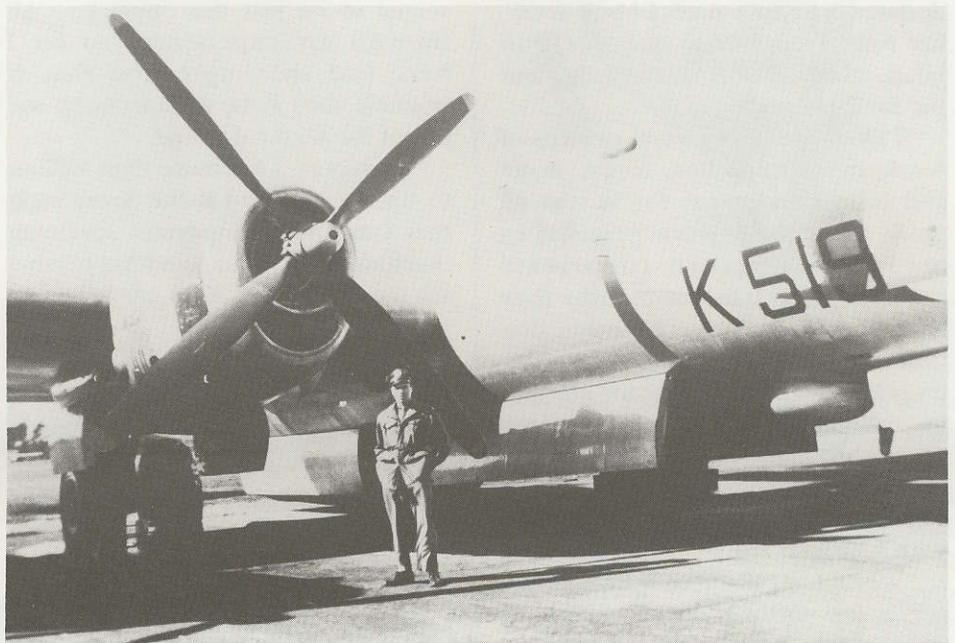


Osteopathic Physicians in World War II

As the world commemorates the 50th anniversary of D-Day, Still National Osteopathic Museum looks back to the state of the profession during World War II. In the December 1940 issue of the *JAOA*, Chester Swope, DO, wrote that "it is in the public interest that osteopathic physicians who volunteer or who may be drafted shall be assigned to duties involving the exercise of their training as practitioners of the healing art, and be accorded the rank and status of commissioned officers of the Medical Department." This reasoning, however, and the willingness of members of the osteopathic profession to serve their country, were not enough to fight the prejudices of the medical establishment. In spite of a number of congressional acts designed to bring the skills of osteopathic physicians to the armed forces, DO's continued to be assigned to positions which did not make use of their professional training.

During the war years, the *Forum of Osteopathy* published several letters from osteopathic physicians who had enlisted in the armed forces. Some DO's found a way to practice their profession; others did not. Although their experiences varied, all of the osteopathic physicians who enlisted, as well as those who stayed on the home front to teach or practice, played some role in the evolution of the osteopathic profession. Their letters give us a sense of how far the profession has progressed in the last fifty years.



John Biggerstaff, D.O., on duty, ca. 1944. Dr. Biggerstaff poses with one of the B-29's he commanded during WWII. He served four years active duty, then spent 26 years in the Air Force Reserve and retired as a colonel. Photo courtesy of J. Biggerstaff.

✉ From a 1st Lt. Overseas

"Just a word from an osteopathic physician from somewhere in Scotland. I wish to make it known that osteopathy is growing and progressing through the Army daily. It has no competition and the many officers and men whom I've treated and taken care of have boosted me tremendously—men from all walks of civilian life, many of whom have had some introduction to osteopathy and many who had no experience with it.

"Most of my work has been done after hours and I have been told to be careful, but the creed of an

officer 'that the welfare of every soldier and officer under your command is your responsibility' has saved me from much trouble and many explanations. Have been told by one of my superior officers that so long as I was able to help keep my men fit and ready for duty he'd back me up to the limit. True, most of the ailments I have treated have been muscular and ligamentous, but the loss of time from duty has been so small as a result that our profession is looked upon very favorably.

"I just wish to say that I may not be in the Medical Corps, but the
Continued on page 2

Osteopathic Physicians in World War II

Continued from page 1

Medical Corps and Staff and everybody else knows that there is an osteopathic physician on duty twenty-four hours a day who is not afraid to practice his profession."

