SPECIAL ARTICLES

Educational Fundamentals in Osteopathy*

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Before discussing general problems of osteopathic education, it is necessary to define certain terms which will be used, and to understand each other as to their meaning. I shall sometimes employ the term, osteopathic medicine, to describe the practice of osteopathy, giving it its full significance and value as a general system of medicine and yet differentiating it from the commonly accepted meaning of the word, medicine, which is associated with drugs, and from the school of practice whose members bear the degree, M.D. I shall use the term, medicine, in the general, classical and true meaning of the word, which is the art of preventing or curing diseases; the science which treats all disease in all its relations.

In addition to these definitions, it is necessary for me to set the stage with regard to my own viewpoint and my own frame of mind in approaching the subject. Accordingly, there are certain personal references which I hope you will excuse. First, I am a layman; second, I have depended upon osteopathy for the care of my health since I was 6 years old, when an osteopathic physician, by the use of manipulative osteopathy alone, saved me from death from pneumonia, where an M.D. had acknowledged defeat; third, I return to education from the business world, where facts are facts and figures are figures, and a man soon learns that he is wise to seek out, recognize and face the unpleasant facts as well as the pleasant ones and to give first attention to the former. Accordingly, in this analysis of the problems of osteopathic education I shall make certain statements which may seem to reflect discredit on cherished ideals, attitudes and personalities in osteopathy. It is not my intention to be a deliberate iconoclast nor to make light of the great contributions that have been made by osteopathic leaders of the past or of the remarkable progress that the osteopathic profession has made to date. I intend merely to take an inventory, which I hope will ignore all but true values and will help to chart our thinking for the present and future.

Formal osteopathic education had its beginning in the fall of 1892. The first college was incorporated by Dr. Andrew Taylor Still and members of his family so that his system of healing would be extended and perpetuated. In a description of the college, Dr. Still said in part, "The object . . . is to establish a College of Osteopathy, the design of which is to improve our present system of surgery, obstetrics, and treatment of diseases generally and place the same on a more rational and scientific basis."

The school as established then and during the early years of the twentieth century provided facilities for instruction comparable to the average and superior to some of the other schools of medicine of the time.

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But it was naturally isolated from the spark of medical renaissance which had been brought to a few American institutions by the few men from this country who had studied in the great centers in Europe. This spark was fanned into a glowing blaze in the Johns Hopkins University School of Medicine and became the prairie fire of revolution and renaissance in the first and second decades of the current century. The fire was spread as the result of the work of the Carnegie Foundation for the Advancement of Teaching, through a survey of medical education in the United States and Canada conducted by Abraham Flexner in 1909 and 1910. The report of the survey was published by the Foundation in 1910 under the title, "Medical Education in the United States and Canada."

I should like to quote a number of passages from that report and to recommend it for serious study by all who are directly interested in further solid development in osteopathic education. In announcing the purposes of the survey, Henry S. Pritchett, then president of the Foundation, said, "Meanwhile the requirements of medical education have enormously increased. The fundamental sciences upon which medicine depends have been greatly extended. The laboratory has come to furnish alike to the physician and to the surgeon a new means for diagnosing and combating disease. The education of the medical practitioner under these changed conditions makes entirely different demands in respect to both preliminary and professional training."

In referring to the study of the various divisions of medicine, Pritchett said further, "In making this study the schools of all medical sects have been included. It is clear that so long as a man is to practice medicine, the public is equally concerned in his right preparation for that profession, whatever he calls himself—allopath, homeopath, eclectic, osteopath, or whatnot. It is equally clear that he should be grounded in the fundamental sciences upon which medicine rests, whether he practices under one name or under another."

In describing the general purposes of the survey, Flexner said, "The attitude of the Foundation is that all colleges and universities, whether supported by taxation or by private endowment, are in truth public service corporations and that the public is entitled to know the facts concerning their administration and development, whether those facts pertain to the financial or to the educational side. We believe, therefore, that in seeking to present an accurate and fair statement of the work and the facilities of the medical schools of this country, we are serving the best possible purpose which such an agency as the Foundation can serve; and, furthermore, that only by such publicity can the true interests of education and of the universities themselves be subserved. In such a reasonable publicity lies the hope for progress in medical education."
Flexner, referring to the problem of covering the various schools of thought in medicine, without particular reference to osteopathy, included all of the divisions which existed in that time, and said in part, "Once more, whatever the arbitrary peculiarity of the treatment to be followed, the student cannot be trained to recognize clinical conditions, to distinguish between different clinical conditions, or to follow a line of treatment, except in the ways previously described in dealing with scientific medicine."

