



Book Review

The DOs Osteopathic Medicine in America, Norman Gevitz. 3rd ed. John Hopkins University Press (2019). 265 pp., ISBN-13: 978-1-214-2960-1 (hardback), ISBN13: 978-1-4214-2961-8 (paperback), ISBN 13: 978-1-4214-2962-5 (electronic)

When teaching the history of osteopathy and students ask, ‘Why does osteopathy differ between the UK and US, my simple answer is, ‘Read Gevitz!’ Since the first edition was published in 1982, it has become the authoritative work on the subject. This edition is a considerable revision and includes more recent developments.

Gevitz as sociologist and historian rather than osteopath, has been able to produce a book free of professional prejudice. He has condensed down a vast amount of historical material into 217 pages of an extremely readable work, which at the same time is scholarly, having an additional 41 pages of references and notes.

Over 11 chapters Gevitz retraces the history of osteopathy in the US from its very foundation by A. T. Still to the challenges the profession faces today. The book follows roughly a historical sequence, but each chapter focuses on specific issues.

The first chapter covers Still's life and the ‘intellectual currents that shaped his thoughts’, previously much-written about by Trowbridge [1] and others. Some very interesting new information is provided, but it is in some respects the weakest chapter. It is surprising there is no mention of the influences of Major Abbott [2], deaths due to disease in the civil war [3] and the works of Herbert Spencer [4] that may have ‘shaped his thoughts’. Gevitz seems unfamiliar with the important work of Fuller [5] on ‘Osteopathy and Swedenborg’ published in 2012 that discusses the interesting relation between magnetic healing, phrenology, spiritualism and Swedenborgism. Gevitz identifies January 1891 as the date of the first usage of the term ‘Osteopathy’ by Still, which leaves unexplained exactly what happened at the ‘single moment of inspiration’ on the much-quoted time and date of 10am, 22 June 1874, when Still was a magnetic healer.

The second chapter covers the formation of the first school, the increasing attraction by patients and students to the ‘Missouri Mecca’ and attempts at legislative change needed for graduates to practice and the vigorous opposition to this. The detailed account of the history of massage and manipulation seems a little out of place here. He rather glosses over the bitter opposition of Still and his ‘Evangelical’ osteopathy to the more rational osteopathy of the ‘new faculty’ that included the Littlejohn brothers, consequential to which they left the School. The cause and extent of this ill-feeling is discussed by O'Brien (2016) [6], of which, again, Gevitz seems unfamiliar.

The early years of osteopathy and the difficulties faced in establishing a practice, the legal struggles and the formation of inferior schools of osteopathy are considered. He then discusses the formation of the American Osteopathic Association (AOA) and its functions, the lobbying for an independent board of osteopathic examination and regulation and the formation of the Associated Colleges of Osteopathy,

with courses lengthened to three years and the implications of this. Gevitz then considers the early research and publications on osteopathy by Edythe Ashmore and Louisa Burns and the formation of the A T Still Research Institute. The deficiencies in this research were apparent when presented to the Select Committee of the House of Lords considering statutory regulation of osteopathy in the UK in 1935. The publications were appropriately criticised, detrimentally to the osteopaths’ cause [7].

The establishment of a code of professional ethics by the AOA is discussed. A section on ‘Imposter and Imitators’ then follows. Among the latter, chiropractors are particularly identified. A history of chiropractic then follows and the chapter ends with reference to chiropractic as, ‘the rise of another, less qualified group of practitioners, with inferior training, who capitalized upon the therapeutic modality that was the central feature of the osteopathic system’. This somewhat biased view perhaps reflects that commonly held by US osteopaths that D D Palmer, the founder of chiropractic, stole the idea from Still and that chiropractic is ‘fake osteopathy’, a view rigorously and appropriately criticised by chiropractic historians.

Chapter five discusses the conflict in the first three decades of the 20th century between the ‘lesionists’, restricting their practice to the osteopathy of A T Still, and ‘broad’ osteopaths who wished to increase the range of therapeutic modalities that they employed to include surgery (with which Still had no problem), obstetrics, adjuncts (such as natural remedies) and using chemotherapy and vaccination. To prepare ‘broad’ osteopaths changes were required in the college curricula. The Chicago College under Littlejohn included ‘materia medica’ in the curriculum as early as 1909 and applied (unsuccessfully) for recognition as a medical school. Gevitz attributes Littlejohn's departure from Chicago and his return to the UK to this. O'Brien [8], however, identifies other reasons.

The following chapter deals with the increase in standards of both medical and osteopathic schools, particularly following the Flexner Report of 1910. The introduction of basic sciences examinations caused considerable controversy. It has been suggested (not by Gevitz) that the pre-war influx of American-trained osteopaths into the UK was of many individuals unwilling, or unable, to successfully pass them.

In the US the ‘distinctiveness’ between allopathic and osteopathic medicine began to fade, the reasons for which are discussed in detail. The use of manipulation in osteopathic practice began to decline after 1930, as ten-fingered osteopathy (employing manipulation) gradually gave way to three-fingered osteopathy (the writing of prescriptions), though not without a challenge from some within the profession.

