires the search for all explanatory principles, universally speaking, to bring it into understanding and this includes the Creator Who brought it into being.

There are several roads one may follow in giving a memorial lecture to the man we honor today. We could recount the history of his development of osteopathy in the cranial field in the chronological manner, but this would only serve to limit it to the days and years in which he lived it. This is not enough; the truths he gave us are stepping stones to greater truths yet to be unfolded. We could discuss in considerable detail the functioning anatomy and physiology that he learned in his years of study, but this would only serve to give us information and would not point towards the path that the Master Architect offer in acquiring knowledge of the functioning of all the anatomical-physiologic he discussed. We could develop hypotheses to explain the principles he gave us, but in the end they would remain hypotheses and we will have ended nowhere. I am reminded of a quotation. I read concerning theories, “One of the tragedies of life is the murder of a beautiful theory by a brutal gang of facts.”

Rather than travelling any of these roads, I believe it is in order to discuss the work of W. G. Sutherland as he worded it with the emphasis on learning something about a Spiritual Fulcrum and its clinical application in the daily care of our patients. With this thought in mind, let us take the terms he used Highest Known Element, Potency, Fulcrum, Stillness, Tide, and

cuestión es que todos los procesos materiales y principios explicativos conocidos se aplican a los organismos, dotados de los fenómenos de la vida, mientras que sólo un número limitado de ellos se aplican a los sistemas no vivos”. El concepto osteopático se refiere a un sistema vivo e incluye el concepto craneal. El Dr. Sutherland dijo: “El concepto craneal no es una aportación especial de la ciencia de la osteopatía. En realidad, el concepto fue concebido por el Dr. Andrew Taylor Still”. Una vez más, yo digo, el concepto total de osteopatía requiere la búsqueda de todos los principios explicativos, universalmente hablando, para llevarlo a la comprensión y esto incluye el Creador que Lo trajo a la existencia.

Hay varios caminos que se pueden seguir para dar una conferencia conmemorativa al hombre que honramos hoy. Podríamos contar la historia de su desarrollo de la osteopatía en el campo craneal de manera cronológica, pero esto sólo serviría para limitarla a los días y años en que la vivió. Esto no es suficiente; las verdades que nos dio son piedras angulares de verdades más grandes que aún no se han revelado. Podríamos discutir con mucho detalle el funcionamiento de la anatomía y la fisiología que aprendió en sus años de estudio, pero esto sólo serviría para darnos formación y no apuntaría hacia el camino que el Maestro Arquitecto ofrecía para adquirir el conocimiento del funcionamiento de toda la anatomía fisiológica de la que él hablaba. Podríamos desarrollar hipótesis para explotar los principios que él nos plantea, pero al final seguirían siendo hipótesis y habríamos terminado aquí. Leo teorías preocupantes, “Una de las tragedias de la vida es el asesinato de una bella teoría por un brutal montón de hechos”.

En lugar de buscar todos los caminos, creo que es necesario considerar la obra de W. G. Sutherland tal como está redactada, haciendo hincapié en la necesidad de aprender algo sobre el Fulcro Espiritual y su aplicación clínica en el cuidado diario de nuestros pacientes. Con esto en mente, tomemos los términos que él utilizó: Elemento Más Alto Conocido, Poten-

Breath of Life- and try to read between the lines find a practical fulfillment for the basic principles. Throughout this discussion, let it be remembered that Dr. Sutherland was guided by his Maker Whom he affectionately called DAI This was not a term of irreverence by one that allowed him to feel close of his Maker on Whom he depended for guidance and from Whom he received the necessary urging to "dig on" when the road was difficult to follow. This no mere fancy. This is a reliance in Great Wisdom from Divine Mind.

It will be necessary to define function as it is used in this theme. Physiologic function is the special, normal, or proper action of any part or organ of the human body. We are not concerned with the end products of functioning but with the mobility and motility that accompany functioning within body physiology, its tissues and its fluids. We are concerned with the movements the body makes in response to its internal or external environments, with its voluntary and involuntary actions, and with those factors that we can learn to feel through the use of thinking-feeling-seeing-knowing fingers. When we place our hands upon a patient who has good health, we feel an overall sense of wellness. We feel the respiratory cycle his breathing. We feel the flexion and extension of his midline structures their functioning. We feel the alternate external and internal rotation of his lateral structures in their functioning. We feel any voluntary motions he may make and many involuntary motions from different organ systems within the body. If we have our hands upon his cranium, we can feel the movements of the cranial articular mechanism, the reciprocal movements of the reciprocal tension membrane, and the fluctuation of the cerebrospinal fluid as an integrated functioning mechanism. Throughout the whole body we can sense something else not ordinarily mentioned in the anatomical-physiological texts of today. This is an overall tidal movement of the whole body, a coming in and ebbing out. It is as if the whole body, functioning as a unit, is responding to a force similar to that moving

cia, Fulcro, Quietud, Marea y Aliento de Vida - y tratemos de leer entre líneas para encontrar el cumplimiento de los principios básicos. A lo largo de esta discusión, recordemos que el Doctor Sutherland fue guiado por su Hacedor, a quien él llamaba afectuosamente (ilegible en el original). Esto no era un término irreverente, sino uno que le permitía sentirse cercano a su Maestro, de quien dependía para ser guiado y de quien recibía el impulso necesario para "seguir" cuando la ruta era difícil de seguir. No se trata de una mera fantasía. Se trata de una relación en la Gran Sabiduría de la Mente Divina.

Será necesario definir la función como se utiliza en este tema. La función fisiológica es la función especial, normal o acción adecuada de cualquier parte o célula del cuerpo humano. No se trata de los productos finales del funcionamiento, sino de la movilidad y la motilidad que acompañan el funcionamiento en la fisiología del cuerpo, de sus tejidos y de sus fluidos. Nos preocupan los movimientos que realiza el cuerpo en respuesta a su entorno interno o externo, sus acciones voluntarias e involuntarias y los factores que podemos aprender a percibir mediante el uso de los dedos que piensan, sienten y conocen. Cuando ponemos las manos sobre un paciente que tiene buena salud, sentimos la sensación de bienestar. Sentimos el ciclo de su respiración torácica. Sentimos la flexión y extensión de sus estructuras de la línea media y su funcionamiento. Sentimos la alternante rotación externa e interna de sus estructuras laterales en su funcionamiento. Sentimos cualquier movimiento voluntario que haga y muchos movimientos involuntarios de diferentes sistemas de órganos dentro del cuerpo. Si tenemos nuestras manos sobre su cráneo, podemos sentir los movimientos del mecanismo articular craneal, los movimientos de vaivén de la membrana de tensión recíproca y la fluctuación del líquido cefalorraquídeo como mecanismo de funcionamiento integrado. En todo el cuerpo percibimos algo más que no se menciona habitualmente en los textos anatómico-fisiológicos actuales. Se trata de un movimiento de marea de todo el cuerpo,

the tides of the ocean. It is a rhythmic movement within all the fluids of the body. It is more powerful, in its quiet way, than any other physiological functioning within the body mechanism, more important and more powerful than the respiratory cycle, the voluntary, or the involuntary movements, or any of the other movements we ordinarily consider. Our knowing touch learns to discern all of these factors operating in integrated functioning in any part of body physiology which we are examining. This is a rhythmic TIDE in physiological functioning with its Highest Known Element and its innate Potency.

As we go deeper into our understanding of body mechanisms, we learn the normal functioning of the individual units of the body, whether they be bone, ligament, membrane, fascia, organs, or fluid, seem to operate through automatic shifting-suspension-fulcrums. The Sutherland fulcrum, where the falx adjoins the tent, is an automatic-shifting-suspension-fulcrum for the reciprocal tension membrane. The sternal end of the clavicle is an osseous fulcrum for the functioning of the entire upper extremity. The atlas is an osseous fulcrum for the condylar parts of the occiput during childbirth. There are fluid fulcrums throughout the body for all kinds of fluid functioning. We can bring the cerebrospinal fluid tide down to that short rhythmic period wherein we reach a still-point a pause-rest period, and we know that we have arrived at a fulcrum point for the cerebrospinal fluid for that moment in time. We are told by Dr. Sutherland that it is at this moment that there is a transmutation from the Highest Known Element that creates an interchange between all the fluids of the body, even within all the living bone cells of the body. As the body responds to this transmutation process and unfolds itself towards more normal body functioning, we can note that there is a change in the tidal movement of the total body mechanism as compared to that which we observed at the beginning of our

un movimiento de entrada y salida. Es como si todo el cuerpo, funcionando como una unidad, respondiera a una fuerza similar a la que mueve las mareas del océano. Es un movimiento rítmico dentro de todos los fluidos del cuerpo. Es más poderoso, en su forma silenciosa, que cualquier otro funcionamiento fisiológico dentro del mecanismo corporal, más importante y más poderoso que el ciclo respiratorio, los movimientos voluntarios o involuntarios, o cualquier otro movimiento que consideremos habitualmente. Nuestro toque de conocimiento nos permite discernir todos estos factores operando en funcionamiento integrado en cualquier parte de la fisiología corporal que estemos examinando. Esta es una MAREA rítmica en el funcionamiento fisiológico con su Elemento más Alto Conocido y su Potencia innata.

