

LIFE



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SEPTEMBER 26, 1960

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RISING FORTUNES OF



MANIPULATING BONES, osteopath's hands are shown under X ray demonstrating technique by which ailments are diagnosed, treated. Osteopath tests ribs and

vertebrae for malfunctioning joints, "lesions," tense muscles, treats them by pressure. Modern practitioners also rely heavily on standard medical practices.

U.S. BONE SETTERS

Osteopaths have first-rate medical schools, \$1 billion in hospitals, 11 million patients—but A.M.A. still sees a skeleton in the closet

by WARREN R. YOUNG, *LIFE Associate Editor*

SEVENTY-FIVE years ago in the small towns of northeastern Missouri a tall, gaunt, bearded figure periodically appeared carrying a flour sack full of human bones. Widely known as "the tramp doctor" or the Lightning Bone Setter, he was Dr. Andrew Taylor Still, outspoken enemy of orthodox medicine and originator of a system of drugless healing which he called osteopathy. With showmanly style and startling success, working right out in the middle of the street, he treated all manner of ailments by adjusting joints, kneading spines and prying at the softer parts of sick people's bodies, using their bones as levers. In 1917 he died, at age 89. But instead of passing quietly into memory like most other great American oddballs, the Lightning Bone Setter left behind an extraordinarily controversial legacy. Today he is still causing trouble not only for his professional heirs but also for the medical profession and the U.S. public.

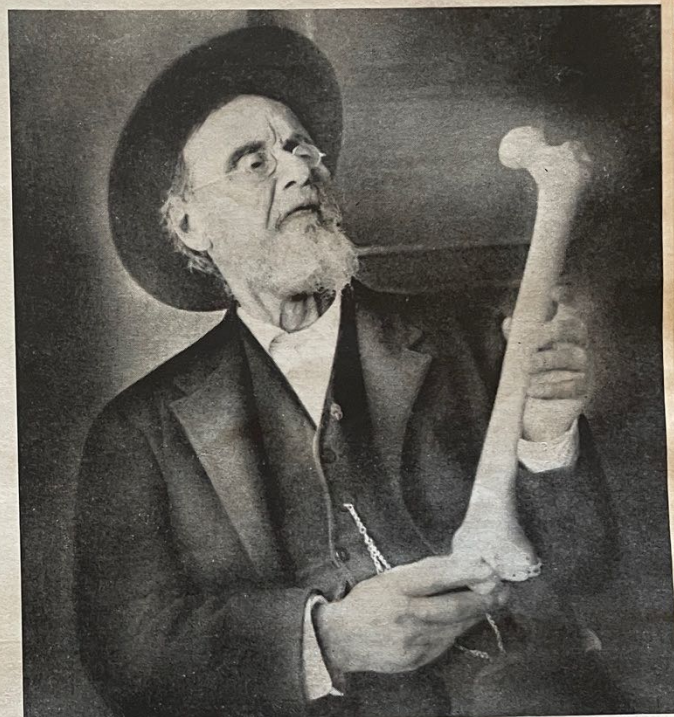
This year 65 million treatments will be given to Americans by osteopaths. There are now 13,000 active Doctors of Osteopathy, or D.O.s, and they serve as the family doctors for some 6% of the U.S. population. They operate 400 hospitals and six colleges, and they attend more hours of classes for their degrees than the average doctor of medicine, or M.D. Some of the older ones with less training have limited state licenses restricting the scope of their practice. But three fourths of all osteopaths are recognized by the U.S. and 38 states as fully qualified practitioners of all branches of medicine and surgery. Recently Governor Nelson Rockefeller of New York revealed that his personal physician for 20 years has been a D.O., Dr. W. Kenneth Riland, also chief physician for U.S. Steel Corporation in New York City. Some weeks ago osteopathy received its first major foundation grant, and there is talk of a possible merger of U.S. osteopaths with M.D.s. Yet at the moment the American Medical Association considers osteopathy a "cult." No M.D. therefore can voluntarily consult professionally with a D.O. without violating his code of ethics.

