

OMAHA. What an incredible experience. Five Hundred plus Doctors all there for the same reason ; to study, to instruct and to assist in an understanding of how we can be of greater service to our fellow man through Cranial Technique.

We acknowledge with a touch of awe, the gigantic efforts that Dr. DeJarnette and his staff have put in to make this Annual event possible. The organization was excellent, however I cannot help feeling that the separation of the two venues (Peony Park and the New Tower) is highly inefficient. Peony Park surely has a large area but is it really suitable for teaching and study purposes?

There was a group at this years Seminar who may have felt that they were short changed. I refer to the advanced group who had to make the pilgrimage over every day from Peony Park to the New Tower. This group studied with the Beginners in the morning, then had lunch at the Park or wherever then were to come over from Peony Park as a group to the New Tower in the afternoon. So much time wasted, valuable time too. Many were not quite sure what was going on at all. They poor souls had been studying with the Beginners at the Park on Pages 1 thru 20 and then suddenly and belatedly in many instances turned up at the New Tower to meet a Group who had been studying since the previous Thursday and were probably on page 60 and discussing the material from a standpoint of understanding and not learning as was the case over at the Park.

At times people from the Advanced Group arrived to find the table to which they had been assigned was vacant. This was because the Instructor was down below in the clinic with the Group adjusting one of the Clinic patients. Is it any wonder then that some in the Advanced Group felt just a little bit left out. Yes it was more difficult for the Advanced Group than anyone else.

There are some who said that Major was doing this because he wants us to pay the extra and come to the Instructors Seminar next year. This is patent nonsense as I am certain that in the original planning every thought was given to the Advanced Groups needs. It was just impractical that is all to shift such a large group efficiently from place to place without losing time and the inevitable disorientation which followed was disastrous for learning. My suggestion for what it is worth is to keep the Instructors Group and the Advanced Group in the one location and the Beginners Group in the other location for the three days of the main Seminar.

It is so much easier to have a few Instructors shift about than a mob of confused Doctors. When everybody is happy, it will be a day of great rejoicing to be sure. There is one other alternative and that is to hold the Seminar at a different location in Omaha which can provide what is required, if such is available. Or hold the Seminar in another city which can provide more suitable amenities. This would be a most difficult of alternatives for various reasons, sentimental, financial, proximity to Nebraska City and central location in the U.S.A. Never the less bears some looking at.

The 1978 Cranial Technique Manual deserves a little comment. It is

a fine Manual as DeJarnette manuals go, however it is marred in places by errors and even one of the photographs is wrong. Certainly these errors are annoying and should have been eliminated before printing. It is quite unacceptable for us to be told that this page of errors was put in to see if we are awake and on our toes etc. Young though we may be in the study of the Cranium we are not fools or children and we don't deserve excuses.

I myself am painfully aware of the time it takes to write instructions so that they are understood by all without confusion. I am certain that Dr. David Denton is also painfully aware of this as well, for he has recently put together an 88 page Chapter on Cranial Technique which relates to Orthodontics and is to be published as part of an authoratative treatise on Dental problems. Dr. Denton spent many hours correcting rewriting etc. and now it is accurate and that is how it should be. Cranial Technique is a most scientific subject and demands the highest skills. It is difficult to develop these skills if the text is inaccurate.

Ester merits special praise for the way she gets these Manuals together under the most difficult conditions and on very short time schedules. Thankyou Ester from us all and may you continue to work with Dr. DeJarnette for as long as he cares to serve the Profession.

Overall the above comments aside (on rereading the above it does seem a little harsh) we are most fortunate people indeed to have in our midst a genius who at the age of 78 produces more work and does more things than most people can do at the age of 20. We are indebted to this man for the ability he has in putting on paper what he feels though his priceless fingers so that we can learn to do it as well. I am sure that Denton, Shelly and others who have had a go at writing appreciate the staggering work that goes into producing not just one Manual but two major Manuals a year. It is a prodigious effort indeed, however the fact remains that there are inaccuracies and for the costs involved to the Doctors purchasing the manuals or joining S.O.T.O. or the Craniopathic Society, accuracy of the text surely should be expected.