✉ *From a Sgt. Overseas*

"I have been tied up for over a month too busy to get to the city, but yesterday I found a Red Cross canteen—much of the food and labor donated. I had a nice T-bone steak, hot rolls, French fried potatoes, fruit salad, combination salad, milk, and pie for 29 cents.

"I liked the first several months of work in orthopedics, x-ray, bone and joint conditions, for it was all work that might prove practical to me when I return to private practice. The last two months they have had me in surgery, and in due time I may like it better. Yesterday morning I worked five hours straight in surgery, and was plenty tired when through. Last night was about ready to hit the hay when I was called out to apply a cast on a chap with a broken leg.

"When I get through here I aim to get a job with a circus, I am so proficient now with extensive experience putting up tents which blow down frequently. Recently we had lots of rain and mud, and plenty of mosquitoes, too."

✉ *From a Pvt. in the Air Force*

"I enlisted in October and had my physical examination in New Orleans. From there I was sent to Camp Beauregard, where I had been told that I would be put in the Medical Corps. I spent 18 days there and finally contacted the classification department, and was informed that I would be sent to a base hospital. Was also advised that at the completion of the three months in the Army, I should apply for a commission in Medical Administration. Six days later I was shipped to a field in Mississippi in the Air Corps.

"I took another physical examination there and again a medical Captain asked me my previous occupation, and when I told him that I was an osteopathic physician, he immediately said that he would recommend that I be transferred to the Medical Corps. Ten days later I was shipped out and have now been in the Armorer School for four weeks. . . .

"However, even though they tell me that the object of the classification system is to place men where their qualifications will help the war effort the most, in my case it seems to be just the opposite. All through my experiences so far I have had the impression that if possible they have tried to keep me out of the Medical Corps.

"However, I am more than willing to do my part and if the Army feels that I am more important servicing machine guns than handling a job I am trained for, I will do my best."

✉ *From a Ph. M. at a Naval Hospital*

"Many of the DO's in civilian life are hoping that somehow they may get a commission in the Medical Corps. You may be surprised when I say that I wouldn't want any of it. You know how closely knit the MD's are with their AMA. If any mistakes are made, they cover up for each other. Even so, a few of them don't mind showing how smart they are or telling the others how wrong they are. Putting a DO among them would be slaughter. Ability wouldn't mean a thing. They would all have their scalpels ready to make an incision in the DO's back. All the talk of having DO's in a unit in which they would work together would be impossible in the Navy due to its method of transferring men anywhere at any time."

✉ *From a Lt. Overseas*

"I'm relaxing right now in my own private 5 x 6-foot dugout lying in the side of the mountain, wearing my tin hat and hearing the screeching enemy shells pass overhead to land somewhere across the road. . . .

"I used to think and wonder what part I, as an osteopathic physician, would play if and when we hit organized combat. Not being in the Medical Corps, would I have an opportunity to use my professional knowledge? How would the medical staff react if they saw me function as one of them, a physician? I found my answers amid a hail of bullets. . . .

"I was able to render emergency first aid at the front lines. The types of wounds and the number of casualties cannot be mentioned, but I did my share of work. I splinted where it was necessary, using anything from a gas can to broken rifle stocks and applied powdered sulfanilamide to the exposed wounds, the remaining portion of the 5-gram envelope being given orally immediately. All gunshot wounds were treated in this manner, then covered with sterile gauze. . . .

"All of my medical emergency equipment was given to me by my organizational medical officers, the majority of whom have shown very little prejudice against the DO's. In fact many of them would like to see us in, as the majority of cases on sick call are usually muscular, ligamentous, tendon, and bone aches and pains.

"One of my spectacular cases recently was a subluxation in the lower lumbar region of a man who had been lifting heavy ammunition boxes from the ground into a truck. As he said, he 'heard something snap as he stooped to lift a box of ammunition, doubled up with pain, and couldn't straighten up.' I spent about fifteen minutes with him using the wet ground as a treatment table, and relieved him from all pain. Against my advice to take it easy, he went back to his hard labor saying, 'Lieutenant, I have a job to do, and I'm going to do it.'"

