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

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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

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

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.[1] 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'etre 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".[2] 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)

developed between the two brothers, for many years it worked positively but faulted badly when they were assailed from all sides by forces outside their control.

Introduction

European Osteopathy has been established on the twin pillars of its founder, A T Still (1828—1917) and JML's interpretation (1865—1947). British osteopathy owes much to its origins from bone-setting, naturopathy and its unacknowledged association with early chiropractic.[3] Its European expansion and tentative sustainability has endured within an amorphous alternative medicine, although some mainstream health practitioners utilise it as an optional practice extra. A T Still's books, JML's writings and other authors' interpretation have been appreciated in European osteopathic circles but with little critical debate and analysis. Moreover, it may seem extraordinary to those outside, they remain substantially significant within 21st century healthcare? Due to a lack of fair discussion within osteopathy, can we articulate how Still's original concepts might have been shoe-horned into musculo-skeletal medicine? Rather too easy, therefore is it to moan at cranial osteopathy and applied kinesiology whose methodology is no worse than our diagnosis based on a few orthopaedic tests, subjective observation and palpation? Metaphysical explanations are never far from osteopathy.

A T Still had a solid Protestant Methodist background which was enhanced by his mesmerist practice as a magnetic healer.[4] It is very difficult today to envisage metaphysical healing, its power to heal not only the soul but the physical body and mind too. It was central to Still's concepts of healing where religion and medicine co-exist.[5] JML's Reformed Presbyterian credentials constitute his own journey in that direction. Brother James inherited this religious side but his Glaswegian medical training and provenance during his lifetime indicates a distinct religious separation from medicine.

JML re-established his homeopathic medical course interrupted by his tenure at Kirksville. Its programme had transferred to Dunham Medical School (1902) as a postgraduate qualification before merging with Hering (1904).[6] There is some evidence of Hahnemann's influence on JML as Wharton states: "*The therapy* (homeopathy) *in question works by eliminating some obstacle to the free functioning of the body's innate healing power*".[7] For a quarter of a century (1888—1912), James and JML discussed and formulated health care ideas based on James's medical foundations and JML's metaphysical ideas. Their contribution poses the very nature of osteopathic progress, from osteopathy to osteopathic medicine.

Discussion

All four Littlejohn brothers trained in medicine, although the two elder brothers, William and JML, ordained Reformed Presbyterian ministers, took a more circuitous route, James went, straight from school to Anderson's medical school, Glasgow. David trained in America, followed his brothers to Kirksville and Chicago but eventually specialised in Public Health,[8] James and JML were students at Glasgow University but within different faculties. JML suffered from poor health (1888—93) during this time but his initial symptoms strongly suggest infectious mononucleosis (Glandular Fever), endemic on most university campuses,[9] though his relapses appear to relate to chronic fatigue syndrome. He seemed to vacillate between various career options: church ministry, school teaching, theological lecturing, medicine and law. Meanwhile, James graduated in 1893 and emigrated with his parents and other siblings to the USA. Meanwhile, JML followed, embarking on a doctorate at Columbia College, New York, with an extensive research tour of European libraries (1894).

JML never finished his thesis but succumbed to another bout of ill-health on his return from his European research venture, to convalesce in Waukesha sanatorium, a local railroad journey away from Chicago. At the time, James was doing postgraduate study at the University of Chicago, he acted as a sounding-board to his older brother on his excursions from Waukesha to the city.[10]

In that year JML was appointed head of Amity college, Iowa, with James, his deputy and brother, David, enrolled as a student. The two brothers ran a small but successful finishing school, before a restless JML changed direction once more. He returned to Chicago to attend a homeopathic medical school but his chronic symptoms returned once more. This time he sought the attention of Dr. Still, skilled in physical treatment of various conditions, residing in neighbouring Missouri State.

