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The Place of the Osteopathic Concept in the Healing Art*

J. S. DENSLOW, D.O.

Kirkville, Mo.

The title of these remarks might be paraphrased in the question, "What has osteopathy contributed to the healing art, and what is it contributing today, and what may it be expected to contribute in the future?"

The answer to these questions requires an analysis and an evaluation of the dynamic factors which account for the contribution. I have attempted to make such an analysis in the hope that it will provide certain landmarks and signposts which will help us project our work into the future.

There appear to be three basic and integral principles in the osteopathic concept as it was described and taught by Dr. Andrew Taylor Still. They are that the normal body has within itself the power to resist disease and injury, that the prerequisite for health is order in the structure of the body, and that the physician is an engineer responsible for maintaining structural order. Since the profession which he founded on these principles is over half a century old, two important questions must be answered at the outset of this discussion.

Firstly, since a majority of the men and women who comprise this profession never had the opportunity of studying under Dr. Still, it must be determined if, in 1947, the osteopathic concept is the same as that described by Dr. Still. Secondly, in view of the almost fantastic development of all science from the 1890's to the present date, it must be determined if all, or any, of Dr. Still's observations and theories have been substantiated.

To answer the first question, I addressed an inquiry to a random selection of about fifty officials of the American Osteopathic Association and the Academy of Applied Osteopathy, to the presidents and deans of the osteopathic colleges, to the chairman of each Board of Specialty Certification, and to the president of each divisional society. I also asked the divisional society presidents to suggest the names of five successful osteopathic physicians in their state so that they might receive the same inquiry. A total of 228 questionnaires was sent out. I received answers from 86 per cent of the total, an exceedingly high return.

Since I wished to avoid leading questions, I asked a short and concise answer to the following, "On the basis of your experience in practice, what do you consider to be the most important contribution osteopathy makes to the healing art?"

In framing this question, it was realized that "a broad question begets a broad answer." However, I felt it necessary to attempt to learn the primary and fundamental convictions that these men and women hold concerning the osteopathic concept. The answers have been both informative and interesting. They are too numerous to quote and too diverse to classify.

However, with three exceptions, they had a common denominator; since, directly or indirectly, they indicated opinion that osteopathy is a system of practice in which biologic laws and the reactions of the patient as a total organism to the stresses and strains of his environment, form the basis for diagnosis and therapy.

It would seem reasonable to conclude from these data that there has been little basic change in the fundamental concept of osteopathy, at least by its leaders, in the 55 years which have intervened since Dr. Still founded the first college.

For the answer to the second question, we must turn to the development in science, to the biological sciences in particular, to contrast Still's beliefs with modern knowledge.

We find that the first of Still's principles, i.e., that the body has, within itself, the power to resist disease and injury, has been unequivocally demonstrated. This is seen primarily in the body's ability to mobilize, within itself, protective mechanisms against harmful situations.

Since Dr. Still's time, however, these protective mechanisms have been shown to be almost unbelievably complex, so complex, in fact, that they could not be enumerated or even summarized in any detail short of work which reviews major portions of the entire development of science in the past 100 years. The study of the enzymatic systems of the antigen producing bacteria, for example, has provided the basis for thousands of research studies to which men have devoted their entire careers.

Consequently, it must suffice here to state that the principle has been and is generally accepted.

In a superficial analysis of the second of Dr. Still's principles, i.e., that structure governs function,
it would seem that this principle also has wider acceptance and substantiation since it has become apparent that abnormal structure in a part is associated with abnormal function of that part. Still, however, was looking at the organism as a whole and considered that normal structure of the entire organism is essential for the normal function of the organism. This is logical and as a principle is substantiated within the osteopathic profession by the daily demonstration of improved function of vital processes following treatment of abnormalities in the structural framework.

With few exceptions, however, this structure-function relationship has received almost no attention outside of the osteopathic profession and has been neither substantiated nor accepted. A notable exception was the report of the Subcommittee on Orthopedics and Body Mechanics of the 1931 White House Conference on Child Health and Protection. This Subcommittee defined body mechanics as: “the mechanical correlation of the various systems of the body with special reference to the skeletal, muscular, and visceral systems and their neurological associations. Normal body mechanics may be said to obtain when this mechanical correlation is most favorable to the function of these systems.”

