



## Defining the basis of osteopathic medicine

Early in the life of the osteopathic medical profession, Andrew Taylor Still had defined the profession's conceptual and therapeutic basis. He put many of these thoughts in his autobiography (1896) and the later *Philosophy of Osteopathy* (1899). Others soon began to write on the relationship of osteopathic thought to then current concepts of physiology and pathology. Debates about the scope of osteopathic practice appeared. This month, *JAOA* reprints three articles that bear on the evolution of osteopathic thought and interpretation of osteopathic philosophy.

C.M. Turner Hulett, DO, wrote the first article in 1901. He surveys the major areas of medical science and relates Still's discovery of the proper correlation of structure with function as the basis for disease. Of special note in his paper are the sections beginning on current page 174 (page 52 of original publication), where he notes the nature of disease from the osteopathic viewpoint. Hulett presents a picture of the state of knowledge of physiology at the turn of the previous century. He notes that health is the unobstructed working of "vital activity" or life, while disease results from disturbance of the life activity. While not explaining life force, this view follows Still's view found in his autobiography, that diseases are not causes, but effects, and that the cause is the derangement of function. The importance of this article is in its discourse on the relationship of osteopathic thinking to scientific discoveries.

The second article, written by Sanford T. Lyne, DO, in 1904, amplifies on the thought that the primary cause of disease is altered or impaired function. Beginning on current page 184 (page 398 of original publication), he defines the term *lesion*, and it is here that we see that the term *osteopathic lesion* was used very early in the profession's life (although this was not by any means the first use). It is also apparent from the descriptions given that the lesion is not just a bony malalignment, but it includes all sorts of structural derangements that precluded proper function. This was a very important point, for it was one of the points that differentiated the early osteopathic practice (not philosophy) from chiropractic. This article is important from the viewpoint that it began to spell out ways in which the osteopathic physician could delineate the characteristics of the lesion pattern.

The third article is by J. Martin Littlejohn, MD, DO, LLD, written in 1908. This article is especially interesting as it sets the stage for several later developments in the profession in America. At the beginning of the article, Littlejohn states, "Osteopathy represents a principle, not a set of principles...." The prin-

ciple is found on current page 193 (page 239 of original publication), where he plainly differentiates between the philosophy of understanding cause (diagnosis) and treatment (therapeutics). He also recognizes that osteopathic medicine is not synonymous with removing a lesion or providing manipulation. This is a vital point. To restrict osteopathic practice to manipulative lesion removal, he says, is to make the mistake of dignifying method and means in the place of principle. It was a mistake being made by several upstart schools of practice at the time (such as the American College of Mechano-Therapy of Chicago), and it is a mistake still being made today. The section beginning on page 193 is must reading!

Littlejohn goes on to justify surgery as part of osteopathy but makes a case for limited application, no doubt a reaction to the rampant use of surgical procedures of the day. Another particularly interesting part of this article is found on page 195. Here, Littlejohn states, "If there are germicides, these belong to osteopathic therapeutics as a *means* of removing disturbances to normal adjustment...." This was most likely a radical thought to some osteopathic physicians at the time, but when read in the context of the article, shows the *inclusive* nature of the philosophy, rather than the *exclusive* nature. Later in the life of the profession, when the debate over drug use was raging, this was a crucial point to be made again.

Littlejohn's article is a wonderful exposition of the emerging concepts of osteopathic medicine that laid the foundation for its further development. It has many thoughts and explanations that are as useful today as they were in 1908.

These three articles show a progression of thought in the early profession from tying osteopathic medicine to the science of the day to a firm explication of the philosophic principle underlying the therapeutics that was developing. They are well worth rereading for application to the practice of osteopathic medicine today.

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**Editor's note:** Littlejohn's article as originally published was concluded in Volume 7, Number 7, March 1, 1908. Regrettably, present printing requirements make interruption of the reprinted articles with placement of advertisements unavoidable.