A medida que profundizamos en nuestro conocimiento de los mecanismos del cuerpo, aprendemos el funcionamiento normal de las unidades individuales del cuerpo, ya sean huesos, ligamentos, membranas, fascias, órganos o fluidos, parecen funcionar por medio de fulcros suspendidos de cambio automático. El fulcro de Sutherland, donde la hoz se une a la tienda, es un fulcro suspendido de cambio automático para la membrana de tensión recíproca. El extremo esternal de la clavícula es un fulcro óseo para el funcionamiento de toda la extremidad superior. El atlas es un fulcro óseo para las partes condilares del occipucio durante el parto. Hay fulcros fluidos en todo el cuerpo para todos los diferentes funcionamientos de los fluidos. Podemos llevar la marea del líquido cefalorraquídeo a ese corto período rítmico en el que alcanzamos el punto de quietud, el período de pausa-descanso, y sabemos que hemos llegado a un punto de fulcro para el líquido cefalorraquídeo en ese momento. El Dr. Sutherland nos dice que es en este momento cuando hay una transmutación del Elemento Más Alto Conocido que crea un intercambio entre todos los fluidos del cuerpo, incluso dentro de todas las células óseas vivas del cuerpo. A medida que el cuerpo responde a este proceso de transmutación y se despliega hacia un funcionamiento más normal, podemos no-

examination.

We are told by Dr. Sutherland that the motive power for functioning is at or in the fulcrum, not at the ends of the lever. We are instructed by him that is the fulcrum point you read in the body mechanisms, to listen and feel the functioning at the fulcrum points, to get the tone quality at the fulcrum points, to note the rhythm at these pause-rest periods. They are automatic-shifting-suspension-fulcrum areas, yet they are a still-point of balance, an important balance point which we can seek in working with the tissue elements and their fluid contents with our knowing touch to bring them to this functioning balance point. When we have reached this pause-rest period, in comes the Potency of the TIDE for the transmutation process that brings normalization to body functioning. As human engineers, as physicians, we are dealing with the most powerful force within the human body when we learn to use the TIDE movements of body physiology, tidal movements designed by the Master Mechanic.

It was from research work done upon himself and detailed study of all the parts of the primary respiratory mechanism that enabled Dr. Sutherland to state "The rule of the artery is supreme, but the cerebrospinal fluid is in command." To further clarify this thought, he said, "The Breath of Life in the cerebrospinal fluid TIDE is the fundamental principle in the primary respiratory mechanism." And then he gave us detailed instruction on how to develop thinking-feeling-seeing-knowing fingers in order to bring this TIDE down to its still-point, its pause-rest period, in order to control its functioning in body physiology. It is important to know we are not limited to the craniosacral mechanism in learning to control the TIDE. As we seek balance in tissue and fluid elements in any part of the whole body in our search for disease or

tar que hay un cambio en el movimiento de la marea del mecanismo corporal total en comparación con el que observamos en el examen inicial.

El Dr. Sutherland nos dice que la fuerza motriz para la acción está en o dentro del fulcro, no en los extremos de la palanca. Nos instruye en que es el punto de fulcro el que se lee en los mecanismos del cuerpo, para escuchar y sentir el funcionamiento en los puntos de fulcro, para ver la calidad del tono en los puntos de fulcro, para notar el ritmo en estos períodos de pausa-descanso. Son áreas de fulcro suspendido de cambio automático, y sin embargo son un punto de quietud de equilibrio, un punto de equilibrio importante que podemos buscar al trabajar con los elementos del tejido y sus contenidos fluidos con nuestro conocimiento para llevarlos a este punto de equilibrio en su función. Cuando hayamos alcanzado este período de pausa-reposo, entra la Potencia de la MAREA para el proceso de transmutación que trae la normalización al funcionamiento del cuerpo. Como ingenieros humanos, como médicos, estamos tratando con la fuerza más poderosa del cuerpo humano cuando aprendemos a utilizar los movimientos de la MAREA de la fisiología del cuerpo, los movimientos de marea diseñados por el Maestro Mecánico.

Fue el trabajo de investigación realizado sobre sí mismo y el estudio detallado de todas las partes del mecanismo respiratorio primario lo que llevó al Dr. Sutherland a afirmar que "la regla de la arteria es suprema, pero el fluido cerebroespinal es el que manda". Para clarificar aún más este pensamiento, dijo: "El aliento de vida en la MAREA del fluido cerebroespinal es el principio fundamental del mecanismo respiratorio primario". Y luego nos dio instrucciones detalladas sobre cómo desarrollar los dedos de pensar-sentir-saber para llevar esta MAREA a su punto de quietud, su período de pausa-descanso, para controlar su funcionamiento en la fisiología del cuerpo. Es importante saber que no estamos limitados al mecanismo craneosacral para controlar la MAREA. Como buscamos el equilibrio de los elementos

disabled conditions, we are learning to bring the TIDE into its balance point or fulcrum area wherein a transmutation. process. Can take place to reduce the lesion mechanics, to correct pathology, to regain health for that individual. This is the healing principle of the Master Mechanic at work within our patients; and we, as physicians, can develop our awareness and observe its workings in the tissues of the patients.

In our discussion up to this time, I have referred to the functioning of the TIDE of the body and to the many fulcrums that operate in body physiology. It is time to refer to something else that Dr. Sutherland gave us in developing our understanding. This is the stillness of the TIDE. Not the up and down fluctuation of the waves of the TIDE but the Stillness found at the fulcrum point within the TIDE. There is a Potency within this stillness. The idea of stillness serves to confuse us in our thinking in trying to understand this work. How can there be a Potency or power or energy in stillness? Dr. Sutherland used to give us the illustration of transmitting a vibration to a glass of water and observing the surface of that glass of water forming a still-point in its center. And he called attention to the fact that this was a fulcrum point within that glass of water and compared it to the fulcrum point we reach in bringing the cerebro spinal fluid fluctuation down to its still point in compression of the fourth ventricle or any other of the TIDE control techniques. "It is the stillness of the TIDE we seek" he would say, for in that stillness is the Potency of the TIDE.

Those of us who were privileged to be in his classes while he lectured to us on this subject have observed and shared in the experience of feeling the whole classroom becoming still. He would call it to our attention and would tell us that it was something that frequently occurred when the Potency of the TIDE was being

tisulares y fluidos en cualquier parte del cuerpo en nuestra búsqueda de la enfermedad o de la discapacidad, estamos aprendiendo a llevar la MAREA a su punto de equilibrio o árrera de fulcro en el que puede tener lugar un proceso de transmutación para reducir la mecánica de la lesión, corregir la patología y recuperar la salud del individuo. Este es el principio rector del Maestro Mecánico trabajando en nuestros pacientes; y nosotros, los médicos, podemos desarrollar nuestro conocimiento y observar su funcionamiento en los tejidos de los pacientes.

En nuestra discusión hasta ahora, nos hemos referido al funcionamiento de la MAREA del cuerpo y a los múltiples fulcros que operan en la fisiología del cuerpo. Es hora de referirnos a algo más que nos legó el Dr. Sutherland para desarrollar nuestra comprensión. Se trata de la quietud de la MAREA. No la fluctuación hacia arriba y hacia abajo de los movimientos de la MAREA, sino la Quietud que se encuentra en el punto de fulcro dentro de la MAREA. En esta quietud hay una Potencia. La idea de la quietud sirve para confundirnos en nuestro pensamiento al tratar de entender este trabajo. ¿Cómo puede haber una Potencia o poder o energía en la quietud? El Dr. Sutherland nos daba la ilustración de transmitir una vibración a un vaso de agua y observar la superficie de ese vaso de agua formando un punto de quietud en su centro. Y llamaba la atención al hecho de que esto era un punto de fulcro dentro de ese vaso de agua y lo comparaba al punto de fulcro que alcanzamos al traer la fluctuación del fluido cerebro espinal hasta su punto de quietud en la compresión del cuarto ventrículo o cualquier otra de las técnicas de control de la MAREA. "Es la quietud de la MAREA lo que buscamos", diría él, porque en esa quietud está la Potencia de la MAREA.

Los que tuvimos el privilegio de estar en sus clases mientras nos daba conferencias sobre este tema, observamos y nos sentimos inmersos en la experiencia de sentir que toda la clase entraba en quietud. Nos llamaba la atención y nos decía que era algo que ocurría con frecuencia cuando se hablaba de la Potencia de

discussed. It occurred spontaneously and was not something that was planned or predetermined. Those who experienced this could feel the stillness, and his comment would be, "Can you feel the change in the TIDE?" This is something that occurred in a moment of time and then it was gone. So we are discussing something that occurs in a vital mechanism in a time sequence when all of the factors that lead to its appearance are properly tuned for it to happen. Does this stillness have an inert feeling, of lifelessness or absence of vitality? No. It is a living thing that has the feeling of power and Potency within it. It cannot be explained for I have no words to describe it, but it does happen and it is beneficent.

There have been times within your own offices when this has occurred while you have been treating a patient. You are suddenly conscious that the whole room in which you are working seems to become a pause-rest period and there is something there, a Stillness, that is above and beyond anything you can explain to yourself or to the patient. There is a feeling of being close to your Maker. When asked about this point Dr. Sutherland said, "We need not worry about that. We know we have a Potency. We need not worry about where comes from; nor where it goes."