This definition, particularly the statement referring to the neurological association of the skeletal, muscular, and visceral systems, is in line with the osteopathic concept. However, it failed to cause even a ripple in medical practice or in medical research. Even worse, Brown, a member of the Subcommittee, has almost completely ignored the relationship of the neurological associations of the various systems of the body in the book, “Body Mechanics,” of which he is a co-author. In this book only gross mechanical faults are considered to be important. There is little attention to structural abnormalities except those which are so pronounced that they are evident in body contours; treatment is centered around rest, exercise, and improvements in posture.

The one major exception in the failure of the medical profession to grasp the significance of the structure-function relationship is James Mennell, whose writings take full account of the far-reaching effects of structural abnormalities, particularly when they involve joints. In fact, as one reads Mennell’s writings, one sees observations and procedures which are often in direct parallel with those which are reported by osteopathic physicians in osteopathic literature. Unfortunately, Mennell implies an absence of such literature and his references to all who are not M.D.’s are either slighting or frankly uncomplimentary.

The third principle developed by Still, i.e., the possibility of detecting and alleviating or eliminating structural abnormalities in the sense that the physician is an engineer responsible for the well-being of a highly complex machine has been neither substantiated nor accepted outside the osteopathic profession. In fact, it is this principle which, in the early days, bore the brunt of almost unbelievably vicious ridicule.

This brings us to a subtle and more or less hidden fact which is of great importance. It involves the difference in the attack of old-school medicine in the early days as contrasted to modern times. The attack continues unabated, but its strategy has been completely transformed. In the early days the attack centered on the alleged preposterous claims made by “ostephats.” Today one rarely sees this. Instead, the field of physical medicine is being developed as a specialty to eliminate the need for patients to seek the services of individuals who are not M.D.’s when their progress under so-called “regular” medical management is unsatisfactory.

On the surface, this development of physical medicine would indicate that the osteopathic concept, or at least the methods characterizing the osteopathic profession, had spread beyond the profession to have wide acceptance and use throughout the healing art. Unfortunately, this surface view is a false, misleading, and dangerous half truth. It is dangerous for several reasons which will be discussed later.

It is a half truth because the leaders in physical medicine assume that they can develop that which is of value in what Krusen calls the “various medical cults” without attempting to determine what place such groups have in the healing art. To get factual data on this point, I asked each osteopathic college and the Executive Secretary of the American Osteopathic Association if they had received any request for information about osteopathy from any leader in physical medicine. None of them had received such an inquiry.

There are several reasons why this half truth is dangerous. Of these, two are basic and fundamental. The first is that judging from the material which is being published in medical texts and in current journals such as the Archives of Physical Medicine, the Journal of Bone and Joint Surgery, the Journal of the American Medical Association, the Annual Report of the Baruch Committee on Physical Medicine, etc., there is an extremely wide gap between what is actually being practiced and studied in physical medicine on the one hand and in osteopathy on the other. The difference is in basic philosophy. Physical medicine is considered as “that science which deals with the management of disease by means of physical agents such as light, heat, cold, water, electricity, and mechanical agents,” while osteopathy deals with the structural integrity of the organism and the consequences, in terms of health and disease, of impairments of that integrity.

This is not to say that all the modalities in physical medicine are useless parts of the healing art. However, it must be realized that the application of thermotherapy, light-therpay, hydrotherapy, electro-therapy, or mechanotherapy, usually by a technician, is simply not comparable to a system of practice which, as a basic premise, takes into account that “health results from the orderly coordination of all the structural component elements of the body.”

The second reason why the half truth embodied in the work in physical medicine is dangerous will be discussed later.

Since osteopathy is a school or system of practice and since its ultimate responsibility deals with health and disease in human beings, it is necessary to consider the general principles upon which it is based in relation to practical methods of diagnosis and treatment.