This stiff-necked A.M.A. stand, while debatable, has its reasons. The medical profession has long recognized that it must police itself and maintain high standards, both to protect the public and to prevent public antagonism. Medical cultists, who blindly follow some special dogma regardless of contrary scientific findings, and quacks, who fraudulently claim a competence they do not possess, are indeed a menace to the gullible and sick. Osteopaths are certainly not quacks. The vital question about them is whether or not they are cultists.

'God's medical drugstore'

THE Lightning Bone Setter's original pronouncements were certainly as dogmatic and nettlesome as those of any cult-founder, and he was indeed venerated by his early disciples as the infallible fount of truth. He conceived of the human body as a machine, constructed of "drive-wheels, pinions, cups, arms, and shafts of human life." "There is no such disease as fever, flux, diphtheria, typhus, typhoid or any other fever," Dr. Still proclaimed. "All diseases are mere effects, the cause being a partial or complete failure of the nerves to properly conduct the fluids of life." He claimed he had cured every case he ever treated of pneumonia, asthma, and erysipelas. To illustrate the power of bone-manipulation, he said, "In case of flux, when the bowels are on fire with pain, an Osteopath presses the button of ease, and in a few minutes the agony is over and the child is hungry." He hated drugs: "I believe that the human engine is God's medical drugstore, and that all cures of nature are in the body."

Modern osteopaths are still taught some of the old doctor's vigorous beliefs, as well as his manipulative techniques. "Manipulation," the hallmark that sets off osteopaths from orthodox doctors, consists of stretching and relaxing muscles and ligaments, twisting or prying on legs, arms, neck and ribs (sometimes until the joints pull slightly apart with a popping noise), attempting to straighten spinal vertebrae and sometimes applying pressure to sinuses or internal organs. The purpose of this apparent mayhem is to correct structural misalignments of muscles, bones and ligaments and to ease internal ailments by remote control. The manipulative techniques have changed little since Dr. Still's time, but not much else remains the same. In practice, there are three kinds of modern osteopaths. At one extreme, about 12% of them do nothing but



ORIGINATOR OF OSTEOPATHY, Dr. A. T. Still, the Lightning Bone Setter, studied human bones—this is a thigh—and decided they were root of most ills.

manipulation, either because they specialize in this technique or because they have limited licenses. At the other extreme, about as many more never do any manipulation, having abandoned it because they no longer believe in it, or because they find it too time-consuming. The remaining three fourths of all D.O.s combine manipulative therapy with standard medical treatments, including X rays, surgery and serums. A survey in 1959 uncovered the startling statistic that the average D.O. now prescribes or give 3% more drugs per patient-visit than the average M.D.

Recently the A.M.A. has hotly debated the possibility of deleting its "cultist" designation for modern osteopaths. An eventual amalgamation of the two professions is even conceivable. An investigating committee headed by former A.M.A. President Dr. John Cline visited osteopathic schools and reported, in a tone of some surprise, that in general the osteopathic curriculum included the same science and medicine courses as a medical school, that many osteopathic students would have been accepted as medical students and that the old aura of cultist teaching was almost gone. Last year the A.M.A.'s powerful Judicial Council recommended that it no longer be unethical for M.D.s to consult with D.O.s or to teach in osteopathic schools. But thus far, fiery opposition, especially from the older and more conservative M.D.s, has defeated such a change.

Even though no offer of marriage between the two professions was extended by the A.M.A., the osteopaths indignantly rebuffed any notion that they might give up their separate identity. In their own American Osteopathic Association meeting, last year's retiring president Dr. George Northup declared: "This is too great a price to pay for acceptance. Far too

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NEW HOSPITAL, the \$9 million Los Angeles County Osteopathic Hospital, has been constructed entirely with public funds as part of a large medical center. It is staffed solely by osteopaths, who have gained broad acceptance in the state of California.



