

drug or modality which he felt would help in his treatment. At that time, the State Medical Society sent a letter to each legislator. The letter asked support for the legislation on the grounds that osteopathic educa-

tion meets the standards for the practice of medicine. The bill passed unanimously and the Governor's signature made it law. There is no longer any doubt that osteopathy is here to stay.

## THE MEDICAL POSITION—A REPLY

BY JOSEPH D. WASSERSUG, M.D.

As a practicing physician, I believe that I may be pardoned if I do not share Dr. D. B. Thorburn's enthusiasm for osteopathy. This conviction—that osteopathy is not the therapeutic wonder claimed by its proponents—has been forced upon me gradually over the years. As a matter of fact, my first contact with osteopathy was deeply personal, and I almost became a convert.

It was a hot summer day when my mother bent over and wrenched her back so severely that she had great difficulty in straightening up. I was an embryo physician at that time, having just received my M.D. degree. I immediately called our regular physician to see my mother. He applied some traction to her legs, put bed-boards under her mattress and prescribed codeine for her pain. Two or three days went by and my mother was still in pain. Our physician could

offer nothing from the standpoint of quick relief. At his suggestion, an osteopath was called.

I remember his arrival quite vividly. He was a short, stocky man, dressed in a dark suit and carrying a little black bag. He had a goatee and a mustache, perhaps in worshipful imitation of Andrew Taylor Still, the founder of osteopathy. His manner was confident and self-assured. He lightly touched my mother's back, then turned toward me and said, "She has a partial rotation of the fourth lumbar on the fifth lumbar vertebra." I was astounded.

Here was a man who was able, by simply touching my mother's back, to provide me with a diagnosis that I knew was difficult to make even when the finest X-ray studies were available. There must be more to osteopathy than I had ever imagined!

Then, the doctor flipped my mother

this way and that, twisted her hither and yon, and commanded her to get out of bed and walk. It was amazing. My mother got out of bed, walked around, and said she felt no pain. I was convinced that I had to learn more about osteopathy. Here, before my own skeptical eyes, was a convincing demonstration of its value.

My enthusiasm was short-lived. The next morning, my mother was in the most frightful agony that she had ever experienced. Instead of the dull, gnawing pain that she had had before my call to the osteopath, her pain was now acute, her agony intense. This time I phoned one of my instructors in orthopedic surgery. He put my mother in a plaster cast from her knees up to her chest. She remained in the cast for six weeks, and then slowly improved. My confidence in osteopathy was weakened.

Dr. Thorburn's article leaves one with the general impression that the osteopath takes over where the physician fails. He cites several cases where one person or another received no help by "orthodox methods," yet was cured by osteopathy. The reader may be left with the inference that what his regular doctor cannot do the osteopath can. More often than not, I believe, the shoe is on the other foot. More often than not, the physician has to rescue his osteopathic colleagues from embarrassing situations.

Let me cite just two more cases, although I am sure that any physician has many such instances in his own files.

Mrs. M. C. K. had been ill for two months with pain in the hips and back. A constant procession of osteopaths had been in and out of her home, treating her "lesions" and "subluxations." They realized that this 62-year-old woman was nervous, and so they also provided her with various nerve "tonics." After two months of therapy, in which it was quite obvious that she was failing, a regular physician was called because one of the osteopaths began to worry about a possible diagnosis of cancer.

When this patient was examined from the medical standpoint, she was found to be disoriented, confused, and unable to give an adequate history. On the bed-table beside her was the so-called nerve "tonic," in reality a sedative containing a bromide mixture. She had taken several such bottles during the course of her illness and, perhaps, for some time previously. She was immediately sent to the hospital with a diagnosis of bromide poisoning. Careful tests on the blood and spinal fluid confirmed this diagnosis.

It took almost two months of intensive medical treatment to restore this woman to health. No amount of manipulation of the spine had been

able to work any wonders in the face of intensive and harmful administration of bromides.