When such an interpolation is made, we immediately see what may appear to be contradictions of general principles. Every clinician, for example, has had the experience of having a given clinical syndrome respond rapidly and decisively to a given form of treatment while at the same time a second patient, who presents a quite similar syndrome, responds slowly or possibly not at all.
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Since this situation is not isolated, but occurs, in varying degrees, in all disease, we must determine if it contradicts principle or if it is indicative of the complexity of the principle. Our experience as osteopathic physicians indicates that the latter is true, i.e., that the principle is sound, but extremely complex. We believe this because of a simple but profound observation. It is that there exists a direct ratio between the improvement or regression of osteopathic lesions and the improvement or regression of the signs and symptoms presented in a given case.

This leads us to believe that disease, as it is commonly classified by pathological and diagnostic criteria, is not entirely the result of the causal agent which is associated with given pathological and diagnostic criteria but is, actually, a breakdown in the functional structure of the organism with the creation of conditions which permit the causal agent to be effective and to give rise to symptoms. Thus, the variants in clinical manifestations to a given causal agent are determined largely by the state of the organism instead of by the agent itself.

This view has been studied intensively by a large group in the Institute of Experimental Medicine and the Institute of Surgical Neuro-Pathology in Leningrad, U.S.S.R., under the direction of A. D. Speransky. Their work has been summarized and discussed in the book, "A Basis for the Theory of Medicine."9 This work is based on well planned and rigidly controlled research studies in both fundamental and clinical science. Actually, most of the studies were both fundamental and clinical. Its great significance demands careful study.

Speransky’s central thesis is (a) that pathology in any part of the organism causes new and abnormal patterns of activity throughout the organism and (b) that the new and abnormal patterns are the result of nervous activity. These principles have been shown to apply, not only to direct involvements of the nervous system, but to a wide variety of abnormal states. While his conclusions, and the experimental data, are too voluminous to permit even summarization here, one of the very large number of experiments used to test one phase of his hypothesis is indicative of this work. It was desired to test the kidney without directly touching its blood or nerve supply. Since the kidney and the ovary come from neighboring areas of the same lamina of the mesoderm, it was decided to make this attempt by damaging the ovaries of rabbits. Consequently 1 to 2 drops of a formalin solution were injected into the ovary. Three weeks later 0.1 cc. of a suspension of staphylococci of low pathogenic value was introduced intravenously. In 1 month the rabbits were sacrificed and dissected. No changes in other organs were found, but there were, invariably, multiple purulent foci in the kidneys in the experimental animals. Speransky seems justified in concluding that the neurogenic effect of ovarian trauma on the kidney accounts for the development of infection in that organ.

Although much more work must be done before Speransky’s thesis, which involves a sweeping revision of ideas in the field of pathology and pathogenesis, can be accepted as fact, this work has demonstrated that the role of the nervous system in pathology is both important and complex.

This has a direct bearing on the place of the osteopathic concept in the healing art since it makes apparent that the high incidence of mechanical derangement of the human skeletal system cannot exist without creating pathological patterns of widespread importance. It is relatively unimportant at the present that except for certain observations made by Burns,19 Macdonald,20 and in the research laboratories in Kirkville, the identity of these patterns remains obscure. The important fact is our recognition that they exist and our determination to extend our understanding of them.

Any discussion of the place of any contribution to human welfare is sterile and incomprehensible unless it takes into account the dynamic and extremely complicated factors which affect and condition the development of that contribution. In this instance, it would not appear wise for us to consider that we alone will determine our place in the healing art, or the course and direction of our future work. We cannot work in isolation. In fact, we never have worked in isolation since we, like all other groups, lean heavily on the work of our scientific predecessors and contemporaries.

Consequently, it would seem essential that we determine, as objectively as possible, the place which the osteopathic concept has in the healing art in the opinion of those segments of society which have a direct or an indirect bearing on our work.