For all the above the 1978 Cranial Technique Manual will stand out as a tome which will contribute immeasurably to helping the sick of the world, providing the Doctors sits down and studies the principles carefully and practices continuously. The cranium is a masterpiece of engineering and this Manual reminds of this fact and of the care and gentleness required in assisting this head of ours back to normals again. I sincerely urge every Doctor to add this Manual to their library. It surely contains the finest material written in practical form ever produced on the Cranial Vault and it's correction. (For Australian and N.Z. Doctors send U.S.\$78 it will be sent airmail. For Canadian and U.S. Doctors send U.S.\$70 to DR.M.B. DeJarnette Box 338, Nebraska City, Nebraska 68410 U.S.A.)

The INTERNATIONAL CRANIOPATHIC SOCIETY deserves a few words. The initial formation of this august sounding body took place in Omaha during the first week. Those participating were the DeJarnette Instructors and I was priviledged to be a participant. An emotionally charged first meeting was handled with calm and finesse by Dr. David Bundy of California and to him we owe a debt

of gratitude in that the meeting got past the first ten minutes let alone the four and a half hours it took. That was only the first meeting and from that meeting a working Committee was formed to correlate all the different points of view. Much of the lead up work had been done by Dr. Wayne Allan also of California. So by the second meeting we agreed upon the following or as near as I can get it anyway.

" In order to more effectively meet its responsibility the founder, Major Bertrand DeJarnette D.C. and membership have found a need to develop a program which will facilitate the long and short range planning and development of qualified craniopaths by certification.

A primary function of this program should be to generate qualified craniopaths as determined by those demonstrating proficiency and expertise in that field. In addition, it becomes obvious because of the interest generated by members of other branches of the healing profession that an organized and established manner for determining the qualifications and minimal standards for clinical craniopathy is of necessity at this time. This program will also provide for the development, dissemination, implementation, evaluation, research and revisions of cranial seminars based on goals and objectives which reflect the health needs and desires of the public.

Definition Craniopathy is the Science and Art which deals with the location and removal of cranial respiratory interruption, malfunction, hypo-and/or hypermobility, fixation, or stasis of the cranial sutural, dural and cerebral spinal fluid systems. The desired result is restoration of normal balance of cerebral function and output, thereby accomplishing systemic homeostasis. This is accomplished by manual manipulation, and any and all adjunctive therapies and/or appliances."

The urgency and sincerity to have this Society formed was espoused not only by Dr. DeJarnette but by others as well and was generally agreed upon by all present. A pro-tem committee has been elected to get the whole thing off the ground. This committee will be responsible for the legal establishment of the Society and the initial examination of candidates. This committee will report back at the next Omaha Seminar and at that time the election of the various boards will take place.

The document agreed to by all lays out how the Society should function basically but emphasizes that the Society will function within the guidelines as formulated by each Board.

There will be the following Boards. 1. Accreditation Board. 2. Examining Board. 3. Executive Board. Dr. M.B. DeJarnette has had bestowed upon him the status of Diplomate and thus becomes the first member of the Executive Board.

The qualifications agreed to after much heated debate (as near as I can make out) are as follows:-

" General membership requirements:

1. Attendance at a multi-level craniopathic seminar a minimum of four out of every five years consists of:
 - a. neuro-physiological approach to craniopathy.
 - b. practical application of cranio-sacral contacts to achieve proficiency and understanding.
 - c. interchange of ideas, clinical applications and research presentations.

- d. a minimum of three (3) board appointed teachers.
2. Renewal of current status by updating of new materials including notes as published and works of original research provided by the craniopathic accreditation board.
3. Payment of annual dues for membership and administration of this body which would include notes or research publications as determined by the board.

Certified Craniopaths:

1. All requirements of the general membership.
2. Proficiency in the use of S.O.T.
3. Proficiency in the use of current cranial technique.
4. a. Must be a S.O.T.O. Instructor (certified).
b. Must attend a regional and or teach at such a seminar annually.
5. A minimum of (2) years general chiropractic practice experience and (2) two years practical use of cranial technique.
6. A written examination.
7. A practical examination.

