

Achievement

**Sutherland Memorial Lecture
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Introduction

Today I wish to bring you a glimpse of the man—Dr. Sutherland and his cranial concept; his introduction to the intelligent body, operating as a beautifully coordinated unit-mechanism; his method of treatment and a review of the sequence and progression of his teachings, each a step in his achievement of interpreting Dr. A.T. Still's Science of Osteopathy to us in depth, and of emphasizing the prime importance of the cerebral spinal fluid which carries "The Breath of Life" or "Life Principle!" This resulted in a tremendous challenge for Dr. Will as he inspired his students with the opportunity to prepare themselves for a more comprehensive service to humanity.

I have drawn generously on my notes taken from Dr. Sutherland, himself, as he presented his subject to class after class. Those who heard him repeatedly will recognize his words. Those who did not have this opportunity should know how he presented his thought, with great sincerity and conviction. Quotations from his lectures are of extreme value in conveying to his students the knowledge which he had acquired.

Doctor Sutherland

I wish to open this memorial to Dr. Sutherland with a quotation which he frequently repeated in the early years of his teaching. It seems to characterize Dr. Will as he progressed toward his outstanding achievement.

"To the dreamer who can work, and the worker who can dream, life surrenders all things."

It was from August 5th to 9th, 1942, that we had our first visit of four and one-half wonderful days with Dr. Sutherland, then known to us only as author of "The Cranial Bowl" and teacher of cranial technique.

When we first met him little did we realize what a tremendous opportunity and change was to come into our lives, for Dr. Sutherland was a research scientist of the first order, a deep student, sensitive, keen observer and analyst, and a devoted, persistent worker in this field which had been opened to him. Truly, he was guided by "The Master Mechanic" with whom he and Dr. Still lived very closely. He had to "dig on" and he had to share this amazing concept. For his students it has been the means of providing a deeper and more complete service. We would be lost without it and are eternally grateful for it.

Will Sutherland's achievement was made possible by his obedience to the command from Psalm 46:10: "Be still and know..." He himself quoted this verse frequently; he dreamed it, he thought it, he lived it. It was by following this command that he continued to be ready and willing to receive, question, and eventually to accept the radical new thoughts which flowed in during these periods of study and meditation. His entire *mein* was one of quiet, poise, thought, power, and a deep sense of knowingness that he found a truth—another aspect of Dr. Andrew Taylor Still's Science of Osteopathy. He repeatedly claimed that this cranial concept was not his, but Dr. Still's. He felt strongly obligated to share it with his professional colleagues. He had proved that the bones of the skull do move and that the effects are powerful!

During the first thirty years or more after Dr. Sutherland's first flash of illumination that the bones of the skull move with respiration he meditated, studied, reasoned, and thought on this "vision" of truth—truth as demonstrated by the anatomical features of the bones themselves, their form, markings, and bevelings which indicated the way they must move during the respiratory cycle.

During these years of research he had to learn for himself what were the physiological reactions to cranial treatment. He had to try these techniques on his own sensitive body, feeling through his entire being the effects produced by them. These experiences gave to him the certainty and knowingness unshakable with which he later presented his concept. This was a long and difficult part of his great achievement!

In presenting his concept Dr. Will moved wisely and carefully, in such a way that his students would accept this radical new idea which was contrary to contemporary thought; that they would see the truth in it and be challenged to study and work with it. To have done this was an achievement of note!

Dr. Sutherland was not satisfied with the dictum of the day regarding physiological function. He was always searching for truth... something more satisfying and workable. Each step seemed necessarily to be a creative one. As the ideas came they had to be analyzed and correlated as to where they might lead and how they related to that which had already come, all directed toward the building of a concept which was thoroughly practical.

By means of the many new ideas which he presented he gave to his students a far greater understanding of the human body and its functioning than we could ever obtain from the textbooks on human physiology and pathology. He created for us a picture of the living being as it functioned normally and under difficulties. He opened new vistas of heretofore unexplored territory that were part of the great field he was revealing to us in his cranial concept. I would like to mention a few of these vistas which are so meaningful: (1) The Primary Respiratory Mechanism; (2) The Choroid Plexuses; (3) The Cranial Mechanisms; (4) The Fascial System; and (5) The Cerebrospinal Fluid. These vistas will be considered under "The Intelligent Body, a Unit Mechanism."