Before attempting to do this, it is necessary to retrace Dr. Still’s footsteps from 1874 to 1892, the period which incidentally preceded the era of modern science. He had become convinced of the truth and importance of his observations and went to Baker University,21 an institution which he had helped to found, where he was refused an audience. He likewise was rebuffed by his medical contemporaries. As we read the record, it becomes apparent that one of two courses was open to him. First, he might have become discouraged and might have slipped back to the medical practice of his day or, as proved to be his course, he might continue his work with the modest, even meager, facilities and support available to anyone who was working alone.

This point is of paramount importance, first, because it indicates that the breach between osteopathy and medicine and even more significant between osteopathy and the university, was forced long before the first osteopathic college was founded and, second, because the alternative courses open to Dr. Still have faced osteopathic physicians and institutions from his period to the present. The question is clear. Shall we succumb to the exigencies which are inherent in the progress of any minority group, or shall we decide that our contribution is sufficiently great to demand that we continue and that we insure the possibility of doing more work tomorrow by making the best possible use of the resources of today. Our very presence here today is adequate evidence of our determination to carry our work forward.

With this brief comment as background, we can look at the historical record of the past 55 years to determine, not only the place which has been assigned to osteopathic concept by others (or at least the place assigned to what they consider to be the osteopathic concept), but most important, what their opinion will probably be concerning the place of the osteopathic concept in the future.

It would appear that the groups whose opinions are important are the general public, old-school medi-
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In sharp contrast to the attitude of the general public is that of organized medicine. It is a matter of record that vigorous opposition from organized medicine has dogged the efforts of the osteopathic profession since before Dr. Still founded the first school. It is also a matter of record that this opposition has been ineffective as a deterrent to public acceptance of osteopathic physicians. As has been pointed out osteopathic physicians are busier and they practice in more favorable environments today than at any time in history. However, this opposition, together with the growth of the osteopathic profession, has had a real influence on the scientific and educational progress of the profession. This has been accomplished by building a barrier, which in the past few years has started to crumble, between the fields of education, science, and philanthropy, where organized medicine is deeply entrenched, and the osteopathic profession. In one year, 1940, 134 foundations made grants of approximately $24,000,000 to medicine and public health and to education. This was in addition to private gifts, bequests, Federal and state supports, etc. To the best of my knowledge none of this money was used to extend the value of osteopathy or even to assist in determining its scope of usefulness. This did not happen by accident. It resulted directly or indirectly from medical opposition. A confidential letter written about 4 years ago from the president of a major foundation to his osteopathic physician tells the story. This letter was in reply to a comment by the physician concerning the possibilities of our research program in Kirksville. The letter is as follows: "I have read with interest your letter of April 12. It raises a question the answer to which I frankly do not know. It is true that the —— foundation has never given any assistance to osteopathic therapeutics. Personally, I generally get more help from an osteopath than I do from a regular physician, but prejudice is strong, as you know, and in this organization my advisors are doctors who perhaps would not feel as keenly about the benefits of osteopathy as I do. However, I am at least bringing your letter to their attention, and we will have a chance to talk about it anyway. With warm personal regards, Faithfully yours." Although the president unabashedly called this matter to the attention of his advisors, their prejudice remained unchanged.

This matter of medical opposition is discussed, not because of a feeling of resentment or of indignation, but to recognize that bias and prejudice exist and from all indications, we can expect them to continue long into the future. Organized medicine considers itself to be the protector of human well-being. It considers that this responsibility should not be divided and it has fought and will fight all attempts that we, or others, make to share in it.

The third and final segment of our contemporary society which is important in determining the place of osteopathic concept in the healing art is the field of science, including individual scientists and their organization and the philanthropic and state assistance which supports their work.

... Here the historical background discussed earlier is important. Although there were a few isolated forerunners, the development of the basic medical sciences, particularly anatomy, biochemistry, and physiology, did not start in this country until the 1880's and 1890's. This occurred primarily on the eastern seaboard, and the leaders, in most instances, were from universities which had graduate and medical schools. The American Physiological Society may be used as an example. Of the twenty-eight original members, as recorded in a publication in 1888, all were from institutions located in Massachusetts, Connecticut, New York, Pennsylvania, and Maryland, except for two from Ann Arbor, Michigan, one from Montreal, Canada, and one from Washington, D. C.