Nature has given us many examples of the Potency and power within the stillness of her functioning. The eye of the hurricane is a tremendous center of stillness and yet it is a potent stillness. It is also an automatic-shifting-suspension-fulcrum site as it moves across the ocean. The winds that blow over the surface of the earth cannot blow every where at once. There must be a point of calm. The axle of a wheel has to have still-point around which the wheel moves. And we could go on and on. And these living systems in nature that have cited? We do not classify them as such. But in dealing with the body physiology of biologic systems, we are dealing with principles and "laws not framed by human hands" and we do find there is power and Potency within the stillness

la MAREA. Los que lo experimentaban podían sentir la quietud, y su respuesta era: "¿Puedes sentir el cambio en la MAREA?". Así que estamos hablando de algo que ocurre en un mecanismo vital en una secuencia de tiempo cuando todos los factores que llevan a su aparición están adecuadamente sintonizados para que ocurra. ¿Posee la quietud una sensación inerte de falta de vida o de ausencia de vitalidad? No. Es una cosa viva que tiene la sensación de poder y Potencia dentro de ella. No puede ser explicada porque no tengo palabras para describirla, pero ocurre y es benéfica.

Ha habido momentos en sus propias consultas cuando esto ha ocurrido mientras usted ha estado tratando a un paciente. De repente es consciente de que toda la habitación en la que está trabajando parece estar en un periodo de pausa-descanso y hay algo allí, una Quietud, que está por encima y más allá de cualquier cosa que puedas explicarte a ti mismo o al paciente. Hay una sensación de estar cerca de tu Hacedor. Cuando se le preguntó sobre este punto, el Dr. Sutherland dijo: "No necesitamos preocuparnos por eso. Sabemos que tenemos una Potencia. No tenemos que preocuparnos de dónde viene, ni a dónde va".

La naturaleza nos ha dado muchos ejemplos de la Potencia y el poder dentro de la quietud de su funcionamiento. El ojo del huracán es un tremendo centro de quietud y, sin embargo, es una potente quietud. También es un lugar de fulcro suspendido de cambio automático a medida que se mueve a través de la superficie del océano. Los vientos que soplan sobre la superficie de la tierra no pueden soplar en todos lados a la vez. Debe haber un punto de calma. El eje de una rueda tiene que ser un punto de quietud alrededor del cual se mueve la rueda. Y así podríamos seguir. ¿Algunos de estos sistemas vivos de la naturaleza ha sido citado? No los clasificamos como tales. Pero al tratar de la fisiología del cuerpo de los sistemas biológicos, estamos tratando con principios y

of the TIDE within body functioning. We are not dealing with a static mechanism in which we say we are still as we sit here in our chairs. Our bodies are a dynamic flux of energy operating from the moment of conception throughout life, and within these energy fields are moments of time, moments of Stillness within these energy fields, fulcrum points in time for various physiological needs, and all centered with the Potency of Stillness as the motive power for the action that follows. We must understand the mechanism of this Stillness and use it in the core of our cases and we do not need to have a full explanation as to what it is, nor where it comes from, nor where it goes after it has served us at this moment of using it, The Stillness of the TIDE in body physiology.

Up to this point I have discussed function, automatic-shifting-suspension fulcrums, the TIDE, Stillness, and the Potency that operates within all of these facets within body physiology. It would appear that I am trying to develop a theological hypothesis to explain this work. That's is not true. I am trying to point out to you that the Creator of the human body and its mechanisms is more than a passive terminology to Whom we give lip service but do not use. The science of osteopathy includes the active use of the Creator in its daily service. It is an acquired art as well as a science and I like the quotation I read somewhere, "Therefore be at peace with God, whatever you conceive Him to be, and whatever your labors and aspirations, in the noisy confusion of life, keep peace with your soul. Therefore we need tools in understanding and using a Spiritual Fulcrum in our daily practices. What are some of these tools?"

First, I would say that a physician should develop an objective awareness. He should know anatomy, physiology, and pathology and all the

"leyes no fabricadas por manos humanas" y encontramos que hay poder y Potencia dentro de la quietud de la MAREA dentro del funcionamiento del cuerpo. No estamos tratando con un mecanismo estático en el que estamos quietos mientras nos sentamos en nuestras sillas. Nuestros cuerpos son un flujo dinámico de energía que opera desde el momento de la concepción a lo largo de la vida, y dentro de estos campos de energía hay momentos de tiempo, momentos de Quietud dentro de estos campos de energía, puntos de fulcro a tiempo para varias necesidades fisiológicas, y todos centrados en la Potencia de la Quietud como fuerza motriz para la acción que sigue. Debemos entender el mecanismo de esta Quietud y utilizarla en el núcleo de nuestros casos, y no necesitamos una explicación completa de lo que es, ni de dónde viene, ni a dónde va después de que nos haya servido en este momento de utilizarla, La Quietud de la MAREA en la fisiología del cuerpo.

Hasta aquí he hablado de la función, de los fulcros suspendidos de cambio automático, de la MAREA, de la Quietud y de la Potencia que opera en todas estas facetas dentro de la fisiología corporal. Podría parecer que estoy tratando de desarrollar una hipótesis teológica para explicar este trabajo. Pero no es cierto. Estoy tratando de señalar que el Creador del cuerpo humano y sus mecanismos es más que una terminología pasiva a la que damos servicio de boquilla, pero no usamos. La ciencia de la osteopatía incluye el uso activo del Creador en su servicio cotidiano. Es un tipo de arte adquirido a la vez que una ciencia, y me gusta la cita que leí en algún lugar: "Por lo tanto, estate en paz con Dios, sea como sea que Lo concibas, y sean cuales sean tus deseos y aspiraciones, en la ruidosa confusión de la vida, mantén la paz con tu alma...". Por lo tanto, necesitamos herramientas para descubrir y utilizar el Fulcro Espiritual en nuestras prácticas diarias. ¿Cuáles son estas herramientas?

En primer lugar, yo diría que un médico debe desarrollar una conciencia objetiva. Debe conocer la anatomía, la fisiología y la patología,

integrated, interrelated, and intra-related functioning that is manifest between these elements in body physiology. He must be able to evaluate and determine diagnostic and prognostic insight from the day of his initial examination of the patient until he discharges that patient. He should be able to coordinate the tissue changes taking place through using the Potency within the tissues with the objective progress of that case. toward normalcy or recompensation. He should be guided by the objective findings he makes in determining the care for each case.

Secondly, the physician should have a subjective awareness of the potential for using the healing principles discussed herein; He should be able to sense the degree of possibilities for reversing pathological conditions within the patient and the degree of potential recovery that can be made within the tissue units. He is dealing with the subjective phenomena of life itself and he will share in the subjective changes that take place within the patient through his seeking to evaluate them. He must know the anatomical-physiological needs of each patient's problem and subjectively work with them in addition to objectively watching their progress.

Thirdly, he should develop thinking-seeing-feeling-knowing fingers that can literally follow the moment to moment changes that take place within disabled tissues as they work with the Master Architect in reconstructing their normal or recompensated pattern of health. This knowing touch is not easy to acquire. It takes months and years of patience and patients to make it a working efficient tool for use in diagnosis and treatment, Every patient is a challenge to further improve his skills and there is no point at which a physician can say, "I know all there is to know about this particular problem." The very next visit of that patient opens new doors for further investigation.

así como la función integrada, interrelacionada e intrínseca que se manifiesta entre estos elementos en la fisiología corporal. Debe ser capaz de evaluar y determinar la visión diagnóstica y pronóstica desde el momento del examen inicial del paciente hasta el momento del alta. Debe ser capaz de coordinar los cambios tisulares que tienen lugar a través de la Potencia en los tejidos con el progreso objetivo de la enfermedad para lograr la normalidad o la recuperación. El médico debe guiarse por los hallazgos objetivos que haga para determinar el cuidado de cada caso.

En segundo lugar, el médico debe tener una conciencia subjetiva del potencial para el uso de los principios de curación que aquí se exponen. El médico debe ser capaz de percibir el grado de posibilidades de reversión de las condiciones patológicas dentro del paciente y el grado de recuperación potencial que se puede hacer dentro de las unidades de tejido. Se ocupa de los fenómenos subjetivos de la vida misma y participará en los cambios subjetivos que se producen en el paciente al tratar de evaluarlos. Debe conocer las necesidades anatómico-fisiológicas del problema de cada paciente y trabajar subjetivamente con él además de observar su progreso objetivamente.

En tercer lugar, debe desarrollar dedos pensantes que vean, sientan y conozcan, que sigan literalmente los cambios que se producen en los tejidos discapacitados en cada momento, mientras trabajan con el Maestro Arquitecto en la reconstrucción de su patrón normal o compensado de salud. Este toque conocedor no es fácil de adquirir. Requiere meses y años de paciencia y pacientes para convertirlo en una herramienta eficaz de diagnóstico y tratamiento. Cada paciente es un desafío para mejorar más sus habilidades y no hay momento en el que el médico pueda decir "Yo sé todo lo que se puede saber sobre este problema en particular". La siguiente visita de ese paciente abre nuevas puertas para seguir investigando.