There are three basic quotations which Dr. Sutherland used frequently in his classes. The first was from Dr. Still, "The brain of man is God's drug store and has in it all the liquids, drugs, lubricating oils, acids, and every quality of drug the wisdom of God thought necessary for happiness and health."¹

The second, from Dr. Sutherland, "According to biblical history, a breath of life was breathed into the nasals, and man became a living soul. Note that it was the breath of life and not the breath of air, being one of the material elements that the breath of life utilizes in a mechanism to walk about upon earth."²

And the third, from Dr. Sutherland, "All the physiological centers, including that of respiration, are located in the floor of the fourth ventricle." He continued, "During the primary respiratory functioning, initiated by the spark or breath of life, the brain operates by expansion and contraction of the cerebellum."³

The intelligent body, a unit mechanism

1. The primary respiratory mechanism ⁴

The primary respiratory mechanism which is basic to life is described in Dr. Sutherland's own words. No one could state it more succinctly. "The primary respiratory mechanism, to which the diaphragmatic respiratory mechanism is secondary, includes the brain, the intracranial membranes, the cerebrospinal fluid and the articular mobility of the cranial bones. It also includes the spinal cord, the intraspinal membranes, the same cerebrospinal fluid and the articular mobility of the sacrum between the ilia. (Note particularly: the articular mobility of the sacrum between the ilia which is involuntary mobility and not the mobility of the ilia upon the sacrum which is postural mobility.)

"There are no muscles of attachment from the sacrum to the ilia. Neither are there muscles of attachment from bone to bone to operate the cranial articulations. The cranial structure, as well as the sacrum, is activity and does not require muscular agencies of propulsion."

He continues, "According to Hilton's text, **Rest and Pain**,⁵ the brain rests upon waterbeds of cerebrospinal fluid, but I say it seems not only to rest but to rock its cranial articular cradle through the fluctuation of the cerebrospinal fluid.

Dr. Still stated, "The rule of the artery is supreme. The cranial fluid is in command, being primary to arterial, venous and lymphatic activity. A complete picture of the intracranial and intraspinal membranes and of the large body of cerebrospinal fluid is essential. It is through the agency of these membranes, acting as check ligaments during respiration, that the fluctuation of the cerebrospinal fluid is brought about. The cerebrospinal fluid is under pressure and constant activity, both within the ventricles and spinal cord and surrounding the brain and spinal cord. It is the very center of body activity."

Dr. Sutherland described the motion of the parts of the primary respiratory mechanism, emphasizing the coincident motion of the sacrum with the cranium. By way of the spinal dura the cranium and the sacrum move synchronously in the respiratory cycle. The cranium controls the sacrum and in turn is controlled by it. We may treat the cranium by way of the sacrum and vice versa. Lesions of the one limit the motion of the other. This concept brought to us another approach for completely releasing chronic sacroiliac and iliosacral lesions. Another achievement!

2. The choroid plexus

It was during Dr. Sutherland's earlier years in the development of the importance of the cerebrospinal fluid that he conceived the idea of the possibility of a chemical interchange between the blood and the cerebrospinal fluid at the choroid plexuses. Patton's **Human Embryology** claims that the choroid plexus have a surface area of approximately one square meter.⁶ Might not an important chemical interchange occur through that considerable expanse of membrane? Dr. Sutherland called attention to the fact that in complete exhalation or death the choroid plexuses are compressed into a mere lime, as observed at autopsy. But in the inhalation of flexion cycle, as in life, they are spread out to give larger surface for interchange between the blood in the choroid plexuses and the cerebrospinal fluid surrounding them. He felt that the short rhythmic movement of the central nervous system, with the spreading and compressing of the choroid plexuses and the fluctuation of the cerebrospinal fluid over them, provided the means for interchange that is such an important factor to our well-being. This part of the concept alone is a very special contribution which is a highly significant achievement!