To continue to use this Society as an example, it would not be correct to consider that its founders, such revered men as Weir Mitchell, Bowditch, Howell, Welch, and Osler (whose first teaching at McGill was in histology, physiology, and pathology), did not accept Still's theories because of prejudice and bigotry. Instead, as we look back, it is apparent that Still's experience at Baker University, the then vast distance between Kansas and Missouri and the Atlantic Ocean, and his split away from the medical practice of his day resulted in a wide breach between his newly founded profession and the embryonic basic sciences which he himself considered fundamental. With the passage of time this breach has persisted. The reasons for it are fundamental in a discussion of the opinions of our contemporaries as to the place of the osteopathic concept in the healing art.

These reasons are deep and subtle. They are not, for the most part, due to any allegiances of scientists to organized medicine as such. They are due, rather, to two facts. The first is one of location. Almost all of the work in the biological sciences is done in universities and institutes where there is medical, but not osteopathic, activity. The second is that time and money, or rather the lack of these, and the tremendous complexity of the mechanisms underlying osteopathy have prevented us from doing much of the precise and well-controlled research which is essential in scientific work.

Research activity is based on an age-old pattern. It is necessary for us to be familiar with that pattern. It starts with research which consists, in the main, of studies of individual problems, the solution of which adds a fact, or an additional understanding, to existing knowledge. This is typified by the great program of Speransky and his collaborators whose work, while within a general thesis involving the nervous system in disease, consists of a large number of problems each of which provides information about a specific question. Through review by editorial referees, who are outstanding men in the various fields, publication
of results and conclusions is secured in scientific journals. This publication of work establishes the competency of individuals and institutions. The cycle is completed through the flow of financial support for further research to the individuals and institutions who have demonstrated competency. While old-school medicine exerts some influence, since most basic research is related to medicine, it is not a fundamental or decisive factor, a point which is substantiated by our own experiences of the past 10 years. It is extremely interesting how our experiences follow the cycle which has been described. With the encouragement and technical assistance of two distinguished physiologists, we planned and carried out a research project in certain reflexes which are basic in osteopathic thinking. We entered the cycle at its beginning, i.e., research. When we had completed work on a substantial problem, it was submitted to an editorial board and was published. When our accomplishment in publication reached an adequate level, we received a grant from the United States Public Health Service which furnishes an opportunity to increase our research program.

We would be naive to assume a complete absence of bias in contacts with editorial referees and in the granting of funds for research. However, our experience has been that such may be an annoying and delaying, but not a decisive factor. Our work was reviewed by the Physiology Study Section of the United States Public Health Service, a panel of outstanding physiologists, and by the National Advisory Health Council, composed of leading educators and scientists under the Chairmanship of Edwin B. Fred, President of the University of Wisconsin.

The Bush report, "Science, the Endless Frontier," indicates the importance of the attitude and understanding of the scientists concerning the place of the osteopathic concept in the healing arts. The development of science during the past 100 years culminated in a dramatic climax when atomic bombs leveled Hiroshima and Nagasaki. Vannevar Bush, the head of this nation's tremendous scientific activity in World War II, was asked by President Roosevelt to prepare a report and to make recommendations for postwar development. In commenting about disease in the war, Dr. Bush made the following statement: "The death rate for all diseases in the Army, including the overseas forces, has been reduced from 14.1 per thousand in the last war to 0.6 per thousand in this war." Later he states, "The striking advances in medicine during the war have been possible only because we had a large backlog of scientific data accumulated through basic research in many scientific fields in the years before the war."

