Passing on the Tradition

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October 1999

(Editor's note: The AAO continues the series of interviews conducted by Charlotte H. Greene, PhD, with editorial assistance provided by Donald R. Eaton, Jr. Dr Greene conceived this project to convey some of the rewards and challenges encountered during a career in osteopathic medicine and to highlight the role and contributions mentors can provide, accounts that might otherwise be lost.)

My first encounter with the osteopathic profession came when I was four years old. My father had contracted tuberculosis and was on the way to recovery when we went on holiday to the south of England and chanced to meet an osteopath. Afterwards, he began treating us upon a regular basis and that is how it all began. He was probably trained in London, but he practiced in Sheffield. Looking back, I do not think he had a very extensive knowledge of various techniques. But, he was a very dynamic and vibrant person and, because of his vital dynamic level of well being, everyone he treated got well! He had a tremendous reputation for the benefits he provided.

At that time, I had no aspirations to make medicine my career. I wanted to be a ballet dancer. When I was 12 years old and in training for the final exams in ballet, I fell and injured my foot. I could no longer dance and was devastated. It took a long time before I was able to consider alternatives. Since I had benefited a lot from osteopathy, it seemed a good choice for me.

In those days, there weren't many individuals around to serve as mentors. I met one man who practiced outside of London, but there was no osteopathic training available during the war because the schools could not get deferment for their students. Instead, I went to medical school at the University of London until after the war, when I could come to the US and study osteopathy.

I settled in Los Angeles and went to the College of Osteopathic Physicians and Surgeons. I don't think there was anyone there at the time who would be known today. It is regrettable that of all the schools that existed, that the Los Angeles school probably ranked lowest as far as osteopathic education was concerned. I didn't know until much later that California was already moving towards an amalgamation with the California Medical Association and that very little encouragement was given to do manipulation. That, however, was what I had come to this country to learn and I was determined to gain that knowledge by one means or another.

I got to meet Louisa Bums who lived near the college. She was probably around 80 years of age at the time, quite withdrawn and was very unhappy. Though she lived next door to the college, no one ever came to see her nor were there many who had interest in what she was doing. I believe her disappointment developed because she didn't have any forum to express herself. She wanted to see osteopathy thrive, yet she could see the direction in which it was going in California. We talked a lot and in the process, I got to know her and absorb a little of her osteopathic philosophy.

Almost from the beginning it was obvious that the college was not teaching much in the way of osteopathy. In fact, if I hadn't been too proud to admit to my father that I had made a terrible mistake, I probably would have gone home. Fortunately, there was a man at the college from Hawaii who had to put in 1,000 hours in order to get a California license. He and I would go to the clinic in the afternoons where he taught me osteopathy. I have him to thank for giving me some practical skills. If it hadn't been for him, it would have been a very unhappy experience.

At that time, the Academy, which was then called The Academy of Applied Osteopathy, advertised an essay contest. The topic was "The Effect of the Osteopathic Lesion on Cardiac Disease". I didn't know anything about that, but through information in the library it became a means of learning more about osteopathy as no one else was teaching me. I spent a lot of time in the library going through the old journals. That was how I came to have a greater appreciation of Louisa Bums ... by going through her books.

I submitted the essay and won the contest. The following year it was a similar topic except that it pertained to kidney disease. I entered that one as well and thus had another avenue of study.

The first course from the AAO was mechanics in 1952. I found the course very different from anything I had previously experienced. It was my first experience with what could be called scientific osteopathy. Frankly, I couldn't understand what they were doing.

Harold Hoover presented the Joint course in functional technique about 1953. This was a totally new concept of osteopathy. This created chaos in my practice because I came back and tried to do that which I didn't understand. But, I struggled along with it and tried to make it work. I had a patient at that time that rather irritated me. She would say, "I wish you would do for me what Dr. Schooley would do. He was able to get rid of my sinus trouble."

I had never heard anything good about the cranial concept when I was in school. But I got so tired of hearing that from her that when I got a notice about a cranial course to be held in Denver, I decided to go... though with a very skeptical attitude! It took us three days to drive from San Diego to Denver. Each night I would end up with a terrible headache from driving into the sun across the desert. When we came back, I didn't have a headache and I had seen what Dr. Sutherland could do.

The course was held at Dr. Harold Magoun, Sr.'s office where he had converted a basement to serve as a classroom. Reginald Platt was there, also Rachel Woods, and Anna Slocum from Des Moines, as well as Rollin Becker. Harold Magoun, Jr. was also in attendance, taking his first cranial course with me. It was a two week course during which we practiced on each other. At the end of the two weeks, we had learned a lot less than people do today in a one week course. We didn't go as fast, there was more repetition, and there was intense personal attention.