3. The mechanics of the cranium

Through his long years of research, Dr. Sutherland worked out the mechanism of the cranium, the motion of the individual bones and of their coordinated motion during the respiratory cycle. What an achievement that was! Flexion, extension, sidebending rotation, and torsion of the sphenobasilar symphysis in addition to the physiological adaptation to stress and the distortions and pathological effects of trauma. This has provided for an expansion of osteopathy to include the all-important structures of the head.

4. The fascial system

Dr. Will traced the continuity of the fascia from head to foot, using it as the basis for his "Fascial lift" techniques which have proved to be so beneficial. They release the so-called "ptosis syndrome" and promote better movement of body fluids and better function of the viscera and of the supporting structures of the body.

Dr. Sutherland inspired us to study thoroughly the anatomy and physiologic function of the fascial system, that we might visualize the mechanism for synchronous motion and the total body changes which can and do occur as a result of cranial treatment.

I wish to quote one sentence from **Gray's Anatomy**, Edition 25, page 350. "One very important mechanism for function of the fascia must not be overlooked even if it is seldom mentioned, namely, that of supporting and carrying the blood vessels, nerves and lymphatics."

Fascia, being the seat of the immunizing function of the body and all being inserted into bone, gives us a perfect basis for the osteopathic concept.⁷

5. The cerebrospinal fluid

"**Directing the Tide.**" Dr. Will developed in us an ever increasing respect for the cerebrospinal fluid. From Dr. Still's reference to it as carrying the highest known element in the human body,⁸ he continued with "an understanding of the cerebrospinal fluid as being under pressure and constant activity both within the ventricles and spinal cord and surrounding the brain and spinal cord; as carrying nourishment to the nerve cells; as

receiving the secretions of the posterior lobe of the pituitary gland; and as having Intelligence and Potency." He used this potency in treatment by a method to which he referred as "Directing the Tide." To direct the tide for diagnosis he told us to direct the potency from the opposite side of the head and from the greatest distance from the lesion area. Here, if there is no lesion, a resilient impulse is detected; if a lesion is present a forceful rebound is palpated which is in direct ratio to the degree of fixation. To correct the lesion, hold this until the potency of the tide has removed the membranous strain and the impulse is resilient. This method was designed to reduce the time and increase the accuracy in the reduction of lesions. Another achievement!

Dr. Sutherland was very perceptive. He created some very effective techniques for increasing the activity of the primary respiratory mechanism, thus enhancing the well-being of the individual. Probably the most effective of all cranial techniques is the one which is called "compression of the fourth ventricle." The 1948 Journal of the Osteopathic Cranial Association says, "Compression of the fourth ventricle is the most powerful technique. On examination before and after its use, results show a trend toward normal in the functional rates, and a tendency of the body chemistry to approach normal limits due to the changes affected in all body fluids."⁹ And another quote from the same article, "As a result of compression of the fourth ventricle, the amplitude of the fluctuation of the cerebrospinal fluid is reduced, and the rate usually increased, causing the primary respiratory mechanism to operate in short rhythmic cycles."¹⁰ These rhythmic cycles bring the fluctuations of the cerebrospinal fluid to their highest point of efficiency. When they appear there is an immediate rapid interchange of all body fluids.

The physical signs of a successful response to compression of the fourth ventricle are a sensation of warmth at the occipital area; the skin of the forehead becomes moist, warm and velvety; breathing assumes a short, even, rhythmic rate and depth perceptible at the diaphragm; and frequently a sense of well-being is apparent to the patient.

Dr. Will taught us five ways of securing this effect. He said, "The main thing is to get the cerebrospinal fluid reaching the 'still point.' Then the Potency of the Tide has freedom to function and bring about an interchange of all body fluids."¹¹

The first technique was given to us in 1942—the occipital hold with respiratory cooperation of the patient.¹² The second and fourth were given in 1947, and the fourth and fifth in 1948. They produced this effect by "limiting the motion of the primary respiratory mechanism by holding one portion of the mechanism, or one bone, in its exhalation position against the effort of the mechanism to carry it into the inhalatory position. This quickly reduces the rhythm to short, rapid, even cycles, producing more forcible, effective, and immediate fluid interchange."¹³