Dr. Bush proposed the creation of a National Science Foundation to make possible an adequate scientific program. It has been my privilege to testify for the American Osteopathic Association at hearings on legislation pertaining to the National Science Foundation in both the 79th and 80th sessions of Congress. The program is so huge that much time has been required to draft a satisfactory and adequate law. However, it is my candid opinion that the National Science Foundation or an effective counterpart will become a reality within the next future. It is almost impossible to overestimate the effect of this Foundation on the place of the osteopathic concept in the healing art. The plans for the Foundation include the spending of the following sums:

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>1st Year</th>
<th>5th Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical research</td>
<td>5.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Natural sciences</td>
<td>10.0</td>
<td>50.0</td>
</tr>
<tr>
<td>National defense</td>
<td>10.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Personnel and education</td>
<td>7.0</td>
<td>20.0</td>
</tr>
<tr>
<td>Publications, etc.</td>
<td>5.0</td>
<td>1.0</td>
</tr>
<tr>
<td>Administration</td>
<td>1.0</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>33.5</strong></td>
<td><strong>122.5</strong></td>
</tr>
</tbody>
</table>

These are public funds and will be spent in the public interest. They will be allocated on the judgment of established leaders in the various fields. While medical research will undoubtedly be dominated by old-school medicine with an eye to maintaining control of the healing arts, a larger and more important division, that of the natural sciences, will be the responsibility of men who by tradition and action show a minimum of bias and prejudice. It almost goes without saying that contemporary society will not consider a group which fails to qualify for participation in the National Science Foundation of any real importance in the healing art.

Our attention in this discussion of the place of the osteopathic concept in the healing arts thus far has been devoted mainly to the important aspects of the osteopathic concept. It is necessary, now, to consider especially important aspects of the healing art of which the osteopathic concept is a part.

There have been profound changes in the healing art, or possibly more correctly in the science and art of healing, since 1892. Practically every field of science has contributed to these changes. The astronomers and theoretical mathematicians, the physicists, the geneticists, the botanists, the biologists, the bacteriologists, and chemists, and a host of others have contributed knowledge and discoveries which have ultimately converged into practical diagnostic and therapeutic methods. This is not to say that all of the changes are good, for some are not, for example, the segmentation of the human organism into systems, each treated by specialists. But many have been good and must be taken into account. The increase of life expectancy from 49.7 years in 1900 to 65.1 in 1940 obviously demonstrates real gains. The decrease in certain dread diseases and the virtual elimination of others shown in the accompanying chart, likewise demonstrate forward steps. Similar examples in many fields could be enumerated.

<table>
<thead>
<tr>
<th>REDUCTION IN DEATH RATES PER 100,000 POPULATION</th>
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<tbody>
<tr>
<td>Disease</td>
</tr>
<tr>
<td>Tuberculosis</td>
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<tr>
<td>Diarrheal enteritis</td>
</tr>
<tr>
<td>Diptheria</td>
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<tr>
<td>Typhoid</td>
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</tbody>
</table>

Most of these gains have been made without any real consideration of two of the major aspects of the osteopathic concept, i.e., that there is a direct and important relationship between the component structural parts and the function of the organism and that the physician is a human engineer who directs attention to structural integrity. Consequently, it is apparent that we must determine the relation between the osteopathic concept and the concepts which underlie the gains in other aspects of the healing art. Before such
a determination can be made, at a practical level, consideration must be given to those factors which break down, temporarily, or permanently, normal structural integrity. Certainly the preventative, supportive, and reconstructive methods of healing which aid the organism to function in spite of the unavoidable or irreparable breakdowns which result from these factors are essential to man's well-being. These methods, providing they are truly useful are necessary and are not in conflict with the osteopathic concept. In fact, many of them are in daily usage in osteopathic practice.

That this is true does not, in the slightest, invalidate or compromise the biologic principles on which the osteopathic concept is based, and which represent a fundamental theory concerning the phenomena of health and disease.

Throughout this discussion an attempt has been made to consider the place of the osteopathic concept in the healing art on the basis of practical reality. Hence, this paper must be concluded by considering important aspects of present and future activity which will be required to develop and extend the known and the potential values in the osteopathic concept.

The three important parts of our environment which were discussed earlier, i.e., the public, organized medicine, and the field of science, must be considered in any plans which might be made.

The care which we administer to the general public must continue to be useful. All of the factors which are a part of that care, our private practices, our clinics, our hospitals, and the organizations which knit them together must continue to be strong.