There are many other factors that can be discussed, but these three points are the main ones that primarily concern the physician in learning to use the healing principles of the Highest Known Element in his diagnostic and therapeutic approach to his patient. In addition to these three points is the fact that, at all times, he should accept one thought each time a patient comes to him for his services. This is the objective, subjective, and knowing awareness of a Potency within himself, within his developing knowing fingers, and within the patient; a Potency to which the physician quietly submits himself for guidance and understanding. I am not suggesting that this approach produces an instantaneous healing each time the patient submits himself for treatment, although the results obtained will frequently surprise you. I am trying to tell you that working with the Master Mechanic each visit will permit the physician to give the finest, the most efficient, and the most skillful service in any of the healing arts that is available to the patient. It is a scientific approach that includes all the principles of those "laws not framed by human hand," that includes "all known material processes and explanatory principles endowed with the phenomena of life." It is a living application of the science of osteopathy.

We have been exploring some rather deep water. It is time to change the pace and explore some of the lighter moments that occur in our clinical experience in using these truths. One of the first things I would suggest for the physician is the development of a sense of humor. The most common statement I hear in my practice is, "He didn't do anything, but...all he did was put his hands on me and sit there and when he was through, I felt better."

There is always a need for good patient-doctor relationship; and in allowing physiological function within to manifest its own unerring Potency for the motive power for correction rather than the use of blind force from without.

Hay muchos otros factores que pueden ser discutidos, pero estos tres puntos son los principales que conciernen al médico cuando aprende a utilizar los principios de sanación del Elemento Más Alto Conocido en su enfoque diagnóstico y terapéutico de su paciente. Añadimos a estos tres puntos el hecho de que, en cada momento, debe aceptar un pensamiento cada vez que un paciente acude a sus servicios. Esto es la conciencia objetiva, subjetiva y consciente de una Potencia dentro de sí mismo, dentro de sus dedos conocedores en desarrollo, y dentro del paciente; una Potencia a la que el médico se somete tranquilamente para guiarse y comprender. No estoy sugiriendo que este enfoque produzca una curación instantánea cada vez que el paciente se somete al tratamiento, aunque los resultados obtenidos le sorprenderán con frecuencia. Estoy tratando de decirle que el trabajo con el Maestro Mecánico en cada visita permitirá al médico dar el mejor, más eficiente y más hábil servicio en todas las artes de la curación que está disponible para el paciente. Es una aproximación científica que incluye todos los de esas "leyes no rodeadas por la mano humana" que incluye "todos los procesos materiales conocidos y los principios explicativos dotados de los fenómenos de la vida". Es una aplicación viva a la ciencia de la osteopatía.

Hemos estado explorando algunas aguas más profundas. Es tiempo para cambiar el camino y explorar algunos de los momentos más iluminadores que ocurren en nuestra experiencia clínica en el uso de estas verdades. Uno de las primeras cosas que yo sugeriría para el médico es el desarrollo del sentido del humor. La frase más común que escucho en mi práctica es: "No hizo nada, pero todo lo que hizo fue poner su mano en mí y sentarse ahí, y cuando lo hizo, me sentí mejor".

Siempre se necesita una buena relación médico-paciente: y permitimos a la función fisiológica interior manifestar su Potencia infalible para la fuerza motriz para la corrección, en lugar de usar una fuerza ciega desde el exterior.

After you have secured good results in someone, who has made the rounds of routine care, including manipulative osteopathy in some cases, you will have a patient that likes to send his or her friends to you, and it is interesting to see how they prepare that potential patient for your services. The new patient is told, "When you go to my doctor don't be surprised as to how he treats you. You are going to think he is not doing anything, but you will feel better when he is through and if he says he needs to see you again, you stay with him and he will get you well". I have a very fine gentleman in my practice who has sent me more patients and he tells them, "You go see my doctor with the magic hands. I don't know how he does it, but he can help you."

Patients come back and send their friends because you are able to produce good results in problems that have not been solved by medicine, physiotherapy, or any other form of examination, or tests. As your skill continues to develop, you will get more and more complex cases that have made the rounds and are still seeking help for their problems. About the time the physician thinks that he had seen as tough a case as it is possible to see in a busy practice new case will come from one of his many patient referrals that makes all the previous tough cases seem simple. Utilizing the unerring Potency as the motive power for diagnosis and treatment attracts complex cases to the physician's office as, flowers attract bees. This is why this work is continuously interesting. There is always something new to be learned from the patient's body physiological picture and for the physician, need for greater insight with which to bring this problem under control.

"You are getting back to: 'Cause' said Dr. Sutherland, and he continued "If you understand the mechanism, your technique is simple." Think, for a moment, of the many implications these two statements present to the physician: In the world of effects piled upon effects within

Después de haber conseguido buenos resultados en alguien que haya seguido las rondas de cuidado rutinarias, incluyendo la osteopatía manipulativa en algunos casos, usted tendrá un paciente que quiere enviar a su amigo a usted, y es interesante ver cómo prepara a ese a ese potencial paciente para sus servicios. Al nuevo paciente le cuentan: "Cuando usted vaya a mi médico, no se sorprenda de cómo le trata. Va a pensar que no está haciendo nada, pero se sentirá mejor cuando haya terminado y si le dice que necesita verle, déjele ir y le pondrá bien". Tengo un caballero muy bueno en mi consulta que me ha enviado más pacientes y les dice: "Vayan a ver a mi médico con las manos mágicas. No sé cómo lo hace, pero le puede ayudar".

Los pacientes vienen y envían a sus amigos porque usted es capaz de producir buenos resultados en problemas que no han sido resueltos por la medicina, la fisioterapia o cualquier otra forma de exámenes o pruebas. A medida que su habilidad continúa en desarrollo, obtendrá casos más y más complejos que han hecho la ronda completa y todavía buscan ayuda para su problema. Cuando el médico piense que ha visto casos tan difíciles como se pueda llegar a ver en una consulta tan ocupada, un nuevo caso que viene de uno de sus muchos referentes potenciales y hace que todos los casos difíciles anteriores parezcan sencillos. La utilización de la Potencia infalible como la fuerza motriz de la medicina y el tratamiento atrae a los casos más complejos a la consulta del médico como las flores atraen a las abejas. Esa es la razón por la que este trabajo es continuamente interesante. Siempre hay algo nuevo que aprender de la imagen fisiológica del cuerpo del paciente, y de la necesidad del médico por un mayor conocimiento para tener este problema bajo control.

"Usted vuelve a la Causa" dijo Dr. Sutherland, y continuó: "Si se entiende el mecanismo, la técnica es sencilla". Piense, por un momento, en las múltiples implicaciones que las dos afirmaciones presentan para el médico: En el mundo de los efectos apilados sobre efectos

most problem cases until these effects overbalance the causative factors cause in these cases being those initial injuries or disease that started the syndrome we now examined, we are not being guided to a Creator within the disabled condition, a Cause that will give us assistance and a pathway to follow to correct pathology, a Cause that will penetrate through the effects and allow health to reappear within the patient. We are seeking the revitalization of health within the patient, not the mere symptomatic relief of the effects Within the overall Cause is health and it is our job to help the patient bring through for his recovery.

What wealth of insight there is in this few words, "If you understand the mechanism." It embodies all that we have discussed. The physician should have a knowing awareness of the Creator within himself and within the patient. He should be aware of the Potency and its rhythmic capacity of function within the TIDES of body physiology and how to work with those TIDES throughout the body to make use of the Potency within them. He should have a working knowledge of functioning within body physiology and be able to sense the tissue and fluid changes taking place with a knowing touch. He should have a working knowledge of all the anatomy and physiology as is found in our present-day texts and then be able to go beyond this point and be open-minded and opened touch-wise to accept those experiences that come to him through the unerring Potency within body physiology as it does its unseen work. It is an invisible force, to be sure, but it is manifest through anatomical-physiological elements and it is something that the physician can learn to feel and to interpret for his diagnostic and therapeutic care in his cases. He should develop an understanding of fulcrums, automatic-shifting-suspension-fulcrums, in body physiology. He should develop his understanding of the Potency within the Stillness in these fulcrum pause-rest periods as they function in their moment in time when all is in tune for their time sequence to unfold. He will find it necessary to develop a different patient-doctor relationship,

dentro de la mayoría de los casos problemáticos, hasta que los efectos sobrepasan los factores primarios. Porque en estos casos en que hay una lesión o la enfermedad que inició el síndrome que ahora examinamos, no estamos siendo guiados hacia un Creador dentro de la condición patológica, una Causa que nos dé asistencia y un camino a seguir para corregir la patología, una Causa que penetre a través del efecto y que permita que la salud reaparezca en el paciente. Buscamos la revitalización de la salud en el paciente, no el mero alivio sintomático del efecto. Nuestro trabajo es ayudar al paciente a traer la salud para su recuperación, dentro de la Causa general.