✉ *From a Ph. M. 1/c Overseas*

"I enlisted in the Naval Reserve the day war was declared and closed my office and left the next evening. I have been overseas over 7 months and now hold a rating as Pharmacist Mate First Class. I enlisted as a

hospital apprentice and have passed every test for advancement as soon as I had put in the necessary amount of time between ratings.

"I want you to know that I am still very proud of my degree in osteopathy and am only waiting for the day when I can once again hang the sign OSTEOPATHIC PHYSICIAN over my door."

Do you have any memories or memorabilia relating to World War II? If so, Still National Osteopathic Museum would be proud to receive them as part of our ongoing effort to preserve osteopathic history.

These reprints from the *Forum of Osteopathy* were donated to the Museum by Martyn Richardson, DO.

Internship for Pre-Med Students

Over the past academic year, we have had a few pre-med students from the local university volunteer at the Museum. These students are enthusiastic workers, but their time is limited by the conflicting need to make money to pay for the ever-increasing cost of medical school.

Still National Osteopathic Museum would like to offer a paid internship to a pre-medical student who plans to attend an osteopathic college. This student would help the Museum by assisting with the care of the collection or by doing much needed research on specific artifacts or one aspect of osteopathic history. The student would have the opportunity to work with actual medical instruments. And finally, the profession would gain a member who was well-grounded in the history of osteopathy.

Is there an individual or group who would commit \$500 to \$1,000 to sponsor this internship? This would be an excellent way to honor the achievements or the memory of a DO. If you are interested, please contact Janet Pultz, Museum Director.

Friends in High Places

The opposition to giving medical commissions to osteopathic physicians during wartime goes back to World War I. DO's were not allowed to enlist as doctors in the Medical Corps in spite of efforts by the AOA and early supporters of osteopathy. We reprint here a letter written by one of those early advocates of osteopathy, former president Theodore Roosevelt.



THEODORE ROOSEVELT

December 12, 1917
My dear Dr. Green:

I wish the American Osteopathic Association all success in its effort to secure for osteopathic physicians the right to serve their country in the army and navy. I am sorry that licensed osteopathic physicians who have passed the Medical Examining Board examinations for commissions in the Medical Corps and have been recommended by the Examining Board for such commissions have not received them. I am glad that the American Osteopathic Association is patriotically endeavoring, without cost to the men, to give them osteopathic care in the camps and cantonments. I earnestly hope that Congress will pass legislation enabling osteopathic physicians to serve their country in the capacity for which they are best fitted.

I write on this subject with knowledge. Two of the members of my family have been treated with great profit to themselves for years by osteopathic physicians. One of these is now with our army in France. It would be to his great advantage if he could have occasional osteopathic treatments, and I am genuinely concerned that he is unable to get them. To give osteopathic physicians the chance to serve the country in the army as you desire would be a very real benefit.

With all good wishes,

Faithfully yours,

Theodore Roosevelt—

You are welcome to use this in any way you wish.
[handwritten postscript]

The original of this letter is found in the Museum collections.

New Committees to Guide Museum

The Board of Directors recently developed a new committee structure in order to better carry out the goals of the Museum. In addition to increasing the effectiveness of the Board, these committees have proven to be a great way to expand community involvement in the Museum. Already the Museum has profited from the creativity and enthusiasm of the committee members.

The **Executive Committee** is comprised of the Board president, secretary, and treasurer. This committee deals primarily with day-to-day operations and coordinates other committees.

The goal of the **Local Committee of the National Advisory Board** is to raise the visibility of the Museum and develop its membership on a national level. The Local Committee will soon be asking 12-18 Museum supporters from around the country to serve on the National Advisory Board. One idea from this group is to have prominent DO's from around the nation write letters to the editor of the *JAOA* and *The DO* in support of osteopathic history and the work of the Museum.

The **Development Committee** is comprised of three subcommittees: publicity, special events, and mailings/membership drive. The publicity subcommittee has been exploring ways to provide more publicity for significant events and acquisitions of the Museum. The special events subcommittee recognized the 1994 KCOM graduates by presenting them with a packet of Museum information, a booklet on the history of osteopathy, and a free membership to the Still National Osteopathic Museum. These packets were distributed as part of the graduation festivities. The mailings/membership subcommittee has revised the Museum brochure and is designing materials that will be used during the membership drive in October.