Technique #2—Holding the temporal bones in opposite rotation

Technique #2a—Holding any bone in its exhalation position.¹⁴

Technique #3—Holding the sphenobasilar symphysis at balance between flexion and extension.¹⁵

Technique #4—Holding at balance in unphysiologic position any two articulating bones of the skull; for example, hold the occiput in extension with the temporals in external rotation or the occiput in flexion with internal rotation of the temporals.¹⁶

Technique #5—Holding the cranium in flexion and the sacrum in extension or vice versa.¹⁷

On April 8, 1948, Dr. Sutherland announced, "From now on, you will hear a lot of the fundamental idea of the cranial concept, the fluctuation of the cerebrospinal fluid." I wish to share with you a few of his comments which indicate the expanding use of the cerebrospinal fluid fluctuations which he was introducing. "Movement of the cerebrospinal fluid is compared to the tide of the ocean, mass movement in one direction and ebbing in the other. This movement is potent." He also said, "The Potency of the Tide is unerring and in its accuracy and carries with it nourishment to the nerve cells of the brain. It contains the 'Life Principle' or the 'highest element' which is invisible, just as electricity and X-rays are invisible, but they are there and their power is recognized. There seems to be a transmutation of the highest known element from the nerve cell down the nerve tracts to the lymphatic tissues, and hence to the venous channels, probably what Dr. Still called 'nerve force.' The Tide is something that you can depend upon."¹⁸

The potency of the tide was now established. From here on, in his descriptions of the primary respiratory mechanism the cerebrospinal fluid was of prime importance and was mentioned first in the list of its components. Achievement? The recognition of this tremendous innate power within the Intelligent Body which can be used so effectively to enhance physical well-being! What creativity was that of Dr. Sutherland!

Treatment

The skull, containing the body-controlling brain, cannot logically be separated from the torso and the extremities, nor can the skull be neglected if we are to treat the tool unit mechanism. The cranium and its contents contain a highly detailed sensitive complex. They have to be treated gently. In the early days of osteopathy consideration of the cranium had to wait for Dr. W.G. Sutherland to "catch the vision" and follow his guidance to work out the cranial design and the mechanics of its motion, a thirty-year task. Mrs. Sutherland's little book, **With Thinking Fingers**, vividly describes this.

We, his students today, accept the cranial concept without question. We recognize and are grateful for its depth, its power, and its possibilities for helping previously "impossible" cases. It does open new doors for a more extensive service.

Success in treatment is dependent upon the ability to find balance so that the body mechanism may be free to move toward the normal during the respiratory cycle and particularly during the exaggerated respiratory cycle.

In order to correct cranial lesions, Dr. Sutherland depended upon membranous articular release. He taught his students to carry the lesioned area in the direction it moves more freely to this point of balance and to hold it for the respiratory cooperation of the patient.

General Technique

Dr. Sutherland's general techniques had marked effects upon the physiologic reactions of the body. He described them as "gentle, easy, and scientific," and we discovered them to be extremely effective. They were based upon ligamentous articular release and involved the respiratory cycle. Here was another thought new to his students. We had not fully realized that all the body tissues move with each respiratory cycle. Dr. Will also taught that when an articulation is placed at the point of articular release it is at liberty to, and does, move into the position which is necessary for its freedom of motion and that the Intelligence of the "Life Principle" knows exactly what is needed and seems ready to respond to this opportunity of attaining normal motion. Dr. Still and Dr. Will often said, "The tendency of the efforts of the body is always toward the normal."¹⁹

Dr. Sutherland's general techniques were described and illustrated in the 1949 Year Book of the Academy of Applied Osteopathy which was dedicated to him.

Teaching

In the beginning Dr. Sutherland scaled his presentation of the cranial concept to that which his students would accept. He himself doubted. He knew what we would be thinking. Consequently, he first described each bone of the skull in detail, pointing out its design for motion. He put them together and demonstrated their coordinated motion. Next he described the primary respiratory mechanism—the underlying concept of his concept. He pointed out the mechanics of the sphenobasilar symphysis, its positions, motion and restrictions of motion. He described the position and motion as the sphenobasilar symphysis moved into its four basic positions. He gave us the techniques for mobilizing each bone separately, and for the mechanism as a whole, all with the balance and respiratory cooperation of the patient. Traumaties were explained, techniques were demonstrated and practiced. This was teaching we could accept.