In his sections dealing specifically with osteopathy he made two statements which are worthy of complete quotation and serious ponder by all of us even at this date. Of course it must be recorded here that there is not an osteopathic physician nor an osteopathic educator today who is not fully in accord with the truths contained in the statements, and it must also be recorded that the fallacies which he said he observed in organization for teaching have, many of them, been corrected for many years, if in fact they were as he reported. The statements:

"Whatever his notions on the subject of treatment, the osteopath needs to be trained to recognize disease and to differentiate one disease from another quite as carefully as any other medical practitioner. Our account of the sect proceeds wholly from this point of view. Whether they use drugs or do not use them, whether some use them while others do not, does not affect this fundamental question. Whatever they do, they must know the body, in health and disease, before they can possibly know whether there is an occasion for osteopathic intervention, and if so, at what point, to what extent, etc. All physicians, moreover, to see the sick, are confronted with precisely the same crisis; a body out of order. No matter to what remedial procedure they incline—medical, surgical, or manipulative—they must first ascertain what is the trouble. There is only one way to do that. The osteopaths admit it, when they teach physiology, pathology, chemistry, microscopy."

"Nowhere is there in the faintest effort to connect the laboratory teaching with 'clinical osteopathy'; perhaps because no school has anything approaching the requisite clinical opportunities. Once more, their tenets are not in question. Much difference of opinion prevails among them as to whether they should teach everything or something; as to whether they may use drugs in certain conditions or must confine themselves wholly to manipulation for osteopathic lesions." However this may be, the osteopath cannot learn his technique and when it is applicable, except through experience with ailing individuals."

I think it is of historical import to repeat a sentence from the last quotation. "Once more their tenets are not in question."

"...on more than one occasion in the course of the report Flexner disclaims any argument with the basic concepts of osteopathy. He does, however, concern himself with what he alleged were the lack of adequate organization and adequate facilities for the teaching of the osteopathic institutions of that time. The point should be carefully made that he was also just as severe and just as forceful in his attack on many of the so-called orthodox schools."

The impact of this report on orthodox traditional medical education in the United States and Canada was great. Commercial schools died like flies. The total number was cut to less than one half in a very few years. Those which did survive did so through the receipt of endowments from or through the influence of the Carnegie Foundation, Rockefeller Foundation and other great philanthropies or through more adequate tax support, in the case of the state university medical schools. It was discovered that proper medical education is an exceedingly costly process and that, unless society has a stake in the training of its physicians, society, either through philanthropy or through the state, must bear a substantial part of the bill for that training, since its cost is beyond the reach of the individual.

This is not to suggest that every surviving medical school became a perfect school over night. Even in 1925 Flexner in his book, "Medical Education," had reason still to note and deplore the slow evolution of American institutions toward the fundamental, classical, values in good medical education. Nonetheless, progress was made. The commercial schools, with a few exceptions, were dead. The laboratory method was being adopted on a wider and wider scale. The medical school at Johns Hopkins was pioneering a full-time plan with some good influence on other institutions. The revolution was over; the renaissance was in full swing. But what of osteopathic education?

What was the impact of this sweeping revolution on a young, small school, once proud but sensitive of its smallness, its newness and its unorthodoxy? It went immediately on the defensive. Because Flexner said bad things about osteopathic education, it was assumed that he was against osteopathy. Because parts of his report were bad, the whole thing was given the bad label. Osteopathy pulled into its defensive minority shell and went about its defensive minority way. Little time should be wasted on the discussion of historical "ifs." However, it may well be wondered what might have happened if some osteopathic leadership of the time had recognized the underlying values in Flexner's general study and had also identified the fact that he was no more severe with osteopathic education than he was with medical education in general.

Nevertheless, that was not the case, and we must trace the history of osteopathic education and development in the light of what actually happened. Osteopathy engaged in a race for numbers, sometimes at the expense of some educational standards. Commercialistic interest and control which disappeared so rapidly and to such a large extent from the general field of medical education remained dominant in osteopathic education.