I was very enthused about what I thought I was going to be able to do when I returned home. Unfortunately, when I actually tried to use the techniques nothing happened. I couldn't make them work. The patients became frustrated. They kept waiting, but didn't see anything happening. By the end of three weeks I was ready to throw the whole thing out!

A man was brought into my office, a construction worker who had just fal4en off a scaffold. He was so dizzy that he was unable to walk under his own power and had to have a man on either side to support him. It was then that I said to myself, "It is now or never. Either this man gets better or I am through with this stuff!"

To my astonishment he walked out under his own

power. That gave me some hope that the technique did work. Sadly though, there was no one I could call upon, no one close, so I had to struggle along and little by little make it work on my own. That is how I developed my skills. I believe that current students expect to be spoon fed everything. Back then, you were given the principles and expected to develop them on your own.

Shortly after the experience with the construction worker, a patient told me about an optometrist who was working with children with learning disabilities. She felt that we could work together with some of those patients. Thus I came into contact with Anita Treganza, a pioneer in vision development. Anita had been a teacher of children with learning disabilities. She had come to realize that the children were not suffering from a bad teacher or an incompetent system but rather from a vision problem that prevented them from learning to read. She subsequently went into optometry as a result of that discovery.

Thus, I would send patients to her, she would send me patients, and together we grew into a better understanding of those children. Early on, I didn't have a definite idea of what to look for except to identify the fact that, in a great many instances, those children had a very traumatic birth. When the effects of that trauma were removed, their learning capability improved. What we discovered was that extra ocular muscle imbalances were corrected following cranial mechanism correction. We found that the mechanics of the head affected the mechanics of the orbit and the performance of the eyeball.

While few doctors refer patients to us, other families do. Often, these patients had some of the most impossible problems. They appear to be getting more and more complex all of the time. The question is ... why are we seeing more and more of these problems? I believe one reason is that such heroic measures are used for premature and damaged newborns. They are resuscitating children that even up to a couple of years ago would not have survived.

As I have matured in my practice, I have incorporated elements that I learned from all of the people that were connected with all the great teaching colleges: the Lippincotts, Rollin Becker, Paul Kimberly and, of course, Dr. Sutherland. The Lippincotts were among Dr. Sutherland's earliest students. They worked on Dr. Sutherland's manual with him.

Dr. Sutherland was a very great man, but he didn't say very much. You might ask a question and get about a dozen words in reply then he would send you home to find out what he meant. Sutherland was a man of profound awareness who was able to produce some remarkable results, even though at that stage of our development we didn't have the slightest idea about what he was doing. He knew that he was only providing an introduction to what was possible to accomplish and that we would continue to grow and advance far beyond him.

Dr. Kimberly was an anatomist first and foremost, very precise, very definite, and into performing anatomical dissection. While Dr. Sutherland too was very strong in anatomy, he was much more of a philosopher. There was a doctor who taped every lecture that was given in his courses using a large circular tape recorder. Maud Nerman transcribed many of those tapes, but I don't know to what extent they have been published. Most of his early literature has been incorporated into other publications.

When Sutherland was a student at Kirksville in 1899, he was walking through the hall of exhibits one day and his eye was drawn to this Beauchenne skull, particularly to the area between the sphenoid and temporal bones. The thought struck him as he said, "like a bolt of lightening" that they were beveled like the gills of a fish for articular mobility of

a respiratory mechanism. His next response was "this nonsense, everybody knows the head is a solid ivory tower!"

Twenty years went by before he became so frustrated with this thought that wouldn't go away, that he decided to take an articulated skull and see if he could dissect out the temporal bone. And, that he did with just his pocketknife. When he looked at it, he saw the various designs for motion on the different areas of the bone. That stimulated him to take an old Indian articulated skull, fill it with dried beans, and put it into a bucket of water. As the beans absorbed the water the skull disarticulated. That is how his studies really began.

Having taught with the Sutherland Cranial Teaching Foundation for many years, I have had interactions with a great many members of the profession. Still, I can't think of another individual who stands out as much as Dr. Sutherland; he was a giant of the profession. Much of what Dr. Sutherland said is in the **Contributions of Thought.** That book is valuable because it provides evidence that there were things he changed as the years went on and that his first impressions evolved as he developed. Those who made the greatest contributions to this profession seemed to have the capacity to recognize when something was not quite right. It is a quality that seems to run through the profession.

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