Certified craniopaths have the privilege and responsibility to provide programs for instruction, training and development of future certified craniopaths. Only from this body may a member receive permission to hold craniopathic study groups as put forth in publications by the accreditation board.

Qualified Craniopaths:

1. All requirements for the certified craniopaths.
2. Research paper 1500 words minimum or report of like length on a project being conducted in the craniopaths clinical facility.
3. May hold paid seminars for the education of the healing profession in craniopathy.
4. Provide practical examination of future craniopaths, craniopathic research and development.
5. A qualified craniopath shall be known as a Fellow of the Chiropractic Craniopathic Society (F.I.C.C.S.)

Diplomate Status:

1. All the requirements of the qualified craniopaths.
2. Five (5) years consecutive membership as a qualified (status) craniopath.

Special additional requirements:

All certified and qualified craniopaths shall hold a valid license providing service in the healing arts as qualified within the scope of practice legally adopted by that licensing body or hold a diploma from a healing arts school recognized and approved by the Accreditation Board."

That folks is where things stood when we left Omaha this year. Now all S.O.T.O. Instructors have received a nice letter from Dr. DeJarnette which contains one or two thoughts which disturb me greatly.

All Instructors present at Omaha this year sensed in Dr. DeJarnettes' plea for the formation of the Society a sincere determination to pass the future responsibility for Cranial Technique to others when they proved their worth. In this way the proper dissemination of this highly scientific work could be carried to the world. Most present felt that 1979 was to be the year that this would take place. We all feel more must know about Cranial Technique but I am now no longer sure that Major wants it this way. Judge for yourself.

'We would urge the new craniopathic board to seriously consider their responsibilities for the future of craniopathy. Speed always precludes success. The Major believes that all should have another seven days exposure in Omaha in 1979, plus serious group meetings during the balance of this year and 1979. You should not invite anyone except those who did the seven day cranial seminar in Omaha, unless you wish to make exceptions and those exceptions should be limited to those in the Omaha Beginners and Advanced classes. Owners of the Manual who did not come to Omaha should be excluded.

If you do meet as groups, please do use the 1978 Manual and the questions and answers. I do not believe there is any better proof of proficiency than to be able to answer the 232 questions we gave you in Omaha, and to demonstrate each as shown in the manual. There is no one now or during 1979 qualified to take a craniopathic board, and such an examination at that time is quite unnecessary. We must prepare ourselves well. This is a terribly serious profession and we must not try to promote something for money, which we do not understand for charity.'

This year the clinic was managed by Dr. Hadder who did a commendable job under most trying conditions. Clinic patients paid \$100 for specialist care from certified instructors and were used as demonstration patients for various groups. Some patients were adjusted by Dr. DeJarnette right through and a few by Dr. Denton. The rest were shared amongst the rest of us. In my view this is most unfortunate. A patient who spends hard earned money coming to Omaha then pays accomodation as well as \$100 deserves a little more consideration. The most important single thing that the patient deserves is to have the one Doctor assigned to him for the whole week. The second is that he or she should not be placed in the position of being a guinea pig as it were,; to be placed in front of a group of Doctors all staring is a little to much for some.

Care must be taken in selecting Clinic Doctors and they must be assigned a patient for the full week. The following needless affair occurred this year. A patient was assigned my group on Monday. He was suffering a number of maladies but a constant dizziness was the main problem. The patient was adjusted with some Cranial and a Category 2. A check with the patient later the same evening revealed a considerable improvement. Unfortunately I was not assigned the patient on the Tuesday and he was handled by another Instructor, who provided more cranial followup and then despite having the file brought to his attention blocked the patient as a Category One. This is in my eyes an absolute sin. YOU NEVER BLOCK A PATIENT AS A CATEGORY ONE THE DAY AFTER A CATEGORY TWO ADJUSTMENT. The patient deteriorated and his Doctor consulted me about the matter. Was I upset. You bet I was. The patient had become a Category Two again. We corrected the fault and consulted Hadder who assigned the patient to me for the rest of the week. I was assisted by Dr. MacPherson of Victoria and a happy patient left for home at the end of the week.

Well that was Omaha 1978. It really was worth every minute spent there. May I urge everyone to make Omaha your target for 1979. S.P.