Our second case, Mrs. C. M., was 42 years old when she first went to an osteopath complaining that she was exceptionally tired. So tired, indeed, that it interfered with her eating. A few manipulations of her spine, and presto!—she was feeling better. During that spring and early summer, she felt reasonably well, though not quite like her usual self. Later in the summer, she noted some “pulling pain” in her right chest, and her osteopathic physician, being enlightened and progressive, gave her some diathermy treatments, some more manipulations, and some injections of liver. Unfortunately, this time the magic of the osteopathy was gone, and the patient did not improve. She began to cough, felt worse, and actually spat blood. An X-ray showed her to have advanced tuberculosis.

Mrs. C. M. was admitted to a tuberculosis sanatorium, in which she remained for eighteen months. Conservative sanatorium treatment was of no avail; the disease was too far advanced. Her right lung had to be removed completely. Mrs. C. M. is now reasonably well again, her tuberculosis is better, and who can say whether such a drastic operation might have been avoided had the

proper diagnosis been established earlier and the proper therapy prescribed?

It should not be inferred from these cases that the regular physician is always correct in his diagnosis and always prescribes the proper form of treatment. In the regular practice of medicine, as in osteopathy, errors creep in. But the holier-than-thou position taken by osteopaths is entirely unwarranted. Certainly they see patients once in a while who can be treated as successfully by massage and osteopathic techniques as they can by the more commonly administered methods of healing. But I repeat, more often than not, it is the physician who saves the day for the osteopath.

## II

In his description of what osteopathy is, Dr. Thorburn presents a very disarming picture. There is only one question that might be raised—Is the Doctor really talking about osteopathy? Certainly, he is not discussing osteopathy according to the principles and platform laid down by Still, its founder. Let us, then, compare Dr. Thorburn’s conception with Still’s. Here is Still’s platform in his own words.

### OUR PLATFORM

First. We believe in sanitation and hygiene.

Second. We are opposed to the use of drugs as remedial agencies.

Third. We are opposed to vaccination.

Fourth. We are opposed to the use of serums in the treatment of disease. Nature furnishes its own serum if we know how to deliver them.

Fifth. We realize that many cases require surgical treatment and therefore advocate it as a last resort. We believe many surgical operations are unnecessarily performed and that many operations can be avoided by osteopathic treatment.

Sixth. The osteopath does not depend on electricity, X-radiance, hydrotherapy, or other adjuncts, but relies on osteopathic measures in the treatment of disease.

Seventh. We have a friendly feeling for other non-drug, natural methods of healing, but we do not incorporate any other methods into our system. We are all opposed to drugs; in that respect, at least, all natural, unharmed methods occupy the same ground. The fundamental principles of osteopathy are different from those of any other system and the cause of disease is considered from one standpoint, *viz.*, disease is the result of anatomical abnormalities followed by physiological discord. To cure disease the abnormal parts must be adjusted to the normal; therefore other methods that are entirely different in principle have no place in the osteopathic system.

Eighth. Osteopathy is an independent system and can be applied to all

conditions of disease, including purely surgical cases, and in these cases surgery is but a branch of osteopathy.

Ninth. We believe that our therapeutic house is just large enough for osteopathy and that when other methods are brought in just that much of osteopathy must move out.

Dr. Thorburn's osteopathy, it can be readily seen, is a strange derivative of Still's, and would hardly be recognized by its father as a natural child. If the osteopathic physician uses serums, bacteriostatic agents and antibiotics, is he really practicing osteopathy? Osteopathy at the present time is on the horns of a dilemma. If it accepts the benefits of modern medicines and admits to the rationale of their use, it must of necessity denounce the basic principles for which osteopathy stands. On the other hand, if osteopathy whole-heartedly embraces the fundamental concepts of osteopathy, it must reject all the benefits of modern medicine. The osteopath finds it difficult to grapple with both horns and tries to ride in a saddle placed between them. This position is very uncomfortable and shaky.

