
THE OPEN FORUM



WHOSE SELF-SUFFICIENCY?

SIR: This is to compliment the *MERCURY* for the very interesting article by C. Lester Walker in the December issue. His piece on "Our Growing Self-Sufficiency" does a lot to explain the current dollar shortage in Europe and to account for the world economic crisis.

However, there is one aspect of American economic policy which I wish Mr. Walker had underscored. This is the matter of our hypocrisy in pressing now for free trade throughout the world. We are, and have been ever since the Havana Conference, demanding that the rest of the world pursue free trade in one form or another. Our demands are presented to Europe not only as sound economic policy, but as something *morally* desirable.

The trouble with this is that our industry is so much more developed than Europe's or Latin America's. Free trade enables us to undersell almost anyone in almost any part of the world. During the years when we were trying to build up our industry, we were strict protectionists. But now that we've completed

the job, and other parts of the world are trying to imitate us, we become smug free-traders.

The worst twist of the screw is that American industries which still do need protection are, for the most part, getting plenty of it.

HENRY L. MORRIS

Fort Lauderdale, Fla.

A CHEER FOR SAROYAN

SIR: Congratulations on bringing William Saroyan back into the fold. I always enjoyed his short stories in the *MERCURY* some years back, and his play in your December issue, "Once Around the Block," was also wonderful reading. I'd like to see it produced somewhere.

GERALD SULLIVAN

Boston, Mass.

FEMALE GENIUSES

SIR: I wonder if I may be permitted one last word on Waverley Root's article, "Women Are Intellectually In-

ferior," in your October issue, and on the correspondence it provoked for "The Open Forum" in subsequent issues.

When I read the original article, I was convinced that Mr. Root was probably right. But it took some hostile letters from your readers to assure me that he was. Mr. Root's critics all make this same argument against him, though each letter has its own twist. Fundamentally, they argue that he has overlooked the biological problems of women, that it's not so much women's inability to be geniuses as their strong drive to devote their energies to producing and caring for children. This argument, it seems to me, only confirms Mr. Root. It is precisely this need to rear children that keeps women from ever achieving greatness in other fields. In other words, their intellectual inadequacies have a biological source, *i.e.*, they are *natural*.

HARVEY R. RUNDQUIST

Salem, Ore.

OSTEOPATHY VS. ORTHODOX MEDICINE

SIR: Dr. Wassersug opens his reply to my article, "The Case for Osteopathy" [see the January *MERCURY*], with a description of three cases in which osteopathic physicians failed either in giving more than temporary relief, or in correctly diagnosing the condition in the first place. Dr. Wassersug speaks of these and other patients being "rescued" by an old-school physician. I am sure that any physician, of whatever school of practice, can tell of instances where he has failed to make a correct diagnosis or

give the proper treatment and has been chagrined to find that another physician has succeeded where he has failed. I can think, humbly, of times when I have been "rescued" or when my patient decided upon his own rescue at the hands of a physician either of the orthodox or osteopathic school of practice.

Dr. Wassersug takes issue with the implication — entirely unconscious on my part — that the orthodox physician cannot do what the osteopathic physician can. That attitude, I suppose, crept in for the simple reason that the majority of patients treated by osteopathic physicians have been to orthodox physicians first. Osteopathy does not cure them all. But osteopathy gives enough help in enough cases so that more and more people come to osteopathic physicians without waiting to go the rounds of physicians of other schools. And more and more people, finding that osteopathy is a complete school of practice, come to the osteopathic physician for general care.

In discussing Dr. Still's "platform," Dr. Wassersug unearths some of Dr. Still's original statements of his beliefs in respect to disease and therapy. Dr. Still's "non-drug" attitude must not be taken apart from his times. The medical treatment of disease in Still's early days was in wholesale drugging. People swallowed unbelievable amounts of "blood purifiers." Such was the intake of drugs that Dr. Oliver Wendell Holmes, speaking before the Massachusetts Medical Society, in 1860, said, "I firmly believe that if the whole *materia medica* as now

used could be sunk to the bottom of the sea, it would be all the better for mankind — and all the worse for the fishes.” Dr. Still, also, inveighed against this unrestrained drugging and asserted that the structurally normal body contains within itself all the remedies necessary for the cure of disease. Or, as he often put it, “The body is its own drug-store.”

Dr. Still’s writings, like the writings of anyone who lived in another century, must be studied in the light of contemporary thought. When Dr. Still worked out many of his theories of disease, the real causes of these diseases were wholly unknown. Two of his theories, however, have stood the test of time and have been appropriated by medical men, without, of course, any reference to osteopathy. The two theories referred to are, first, the belief that the body may be likened to a machine, and that if the machine is in proper adjustment it will function normally; and, second, the belief that the normal human body makes its own remedies against infections and other toxic agents, but that only when the body is structurally correct can it make such remedies and distribute them where needed.