OSTEOPATHY CONTINUED

many people believe that the osteopathic profession *wants* to be absorbed into the A.M.A." The A.O.A. delegates voted 95 to 22 to proclaim to the world that the osteopaths *wanted* to remain a separate profession.

This declaration of independence struck some observers as surprising, some as laughable. It had been widely assumed that most D.O.s went into osteopathy as "the back door to medicine" and that they would leap at any chance to acquire M.D. status. There is no question that this is the unspoken desire of some osteopaths and a handful have actually acquired both degrees. In California, in fact, where 2,300 osteopaths practice, state leaders of the M.D. and D.O. groups have been holding secret meetings which might lead to some kind of union in that state. These negotiations have been kept so confidential that the state's osteopathic leaders have refused to discuss the matter even with their own national headquarters. The traditionalists in the osteopathic profession in turn have charged the Californians with trying to "sell out" and are bristling to the defense of their hard-won status quo. At its annual convention this summer, the A.O.A. sharply reprimanded its California chapter for the merger talks with the M.D.s.

There are good reasons why many D.O.s want to remain separate. They have laboriously constructed their own kind of world, duplicating in miniature the society of M.D.s. In addition to their hospitals and colleges, they have their national A.O.A. organization as a parallel to the A.M.A., and similar state and local societies. They follow a similar code of ethics and mete out sanctions against any of their own colleagues who make quackish claims or otherwise behave unethically. Their college entrance requirements call for three years of pre-med university work with respectable grade levels. Most of their basic science courses are taught by scientists with Ph.D.s and the osteopathic colleges all operate sizeable clinics where students treat patients before graduating. They conduct their own internships and residencies for postgraduates, and have boards to certify 16 kinds of specialists. To become an osteopathic specialist requires 11 years of college-level and postgraduate study. While 78% of all osteopaths are general practitioners, there are a few hundred osteopathic obstetricians, osteopathic surgeons and internists, osteopathic urologists and otolaryngologists, and even some osteopathic psychiatrists.

Most important of all, osteopaths' waiting rooms are almost as full as M.D.s'. A 1959 survey showed that the osteopath averages more than 13 patients a day; the M.D., 15. The average D.O. earns \$16,500 a year, almost as much as the average M.D. Several dozen D.O.s top \$100,000.

The financial star of osteopathy now seems to be still further on the rise. Last June the Rockefeller Brothers Fund gave \$500,000 for osteopathic research and teaching, and the widow of the late John D. Rockefeller Jr. revealed that she too had given \$500,000, to the Kirksville College of Osteopathy and Surgery in Missouri.

President Morris Thompson of that college says, "This is a little like

cracking the sound barrier. Over the years our profession has already overcome several barriers. U.S. legislation now routinely includes our doctors and schools alongside M.D.s and medical schools, and D.O.s are eligible for medical commissions in the Armed Forces, Veterans Administration and Public Health Service. We are through the hospital barrier, with nearly \$1 billion worth of our own hospitals, although of course we look forward to the time when we can go into all hospitals. But the last major barrier, aside from having many M.D.s treat our doctors like something out of the Neanderthal age, has been the large philanthropic funds. Up to now we've been left out. Now we are breaching this barrier, too."

The osteopathic colleges in Kirksville and Kansas City, Mo., Philadelphia, Los Angeles, Des Moines and Chicago are planning multimillion-dollar new campuses, and a \$5 million osteopathic medical center with a teaching hospital is in the offing for New York City. Los Angeles County recently opened a \$9 million osteopathic hospital constructed with public funds, General Motors has donated \$625,000 for an osteopathic hospital in Flint, Mich., and the nation's First Lady has just given permission for a new hospital in Colorado Springs to be named the Mamie Dowd Eisenhower Osteopathic Hospital.