### III

Let us look at the founder, Andrew Taylor Still, and see what manner of man he truly was. Whether "Dr." Still was entitled to his doctorate is

not clear, even granting the standards of his day. A review of his autobiography (published in 1897 and revised in 1907) would indicate that he acquired the degree by inheritance from his father. His enthusiasm for his subject exceeded any quest on his part for impartial, scientific evidence. Whenever scientific facts failed to support his theories, Still evolved new theories at a terrific rate. A few examples will suffice. We shall not belabor the point.

He attributed to partial dislocations of the hip such a variety of disorders as hysteria, "confused menstruation," constipation and kidney disease. To dislocations of the spine he attributed constipation, rickets, piles, obesity, diabetes, shaking palsy, eczema, and even dandruff and pimples. Osteopathic physicians today would shudder at the advice Still gave to his diabetic patients. "Give your patients plenty of good food. If he wants sugar or breakfast bacon give it to him. The bacon oils the digestive tract. And I have for many years reasoned that the patient should be fed on sweet substances, honey in particular. . . . So give your patient honey in abundance."

Please note that Still "reasoned" as to the diet of the diabetic patient. As a matter of fact, in all of Still's writing one finds this "reasoning" appearing again and again. For Still,

his reasoning took the place of observation, accumulation of impartial, scientific data, and logical deduction. If Still reasoned that a thing was so, it was of necessity so. No facts to the contrary could shake him in his convictions.

Twenty-eight years after the tubercle bacilli had been isolated, and 60 years after the birth of Louis Pasteur, Still continued to deny the existence of tubercle bacilli or other germs. For Still, the lungs generated gas "by combustion of waste material that came to it," and tuberculosis was due to lack of normal combustion. It is probable that Still never looked down a microscope. "I pay no attention to laboratory stories of microorganisms. We have but little time to spare in analyzing urine, blood lymph, or any other fluid substance of the body because we think life is too precious to dilly-dally in laboratory work when the structures are out of order or before we have made all adjustments from the abnormal." Does the modern osteopath share Still's contempt for the laboratory or does his face blush with embarrassment when he reads such a frightful confession of ignorance? To save face, the modern osteopath must denounce Still, but in doing so, he must denounce osteopathy.

Perhaps one more point is in order. There can be no question that Still

was hounded and abused in the fashion described by Dr. Thorburn. Man's inhumanity to man is tragic in whatever age it occurs and under whatever circumstances. Yet, it must not be assumed that, because saints and prophets are often persecuted, everyone who is treated in this fashion is a martyr to a worthy cause. Idiots too are tormented, fools are laughed at, and swindlers are tarred and feathered.

#### IV

If we turn from an analysis of Still, the man, to osteopathy, the so-called science, we find that it is a weak and tenuous thread on which to base a theory of disease. Regular medicine has had no fixed theories to hamper its strides. Osteopathy has had the millstone of Still around its neck. The advances made by regular medicine since the turn of the century far exceed anything that can be claimed by any pseudo-scientific doctrine. In 1850, conditions were such that the expectancy of life at birth in the United States was only about 40 years, but in 1947, this figure had risen to 66.8 years. In other words, within four generations the expectancy of life has risen by 27 years, or by two thirds. Although this increase in longevity is due to many factors, organized medicine can look with pride to its own contribution.

Can osteopathy treat pneumonia or septicemia or meningitis with the degree of success that the regular physician can obtain by using simple injections of penicillin? If a spine "lesion" is indeed the cause of such diseases, how then can a cure be effected without manipulation? What manipulative treatment has the osteopathic physician to offer his diabetic patient that is comparable to insulin? Where is the osteopathic subluxation in victims of pernicious anemia who can be treated effectively with a few liver injections, or with the tiniest pinch of folic acid, or vitamin B<sub>12</sub>? What structural analysis of the spine can the osteopathic physician make in diagnosing early pulmonary tuberculosis that is comparable in its scope to the X-ray? Does the osteopathic physician know that the present death rate for pulmonary tuberculosis is 25.1 per 100,000, as compared to 200 per 100,000 at the turn of the century? Does he know that none of the credit for this remarkable decline can be given to him?