Qué riqueza de conocimiento hay en estas pocas palabras: "Si se conoce el mecanismo". Se trata de todo lo que se ha discutido. El médico debe tener conocimiento del Creador dentro de sí mismo y dentro del paciente. Debe ser consciente de la Potencia y de su capacidad rítmica de función dentro de las MAREAS de la fisiología corporal y cómo trabajar con esas MAREAS en todo el cuerpo para utilizar la Potencia dentro de ellas. Deberá tener un conocimiento práctico de la función dentro de la fisiología del cuerpo y ser capaz de sentir los cambios de fluidos que se producen con el tacto conocedor. Debería tener un conocimiento práctico de toda la anatomía y fisiología que se encuentra en nuestros textos actuales y luego ser capaz de ir más allá de este punto y tener una mente abierta y estar abierto al tacto para aceptar aquellas experiencias que le llegan a través de la infalible Potencia en la fisiología del cuerpo a medida que hace su trabajo invisible. Es una fuerza invisible, sin duda, pero se manifiesta a través de elementos anatómicos y fisiológicos, y es algo que el médico debe sentir e interpretar para su cuidado diagnóstico y terapéutico en sus casos. Debe desarrollar su conocimiento de los fulcros, los fulcros suspendidos de desplazamiento (o cambio) automático, en la fisiología del cuerpo. Deberá desarrollar su conocimiento de la Potencia dentro de la Quietud en estos periodos de pausa-descanso de los fulcros, ya que funcionan en su momento cuando todo está en sintonía

for the physician has largely ceased to be the doer in the treatment program and is allowing physiological function within to manifest its unerring Potency rather than applying blind force from without. He is going to be subjected to many questions and much questioning with many patients' minds. Fortunately, this point is easily overcome by the results he obtains in a high percentage of his cases and in the preparation his patients make in referring other cases to him. However, it is a point to consider and it does create an interesting factor in using this type of work. In addition the physician should have an objective awareness, a subjective awareness, and a thinking-seeing-feeling-knowing touch. With all of these qualifications, it is possible to summarize them in Dr. Sutherland's few words, "If you understand the mechanism, your technique is simple." And it is simple. This was and is the science of osteopathy as enunciated and practiced by Dr. A T. Still, by Dr. W. G. Sutherland, and by many other leaders within our profession. Today, we are concerned with the truths and demonstrations of those truths as brought to us by Dr. Sutherland.

Now is the time to consider what do es all of this mean to us who practice in this year, 1965, and to the future years ahead of us. Our profession is a highly qualified profession and we need every service within it that we now use. We need our hospitals, our surgeons, our internists, our pediatricians, our obstetricians, our psychiatrists, and all of our specialty groups. We need every modality that modern medicine can give us for the routine care of our patients. There is room for all of these and there is room for something in addition. There is need for at least 2,000 men and women who will take the time to teach themselves the disciplines necessary to make the truths of Still and Sutherland available for use in their daily practices. I have been told that not every physician is capable of acquiring these particular skills, that he must

para que se desarrolle su secuencia temporal. Se encontrará con la necesidad de desarrollar una relación médico-paciente diferente, ya que el médico ha dejado ampliamente de ser el que hace en el programa de tratamiento, y está permitiendo a la función fisiológica interior manifestar su Potencia infalible en lugar de aplicar fuerza ciega desde el exterior. Va a ser sometido a muchas preguntas y a muchos cuestionamientos en las mentes de los pacientes. Afortunadamente, este punto es fácilmente superado por los resultados que obtiene en un alto porcentaje de sus casos y en la preparación que sus pacientes hacen al referirle otros casos. Sin embargo, es un punto a tener en cuenta y constituye un factor de interés en la utilización de este tipo de trabajo. Además, el médico debe poseer una conciencia objetiva, una conciencia subjetiva y un tacto que piensa, ve, siente y conoce. Con todas estas cualificaciones, es posible resumirlas en las escasas palabras del Dr. Sutherland: "Si se comprende el mecanismo, la técnica es sencilla". Y es sencilla. Esta era y es la ciencia de la osteopatía tal y como la enunciaron y practicaron el Dr. A T. Still, el Dr. W. G. Sutherland, y por muchos otros líderes de nuestra profesión. Hoy en día, estamos preocupados por las verdades y las demostraciones de esas verdades que nos trajo el Dr. Sutherland.

Ahora es el momento de considerar lo que todo esto significa para nosotros, que practicamos este año, 1965, y para los años futuros. Nuestra profesión es una profesión altamente calificada y necesitamos todos los servicios que ahora utilizamos. Necesitamos nuestros hospitales, nuestros cirujanos, nuestros internistas, nuestros pediatras, nuestros obstetras, nuestros psicólogos y todos nuestros grupos de especialidad. Necesitamos todas las modalidades que la medicina moderna nos ofrece para el cuidado rutinario de nuestros pacientes. Hay espacio para todas ellas y también para otras. Se necesitan más de 2.000 hombres y mujeres que se tomen el tiempo de aprender las disciplinas necesarias para hacer que las verdades de Still y Sutherland sean utilizables en sus prácticas diarias. Algunos me dicen que

be gifted in some way before he can obtain them I do not feel this way about this ability. I feel that it takes perseverance, time, and a great deal of work on the physician's part to acquire this art and science. If any physician is willing to devote time and effort to the basic premises of "being still in order to know" as the means of getting closer to his Maker than mere material breathing, his path will lead him to the necessary acquisitions of becoming a man or woman skilled in those principles and practices given to us by Dr. A. T. Still and Dr. W. G. Sutherland. Frankly, I would like to see 2,000 men and women practicing this type of osteopathy, because those physicians will be giving a service to many thousands of patients who have been told, "We have done all that is possible for you. You will have to learn to live with the problem as it now manifests itself." A high percentage of those thousands can be led to a much higher degree of health than is now available to them. I am concerned for the patients who can be helped. Thus there is born the need for the men and women, who can help them, to come forward and develop their personal skills in this area at present, there is but a handful in this country who have taken the words and work of Dr. Sutherland to heart, his concept of osteopathy as a whole unit, and who are trying to become this type of physician.

There is another point to be made here that has not been touched upon. The physician who takes upon himself to acquire this type of practice is going to become a research-physician within his own office. Just as Dr. Sutherland spent many a long year in learning the truths he gained from work upon himself and from observations he made in his patients, just so will every physician find avenues for explorations and study that cannot be found in the textbooks and periodicals of today's literature. The Authority for many of the problems to be solved will be found within the complexities of the body physiology of each patient and within the physician's astute awareness of the po-

no todos los médicos son capaces de adquirir estas habilidades particulares, y que deben estar dotados de un don para poder obtenerlas. No creo que esto sea así con respecto a esta habilidad. Si un médico está dispuesto a dedicar tiempo y esfuerzo a las premisas básicas de "estar quieto para conocer" como medio de acercarse a su Hacedor más que a la mera respiración material, su camino le conducirá a las necesarias averiguaciones para convertirse en un hombre o mujer experto en esos principios y prácticas que nos han dado el Dr. A. T. Still y el Dr. W. G. Sutherland. Francamente, me gustaría ver a 2.000 hombres y mujeres practicando este tipo de osteopatía, porque esos médicos estarán dando servicio a muchos miles de pacientes a los que se les ha dicho: "Hemos hecho todo lo que es posible para usted. Tendrá que aprender a vivir con el problema tal y como se manifiesta ahora". Un alto porcentaje de esos miles de personas puede ser conducido a un grado mucho mayor de salud que el que ahora les es posible. Estoy preocupado por los pacientes que pueden ser ayudados. Así nace la necesidad de que los hombres y mujeres, que pueden ayudarlos, se acerquen y desarrollen sus habilidades personales en esta área. En la actualidad, no hay más que un puñado en este país que ha escuchado las palabras y el trabajo del Dr. Sutherland, su concepto de la osteopatía como una unidad única, y que están tratando de convertirse en este tipo de médico.

Hay otro punto que hay que tratar aquí y que no se ha tocado. El médico que se propone adquirir este tipo de práctica se convertirá en un médico investigador dentro de su propia oficina. Así como el Dr. Sutherland dedicó muchos años a aprender las verdades que obtuvo del trabajo sobre sí mismo y de las observaciones que hizo en sus pacientes, así todo médico encontrará avenidas para la exploración y el estudio que no pueden ser encontradas en los libros de texto y en las publicaciones periódicas de hoy en día. La Autoridad para la mayoría de los problemas que hay que resolver se encuentra en las complejidades de la fisiología del cuerpo de cada paciente y en la con-

tential for learning from those problems. The guideposts and work given to us from Dr. Sutherland are but the beginning of further insight, broadening the platform of existing knowledge, and new truths that will need testing and re-testing until they can be brought forward for the use of all of us.

A young patient of mine, who has now entered his freshman year in one of our colleges, told his mother that he planned on getting his D.O. degree coming back to Dallas, and studying under my guidance until he can acquire the principles and the means of implementing those principles in his own practice. Then he told her that he plans to do a better job than I do. His mother said she felt this was a form of conceit on his part. My reply was that he should be able to do a better job than I am doing, that the experiences I have gained will shorten the time he needs to acquire the skills it takes to produce the results I obtain, and that he should be able to stand on my shoulders and become a better man in the years he has before him. I applaud him for his attitude. I think it is high time that we all stand on Dr. Sutherland's shoulders by, first, becoming as skillful as he was in his work, and, secondly, by using that skill and understanding to further his work and that of Dr. A. T. Still. Herein is our role as research-physician in the science of osteopathy. It was Dr. Sutherland's wish that this be so. Are we ready to accept the challenge?