Circa 1898, he consulted A T Still and was delighted to receive symptomatic relief. Still must have been sufficiently impressed with his patient to invite him to join his American School of Osteopathy (ASO) faculty, recently accredited as a state medical school. The student recruitment had

increased exponentially, JML's role on the ASO faculty was to teach Physiology, following the resignation of Rev. R W Pressley.[11,12] Simultaneously, he persuaded James to follow to teach major surgery and David as well. JML was appointed ASO dean, following the resignation of Charles Hulett. The three brothers and Bill Smith, cofounder of the ASO, became the crème de la crème within the faculty, much to the annoyance of their American counterparts. James's role as head of major surgery had been at the centre of a row which resulted in their dismissal from the faculty.[13] Those who wish to understand the origins of a vendetta between the Still family and the Littlejohn brothers which culminated in their dismissal in 1900, see my JML biography.[14]

With evident fraternal solidarity, James, JML and David, cofounded their Chicago school, the American College of Osteopathic Medicine and Surgery (emerging later as the Littlejohn College of Osteopathy — LCO).[15] But James was determined their students should have a distinct medical training which would embrace a full medical and surgical curriculum as well as osteopathy. Initially, it was a year's postgraduate course before being integrated within the full medical curriculum some few years afterwards. It was his persistence to place the Chicago School on firm medical foundations, similar to the Los Angeles School which was at variance with the profession at large. Not only were their core medical subjects deemed contentious but the brothers questioned the essential essence of osteopathic credence, the spinal Osteopathic Lesion versus their own, "The Littlejohn College Idea": Adaptation, function, environment plus immunity.

> "As taught in Littlejohn College and Hospital, the cardinal principle upon which the Science of Osteopathy is based is ADJUSTMENT. Any maladjustment that may be the basis of abnormal functioning of any kind forms an Osteopathic Lesion, and it becomes the task of the Osteopath to correct such mal-adjustments. These mal-adjustments may exist in the structural field, in the environment, in the mental field, or in the fields of diet and occupation."[16]

Ernest Comstock held these tenets to be true all through his life even though the majority of the profession had rejected them emphatically. The Littlejohn proposals were far more expansive than Still's established principles which in turn were a pale imitation of his original pronounced ideas before setting up his Kirksville school. T Edward Hall assumes Comstock's views as being solely JML's authorship, this is easily understood by Hall's linking JML's defence of *the Littlejohn College Idea* subsequently in the Journal of the American Osteopathic Association.[17] In his time at Kirksville, James must have realised a certain lack of critical awareness among those osteopathic colleagues in placing the presence of the spinal lesion as responsible for most disease. Similarly, osteopathic principles were part of quasi-religious aspects of osteopathic theology, expressed by the presence of the spinal lesion. Moreover, Comstock spells out James's contribution devoid of spinal lesion and religion: *Adaptation*, *function* and *environment* plus *immunity* (given prominence eventually) are the crucial values within the science of osteopathy, vestigial osteopathic medicine.[18]

JML and James understood their osteopathic principles and practice might be interpreted more realistically with physiology. James had a more thorough academic grounding in the subject than his brother, although JML mentions attending some of Lord Kelvin's physiology lectures at Anderson's Medical School, Glasgow. This was probably made possible as James's guest as part of his second MB course in preclinical training.[19] JML's own interest in the subject can be garnered through Huxley's book on physiology[20]; studies at a homeopathic medical school (1897—8) in Chicago; including lengthy discussions with James. How did an emerging osteopathic movement take the Littlejohn proposals?

They were taken aback, rather unaware of the force of adverse reaction generated from all osteopathic quarters to their supposed heretical hypothesis.[16,17] Their rejection was subsequently explained by two opposing groups, the 'Lesion osteopaths' and a small minority, 'Broad osteopaths'. The Broad ones evolved into a significant force which aspired to full medical licences and prepared to prescribe drugs option.[21]

Lesion osteopaths were part and parcel of what James Wharton suggests that osteopathy was part of 19th century Natural Theology where God's magnificence can be understood through nature.[22] Whereas Robert Fuller explains early osteopathy's 'metaphysical overtones' and A T Still's explanation of 'Osteopathy being God's law.'[23] This deep rooted abeyance to a divine order, theological wellness, efficacy of 'hands on' treatment, and a profession fixated on the elimination of spinal lesion as the arbiter of ill-health.