The 1994 Board of Directors. L-R: Paul Williams, DO; Linda Heun, PhD, President; Lois Korslund, PhD, Treasurer; Bess Mercer, Vice President; Britta Paulding Bouquet; Lori Haxton, Secretary; Andrea Jackson. Missing: Jack Auxter, DO; Rebecca Still. Photo by Ron Collinge, KCOM College Photographer.

The **Collections Committee** is responsible for the care and display of the collections. The first job of the committee was to revise and formulate policies regarding gifts and loans of artifacts, as well as a deaccessioning policy. These new policies are printed in the newsletter and will be made available to all donors interested in making gifts to the Museum. The committee is now in the process of reviewing the collections to decide what objects should be deaccessioned before our move.

Each Board member serves on at least one committee, and all but the Executive Committee include members of the community as well. The current members of each committee are:

Executive Committee: Lori Haxton; Linda Heun, PhD; Lois Korslund, PhD.

National Advisory Board Local Committee: Jack Auxter, DO; Andi Cenedella; Max Gutensohn, DO; Paul Williams, DO.

Development Committee: Bill Baiotto; Elsie Gaber; Lori Haxton; Linda Heun, PhD; Andy Jackson; Lois Korslund, PhD; Marie Laughlin; Bobbie Madsen; Jo Morasco; Britta Paulding Bouquet.

Collections Committee: Max Gutensohn, DO; Jean Kenney; Bess Mercer; John Roderick, DO; Becky Still.

COLLECTIONS POLICY

Criteria for Acquiring Objects for the Permanent Collection

To accept any object for the permanent collection, whether by gift or by purchase, the following criteria must be met:

1. The object must be consistent with the collections policy of the Museum and relate to the history of osteopathy.
2. The Museum must be able to give proper care to the object.
3. The acceptance of an object should not result in an expense for conservation disproportional to the usefulness of the object to the collections.
4. The object must have a use in the foreseeable future.
5. To be accepted, the donation typically must be made without restriction or encumbrance.
6. The Museum cannot pay for the shipping or purchase of any object out of the general operating budget; funds from a special acquisition endowment may be used for this purpose, however, with the approval of the Collections Committee.

Procedures for Acquisition

1. Gifts of objects for the collection may be accepted by the staff at their discretion. If there are unusual circumstances concerning the quality, character, or condition of the work, or any restrictions to the gift, the decision must be made by the Collections Committee.
2. There must be a legal, unconditional deed of gift signed and dated by the donor and an authorized Museum representative.
3. No staff or committee member may make a formal appraisal for the donor of gifts or proposed gifts to the Museum (for the protection of both parties).

Policy for Deaccessioning of Works from the Museum:

To deaccession is to remove objects permanently from the collections. The objects in the Museum collection are held in trust for future generations. Therefore, great care must be taken in making the decision to withdraw an object from the collections.

Criteria for the Removal of Objects from the Museum:

Objects may be removed from the permanent collection for any of the following reasons:

1. Not relevant or useful to the purpose of the Museum.
2. Inferior or insignificant quality.
3. Exact duplicate.
4. Danger of not being able to preserve the object properly.

5. Not likely to be utilized in the foreseeable future.
6. Only objects to which the Museum has clear legal title can be deaccessioned.

Procedures for Deaccessioning:

1. Staff members will recommend withdrawals to the Collections Committee.
2. The Collections Committee will decide on the withdrawal, taking into consideration any ethical or political implications of the proposed action; an outside expert is consulted if needed.
3. The Museum will notify the donor or heirs of the proposed withdrawal, if they are known or can be found. This notification is not to be construed as a request for permission.
4. Funds realized from the sale of objects will be used for acquisitions or the conservation of objects only, either directly or through an endowed acquisitions fund, and will carry the credit of the original donor or donors of the withdrawn objects.
5. Complete records of the object deaccessioned must be kept; accession numbers must be removed from the object before disposal.

Methods of Disposal:

1. Public auction or sale.
2. By exchange with or donation to another museum or educational institution.
3. Objects of minimal or no market value may be used for study purposes or destroyed.
4. The Collections Committee will make a written report to the Board of objects which have been deaccessioned.

The Collections Committee will determine the appropriate means of disposal.

Members of the staff or Collections Committee may not acquire withdrawn objects except at public auction.