"Be Still and Know ... You are getting back to: Cause... The Breath of Life is the fundamental principle is the science of osteopathy." These are the thoughts that Dr. Sutherland left us in his dedication to the science of osteopathy. I would like to close with a quotation that is in a letter he sent me many years ago. I was writing to him with reference to certain aspects of osteopathy in the cranial field, but his reply can be expended to include total body physiology in the science of osteopathy. However, I will quote him as he gave it to me:

ciencia astuta del médico sobre el potencial para aprender de esos problemas. La guía y el trabajo que nos ha proporcionado el Dr. Sutherland no son más que el comienzo de una mayor comprensión, que amplía la base del conocimiento existente, y de nuevas verdades que necesitarán ser probadas y reexaminadas hasta que puedan ser presentadas para el uso de todos nosotros.

Un joven paciente mío, que ha entrado ahora en su primer año en una de nuestras universidades, le dijo a su madre que se proponía obtener su título de D.O., venir a Dallas y estudiar bajo mi dirección hasta que pudiera adquirir los principios y los medios para aplicarlos en su propia práctica. Luego le dijo que se proponía hacer un trabajo mejor que el mío. Su madre le dijo que le parecía una forma de presunción por su parte. Mi respuesta fue que debería ser capaz de hacer un trabajo mejor que el mío, que las experiencias que he adquirido acortarán el tiempo que necesita para adquirir las habilidades que necesita para conseguir los resultados que obtengo, y que podrá subirse a mis hombros y convertirse en un hombre mejor en los años que le quedan por delante. Le aplaudo por su actitud. Creo que ya es hora de que nos subamos a los hombros del Dr. Sutherland para, en primer lugar, convertirnos en igual de expertos que él era en su trabajo y, en segundo lugar, utilizar esa habilidad y comprensión para promover su trabajo y el del Dr. A. T. Still. ¿Estamos dispuestos a aceptar el reto?

"Estáte Quieto y conoce... Estás volviendo a: la Causa... El Aliento de Vida es el principio fundamental de la ciencia de la osteopatía". Estos son los pensamientos que el Dr. Sutherland nos dejó en su dedicación a la ciencia de la osteopatía. Me gustaría terminar con una cita que aparece en una carta que me envió hace muchos años. Le escribí con referencia a ciertos aspectos de la osteopatía en el campo craneal, pero su respuesta puede ampliarse para incluir la fisiología de todo el cuerpo en la ciencia de la ciencia de la osteopatía. Sin embargo, lo citaré tal y como me la dio:

"Closer to me than breathing is the Creator of the cranial mechanism... Closer to the patient is the Creator of his or her cranial mechanism... My thinking-feeling-seeing-knowing fingers are guided Intelligently by the Master Mechanic Who designed this mechanism. It matters not what interpretation one may apply, providing one's mental trolley is on the Wire." Let me repeat: "It matters not what interpretation one may apply, providing one's mental trolley is on the Wire."

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"Más cerca de mí que la respiración está el Creador del mecanismo craneal... Más cerca del paciente está el Creador de su mecanismo craneal... Mis dedos que piensan-sienten-ven y saben son guiados Inteligentemente por el Maestro Mecánico, Quien diseñó este mecanismo. No importa la interpretación que uno aplique, siempre que el carro mental de uno esté Conectado". Permítame repetir: "No importa la interpretación que uno aplique, siempre que el carro mental de uno esté Conectado"

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The
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BE STILL AND KNOW

A Dedication to William G. Sutherland, D.O.

Presented in Philadelphia, Pennsylvania, Sept. 22, 1965

by

Rollin E. Becker, B.Sc., D.O.

The theme of this paper is the continuous recognition of the necessity of "being still in order to know" through the most direct Channel possible, that of being closer to, your Maker than mere material breathing. It should also have as a supplement to the title, "Be Still and Know," a Re-dedication to William G. Sutherland. When one thinks of a dedication to a man who has given a great service to mankind, there is a tendency to think of it as something that happened when he was alive and that this is a new day and filled with new discoveries. A re-dedication, on the other hand, is a living thing, a continuing experience, an unfolding understanding, and the promise of greater truths to follow. Such was the work of William Garner Sutherland. He brought to us an understanding of the Breath of Life as a healing principle and demonstrated it to us by his work as a man and as a physician, by experimentation upon himself until the truths he gave us were verified, by his service for his patients, and by the classroom instruction he left with his students.

How often in this day and time do we hear reference made to the Master Mechanic of the human body, the Grand Architect, the Master Architect, God, Deity, Creator, or other terms of reverence for the Maker of the human temple in which we reside? These are the terms of the science of osteopathy as envisioned by Dr. Andrew Taylor Still. Dr. Sutherland told us, "I have often said that we lost something in osteopathy that Dr. Still tried to get across, that was the Spiritual that he included in the science of osteopathy." Dr. Still was closer to his Maker than mere material breathing in his development of the science of osteopathy; he was guided by a Spiritual Fulcrum and so was Dr. Sutherland. If we, as students of the science of osteopathy, are to understand osteopathy, we will find it necessary to reawaken our knowledge of the Deity that centers us, make it our Spiritual Fulcrum for our guidance, and learn to think, feel, and use the Creator in our daily practices. Through his knowledge and use of the science of osteopathy, Dr. Sutherland gave us the guideposts to follow. Let us compare, for a moment, this dedicated type of reasoning of the early 1900's with the science of today. I read an editorial in a recent publication written by a renowned scientist who was trying to reconcile spiritual and scienti-

fic truths. It was his conclusion that science and the spiritual are not incompatible but rather that the great truths of each are more or less parallel with each other, i.e., that each reaches toward that unknown understanding that is necessary for known understanding. That thought does not strike me with a sense of agreement. How can one reason that this is a scientific truth and that this is a spiritual truth? I would place my confidence in a scientist who is reaching for scientific understanding through a Spiritual guidance rather than trying to raise a separate superstructure.

I like the thought of a biologic scientist who was discussing the phenomena of life when he stated, "In fact, the life sciences are not only much more complicated than the physical sciences, they are also much broader in significance, and they penetrate much farther in the exploration of the universe that is science than do the physical sciences. They require and embrace the data and all the explanatory principles of the physical sciences and then go far beyond that to embody many other data and additional explanatory principles that are no less—that are, in a sense, even more—scientific. The point is that all known material processes and explanatory principles apply to organisms, endowed with the phenomena of life, while only a limited number of them apply to non-living systems." The osteopathic concept concerns a living system and includes the cranial concept. Dr. Sutherland told us, "The cranial concept is not a specialty unit set apart from the science of osteopathy." In truthful realization, the concept was envisioned by Dr. Andrew Taylor Still." Again, I say, the total osteopathic concept requires the search for all explanatory principles, universally speaking, to bring it into understanding and this includes the Creator Who brought it into being.

There are several roads one may follow in giving a memorial lecture to the man we honor today. We could recount the history of his development of osteopathy in the cranial field in the chronological manner, but this would only serve to limit it to the days and years in which he lived it. This is not enough; the truths he gave us are stepping stones to greater truths yet to be unfolded. We could discuss in considerable detail the functioning anatomy and physiology that he learned in his years of study, but this would only serve to give us information and would not point towards

the path that the Master Architect offers in acquiring knowledge of the functioning of all the anatomical-physiological he discussed. We could develop hypotheses to explain the principles he gave us, but in the end they would remain hypotheses and we will have ended nowhere. I am reminded of a quotation I read concerning theories, "One of the tragedies of life is the murder of a beautiful theory by a brutal gang of facts."

Rather than travelling any of these roads, I believe it is in order to discuss the work of W. G. Sutherland as he worded it with the emphasis on learning something about a Spiritual Fulcrum and its clinical application in the daily care of our patients. With this thought in mind, let us take the terms he used—Highest Known Element, Potency, Fulcrum, Stillness, Tide, and Breath of Life—and try to read between the lines to find a practical fulfillment for these basic principles. Throughout this discussion, let it be remembered that Dr. Sutherland was guided by his Maker Whom he affectionately called DAI. This was not a term of irreverence but one that allowed him to feel close to his Maker on Whom he depended for guidance and from Whom he received the necessary urging to "dig on" when the road was difficult to follow. This is no mere fancy. This is a reliance in Great Wisdom from Divine Mind.