We studied and worked with this background of information until February 1945 when Dr. Will felt he had us ready for another step. Then he gave us the "compression of the condylar parts of the occiput," its etiology, symptomology, diagnosis and the techniques for release with consequent improved function. The effects upon the "bent twigs," as Dr. Will termed the birthing-injured and handicapped children, were both challenging and heart-rending. A vastly wider field for service was opened to us. Another creative achievement!

The Fulcrum and the Cerebrospinal Fluid

For the next six years Dr. Sutherland placed more and more emphasis on the Intelligence and Potency of the cerebrospinal fluid in its use for cranial adjustments. According to this method of correction the cranial structures are placed upon delicate balance at the Sutherland Fulcrum, using the vault hold. Then our hands follow the changes in tension as the Intelligence of the cerebrospinal fluid directs the course of the adjustment and the Potency provides the motive power.

Dr. Sutherland described the fulcrum as being in the region of the adjoining of the falx cerebelli; as an automatic, suspended, and shifting fulcrum which changes location as the stresses of the reciprocal tension membrane are altered by the lesion patterns and their releases; as having "fluid drive," and as being a relative "still point" from which the reciprocal tension and the cerebrospinal fluid fluctuations operate to attain an adjustment. He said, "One feels this mechanism shifting when testing for motion. In reducing lesions the balance point is at the fulcrum. Learn to feel the position of the fulcrum. Use your thinking, feeling, seeing, knowing fingers by way of the vault contact to palpate the fluctuations of the cerebrospinal fluid. Let it go and you follow. Do not try to influence the Tide. It goes to restrictions and gives 'little tugs.' You will learn to feel the 'drag' of the lesion. You can depend upon the cerebrospinal fluid to tell you the Truth and to do the work for you. Rely on the Tide."²⁰

On May 19, 1949, Dr. Will said, "Get the importance of the fulcrum point; it is not only a junction but a 'still point' where we understand the importance of the cerebrospinal fluid highest element which henceforth shall be known as 'liquid light.'"

On November 8, 1949, Dr. Will simplified it for us as follows: "To guide you, use the fluid which has more Intelligence and Potency than you have. You only need to understand the reciprocal tension membrane and the four poles of attachment. Get the balance between the poles. Liquid light is something invisible which performs miracles. Your prayer is answered before it is offered."

What an achievement for Will Sutherland to have reasoned out this novel interpretation of the primary respiratory mechanism containing the liquid light. A rare creation! Think of the thousands of patients who have blessed him for this contribution to health and well-being. Again, an amazing achievement!

Summary

This presentation has endeavored to give a picture of Dr. Will Sutherland and his achievement, that of letting come through him another aspect of Dr. A.T. Still's Science of Osteopathy, the concept of the craniosacral mechanism with all its ramifications, detail, and profound significance for the therapeutic world.

He carried us from a simple anatomic introduction to the unique idea of "sutural motion in the cranium" to an intricate involvement with the basic function of the human body in health and disease.

The concept of the Intelligent Body, a Unit Mechanism with its relative complexity and great depth was heretofore unknown to us, his students. Dr. Sutherland analyzed and presented to us a transformed method of treating the human body.

What a privilege it has been to work with Dr. Will! What a challenge to all of us to carry on!

I wish to share with you a quotation from "With the Master" by Philippe Vernier (p. 925). Dr. Sutherland loved it. To me, it seemed to epitomize his pathway to his great achievement. "The great secret, you see, is not to think of yourself, of your courage or of your despair, of your strength or of your weakness, but of Him for whom you journey. Then you will understand that He cannot show you a task without making you capable of fulfilling it; not send you a trial without also giving you the means of surmounting it."

May we close this meeting with a moment of silent meditation and gratitude for the magnificent gifts and achievements of our creative guide and teacher, Dr. William Garner Sutherland.