Every patient must be evaluated against the background of the osteopathic concept. Today, with a terrific shortage of doctors and with an almost unbelievable maze of diagnostic and therapeutic procedures being described in thousands of journals and texts, it is difficult to retain a perspective and to keep expedient and palliative therapy in its proper place. This must be done. It will require hard work and close cooperation among the colleges, hospitals, and the men and women in private practice.

Our next step in our relations with the public is financial. Up until now, except for isolated instances, the most notable of which has been the bequest of one million and a quarter million dollars by the late Anne Depew Paulding to the New York Osteopathic Clinic, we have financed our own institutions. In the future, if we are to be responsible to the public for osteopathic growth, we must look to the public for the financial support which will make that growth possible. This step is in progress, though the progress is almost inexcusably slow. In the first 5 months of 1947, 374 lay persons contributed $40,373.60 to the Osteopathic Progress Fund. This situation must, and I believe will, improve. This comment is based on two reasons. First, the public has always supported sound contributions to its well-being and second, the small number of osteopathic physicians, who have been active in this work, report an excellent response by their patients.

The next group in our environment is organized medicine. Unfortunately, for human welfare, we can see no indication that organized medicine will differ in the future from what it has been in the past. Within the last 2 weeks the American Medical Association, or it might be more correct to say the hierarchy which controls its policies and activities, has been condemned and ridiculed for its deliberate and inexcusably refusal to consider proposals by lay organizations for the adequate spread of medical care. This arbitrary attitude has resulted in a lack of confidence in organized medicine. Our sole responsibility as regards this segment of society is to continue to protect the public which seeks osteopathic care from the necessity of having that care hampered and limited.

Because of these circumstances there appears to be no question but that the value in the osteopathic concept can be best developed in a strong and independent school of practice.

This brings us to the last important segment in our environment, the field of science, including, as it does, individual scientists, scientific organizations, and scientific advisors to philanthropic and state supported programs. Let this be said at the outset: As we develop our understanding of biologic mechanisms involved in the osteopathic concept, we will earn, and certainly we will have, the respect and the cooperation of the scientific world. However, we must consider the attainment of this respect and cooperation in its proper perspective. It is not an objective in itself, instead it is but an important step toward the much more fundamental objective of learning more about the osteopathic lesion, its effects, and its treatment.

We have, in osteopathic treatment, a practical therapeutic tool which has enabled us to achieve an unprecedented accomplishment, that of establishing a healing arts profession that has neither succumbed to, nor been absorbed by, oil-school medicine. In our growth our resources have been absorbed by immediate needs in education, legislation, organization, and public relations. Almost none of our resources have remained to follow Dr. Still's dictum that we must continue to explore fundamental osteopathic philosophy.

While our immediate needs still command much of our resources, the time has come when we must start extending the scope and usefulness of osteopathy. We must learn the answers to many important questions. A few typical problems will be cited. Certain lesions become "chronic" and require treatment over long periods. Why does this happen and how can it be prevented? Lesions in a certain area are associated with different clinical syndromes in different patients. What accounts for the improvement? A child has persistent lesions which show temporary but not permanent improvement with treatment. What are the lesion-maintaining factors?

In the tremendous advances in the physical and biological sciences during the past few decades, it has been learned that the sound way to acquire knowledge is to study basic processes. The method of doing this is simple in principle although it may be extremely complex in operation. A hypothesis concerning the phenomena to be studied is developed. Ways of testing this hypothesis are devised and its validity is determined. This is repeated until each aspect of the problem is solved on a factual and proved basis. With the solution of each aspect comes a knowledge of the mechanism involved and of the practical uses of the mechanisms.

Here again we turn to Speransky.17 Regardless of what else comes from his work, he has accomplished the brilliant demonstration that new developments and understanding in human health and disease require the merging of so-called basic science research with clinical
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Observations. As far as we are concerned, a most important aspect of this demonstration is that, since clinical observations are essential to the full exploration of questions in health and disease, we ourselves must make the observations involving the osteopathic concept since only osteopathic physicians are capable in this field.

