



Original article

# J Martin Littlejohn (1865–1947) and James Buchan Littlejohn (1868–1947): Two distinct directions – Osteopathy and the birth of osteopathic medicine



John C. O'Brien

*National Osteopathic Archive, 275, Borough High Street, London, UK*

Received 2 September 2015; revised 7 August 2016; accepted 22 August 2016

## KEYWORDS

Osteopathic medicine;  
Osteopathy;  
Medical education;  
Somatic dysfunction

**Abstract** J Martin Littlejohn (JML) bestrides osteopathic history especially in Chicago, Illinois, USA and in Europe. This article re-addresses much that has been written. His brother, James Buchan Littlejohn has never been acknowledged as an equal partner in formulating coherent principles, meanwhile James developed a lucid direction for US osteopathy against vitriolic osteopathic pressure. Although James's distinct vision has never been recognised, he laid out a blue print for osteopathy to evolve into osteopathic medicine. His path was protecting major surgery as an integral subject within the core curriculum of Kirksville and Chicago and later, introduction of materia medica into the Chicago course as a prelude to opting for prescribing drugs. An irretrievable falling out between the two brothers meant that J Martin Littlejohn never stated James's valuable contribution in his writings. This paper reasserts the dangers of hagiographical approach in placing osteopathic pioneers on a pedestal, divorced from a social historical context. Much of their cherished ideas were those attributed to or co-authored by others, unmentioned persons like James Buchan Littlejohn. Both brothers represent distinct paths for the profession's development: James's in the vanguard of those advocating its place within mainstream medicine and academia; JML's located within Protestant non-conformism, a metaphysical component and complementary medicine. Importantly, their Littlejohn College ideals envisaged broader causative factors than the spinal lesion to dysfunction which were rejected outright by the profession. Whereas James's reputation was enhanced and JML's declined, under considerable

*E-mail address:* [johncorneliusobrien@gmail.com](mailto:johncorneliusobrien@gmail.com).

duress from external institutions neither brother could sustain their working or personal relationship.

© 2016 Elsevier Ltd. All rights reserved.

## Foreword

On a Friday evening, 3rd October 1952 in a private dining room of the Mayfair Hotel, London, the first John Martin Littlejohn memorial lecture was given to the British School of Osteopathy (BSO) faculty and guests. *The Contribution of John Martin Littlejohn to Osteopathy* was delivered by T Edward Hall DO in no uncertain manner and afterwards published as a booklet to BSO alumni and future generations to ponder its value. Hall eulogised JML's achievements in these 40 pages which he considered his teachings and formed a definitive blue-print for osteopaths to practice. Although Hall, a gifted technician and teacher, knew that the underlying message of the lecture was a direct criticism of the team running the BSO and a clarion call to others, opposing BSO management, to unite. Research for this project was purported to have been conducted by a journalist friend. It was a decent attempt but characterised by an absence of detail. His information, gathered from different sources, was shaped to fit a suitable narrative, irrespective of the facts. In this way, myths are borne to survive as fundamental truths.

What might have been more realistic to affirm should have been entitled, *The Contribution of John Martin and James Buchan Littlejohn to Osteopathy?* Both brothers had been privy to early osteopathic development, its rudimentary training from a cottage industry to one run on industrial lines, on state accreditation of the American School of Osteopathy (ASO), Kirksville Mo.<sup>1</sup> Many conflicts emerged: A T Still was troubled with the ASO core medical curriculum following its accreditation; without necessarily informing their father, Charlie and Harry encouraged the Littlejohn brothers and Bill Smith to implement changes for integrating more core medical subjects. What became crucial was the profession's full medical licencing in Mid-west state legislature in Missouri, Iowa and Kansas but opposed vehemently by older, more industrialised states such as Illinois. Most fortuitous for osteopathy was the poor quality of medical school education, mainly in the hands of private individuals. Together with a weak American Medical Association, unable to oppose full licencing sufficiently, and ASO accreditation as a bona fide Missouri medical school.

From Osteopathy's beginnings (1889–1) the founding fathers, had placed its theoretical and clinical innovation on the existence of spinal lesions as the chief causations of illness and disease. It was further based on radically opposing the use of all drugs, most notably, opiates and alcohol. Both aspirations were well meaning while the status quo remained-inadequate medical training and ineffective, damaging pharmaceutical products. Though these fundamental matters were about to change, the Flexner Report (1910) on the quality of North American medical schools and the emergence of effective synthetic drugs such as Salversan (1910), Prontosil (1935), Penicillin (1940s), and Streptomycin (1940s). Within the osteopathic profession, the central *raison d'être* for osteopathy's existence was its spinal lesion with its structural diagnosis and manual therapy.

The notion illness and disease could be assessed every time using a structural diagnosis to elicit bony lesions was only half the problem. That the lesion would disappear after manipulation and health restored, perplexed a number of osteopaths. This significant group had no doubts of the beneficial effects of manual therapy for specific conditions but they could not countenance this approach for all ills. Surely, a patient's welfare was central to the best available treatment, what was best for them was at the heart of practice? Nevertheless, a majority followed Still's traditional practice, they were described, "lesion osteopaths" and those advocating what's best for the patient, "broad osteopaths".<sup>2</sup> The struggle concerning which group would dominate the profession would influence how American osteopathy would evolve over the 20th Century and beyond.

During these early decades of the 20th century, JML would readopt a more traditional role on his return to Britain (1913–47) to influence osteopathy in Europe and the Antipodes, very much within alternative medicine. James, his brother, was in the forefront of broad osteopathy (1898–1917) advocating its progress within mainstream medicine. He instituted factors in the core curriculum, acting as distinct markers, away from traditional methods towards full integration in orthodox medicine. Primarily, he laid some of the foundations of osteopathic medicine. This article suggests a complicated relationship (1888–1913)

Download English Version:

<https://daneshyari.com/en/article/5563890>

Download Persian Version:

<https://daneshyari.com/article/5563890>

[Daneshyari.com](https://daneshyari.com)