Considering this acceptance, there is a moral and a practical dilemma for M.D.s every time an osteopath requests advice, consultation or a tissue examination for one of his patients. A great many M.D.s skirt or ignore the strict ethical rule, feeling that patients' lives are more important than technicalities, or believing that the particular D.O. in question is a competent, scientific doctor. Other M.D.s send their own patients to osteopaths for manipulative treatment of certain problems, usually

bad backs or other muscle and joint ailments. Some prominent M.D.s, like the Boston heart specialist Paul Dudley White, openly give lectures to osteopathic societies or colleges. In fact, the whole state of Kansas is now unethical by A.M.A. rules. On March 3, 1958 the Kansas Medical Society advised its members that "consultations and referrals should be freely accepted from Qualified Doctors of Osteopathy (those with full licenses). This procedure is now regarded as entirely ethical, proper and in the best interests of the patients concerned." The A.M.A. has politely looked the other way, and Kansas M.D.s remain unchastised. Yet in Nebraska, while an osteopath may deliver babies and is required by law to take blood samples from the mothers, he is not permitted to make the same blood tests for marriage licenses. In a few states a D.O. may administer powerful narcotics but may not prescribe most common medicines.

For the U.S. public the dilemma is much more personal. The thicket of confuse the term osteopath with chiropractor (see box), with orthopedic communities where the only doctor in town is an osteopath, laymen may be forgiven for wondering whether it is all right to use him as family physician in the face of orthodox medicine's denunciation. The troubles that modern osteopaths face result not from a diabolical

DEFINITIONS OF HEALERS

OSTEOPATH: *A doctor trained in the manipulative healing originated by A. T. Still. Of 13,000 now in practice, three fourths also are fully trained in regular medical methods and licensed for full practice, although they are not recognized by the A.M.A. Initials for degree are D.O.*

CHIROPRACTOR: *Not a true doctor but a follower of the cult started by Daniel Palmer, an imitator of A. T. Still. Chiropractors give "healing" treatments to patients' spines. About 23,000 are now in business. None are licensed physicians.*

HOMEOPATH: *A true M.D. but one who follows the system of Dr. Samuel Hahnemann, who believed most diseases were caused by a suppressed itch called psora, that drugs gain potency when fantastically diluted, and that drugs which cause symptoms like those of a disease will cure it. The A.M.A. long labeled homeopathy a cult but in 1903 permitted the homeopaths to become regular members. Today, of the 249,000 M.D.s in U.S., some 5,000 are homeopaths. Along with orthodox remedies these doctors still prescribe such things as tinctures of toads, starfish, nasturtiums and toasted sponges, diluted in vast amounts of alcohol or water.*

OSTEOPATHY CONTINUED

A.M.A. plot but from forces set in motion long ago by Dr. Still. It sometimes seems that, except for the fact that he discovered it, osteopathy would have been better off without him entirely.

If the Lightning Bone Setter were still expounding his old philosophy today, he would certainly be considered a crackpot. In the context of his own day, however, A. T. Still appears as an inventive, evangelistic, 19th Century Midwesterner, given to speaking in florid allegories and equipped with a healthy disrespect for the orthodoxies of his era. An intuitive thinker, he came up with several medical insights that were at least 25 years ahead of his time and which now are generally accepted. These were shaped by incidents in his own life.

He was born in 1828, the son of a circuit-riding Methodist preacher who later served as a missionary and physician among the Shawnee Indians in Kansas. Young Andrew Still "read medicine" with his father, after the fashion of that time, and in 1870 even attended a short course at Kansas City's College of Physicians and Surgeons, a flourish that not all frontier doctors found necessary. But "regular doctor" Still was bitterly dissatisfied with the drug therapy he was practicing, especially after it failed to save his own two young children and one adopted child from dying of spinal meningitis. "God has no use for drugs in disease, and I can prove it by his works," he decided.

Considering the remedies of Still's day, this was not such a warped attitude. Orthodox medicine on the American frontier was crude and largely ineffective. It was not until 1910, according to a Harvard biological chemist of the time, Lawrence Henderson, that American medicine progressed to the point where an average patient stood better than a 50-50 chance of benefiting from an encounter with a doctor.