Now we must examine one of the most significant phenomena of the whole history of medical development. This phenomenon centers around the fact that although osteopathic education continued in the pattern which led to destruction for the so-called orthodox institutions, in spite of these and other factors, osteopathy and most of its institutions survived. They not only survived, but they grew and prospered; they not only grew and prospered, but they produced a profession the vast majority in which did render, and have rendered, outstanding health service. The institutions not only survived and prospered and produced a worthwhile group of physicians, but they slowly, painfully, haltingly, reluctantly at times, but steadily, evolved toward a form of organization and a philosophy of operation in keeping with basic values in general medical education. The significance of this phenomenon should be examined objectively here for it points to many facts which can be helpful to the development of osteopathy now and in the future.

I have identified a number of reasons for the survival of the osteopathic institutions and the profession in the face of the denial of the educational revolution and the renaissance which followed in general medical education of the time. The first of these reasons may be attributed to the caliber of the majority of individuals who were attracted to osteopathy during that period.
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For the most part they were of a vigorous pioneer stock, at least in terms of intellect, or they would not have answered the call of this buffeted minority school of thought in medicine regardless of its sublime logic or its therapeutic effectiveness. For the people of that time there was no attraction to osteopathy except its obvious truth and the opportunity it provided the individual to be of real human service.

Another factor in the survival of the profession and its institutions may be described as the minority psychology. History has proved time and again that a militant, cohesive minority can accomplish almost any purpose that it sets about. Certainly osteopathy of that early period demonstrated a militant and largely cohesive minority psychology. Associated with this reason is the fact of good organization with which osteopathy has been blessed both at the national level and in large part at the state level almost from the beginning.

Despite another phase of the minority psychology is the state of mind sometimes described as the osteopathic inferiority feeling. When this state of mind is truly an inferiority feeling, it is greatly to be deplored. However it is my observation, as a result of a careful study of the history of the profession and of the profession today, that this factor is more often manifested in ways which are wholly desirable and which certainly should be maintained, if possible, as a part of the professional psychology. These manifestations are many. First, and most important, is a consciousness on the part of the individual practitioner of the fact that he is a member of the minority school and, as such, is easily and constantly subject to scrutiny, and that he must therefore be right as often and as consistently as is humanly possible. This is resultant on the part of the individual practitioner in a caution and in a careful approach to practice which are certainly more to be desired in all schools of practice. The other important manifestation of this minority consciousness on the part of the osteopathic profession is found in organizational attention to postgraduate and refresher education on both required and voluntary bases to the point that the per cent of osteopathic physicians taking this type of work far exceeds the per cent of members of the dominant or so-called orthodox school who by this device keep themselves abreast of the ever-changing field of medicine so adequately described by Flexner: "Medical changes with startling rapidity; the student cannot be trained abreast of the times, still less launched on his professional practice as an actual learner or contributor, unless he studies under teachers who are active workers. The waters soon become stagnant unless continuously fed by fresh springs."

The final, most significant and dramatic reason for the survival of the osteopathic school, in spite of its early denial of basic fundamental truths instituted by the revolution in general medical education, and without which the other factors reviewed would not have been adequate for survival, lies in the powerful but simple fact that the new truth which Andrew Taylor Still brought to medicine is so sound, so good and so effective. It equipped its practitioners with a therapeutic tool so far superior to anything else of the time that the majority of them were, at that time, head and shoulders above practitioners of other schools—equipped, it is true, with superior education, trained in far superior institutions, but endowed with a limited, inhibited therapy.

Now, as Sigerist points out: "The study of history is not a luxury. History is one of the most powerful driving forces in our life. Unlike animals, we are conscious of the past, and the picture we carry in us of our history determines our actions to a very large extent, whether we are aware of it or not."

Osteopathy as a profession could have engaged in this productive occupation more in the past and could do more of it today. The things which Flexner, through the Carnegie Report, brought to general medical education in the United States and Canada with a revolutionary impact were not new. Flexner did not even propose them as new. They were simply the assembling and organizing of truths which had been demonstrated by the effective organizational values in medical education through the centuries, and which at the time of Flexner's report were demonstrating their value by producing the great medical discoveries and the great medical scientists of the time, through their operation for the schools of central Europe.