Listen to Dr. Robert B. Osgood, instructor in orthopedic surgery at Harvard University Medical School, speaking at a meeting of the Subcommittee on Orthopedics and Body Mechanics of the Committee on Medical Care for Children, at the White House Conference on Child Health and Protection: Dr. Osgood stated that the members of the subcommittee “have endeavored to focus

attention upon body mechanics, which may be defined as ‘the mechanical correlation of the various systems of the body with special reference to the skeletal, muscular, and visceral systems,’ perhaps with the circulatory and nervous systems as well. Normal body mechanics may be said to obtain when the mechanical correlation is most favorable to the function of these systems.”

How much closer can one get to saying that the body is a machine and when in proper adjustment will function normally, without actually saying it?

Let me reassure Dr. Wassersug that A. T. Still was originally a physician of the old school. Like many physicians of the time, Still served an apprenticeship — in his case, under his father, a physician and preacher to the Indians. After practicing for several years, Still took work at the Kansas City School of Physicians and Surgeons, and when a medical practice act was passed in Missouri, in 1874, Dr. Still was registered as a physician and surgeon in Macon County in that same year. He was also registered as a physician and surgeon in Adair County, his certificate bearing the date of July 28, 1883.

As to Dr. Still’s later attitude toward such things as laboratory diagnosis, X-ray, hydrotherapy and drugs of proved value, long before Dr. Still’s death in 1917 the American School of Osteopathy, at Kirksville, gave instruction in these departments and you may be sure that the “Old Doctor” had much to do with the development of the curriculum at Kirksville College. Actually, the Col-

lege installed the second X-ray machine to be used west of the Mississippi. Far from being a millstone that retarded the progress of osteopathy, Dr. Still's theories were inclusive and flexible enough to include all remedies or procedures that would help in the curing of people's ills.

In this connection, I wondered more than once as I read his "reply," whether or not Dr. Wassersug was answering some preconceived notion of his own as to just what osteopathy is. He speaks of "heart disease," of pneumonia, of diabetes, and of pernicious anemia, and challenges the osteopathic physician to give relief with his spinal treatment. The results osteopathy obtained in certain of these conditions before the advent of the newer remedies were impressive, but the osteopathic physician of today does not hesitate, in addition, to avail himself of the benefits of penicillin, sulfa, insulin, digitalis, folic acid, the anti-histaminics, or shock therapy. Osteopathy is glad to take advantage of all procedures of proved value, no matter by whom discovered. But osteopathy is just a little skeptical of many of the "wonder drugs" which, hailed with rejoicing by the medical profession and the public, may turn out later to be disappointments.

Dr. Wassersug, like many medical men, apparently will not accept the fact that the training of osteopathic physicians is in every way comparable to his own. Osteopathy's first school opened in 1892, yet, by 1949, in the minds of most State Education Departments, osteopathy had reached the same high place as orthodox medicine. Osteopathic phy-

sicians meet the same requirements for practice as their colleagues of the old school.

Dr. Fishbein's reference to osteopathy as "medicine by way of the back door" was uttered many years ago. Since then, I understand, the fact that osteopathic colleges occupy the same high standing as medical colleges has caused Dr. Fishbein to change his mind. Certainly the accusation has become a bit archaic, like most medical men's conception of osteopathy.

As for Dr. Wassersug's description of the osteopathic lesion as "double talk," I wish he would re-read the section of "The Case for Osteopathy" which deals with this matter. He will see that I have been quite specific in my description of lesions, whether they are lesions involving vertebral or other joints (subluxations), or lesions of muscle or other soft tissue (usually either congestions or spasm). He will find, also, if he consults medical literature, that his own colleagues are proving the principles of osteopathy — without using the name, of course. For instance, in the August 1, 1949, issue of the *New York State Journal of Medicine*, an article emphasizes subluxations of the cervical spine as a cause of migraine headache, an article I can recommend in all but the technique set forth for the reduction of the subluxation. (This technique is as outdated as are most of the methods used by the imitators of osteopathic physicians.)

Or Dr. Wassersug may consult the July 16, 1949, issue of the *Journal of the American Medical Association* and read

an article entitled "Headache" which states that injuries to the upper three cervical vertebrae cause a derangement of the intervertebral joints (in osteopathic parlance, a vertebral lesion) resulting in headache. The author of the article, as well as other authors he quotes, is quite vague as to the mechanism through which the subluxation causes the headache. They just know it happens. The point, here, is not whether these writers, and Dr. Osgood, got their inspiration from osteopathy. It is enough to say that they are making statements which, when found in osteopathic publications are called confused and "double talk."

And Dr. Wassersug will find, if he consults any recognized work on physiology, complete substantiation of the principles of osteopathy. Further, grants from the United States government for continued osteopathic research set the seal of government approval on the basic tenets of the philosophy.