A. T. Still had a pronounced mechanical bent which greatly influenced his career. He invented and peddled a centrifugal butter churn, he claimed to have devised an improved grain reaper design, and he ran a sawmill whose mechanism suggested to him the way the body's "machinery" should run. He was, in addition, fascinated by anatomy. As a boy he scrutinized with wonder the muscles, nerves and bones of squirrels he shot and skinned. Later, as a dissatisfied young doctor, he spent moonlit nights uncovering Indian graves to study the skeletons. "The best way to study man is to dissect a few bodies," he said, and "the dead Indians never objected." For years he carried one or two bones in each of his pockets and often a whole sackful over his shoulder. Small boys hunting in the woods would often come across the eerie sight of the bearded Doc Still sitting on a log and scrutinizing his bag of bones, trying to guess their secret. He saw that the nerves that control the body branched off from the spinal column through small holes in the vertebrae. He became convinced that minor dislocations, which he called "subluxations" or "osteopathic lesions," could cause disease.

'A burst of sunshine'

It was on June 22, 1874, he later said, that "like a burst of sunshine the whole truth dawned on my mind. I flung to the breeze the banner of osteopathy." He decided to treat patients entirely by manipulating whichever parts of their body seemed to have "subluxations" or "osteopathic lesions." "This created quite a consternation," he confessed proudly. "Three sows among 10 goslings would not have made such a fuss."

His first dramatic success was with a small boy, who seemed to have a severe case of intestinal flu, or "flux" as it was then called. Using pressure, Still was able, in his own words, to "push some hot to the cold places, and by so doing adjust the bones and set free the nerve and blood supply to the bowels." Next day, the child was well, and the mother gratefully drummed up more cases for him to cure.

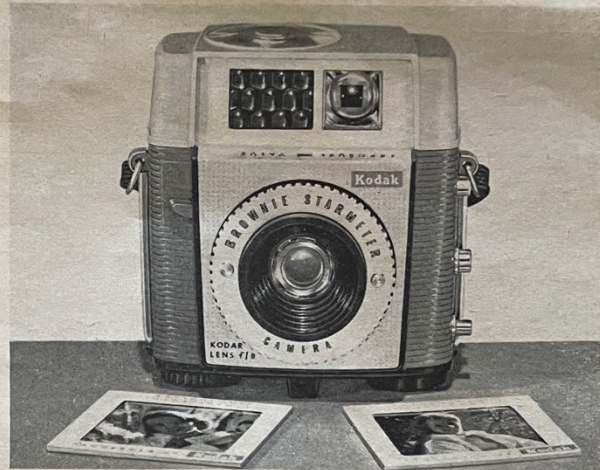
Until now, Dr. Still had been considered respectable, if odd, and had even served in the Kansas territorial legislature. "But alas!" Still wrote later, "when I said I could twist a man one way and cure flux, fever, colds and the diseases of the climate; shake a child and stop scarlet fever, croup and diphtheria, and cure whooping cough in three days by a wring of its neck, all my good character was at once gone." A Methodist preacher called some of Still's relatives together to pray that God take the sinner's life before he could do more damage. Women and children began to cross the street to avoid the doctor who liked to twist people's necks.

Still tramped from town to town, looking for cripples to cure in friendlier climates. In one day, he later claimed, he set 17 dislocated hips, three of them in 4¼ minutes, while the former head of the state board of health timed him. In Hannibal, Mo., he collected almost a wagonful of crutches and braces whose owners abandoned them after his treatments.