It will be necessary to define function as it is used in this theme. Physiologic function is the special, normal, or proper action of any part or organ of the human body. We are not concerned with the end products of functioning but with the mobility and motility that accompany functioning within body physiology, its tissues and its fluids. We are concerned with the movements the body makes in response to its internal or external environments, with its voluntary and involuntary actions, and with those factors that we can learn to feel through the use of thinking-feeling-sensing-knowing fingers. When we place our hands upon a patient who has good health, we feel an overall sense of wellness. We feel the respiratory cycle of his breathing. We feel the flexion and extension of his midline structures in their functioning. We feel the alternate external and internal rotation of his lateral structures in their functioning. We feel any voluntary motions he makes and many involuntary motions from different organ systems within the

body. If we have our hands upon his cranium, we can feel the movements of the cranial articular mechanism, the tidal movements of the reciprocal tension membrane, and the fluctuation of the cerebrospinal fluid as an integrated functioning mechanism. Throughout the whole body we can sense something else not ordinarily mentioned in the anatomical-physiological texts of today. This is an overall tidal movement of the whole body, a coming in and ebbing out. It is as if the whole body, functioning as a unit, is responding to a force similar to that moving the tides of the ocean. It is a rhythmic movement within all the fluids of the body. It is more powerful, in its quiet way, than any other physiological functioning within the body mechanism, more important and more powerful than the respiratory cycle, the voluntary, or the involuntary movements, or any of the other movements we ordinarily consider. Our knowing touch learns to discern all of these factors operating in integrated functioning in any part of body physiology which we are examining. This is a rhythmic TIDE in physiological functioning with its Highest Known Element and its innate Potency.

As we go deeper into our understanding of body mechanisms, we learn that normal functioning of the individual units of the body, whether they be bone, ligament, membrane, fascia, organs, or fluid, seem to operate through automatic-shifting-suspension-fulcrums. The Sutherland fulcrum, where the falx adjoins the tent, is an automatic-shifting-suspension-fulcrum for the reciprocal tension membrane. The sternal end of the clavicle is an osseous fulcrum for the functioning of the entire upper extremity. The atlas is an osseous fulcrum for the condylar parts of the occiput during childbirth. There are fluid fulcrums throughout the body for all kinds of fluid functioning. We can bring the cerebrospinal fluid tide down to that short rhythmic period wherein we reach a still-point, a pause-rest period, and we know that we have arrived at a fulcrum point for the cerebrospinal fluid for that moment in time. We are told by Dr. Sutherland that it is at this moment that there is a transmutation from the Highest Known Element that creates an interchange between all the fluids of the body, even within all the living bone cells of the body. As the body responds to this transmutation process and unfolds itself towards more normal body functioning, we can note that there is a change in the tidal movement of the total body mechanism as compared to that which we observed at the beginning of our examination.

We are told by Dr. Sutherland that the motive power for functioning is at or in the fulcrum, not at the ends of the

lever. We are instructed by him that is the fulcrum point you read in the body mechanisms, to listen and feel the functioning at the fulcrum points, to get the tone quality at the fulcrum points, to note the rhythm at these pause-rest periods. They are automatic-shifting-suspension-fulcrum areas, yet they are a still-point of balance, an important balance point which we can seek in working with the tissue elements and their fluid contents with our knowing touch to bring them to this functioning balance point. When we have reached this pause-rest period, in comes the Potency of the TIDE for the transmutation process that brings normalization to body functioning. As human engineers, as physicians, we are dealing with the most powerful force within the human body when we learn to use the TIDE movements of body physiology, tidal movements designed by a Master Mechanic.

It was from research work done upon himself and detailed study of all the parts of the primary respiratory mechanism that enabled Dr. Sutherland to state "The rule of the artery is supreme, but the cerebrospinal fluid is in command." To further clarify this thought, he said, "The Breath of Life in the cerebrospinal fluid TIDE is the fundamental principle in the primary respiratory mechanism." And then he gave us detailed instruction on how to develop thinking-feeling-seeing-knowing fingers in order to bring this TIDE down to its still-point, its pause-rest period, in order to control its functioning in body physiology. It is important to know we are not limited to the craniosacral mechanism in learning to control the TIDE. As we seek balance in tissue and fluid elements in any part of the whole body in our search for disease or disabled conditions, we are learning to bring the TIDE into its balance point or fulcrum area wherein a transmutation process can take place to reduce the lesion mechanics, to correct pathology, to regain health for that individual. This is the healing principle of the Master Mechanic at work within our patients; and we, as physicians, can develop our awareness and observe its workings in the tissues of the patients.

In our discussion up to this time, I have referred to the functioning of the TIDE of the body and to the many fulcrums that operate in body physiology. It is time to refer to something else that Dr. Sutherland gave us in developing our understanding. This is the stillness of the TIDE. Not the up and down fluctuation of the waves of the TIDE but the Stillness found at the fulcrum point within the TIDE. There is a Potency within this stillness. The idea of stillness serves to confuse us in our thinking in trying to understand this work. How can there be a Potency or power or energy in stillness? Dr. Sutherland used to give us

the illustration of transmitting a vibration to a glass of water and observing the surface of that glass of water forming a still-point in its center. And he called attention to the fact that this was a fulcrum point within that glass of water and compared it to the fulcrum point we reach in bringing the cerebrospinal fluid fluctuation down to its still point in compression of the fourth ventricle or any other of the TIDE control techniques. "It is the stillness of the TIDE we seek," he would say, for in that stillness is the Potency of the TIDE.

Those of us who were privileged to be in his classes while he lectured to us on this subject have observed and shared in the experience of feeling the whole classroom becoming still. He would call it to our attention and would tell us that it was something that frequently occurred when the Potency of the TIDE was being discussed. It occurred spontaneously and was not something that was planned or predetermined. Those who experienced this could feel the stillness, and his comment would be, "Can you feel the change in the TIDE?" This is something that occurred in a moment of time and then it was gone. So we are discussing something that occurs in a vital mechanism in a time sequence when all of the factors that lead to its appearance are properly tuned for it to happen. Does this stillness have an inert feeling of lifelessness or absence of vitality? No. It is a living thing that has the feeling of power and Potency within it. It can not be explained for I have no words to describe it, but it does happen and it is beneficent.

There have been times within your own offices when this has occurred while you have been treating a patient. You are suddenly conscious that the whole room in which you are working seems to become a pause-rest period and there is something there, a Stillness, that is above and beyond anything you can explain to yourself or to the patient. There is a feeling of being close to your Maker. When asked about this point Dr. Sutherland said, "We need not worry about that. We know we have a Potency. We need not worry about where it comes from; nor where it goes."

Nature has given us many examples of the Potency and power within the stillness of her functioning. The eye of the hurricane is a tremendous center of stillness and yet it is a potent stillness. It is also an automatic-shifting-suspension-fulcrum site as it moves across the ocean. The winds that blow over the surface of the earth cannot blow everywhere at once. There must be a point of calm. The axle of a wheel has to have a still-point around which the wheel moves. And we could go on and on. All these living systems in nature that

have cited? We do not classify them as such. But in dealing with the body physiology of biologic systems, we are dealing with principles and "laws not framed by human hands" and we do find there is power and Potency within the stillness of the TIDE within body functioning. We are not dealing with a static mechanism in which we say we are still as we sit here in our chairs. Our bodies are a dynamic flux of energy operating from the moment of conception throughout life, and within these energy fields are moments of time, moments of Stillness within these energy fields, fulcrum points in time for various physiological needs, and all centered with the Potency of Stillness as the motive power for the action that follows. We must understand the mechanism of this Stillness and use it in the care of our cases and we do not need to have a full explanation as to what it is, nor where it comes from, nor where it goes after it has served us at this moment of using it. The Stillness of the TIDE in body physiology.

Up to this point I have discussed function, automatic-shifting-suspension-fulcrums, the TIDE, Stillness, and the Potency that operates within all of these facets within body physiology. It would appear that I am trying to develop a theological hypotheses to explain this work. That is not true. I am trying to point out to you that the Creator of the human body and its mechanisms is more than a passive terminology to Whom we give lip service but do not use. The science of osteopathy includes the active use of the Creator in its daily service. It is an acquired art as well as a science and I like the quotation I read somewhere, "Therefore be at peace with God, whatever you conceive Him to be, and whatever your labors and aspirations, in the noisy confusion of life, keep peace with your soul." Therefore we need tools in understanding and using a Spiritual Fulcrum in our daily practices. What are some of these tools?

First, I would say that a physician should develop an objective awareness. He should know anatomy, physiology, and pathology and all the integrated, interrelated, and intra-related functioning that is manifest between these elements in body physiology. He must be able to evaluate and determine diagnostic and prognostic insight from the day of his initial examination of the patient until he discharges that patient. He should be able to coordinate the tissue changes taking place through using the Potency within the tissues with the objective progress of that case toward normalcy or recompensation. He should be guided by the objective findings he makes in determining the care for each case.

Secondly, the physician should have

a subjective awareness of the potential for using the healing principles discussed herein. He should be able to sense the degree of possibilities for reversing pathological conditions within the patient and the degree of potential recovery that can be made within the tissue units. He is dealing with the subjective phenomena of life itself and he will share in the subjective changes that take place within the patient through his seeking to evaluate them. He must know the anatomical-physiological needs of each patient's problem and subjectively work with them in addition to objectively watching their progress.

Thirdly, he should develop thinking-seeing-feeling-knowing fingers that can literally follow the moment to moment changes that take place within disabled tissues as they work with the Master Architect in reconstructing their normal or recompensated pattern of health. This knowing touch is not easy to acquire. It takes months and years of patience and patients to make it a working efficient tool for use in diagnosis and treatment. Every patient is a challenge to further improve his skills and there is no point at which a physician can say, "I know all there is to know about this particular problem." The very next visit of that patient opens new doors for further investigation.