Quite simply put, remove this obstruction, God through nature would do the rest. Still's metaphysical pronouncements rather poured scorn on the value of medical subjects such as pharmacology and bacteriology. We do know James's reaction was to establish distinct markers, Major

Surgery as part of the osteopathic syllabus in Kirksville and Chicago, followed closely in Chicago by the introduction of the materia medica as a prelude to prescribing drugs. Although JML rather diplomatically mentioned the presence of a spinal lesion debilitated the body's immune system to an extent that bacteria could cause disease.[24]

The brothers were castigated for amending articles of faith and supplanting the spinal lesion as a principal reason for dysfunction, with a whole assortment of possible causative factors. The Littlejohn hypothesis was the culmination of the brothers' dialogue to dilute theological aspects and direct osteopathic training towards a wider interpretation. Although the brothers were assailed on all sides, the spinal lesion did start to separate its theological content evolving slowly to an exclusive secular biomechanical concept. It would take a further 75 years before this would mutate into somatic dysfunction with a biopsychosocial component.

James's vision for osteopathic training contrasted with more ethereal versions. His direction showed through his well attended lectures, his surgical expertise and latterly, his determination to teach materia medica to osteopathic students as a prelude to them having an option to prescribe drugs. His brief tenure at Kirksville: the quality of his lectures and demonstrations as Professor of Surgery ensured that the subject was ring-fenced together with obstetrics.[25] Unlike other medical subjects which were subjected to rigorous disapproval and correction after the Littlejohns' departure (1900) from Kirksville.[26]

During the next decade, the Littlejohn College in Chicago maintained an ethos similar to its Los Angeles counterpart, quit different from other osteopathic schools. The strain on both brothers was immense, JML appeared to diminish under sustained pressure, his leadership qualities depleted, at the expense of James's growing reputation. James was determined to see the LCO develop into a proper medical school and its alumni upgrade from osteopaths to osteopathic physicians and surgeons. Continually, the brothers were thwarted by the Illinois Medical Board to accredit the LCO as a bona fide medical school[27] and the American Osteopathic Association (AOA) threatening expulsion for teaching materia medica. The final blow appeared with publication of the Flexner report on North American medical schools (1910) heavily criticising most medical schools including osteopathic with the LCO coming under severe censure.[28] The gulf between the brothers magnified under these set backs, resolution came rapidly.

Rumblings of discontent among faculty and Illinois colleagues came to a head when JML was told by a delegation of the LCO faculty, he must reapply for the position of LCO president. There were only two applicants for job, JML and James, who had been propositioned by the staff to apply. The result was a foregone conclusion, James was appointed, in his place JML resigned from the faculty to make plans to return to Britain. James's action was perceived by JML as an act of treachery, both brothers sold their controlling interests in the LCO to a consortium of Illinois colleagues, headed by osteopathic heavy weight, Carl McConnell. From this sale emerged the Chicago College of Osteopathy (CCO) under McConnell as head and James, his deputy.

The college returned to a more conservative regime, dropping materia medica and relinquishing any idea of full medical licencing. Meanwhile, James took on more administrative work and eventually added a bachelor of Law degree (1917).[29] James's clearer vision for the profession slowly developed for osteopathy to evolve into osteopathic medicine. Before his death in 1947, James was able to witness his own vindication: materia medica was mandatory for all AOA accredited schools (1929); the advent of effective synthetic drugs; a cohort of osteopathic physicians sought full licences to practice[30]; and osteopathic schools went through a Flexner-type reform (1936) to become osteopathic medical schools (Chicago College of Osteopathy alumni granted full medical licences in 1957).[31]

On JML's return to the United Kingdom, his reputation and authority was enhanced among his British colleagues. In fact, osteopathy in Britain was a backwater and his British School of Osteopathy (BSO) suffered irreparably from his irrevocable quarrel with the British Osteopathic Association comprised of fellow American trained colleagues (1926). Ten years later, JML wrote an article in the magazine for Chicago College alumni, *Osteopathy in Great Britain* where he outlines his achievements: his four practices and patients in high places; four of his children are in 'osteopathic education' to take over the practices; and he sends greetings as dean of the BSO.[32] But no mention of his brother, James, his wife, Edith and family.