To speak more bluntly, if the potential values in osteopathy are to be fully explored and developed, at least in our time, the task must be done by us; no one else is capable of doing it. This is not to say that we must, or even that we can, do it alone since our work has deep roots in physiology, anatomy, biochemistry, biophysics, pathology, in fact, in all of the basic sciences. However, it does mean that we can not sit back and expect some one else to develop osteopathy. If there is any doubt about this, it is merely necessary to look at physical medicine. There are, in this field, many sincere and able workers. I am personally acquainted with a number of them. However, their efforts are so far afield from fundamental osteopathic principles that there is simply no resemblance between the two.

I would like to give one concrete illustration of the ground we must plow if we wish to live up to the obligations placed on us by our predecessors. Within the past 2 weeks, I had the unpleasant experience of precipitating a moderately severe attack of what appeared to be a Stokes-Adams syndrome. Similar attacks had been precipitated three times in 1 week, twice by codine, which the patient had taken in an attempt to cease paroxysms of coughing which occurred following a severe upper respiratory infection, and once during the course of manipulative treatment. The heart rate, in the last attack, dropped to forty-two, the veins in the head and neck were engorged and there was a severe air hunger. The tissues of the upper thorax and neck were extremely hyperesthetic and hyperirritable. Even though the manipulative procedures used were gentle, it was apparent that they served as additional harmful stimuli. About 2 hours after the attack started, with the patient sitting, gentle pressure was applied to the angles of the third to fifth ribs on the right side, the site of the most marked tissue abnormality. Within 10 minutes the attack ceased, the arm hunger was less marked and the heart rate rose from around fifty-six to seventy. Within 30 minutes the patient was comfortable and asleep.

As this case is reviewed, it is impossible to escape the conviction that the cardiac dysfunction was directly related to the irritable skeletal tissues. One attempt to apply manipulative treatment triggered more irritability and another ameliorated it. This difference in results did not come from a careless or, if I may say it, totally unskilled application of forces. It was due to factors which are sufficiently obscure to elude understanding.

While numerous examples might be cited, many of them quite dramatic, this whole matter points up the vital necessity of discovering, as rapidly as possible, the mechanisms of viscerosomatic and somato-visceral relationships, as well as other fundamental mechanisms, if we are to develop the practical applications of the osteopathic concept to the highest possible level.

As this goes forward, the osteopathic profession will become, more and more, contributors to the vital stream of scientific knowledge.

The place of the osteopathic concept, or I am bold to say, the importance of the place of the osteopathic concept in the healing art is great. The unifying efforts of Andrew Taylor Still gave osteopathy a vital start. It is today, our great opportunity and our great responsibility to develop, and to extend the values in his work.

REFERENCES

Pain

I hope that these students will remember in their practice of medicine that pain does not always mean organic pathologic conditions. One quickly learns in psychiatry that there is an "organ language." For ages people have expressed emotional reactions in terms of their bodily organs. How common and how readily understood are such expressions as "heartache," "pain in the neck," "to have guts," and "the hair stood on end." Is there any doubt in one's mind but that such modes of expression grew out of the recognition over the years that emotional reactions can give rise to organic sensations and even discomfort? In this scientific age in which even the layman has more access to medical knowledge than did the medical student of fifty years ago, the average patient has extended his "organ language" to include medical and pathologic expressions—Wilbur R. Miller, M.D., Journal of the American Medical Association, July 15, 1907.
Editor's note

The pages appearing in this “Special reprints” section have been electronically scanned from the original journals in which they appeared. Consequently, the scanning process at a density to enhance readability has picked up such artifacts as “bleed-through” type from reverse pages and other “blemishes” that existed in the original paper on which the text was printed. Even the yellowing of the original pages has caused some darkening of the margins. JAOA regrets these anomalies and hopes that readers will overlook them and concentrate on the content of these works published in the osteopathic medical profession’s early history.

For interest sake, concluding pages of articles may contain “newsy” items of the original date.

Gilbert E. D’Alonzo, DO, January 2001