The teaching that "the human body is a complete machine" is more valid in the medical and scriptural sense than it is in the sense used by osteopathy. The human body is a remarkable organism, capable of adjusting itself to terrific abuse and serious disease. It may be overcome by forces from within and from with-

out. Let us consider something simple like trauma. A structurally perfect man can be in an auto accident and have his leg so severely crushed that the only hope of saving his life lies in amputation. The extremes of trauma run from sudden death to such a minor injury as a small cut which is self-healing. Disease, too, may affect the most vigorous man and kill him. During the first World War, the epidemic of influenza often laid low the structurally perfect man and spared the hunchback. How can osteopathy explain such a paradox?

In view of the established and readily demonstrable findings of modern medicine, the osteopath's concept of lesions and subluxations can be dismissed as meaningless double-talk. The term "lesion" is non-specific, and in medical parlance refers to a variety of disorders that would include inflammations, tumors and congenital anomalies. Subluxation does refer to a partial dislocation, and it may be relieved by various forms of manipulation.

Even these forms of manipulation, it must be pointed out, are not the monopoly of the osteopath. Every good physician knows the value of massage. Every orthopedic surgeon knows how to relieve muscle strains. If the layman has the erroneous concept that "osteopathic physicians are rough" it is not because of any

propaganda put out against them by organized medicine. The origin of this concept must be laid squarely at their own door.

Here is how Still would treat a patient who is emaciated, bed-ridden, and suffering the hellish anguish that accompanies the bloody diarrhea of cholera. He says:

If my patient was in bed I had him get out and kneel down at the side of it with his chest resting on the edge of the bed. Then I came up behind him, spread out my knees and took his hips between them. Then with my thumbs one on each side of the spinous processes of the lumbar vertebra I made hard pressure while with my knees I gave his body an oscillating motion, my aim being to give his hips a twist with my knees while I moved my thumbs from joint to joint as I twisted.

It is quite likely, from this description, that if the cholera did not mercifully kill the patient, Still did. Osteopathy could never become any rougher than it has been. There is a limit even to what credulous people will endure.

v

"How does osteopathic medicine differ from allopathic medicine?" Osteopathy, according to Dr. Thorburn's concept, depends more upon physical medicine than upon drugs. Unfortunately for this view, drugs are often

simply indispensable. To suggest an analogy: There is no question that one can rearrange the furniture in a house by setting off an explosion that shakes the walls. This is comparable to what the osteopath does when he attempts to shake the whole body into place. But there are easier ways to rearrange one's furniture. The regular physician, with his drugs and vaccines, can adjust the internal parts with a precision that the osteopath can never obtain with his cruder methods. As for the psychosomatic angle, there is no question that a little massage may be as good for the soul as it is for the body. The back-rub given by the nurse in the hospital may relieve the patient's anxiety and help him sleep as effectively as the sedative capsule prescribed by the physician. But if we mean massage, let us call it massage. Let us not build a whole new system of medicine on a misconception.

Dr. Thorburn's contention that heart disease "is usually responsive to osteopathy" can only force one to point out that he deals with vague generalities. There are all kinds of heart disease. The patient with anginal pain may be helped temporarily by the soothing effects of a massage, but the effectiveness of this treatment is short-lived. In the heart that is failing, the osteopath does not even rate second place to digitalis, injec-

tions of mercurials, or administration of oxygen. The osteopath must add these to his armamentarium or he will find his hands locked firmly behind his back. If one wants to claim that electric shock therapy is a form of osteopathy, then one might take considerable credit for the osteopathic cure of mental disease. Electric shock therapy, however, was not devised by osteopaths, and is not employed by them with the same familiarity or frequency that it is by the modern neuro-psychiatrist.

As for surgery or obstetrics, one does not question the osteopath's ability to wield the knife or deliver the baby, *if he has had adequate experience and training* in the operative, pre-operative, and post-operative, care of the patient. Everyone admits that it should be the function of the good surgeon or obstetrician to pay attention to the patient's total needs, including her anxieties. One wonders who the authority is for the statement, "An osteopath is the physician best qualified to treat the lame or painful back." I have already cited several cases which tend to refute such claims. Let me cite another.