JML had severed all contact with James, even when his own son, Jim travelled to America in the late 1930s to meet his extended American Littlejohn family, James, Edith and family were excluded.[33] There is no mention of James in any of JML's writings apart from co-founding the Chicago college. Most notably, all JML's notes and writings

are from his American times. He returned to the spinal lesion as a fundamental component of ill-health and also religious aspects too. Even in his last article to BSO students he describes osteopathy in terms of Christianity, returning to a metaphysical role.[34]

Conclusion

Under the strain of an inevitable breakdown in their fraternal relationship, James was able to work effectively with a steering committee, creating a new school, Chicago College of Osteopathy, from the demise of the Littlejohn College. He was diplomatic enough to accept the role of deputy head under Carl McConnell's leadership even though this new faculty advocated a return to traditional concepts, dropping the broader concepts of health dysfunction and materia medica. Although, Major surgery, even his wife's, Edith, teaching obstetrics and gynaecology, were retained.

The profession could tinker with minor changes following the stinging report by Flexner on eight osteopathic medical schools examined. He had lucidly explained, all medical students of all persuasions, should have similar diagnostic standards, irrespective of the treatment prescribed.[35] The medical profession at large took on board his proposals for reform, duly effected over 25 years with the result 60% closed. The osteopathic profession ignored Flexner's major demands while the infighting between 'Lesion osteopaths' and 'the Broads' continued unabated.

In a sense, James had done all he could to gain parity with other Chicago medical schools, the baton had been passed to a growing reform cohort of better educated osteopaths.[36] Although an active minority, they were successful in pressing for materia medica to be mandatory in all osteopathic schools. They were particularly helped by a young vibrant chiropractic profession competing on similar traditional manipulative grounds. By 1936, the reformers insisted on the profession's own Flexner type reforms for all osteopathic medical schools (1936) and the word 'osteopath' dropped for 'osteopathic physician'.[37] Like their medical counterparts, total restructuring was effected in 25 years. It was the Vietnam War which finally brought legal parity with the American Medical profession for full licences to practice as physicians and surgeons throughout America and its armed forces. This acted as a spring board to increase, almost exponentially, the number of osteopathic medical schools, importantly, within mainstream academia.

Meanwhile, JML returned to Britain with his wife, Mabel, and six young children, just before the out break of the 'Great War'. His grandiose scheme to open a British School of Osteopathy (BSO) was postponed until the war's conclusion. The BSO struggled to survive from its outset (1922), brought about by a catastrophic falling out with the British Osteopathic Association (1926). Meanwhile, the fragile state of the BSO miraculously continued through luck rather than judgement, Without JML's commitment of duty and crucially, his financial backing, it would have perished.[38] In 1940, at a celebratory lunch in the Ritz Hotel, London, he sold his interest in the school, although he remained titular Dean during wartime. Seven years later, JML and James died without reconciliation.

A diminishing number of American 'lesion osteopaths' and osteopaths worldwide waited patiently for some evidence to substantiate the existence of the osteopathic spinal lesion, its effect on disease and its removal by manual treatment. Their hopes and prayers rested on crucial work carried out by Denslow Steadman and Irwin Korr in their Laboratory at the Kirksville College of Osteopathic Medicine during the 1940s and early 1950s. These questions remain unanswered.[39]

Nevertheless, American osteopathic medicine has evolved successfully within conventional medicine and academia. Thus, it developed completely differently from its cousins throughout the rest of the world which have maintained, by and large, their traditional roots but within alternative medicine. Although there have been attempts to join mainstream academia and medicine within various countries, they have largely failed to do so. Nor have their degrees and higher awards been ratified on parity with other health care professions. Despite statutory regulation (1993), UK osteopathy remains today rather more insular from mainstream academia and medicine.[40] Attempts to join both through upgrading undergraduate and postgraduate qualifications has largely failed to convince nationally sponsored institutions to employ osteopathic graduates without them attaining conventional academic awards as a prerequisite for entry. Today, the BSO has achieved its own power to confer awards. Perhaps by invoking the spirit of both brothers can degree and higher award parity be attained with fellow health-care professions?

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Ethical statement

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