There are many other factors that can be discussed, but these three points are the main ones that primarily concern the physician in learning to use the healing principles of the Highest Known Element in his diagnostic and therapeutic approach to his patient. In addition to these three points is the fact that, at all times, he should accept one thought each time a patient comes to him for his services. This is the objective, subjective, and knowing awareness of a Potency within himself, within his developing knowing fingers, and within the patient; a Potency to which the physician quietly submits himself for guidance and understanding. I am not suggesting that this approach produces an instantaneous healing each time the patient submits himself for treatment, although the results obtained will frequently surprise you. I am trying to tell you that working with the Master Mechanic each visit will permit the physician to give the finest, the most efficient, and the most skillful service in any of the healing arts that is available to the patient. It is a scientific approach that includes all the principles of those "laws not framed by human hand," that includes "all known material processes and explanatory principles endowed with the phenomena of life." It is a living application of the science of osteopathy.

We have been exploring some rather deep water. It is time to change the pace and explore some of the lighter moments that occur in our

clinical experience in using these truths. One of the first things I would suggest for the physician is the development of a sense of humor. The most common statement I hear in my practice is, "I didn't do anything, but . . . all he did was put his hands on me and sit there and when he was through, I felt better."

There is always a need for good patient-doctor relationship; and in allowing physiological function within to manifest its own unerring Potency for its motive power for correction rather than the use of blind force from without.

After you have secured good results in someone who has made the rounds of routine care, including manipulative osteopathy in some cases, you will have a patient that likes to send his or her friend to you, and it is interesting to see how they prepare that potential patient for your services. The new patient is told, "When you go to my doctor, don't be surprised as to how he treats you. You are going to think he is not doing anything, but you will feel better when he is through and if I say he needs to see you again, you stay with him and he will get you well." I have a very fine gentleman in my practice who has sent me many patients and he tells them, "You go see my doctor with the magic hands. I don't know how it does it, but he can help you."

Patients come back and send their friends because you are able to produce good results in problems that have not been solved by medical physiotherapy, or any other form of examination or tests. As your skill continues to develop, you will get more and more complex cases that have made the rounds and are still seeking help for their problems. About the time the physician thinks that he had seen as tough a case as it is possible to see in a busy practice, a new case will come in from one of his many patient referrals that makes all the previous tough cases seem simple. Utilizing the unerring Potency as the motive power for diagnosis and treatment attracts complex cases to the physician's office as flowers attract bees. This is why this work is continuously interesting. There is always something new to be learned from the patient's body physiological picture and from the physician's need for greater insight with which to bring this problem under control.

"You are getting back to: 'Cause' said Dr. Sutherland, and he continued: "If you understand the mechanism, your technique is simple." Think, for a moment, of the many implications of these two statements present to the physician. In the world of effects piled upon effects within most problem cases until the effects overbalance the causative factors, cause in these cases being those initial injuries or disease that started the syndrome we now examined, we are not being guided to a Creator within the disabled condition, a Cause that will give us assistance and a pathway to follow to correct pathology, a Cause that will penetrate through the effects and allow health to reappear within the patient. We are seeking the revitalization of health within the patient, not the mere symptomatic relief of the effects. Within the overall Cause is health or it is our job to help the patient bring through for his recovery.

What wealth of insight there is in these few words, "If you understand the mechanism." It embodies all that we have discussed. The physician should have a knowing awareness of the Creator within himself and within the patient. He should be aware of the Potency and its rhythmic capacity for function within the TIDES of body phy-

ology and how to work with those TIDES throughout the body to make use of the Potency within them. He should have a working knowledge of functioning within body physiology and be able to sense the tissue and fluid changes taking place with a knowing touch. He should have a working knowledge of all the anatomy and physiology as is found in our present-day texts and then be able to go beyond this point and be open-minded and opened touch-wise to accept those experiences that come to him through the unerring Potency within body physiology as it does its unseen work. It is an invisible force, to be sure, but it is manifest through anatomical-physiological elements and it is something that the physician can learn to feel and to interpret for his diagnostic and therapeutic care in his cases. He should develop an understanding of fulcrums, automatic-shifting-suspension-fulcrums, in body physiology. He should develop his understanding of the Potency within the Stillness in these fulcrum pause-rest periods as they function in their moment in time when all is in tune for their time sequence to unfold. He will find it necessary to develop a different patient-doctor relationship, for the physician has largely ceased to be the doer in the treatment program and is allowing physiological function within to manifest its unerring Potency rather than applying blind force from without. He is going to be subjected to many questions and much questioning with many patients' minds. Fortunately, this point is easily overcome by the results he obtains in a high percentage of his cases and in the preparation his patients make in referring other cases to him. However, it is a point to consider and it does create an interesting factor in using this type of work. In addition the physician should have an objective awareness, a subjective awareness, and a thinking-seeing-feeling-knowing touch. With all of these qualifications, it is possible to summarize them in Dr. Sutherland's few words, "If you understand the mechanism, your technique is simple." And it is simple. This was and is the science of osteopathy as enunciated and practiced by Dr. A. T. Still, by Dr. W. G. Sutherland, and by many other leaders within our profession. Today, we are concerned with the truths and demonstrations of those truths as brought to us by Dr. Sutherland.

Now is the time to consider what does all of this mean to us who practice in this year, 1965, and to the future years ahead of us. Our profession is a highly qualified profession and we need every service within it that we now use. We need our hospitals, our surgeons, our internists, our pediatricians, our obstetricians, our psychiatrists, and all of our

specialty groups. We need every modality that modern medicine can give us for the routine care of our patients. There is room for all of these and there is room for something in addition. There is need for at least 2,000 men and women who will take the time to teach themselves the disciplines necessary to make the truths of Still and Sutherland available for use in their daily practices. I have been told that not every physician is capable of acquiring these particular skills, that he must be gifted in some way before he can obtain them. I do not feel this way about this ability. I feel that it takes perseverance, time, and a great deal of work on the physician's part to acquire this art and science. If any physician is willing to devote time and effort to the basic premises of "being still in order to know" as the means of getting closer to his Maker than mere material breathing, his path will lead him to the necessary acquisitions of becoming a man or woman skilled in those principles and practices given to us by Dr. A. T. Still and Dr. W. G. Sutherland. Frankly, I would like to see 2,000 men and women practicing this type of osteopathy, because those physicians will be giving a service to many thousands of patients who have been told, "We have done all that is possible for you. You will have to learn to live with the problem as it now manifests itself." A high percentage of those thousands can be led to a much higher degree of health than is now available to them. I am concerned for the patients who can be helped. Thus there is born the need for the men and women, who can help them, to come forward and develop their personal skills in this area. At present, there is but a handful in this country who have taken the words and work of Dr. Sutherland to heart, his concept of osteopathy as a whole unit, and who are trying to become this type of physician.

There is another point to be made here that has not been touched upon. The physician who takes upon himself to acquire this type of practice is going to become a research-physician within his own office. Just as Dr. Sutherland spent many a long year in learning the truths he gained from work upon himself and from observations he made in his patients, just so will every physician find avenues for explorations and study that cannot be found in the textbooks and periodicals of today's literature. The Authority for many of the problems to be solved will be found within the complexities of the body physiology of each patient and within the physician's astute awareness of the potential for learning from those problems. The guideposts and work given to us from

Dr. Sutherland are but the beginnings of further insight, broadening the platform of existing knowledge, and new truths that will need testing and re-testing until they can be brought forward for the use of all of us.

A young patient of mine, who has now entered his freshman year in one of our colleges, told his mother that he planned on getting his D.O. degree, coming back to Dallas, and studying under my guidance until he can acquire the principles and the means of implementing those principles in his own practice. Then he told her that he plans to do a better job than I do. His mother said she felt this was a form of conceit on his part. My reply was that he should be able to do a better job than I am doing, that the experiences I have gained will shorten the time he needs to acquire the skills it takes to produce the results I obtain, and that he should be able to stand on my shoulders and become a better man in the years he has before him. I applaud him for his attitude. I think it is high time that we all stand on Dr. Sutherland's shoulder by, first, becoming as skillful as he was in his work, and, secondly, by using that skill and understanding to further his work and that of Dr. A. T. Still. Herein is our role as research-physician in the science of osteopathy. It was Dr. Sutherland's wish that this be so. Are we ready to accept the challenge?

"Be Still and Know . . . You are getting back to: Cause . . . The Breath of Life is the fundamental principle in the science of osteopathy." These are the thoughts that Dr. Sutherland left us in his dedication to the science of osteopathy. I would like to close with a quotation that is in a letter he sent me many years ago. I was writing to him with reference to certain aspects of osteopathy in the cranial field, but his reply can be expanded to include total body physiology in the science of osteopathy. However, I will quote him as he gave it to me:

"Closer to me than breathing is the Creator of the cranial mechanism . . . Closer to the patient is the Creator of his or her cranial mechanism . . . My thinking-feeling-seeing-knowing fingers are guided intelligently by the Master Mechanic Who designed this mechanism. It matters not what interpretation one may apply, providing one's mental trolley is on the Wire." Let me repeat: "It matters not what interpretation one may apply, providing one's mental trolley is on the Wire."

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