Also, if Dr. Wassersug will re-read the section of "The Case for Osteopathy" which deals with osteopathic care of psychosomatic conditions and the psychoses, he will, or should be, slightly impatient with himself for dismissing it as a "back rub" or a "massage." Again Dr. Wassersug returns to his preconceived notions of osteopathy, completely disregarding my mention of the effect of lesions on the circulation of the brain, a "discovery" which his colleague triumphantly heralds in the article on neck subluxations as a cause of migraine. I say, again, osteopathic institutions use all ac-

cepted methods in dealing with mental cases. In addition, they have the advantage of men trained to discover physical abnormalities that may be important in causing the condition, or which, in any event, may be instrumental in preventing recovery.

As people appreciate the benefits of physical treatment, they often wonder why, with emphasis placed on the most natural methods, all treatments of value are not embraced by one school of practice. Osteopathy can say that it is that school.

DONALD B. THORBURN, D.O., PH.D.

New York City

SIR: It is gratifying to read Dr. Thorburn's admission of the possible errors of osteopathy. This humility, which is befitting a physician of any school, was unfortunately lacking in his original article.

In regard to Dr. Still's "platform," I can only reiterate what I have already said. It is the keystone of osteopathy. Dr. Thorburn apparently rejects Still's teachings. I am glad that he does. If more osteopaths did, they would be better physicians in every sense of the word. None of Dr. Still's theories has stood the test of time. Hunch-back cripples can produce anti-toxins in their bloodstream as efficiently as trained athletes. As for the quotation from Dr. Robert B. Osgood, it is taken out of its context, misappropriated and given a new meaning. Dr. Osgood is a well known orthopedic surgeon and his statements refer only to the mechanics of the body, not to its physiology or chemistry.

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Admitting that Dr. A. T. Still was a "physician of the old school," it is well to remember that in 1874 some of the medical schools were notorious "diploma mills" in which a medical degree could be obtained by the most casual and brief contact with medicine. Since then, modern medicine, particularly through the efforts of the American Medical Association, has made terrific strides in elevating its standards. It would be well to note that the standards of osteopathy are still largely inferior. At a recent meeting of the Massachusetts Medical Society, Dr. Vlado A. Getting, Commissioner of the Department of Public Health of Massachusetts, discussed the rôle of Federal funds in state health programs. In this connection he states, "In the Committee on Medical Economics and in the Committee on National Legislation, of which committees I happen to be a member, it was decided that we in our letters to Congress would indicate that the Society is not in favor of any legislation that would support schools of osteopathy." Can anything speak louder about osteopathy's inferior standards than this refusal on his part to acknowledge schools of osteopathy as equivalent to regular medical schools?

It must be stated emphatically that Dr. Wassersug has no "preconceived" notions about osteopathy. In fact, his relations with osteopathy have been most cordial, and he has been invited to speak at their meetings. Dr. Wassersug learned about osteopathy from osteopaths, from the unfortunate experiences of osteopaths' patients, from Dr. Thorburn's article, and from a brief but intensive review of osteopathic literature. Unfor-

unately, all this evidence succeeded only in convincing him that osteopathy, as it is practiced today, is still largely a cult.

The article to which Dr. Thorburn refers in the July 16 issue of the *Journal of the American Medical Association* is written by Dr. A. I. Josey, and deals with a group of twenty patients who were studied by this physician over the past two years. Dr. Josey does not pretend in this article that *all* headaches are due to changes in the cervical spine. Nor does he believe, apparently, that the fancy mumbo-jumbo and manipulations of the osteopath are essential for cure. "Treatment," he says "is mainly directed toward simple immobilization of the head traction."

Furthermore, Dr. Thorburn should be advised that the *Journal of the American Medical Association* does not print only material that is proved and accepted by the entire medical profession. The *Journal* also prints data that are experimental or tentative. Dr. Josey in his article has been given an opportunity to express his viewpoints.

Dr. Thorburn states: "The results osteopathy obtained in certain of these conditions *before the advent of the newer remedies* were impressive." [Italics added — J. D. W.] This admission, I believe, is the most damaging one to his cause. Why should any sick person accept any treatment that was good *once upon a time* but is inferior to the best that is available today? Compared to any other "healer," the modern physician today is still the one best trained to care for the sick. Why accept less?

JOSEPH D. WASSERSUG, M.D.

Quincy, Mass.

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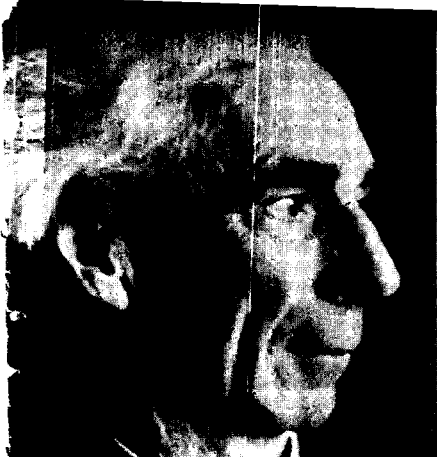
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