Gevitz discusses the attempts by the profession to increase public awareness of osteopathy and its image and the need to provide sound evidence for osteopathy being ‘distinctive’ and the consequential research of Denslow and Korr. In the context of a greater demand by the profession for evidence, regrettably only in passing, is cranial osteopathy mentioned for the first and last time.

Gevitz devotes an entire chapter to the merger in California in 1962 of the osteopathic profession with that of orthodox medicine. It is not until this chapter that there is a hint of the venomous opposition that

once existed between the American medical profession to osteopathy. Not mentioned is that even as early as 1923 the American Medical Association had declared it unethical for MDs to even consult with DOs. By the 1940s The Californian Medical Association, realized that a way to eliminate osteopathy was to absorb DOs into their ranks. Many DOs there were supportive of a merger and becoming MDs. Gevitz discusses this and how and why this eventually took place, despite national opposition by both professions. The merger here was important in that a complete countrywide amalgamation then seemed inevitable. Despite the AOA being firmly opposed to this and in California 'little' or 'acquired' MDs not gaining the same benefits as 'congenital' MDs, a significant number of DOs elsewhere supported a merger. The AMA launched an offensive to encourage osteopathic schools to convert to MD awarding colleges an 'arrogant policy of academic piracy' that the AOA vigorously opposed.

Changes in state legislation occurred whereby osteopaths gained the same scope of license as MDs and by 1966, after 50 years of lobbying, all the armed services accepted DOs.

Following the California merger, the then remaining five osteopathic colleges made significant improvements. A perceived overall shortage of physicians in the US spurred the formation of new osteopathic schools. Existing colleges had a proven track record of generating primary health care practitioners more likely than MDs to work in rural and inner city areas. The first new School of osteopathy was in Michigan that in 1970 became part of Michigan State University. From 1968 to 1980 the number of new osteopathic colleges rose five to fourteen with a consequential increase in the number of graduates entering the profession.

Gevitz discusses the current and future threats to the autonomy of the osteopathic profession in the US, particularly the further loss of 'distinctiveness'. After decades of struggle to convince legislators and the public of the similarities of DOs and MDs, some within the profession then recognized the importance of stressing the difference. Gevitz considers the downward trend in the usage of manipulation and the reasons for this, particularly its decreasing importance in the undergraduate curriculum. As the distinctiveness of osteopathy became difficult to define, the medical profession again encouraged merger. Gevitz quotes one practitioner that the AMA once used every opportunity to try to 'strangle osteopathy', organized medicine now wants to 'love it to death'.

Other threats to the profession are discussed: the health care payment system, closure of a number of AOA accredited hospitals and the Accreditation Council for Graduate Medical Education (ACGME) becoming the single accreditation system for graduate medical education, internships and residency programmes. There are also the challenges of the social invisibility of osteopathy, chiropractors seeking to restrict

legally the use of spinal manipulation, physical therapists using osteopathic manipulative techniques and a broadening of the role of physicians' assistants and nurses.

In the final chapter, Gevitz explains how osteopaths are becoming the fastest growing segment of the US physicians and surgeons population. By 2020 it is estimated that approximately 25% of all medical school graduates will be DOs. Existing schools have expanded and improved and new schools founded. Despite claims that the country needs fewer physicians, osteopathic schools produce the type of physician it needs who work in underserved areas.

Third person payers have requiring evidence of the value of the distinctly osteopathic approach, which has spurred the need for sound research. Gevitz reviews recent attempts to address this.

He concludes that while many DOs consider they are 'distinctive', some perceived differences may be more apparent than real and the distinctiveness needs to be substantiated by scientific evidence and an appreciation of who osteopathic physicians are and what they contribute to Society. His final reflection is that, 'literally as well as figuratively the future of the osteopathic profession rests in the DO's own hands and how they use them'.

Despite the minor criticisms mentioned, this is an extremely valuable work on osteopathic history. On reading this, book while many differences emerge between the evolution of osteopathy in US and that in the UK, so do interesting parallels, e.g. in increasing educational standards and quality of osteopathic research. The uncertain future of osteopathy in the US as it struggles to prove 'distinctiveness' may apply elsewhere, but perhaps not so much an issue of distinctiveness from orthodox medicine as from other manual therapies.

References

- [1] Trowbridge C. Andrew Taylor Still 1828-1917. The Thomas Jefferson University Press; 1991.
- [2] Trowbridge, C. pp63, 122.
- [3] Trowbridge, C., pp91-93.
- [4] Trowbridge, C., pp117-119, 134, 156, 159, 161, 186.
- [5] Fuller DB. Osteopathy and Swedenborg. Swedenborg Scientific Association Press; 2012.
- [6] O'Brien JC. John Martin Littlejohn. An enigma of osteopathy. Tunbridge Wells: Ansham; 2015. p. pp33–8.
- [7] Collins M. Osteopathy in Britain. The first hundred years. (BookSurge). 2005. p. 112–3. 130.
- [8] O, Brien, J. pp48-50.

Martin Collins,
University College of Osteopathy, United Kingdom
E-mail address: Martin.collins@uco.ac.uk