While without reference to Flexner, an examination of the history of medicine and of medical education makes possible the identification of five factors in organization for medical education upon which a sound and solid program can be built. They have been found, all or in part, in many schools in many ages. They have no reference to therapy or to ideology in practice. They are timeless, schoolless fundamentals by which, in my opinion, a yardstick for measuring an institution for education in the healing art can be built. The degree to which these five fundamentals are operative in an institution will determine the value of the program of the institution. Those five fundamentals are:

1. A nonprofit form of organization, in fact and in spirit as well as in legal provision.
2. A recognition of the fact that society has a stake in the origin and training of its physicians, a stake which it must recognize by assuming the balance of the cost of good medical education over and above that portion which the individual may reasonably carry.
3. The presence of opportunity for good advanced study.
4. The presence of fundamental research.
5. A program of full-time employment of teachers in both laboratory and clinical branches.

It takes little analysis to discover that these five factors are all interrelated. It is easy to see that a program of full-time employment, for instance, is essential to good fundamental research. If it is not wisely concluded that the commercial theory of operation in medical education does not go with full-time employment, opportunities for advanced study and good research, I can certainly testify to you from my experiences that these things cannot be provided if an effort is made to balance the budget from the earnings of the institution, disregarding any effort to pay dividends or accumulate cash reserves from earnings.

The next significant demonstration of the fundamental nature of these values may be made as I have made it before by charging you to make any of your present or past criticisms of any of the osteopathic
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Educational institutions which I cannot trace back to the absence or weakness of one of these five fundamentals. For instance, it seems to me that one of the most consistent criticisms of some of the osteopathic institutions is the absence of good postgraduate work and of opportunities for training at the specialty level. This criticism can be assigned to number three with no hocus-pocus of translation.

Another of the more thoughtful criticisms of osteopathic institutions by the practitioner in the field is that not enough has been done to establish the "how" and the "why" of the therapeutic effectiveness of manipulative osteopathy and so to make possible its extension and its more effective use by the physician. Now this criticism sometimes is not directed point-blank at the educational institution but arises out of a vague dissatisfaction on the part of the doctor. I can assure you that it should be aimed at the educational institutions, for there and only there can that kind of research be done which like some work now happily in process in my own institution and in some of the others, will give promise of a better understanding of the effectiveness of osteopathy. Again, I can assure you that this research certainly is dependent on a non-profit form of organization and full-time employment of teachers, for research is expensive. Its product cannot be turned through the cash register and, for the most part, it must be done by men whose whole lives are given to teaching in all of its ramifications which include research and practice, as well as the more common understanding of teaching which involves the didactic classroom lecture.

The thing which has given osteopathy much of its vitality through its historically short existence to date has been the far-reaching newness of the thought which Still propounded and upon which the school is based. However, far too much of the teaching in its institutions from that time to this has been concerned with the parroting of Still's thoughts and of the knowledge developed by others in other schools. The original spark of exploration given by Still, like many other sparks of knowledge, will die unless fanned and fed by further additions to that knowledge. Gregg speaks of the value of research to a teaching program in this way: "Another important bearing of research is its refreshing effect upon teaching. So valuable and so intimate is this relation that it has been the subject of unnumbered essays, and the working principle in many an educational reform."

Another of the frequent criticisms of the osteopathic institutions by men in the field has been that of the preoccupation of the teachers with private practice and all of the ill effects which that preoccupation can have on the educational program. Certainly the answer to that criticism is found in the last, and to me the most important, of the five fundamentals—that of full-time employment of teachers in both the clinical and laboratory branches.

The process of tracing back your criticisms to these five fundamentals could continue indefinitely. However, there is another set of tests which they must undergo before they can be accepted entirely. Those tests represent the questions of the educator concerned with the totality of the manifestations of a teaching program. He will say, "But what of curriculum? You make no mention of this all-important device in your discussions of educational fundamentals." I will say to you, get your full-time men, set the stage for their work with the presence of the other four fundamentals, and you will have a curriculum. As a matter of fact, to the limit of its value to the institution, good men will insist on a good curriculum. In the Kirksville College an earnest committee of five men has met at least once a week for 18 months wrestling with this problem, in spite of the fact that they know, as Wilbur has said: "I once said that changing an established curriculum was as difficult as moving a cemetery. It still is."

Back to Flexner to have it said another way: "A good teacher of physiology, a sound teacher of medicine or surgery, would spurn the mechanical correlations of a set curriculum; each of them would, however 'correlate,' 'associate,' 'recall' at every breath—and, best of all, stimulate to further inquiry, reading, or investigation on the student's part; but no two would perform the trick in the same way, as is the assumption and purpose of those who work out plans of correlation meant to guide the instructor and to shepherd the student."