After a dozen years of tramp-doctoring, Still settled down in Kirksville, Mo., a little town which ever since has been the capital of the osteopathic world. There, in 1892, the single greatest turning point

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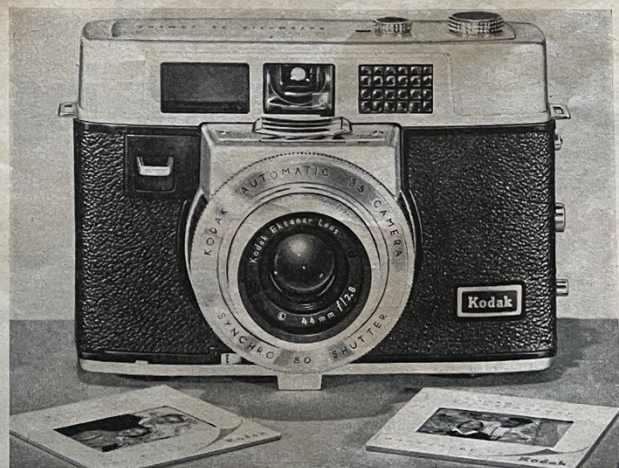
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WITH FIRST DISCIPLES, Drs. A. T. Still (holding skeleton's foot) and William Smith (bottom left) are shown in 1893 with some students and faculty members of new osteopathic school. Girl in second row is Still's daughter. Five of his children and seven of his grandchildren studied osteopathy.

OSTEOPATHY CONTINUED

for osteopathy occurred when a young Scottish M.D. named Dr. William Smith came to town. Dr. Smith was a salesman of surgical equipment, but in Kirksville he found no market among the M.D.s for his wares. "An old quack has killed business," one doctor complained. Smith pointed out that the faulty methods of a quack should make more business for the regular doctors. "But, dammit," growled the doctor, "he cures them." Smith shrewdly visited "the old quack," found Still's little shack crowded with enthusiastic patients, quizzed Still about his knowledge of anatomy and his methods. Their debate went on into the night, and the pair walked around town getting former patients out of bed to give testimonials until 4 a.m. At that point the Scottish M.D. agreed to work for Still and help start a clinic and an osteopathic school.

From that point on, the expansion of osteopathy was almost explosive. Bill Smith taught anatomy and some chemistry and physiology. Still taught manipulation, and Still's children and brothers along with some local tradesmen made up the first classes. Within 10 years there were more than 500 students in the school, each paying up to \$500 tuition. Under the lax laws of the day, Still probably could have granted them M.D. degrees but as a rebel he settled on the term D.O.

Kirksville quickly became a Mecca. Between 15,000 and 20,000 cripples and "incurables" thronged in each year from all over the U.S. Kirksville's streets and pine-board sidewalks were crowded with people on crutches and wheel chairs. Buffalo Bill, young Helen Keller, temperance leader Carry Nation and future President William H. Taft, called *Crutches for Sale*. A young girl from Montana had arrived with crippled hips. Still adjusted her lower spine in a few moments and walk. When she and her father reached the lobby the father thrust both hands aloft with a crutch in each and elatedly shouted what may be the greatest tribute to A. T. Still: "Crutches for sale! We've got crutches for sale."

One dramatic osteopathic case was celebrated in a play and a novel called *Crutches for Sale*. A young girl from Montana had arrived with crippled hips. Still adjusted her lower spine in a few moments and walk. When she and her father reached the lobby the father thrust both hands aloft with a crutch in each and elatedly shouted what may be the greatest tribute to A. T. Still: "Crutches for sale! We've got crutches for sale."

Although millions of dollars were pouring into his organization, Still displayed no interest in money for himself. He continued to wear a tramplike suit and carried an old wooden staff. "Many a time I've seen

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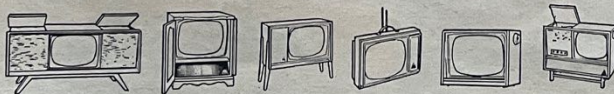
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OSTEOPATHY CONTINUED

the old man grab somebody with a hurt, fix him in a minute and then hand him \$5," recalls Rupert Rinehart, then and now a Kirksville newspaper dealer. Still was so prone to give away money to chance acquaintances that his wife hid most of it from him, but he kept a box full of bills in his closet and passed out samples of it to the 15 or 20 people he usually brought home for lunch.