Mrs. E. S. was 60 years old when she first consulted an osteopathic physician for pain in the back of her head and neck. (This, according to Dr. Thorburn, is the type of case that the osteopath is "best qualified"

to treat.) She was studied in an osteopathic hospital, where X-rays were taken, and the patient was informed in a matter-of-fact way that she had a partial dislocation of the bones in her skull. This patient, who was obviously a highly emotional person and had been reassured by several eminent neuro-surgeons, now began to worry in earnest. She lay awake nights feeling her head, trying to move the bones back and forth. She could not rest, she could not sleep, she could not eat from fear. The patient was thrown into an acute anxiety state, so severe that she required electric shock therapy for relief. X-rays taken at regular hospitals before and after her treatments failed to reveal any partial dislocation of her skull bones. It might be added that usually the "lesions" that are easiest to treat are those that are non-existent.

The current status of the osteopath in the eyes of the law is somewhat confused. In Massachusetts, the medical practice act by definition includes osteopaths in the practice of medicine and does not differentiate the type of license issued to them. Virginia osteopaths may obtain a right to use drugs and perform surgery with the use of instruments if they satisfy the board of medical examiners that they are qualified to do so. In Kansas, however, a recent court decision gave full recognition to the right of the

state to confine osteopaths to manipulative therapy and to deny them the right to "use or administer medicinal therapeutics or operative surgery with instruments." The court pointed out that prior to and since the enactment of the Osteopathic Act in 1913, "the science of osteopathy has been and is now based upon the concept that the curative powers for bodily disease, infirmity or disability, are within the body itself, and if the structural integrity of the body is maintained, the natural cures will combat the disability; that the art and science of osteopathy lie in detecting and correcting structural derangements in the body by manipulative therapy." In Kansas, the court said, "the osteopathic profession is classified and regulated as a drugless and knifeless healing art or science."

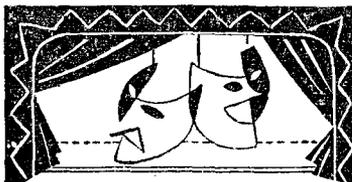
It must be admitted that osteopaths are doing whatever they can to further their education in the regular arts of healing. For them it has been a slow and difficult process because they have been so encumbered by Still's dicta. Perhaps a new prophet will arise in their school and make the cleavage with the old complete. Until then, one can only agree with the remark made by Dr. Morris Fishbein a few years ago. "Osteopathy," he said, "is essentially an attempt to enter the practice of medicine by the back door."

---

# THE THEATRE

by GEORGE JEAN NATHAN

---



---

## THE CURSE OF THE LITERAL

WROTE the late Willa Cather: "Whatever is felt upon the page without being specifically named there — that, one might say, is created. It is the inexplicable presence of the thing not named, of the overtone divined by the ear but not heard by it, the verbal mood, the emotional aura of the fact or the thing or the deed, that gives high quality to the novel or the drama, as well as to poetry itself."

There, contrarily, lies the reason for the critical poverty of the bulk of our present American dramatic writing. Not only slaves to Pinero's old dictum that a playwright has to repeat an idea at least three times lest an audience not assimilate it, but also that its intelligence quotient is so modest that the repetitions have to be couched in an emphatic literality, most of our writers for the stage give the impression that their plays are

written on blackboards, and at best with tinted chalks. Our drama, with small if notable exception, thus offers poetry, when it seeks to offer it, that has all the innate literalness of a radio singing commercial, writing projected as fanciful that resembles machine-made lace, and drama that avoids implication in favor of assertion and suggestion in favor of a blow in the eye.

And with what consequence? With the consequence that most of the plays we see are as stifling to any possible imagination and as discouraging to any excursion into a moonlit cloudland as so many extended business telegrams.

Don't mistake my tone. I am not kneeling in *The Pirates of Penzance* and with a show of pious solemnity intoning:

Hail, Poetry, thou heaven-born maid!  
Thou gildest e'en the pirate's trade.  
Hail, flowing fount of sentiment!  
All hail, divine emollient!