Of course the next criticism of the topical educator will be the problem of assuring that you really do have good men. He may contend that full time is no guarantee of quality or he may say, as some have said, that full-time institutional appointments separate a man from the practical aspects of practice which are so important for students to have and which will be brought by the part-time man. This must be answered in two ways. Not all individuals who accept full-time appointments in a medical college are uniformly good. However, there is a quality in the motivation of the individual who will forsake the earning opportunity in private practice or in private industry, which almost universally assures the institution that that man will do a good job. It does not mean that he will bring to the full-time job the fullest accomplishment or the fullest skills, but it does mean that he will have an interest and a motivation which will lead him to acquire the knowledge and the skill necessary for him to do an ever better job. An occasional individual will seek refuge from the realities of life in full-time institutional employment. That individual soon finds, however, that the so-called hard realities of competitive life are kindly compared to the isolation accorded the inept by a group of hardworking, earnest men and women who are making a sacrifice for a good purpose and who see the refugee from reality as a milestone around the neck of their mutual endeavor. Further, it has been rightly said that there is no more severe critic than the undergraduate student. Undergraduate groups and individuals find ways of expressing their lack of respect for an inept teacher that are not always kind, but are always manifest.

Answering the criticism that the full-time clinician is separated from the practical aspects of private practice is easy, if you but consider that the full-time clinician is not relieved of the responsibility of seeing, diagnosing and treating patients; in some instances, even of assessing fees to be paid by the patient to the institution. The great value of the full-time appointment comes from the fact that the men need not concern themselves with keeping life together from the proceeds of a practice and that they can give full attention to any and all patients they choose regardless of their ability to pay.

Said another way by Flexner, it is just this: "Meanwhile, no limitation whatsoever is placed upon the instructor's freedom to see and treat patients inside
Evanston High Vocational Guidance—Mills

The Evanston (Ill.) Township High School Guidance Program

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The Evanston (Ill.) Township High School is one of the most beautiful in the country. Nearly 3600 students are fortunate in having the opportunity of acquiring their fundamental training in this huge Romanesque type building. Unlike many of the high schools in the country, the Evanston High School is not overcrowded and, although the enrollment is huge, every student has an opportunity for careful guidance, not only in his high school courses, but also for possible occupations after his high school training.

Mr. Paul A. Young, Director of Guidance and Research for the Evanston Public Schools, is in charge of the complete guidance service, which is the most comprehensive that the writer has ever seen in a high school or university. Mr. Young is the past president both of the Iowa and of the Illinois Guidance Associations, and has held several important offices in the National Vocational Guidance Association. Having had 23 years in school administration, as well as an active career in vocational guidance and counseling, Mr. Young has been outstandingly successful during the past 4 years in building up a nationally known guidance program in the Evanston Township High School.

This program is unique and so comprehensive that the high school received national recognition in the summer of 1946, when Mr. Young was called to Washington to explain his program to the officials of the American Council on Education. Mr. Young has been commissioned by the Council to write three books on the Evanston program, which will be widely distributed to superintendents of public schools in the United States by the Council. A day rarely passes without high school or university educators, who have travelled from all parts of the country, visiting the Evanston public schools, to see how effective and how valuable a guidance program can be.

During the freshman and sophomore years the students are given an effective orientation program concerning study habits, general occupational fields and the importance of personality development. In the start of the junior year students are eligible to join "career clubs." At the present there are 46 career clubs in existence in this high school, ranging from accounting and aeronautics to osteopathy and teaching. Each one of the career clubs meets from 4 to 6 times during the school year in the early evening, so adult leaders will be available. As far as possible it is planned that the clubs meet where the occupation takes place or at places where educational training can be secured. Parents of the students are always welcome as listeners and returning service men are invited to attend club meetings.

The osteopathic profession will be interested to know that Dr. D. D. Waitley, who is the vocational chairman of the Kiwanis Club in Evanston, is an active adviser of the osteopathic club in the high school program. Mr. Young paid Dr. Waitley a high compliment when he said that Dr. Waitley was most active and interested in seeing to it that the students, who have expressed an interest in osteopathy, are given not only the advantages but also the disadvantages to be found in the osteopathic profession. Last spring Dr. Waitley spoke to a large number of students interested in the various fields of the healing professions.

REFERENCES