Within his mushrooming new profession, Still had his problems. Dozens of his pupils went out to set up osteopathic colleges of their own, often without even waiting to complete the two-year course he was then giving. Some of the new colleges were well run but others had deplorable standards. One man reputed to have been a patient of Still's, Daniel Palmer, set up a rival system called chiropractic, which today has nearly twice as many practitioners as osteopathy but is generally considered a pale imitation of the original.

Several brawny graduates actually did damage by manipulating too enthusiastically. Still himself believed in the gentle touch, and so do most of today's D.O.s. "I don't believe you have to hurt anybody," says the director of one osteopathic hospital. "Breaking joint seals merely to hear them pop doesn't help. I don't go along with osteopaths whose method is 'Crunch left, crunch right, come back Tuesday.'" Many early Still graduates managed to get elected to state legislatures where they could propose laws favorable to osteopathy. But this was not enough to keep the profession and its practitioners out of legal trouble. To get corpses for dissection classes, Dr. Bill Smith went to Chicago and removed some from the city morgue. In the hue and cry that ensued it was found there was no law against transporting bodies across the state line, so detectives arrived in Kirksville with a warrant charging Smith with the theft of a sheet in which one of the bodies had been wrapped. But Smith made an arrangement to "steal" a horse from Still's son Charlie and rode it into the woods to a pre-arranged spot where the obliging local sheriff arrested him. The bogus horse-stealing charge, which never came to trial, prevented Dr. Smith's extradition for sheet-stealing. Charlie Still himself was arrested in Red Wing, Minn. soon after arriving there to practice osteopathy in the midst of a diphtheria epidemic. Since his father had taught him that there was no such disease as diphtheria, Charlie ripped several dozen quarantine signs from the doors and treated the stricken children with manipulation.

The Bone Setter's 'flying squad'

EARLY graduates were arrested in many states for practicing medicine without a license, whereupon a "flying squad" of experts composed of Still's sons and chief aides would rush to extricate the D.O. from his predicament. Sometimes they managed this by testifying that osteopathy did not include surgery or the usual arts of medicine but was merely a system of healing by kneading the body. This tactic set legal precedents which are still today plaguing osteopaths, who have long since realized that they should make use of all known medical and surgical methods in addition to manipulation and have had a long battle to win the legal right to do so.

To the end of his life Dr. Still never publicly admitted drugs had any real value. But among his pupils there soon raged a grand debate which still occupies the profession today. One group, who practiced the pure manipulation that Still preached, were called "ten-fingered osteopaths." Their opposite numbers, D.O.s who used medical techniques, were called "three-fingered osteopaths," indicating that they were employing only the two fingers and a thumb needed to inject a dose of drugs with a hypodermic syringe. Still always sided with the ten-fingered faction and his views prevailed.

Ultimately, however, even most confirmed ten-fingered osteopaths saw that they must at least add medical techniques to their manipulative methods if they were to treat patients to the best of their ability. They also began to improve their training, although it was not until 1940 that they incorporated all the revolutionary improvements that had swept through medical colleges starting in 1910.

Yet, if A. T. Still failed to foresee that improved drugs would one day work wonders, he must be credited for the correct realization that the muscular and skeletal systems are important to the body's health. He was certainly correct in holding that the huge doses of dangerous drugs usually prescribed in the last century were often more harmful than helpful. His belief in the native recuperative powers of the body diagnosed and treated by a study and adjustment of the body's frame has never been established scientifically.

For the first 45 years of this century, while orthodox medical researchers made great strides, little clinical or laboratory research was done on Still's theory, even by osteopaths, partly because any firming results might be suspect as prejudiced, while any negative results would have been dangerous to the profession.

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OSTEOPATHY CONTINUED

This has created great problems for today's D.O.s. Many osteopaths honestly believe that they can make better diagnoses by feeling along the spine for "lesions," that they can drain painful sinuses with proper pressure on the neck and temples, that they can ease asthma or shingles by freeing the blood supply to the afflicted areas through application of proper force to vertebrae or relaxation of the tissues nearby, that they can literally remove congestion in the lungs in pneumonia by manipulating the rib cage in a maneuver called "the thoracic pump," and similarly that they can pull fluid from legs afflicted with edema with a maneuver called "the lymphatic pump." Yet they do not have solid statistics comparing the success of these methods with the outcome of similar cases treated by orthodox medical means. In diseases of the internal organs such as ulcers or spastic colitis, they believe osteopathic lesions along the spine help them in diagnosis and that manipulation will often alleviate the illness.

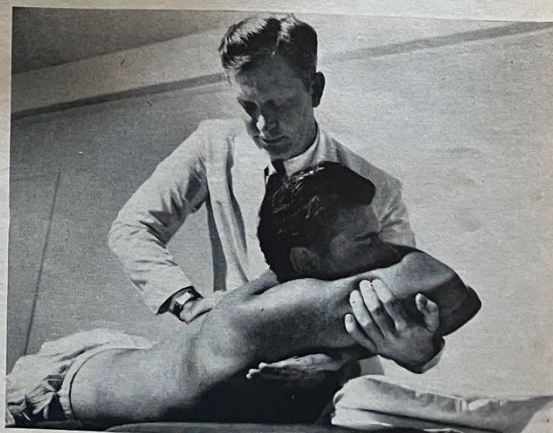
"We say that the needed research on clinical results of manipulation is more difficult to carry out than that on a pill, but maybe we're also being a bit lazy," admits Dr. McFarlane Tilley, dean at the Kirksville college. "Perhaps we need to stop looking for excuses and start doing the work."

In the laboratory, within the past 15 years, a small scientific start has been made to unravel some of the mystery shrouding the supposed mechanism of the osteopathic lesion, with fascinating—if inconclusive—results. At the Kirksville college a team of scientists with Ph.D.s and a few research-trained D.O.s have been recruited by the director of research affairs, Dr. J. S. Denslow. By placing electrodes in the muscles near various segments of patients' spines, the scientists found that a consistently different pattern of nerve activity does exist in the spots where the D.O.s said they felt "lesions." In patients with certain diseases or certain structural malformations they found that particular spinal segments are in "a continual state of physiological alarm." Coupled with known and accepted facts about how the spinal cord controls the involuntary organs of the body by signals through the autonomic nervous system, these and other experiments at Kirksville may indicate that something concrete existed behind Old Doctor Still's theories, although in cases of internal disease perhaps it is not so much a dislocation of bones as a complex disturbance of nerve impulse patterns. Yet vastly more research will be needed before this can be proved—or disproved.

Is it worth proving? Or should the Lightning Bone Setter be remembered as a colorful American period piece whose parables, even if containing some truth, are out of joint with today's world?

The D.O.s themselves will have to face up to this question, and soon. Either they must prove their case or they must forget it and try to become M.D.s. Failing to choose a course, as modern medicine progresses they will be left behind forever as an outcast cult.

M.D.s too must reach a decision. With 13,000 osteopathic physicians trained and practicing in largely parallel style with M.D.s, osteopathy can no longer be simply ignored. There are good arguments why M.D.s should be permitted to consult with or teach D.O.s. Perhaps osteopaths should be invited into the fold as a new kind of specialist, an idea several M.D.s espouse. "I could solve this whole question in five minutes by proposing a new degree called M.D.O.," says one prominent osteopath. "but I don't want that yet. First we have the moral obligation to prove what we've been bragging about."



ADJUSTING JOINTS, Dr. J. Marshall Hoag, an osteopath, treats patient's back at New York's Le Roy Hospital to "mobilize" the upper dorsal vertebrae.