Criteria for Accepting Objects on Loan

To accept any object on loan from an individual or institution, the following criteria must be met:

1. The object must be of critical importance for an exhibition or be of exceptional value for study purposes.
2. All objects accepted on loan must be approved by the Collections Committee.
3. The Museum must be able to give proper care to the object.
4. A proper loan agreement, specifying the length of the loan, must be signed and dated by the lender and an authorized Museum representative.

—Adopted by the Board of Directors, May 10, 1994

Dear Dr. Charlie. . . .

In 1925, Charles E. Still, DO, wrote to former ASO students and friends of Dr. A.T. Still, asking them to write back with memories of experiences they had had with Dr. Still. The Museum has copies of fifteen of these replies. In future newsletters, we will print excerpts from these letters.

The first letter is from Jenette (Nettie) Hubbard Bolles, DO:

"It was my great privilege, through a special set of circumstances, to be the first woman to enroll as a member of the first class ever organized to study the science of Osteopathy.

"In the summer of 1892 my mother was suffering from a form of progressive paralysis which had baffled the best physicians of our part of the country (near Lawrence, Kansas) and also Battle Creek, Michigan. A friend told us of an old doctor in Kirksville, Missouri, who could cure paralysis. I was the one delegated to go with my mother. While waiting around for the time for mother's treatment, I talked with some of the other patients and heard marvelous tales of the magic Dr. Still wrought with his hands. I also met some young men who told me that Dr. Still had promised to organize a class in the fall to teach them how to do the wonderful things he was doing.

"As Dr. Still decided that mother must spend the winter in Kirksville in order to be benefitted by the treatment and it was necessary for me to be there with her, I began to wonder how I could put in my time. Then the inspiration came that was to change the whole course of my life.

"I immediately started out to find Dr. Still and located him sitting on a log in the yard back of his office. I asked him if he thought a woman could learn to do the things he was doing, and if it were possible, would he let me come into the class he was going to have for those boys. He assured me a woman could learn and



Jenette Bolles, DO, The First Woman Osteopath.

could practice the system he was using, which had not as yet been officially named.

"The first week in October the class was organized and I registered as the first woman student. My work has ever been a joy and inspiration, and never for one moment have I regretted my decision to study and practice the principles of the healing art as taught by Dr. Andrew Taylor Still."

Dr. Bolles was the first osteopathically trained instructor in anatomy, taking over the teaching of that subject in the ASO following William Smith, MD. She was the editor of the first osteopathic publication, the *Journal of Osteopathy*. Dr. Bolles was the first osteopathic physician in Colorado and one of the organizers of the Bolles Institute of Osteopathy, which was established in 1900 and merged with the ASO in 1904. She continued to be active in the profession, in child welfare work, in the PTA, and in her roles as wife, mother, and grandmother. Dr. Bolles died of heart disease in Denver on February 23, 1930.

News Briefs

At the end of May, the Museum staff doubled with the hiring of Cheryl Gracey as part-time Office Manager. Cheryl has a background in archives and writing as well as office management, all skills which the Museum will put to good use.

We also have a number of volunteers who give their time to the Museum on a regular basis. Jean Kenney, the Registrar, has been with the Museum since its founding, first as an employee and for the past eight years as a volunteer. Other current volunteers include Doris Cundiff, Mary McCreery, Becky Still, and Kathy Onsager.

* * * * *

The Museum needs another computer! With several staff members and volunteers now working on membership lists, publicity, reference correspondence, and so on, we are experiencing frequent traffic jams at our one keyboard. If you have an IBM-compatible computer (286 or higher) that you care to donate, please contact the Museum.

* * * * *

Wanted: Old copies of the *Osteoblast*, years 1937 through 1940. If you have any of these for sale please contact: Donald E. Fraser, DO, 225 Mayer Rd., 115 Craemer Haus, Frankenmuth, MI 48745

* * * * *

Still National Osteopathic Museum gratefully acknowledges the following donations:

\$50 in memory of Mrs. Edwin Korslund, nee Clara Marie Foss, from Eagle Grove and Ames, Iowa, donated by Lois Korslund, PhD. Dr. Korslund is a member of the Museum Board of Directors and has specified that the donation is to be used for grant writing.

A donation in honor of Dr. George Scheurer, recipient of the 1993 Living Tribute Award, by an anonymous donor. This donation will be used for the new exhibits when the Museum moves.

Building the Collection: Call for Historical Materials

Did you know that there once were colleges of osteopathy in Wilkes Barre, PA, Milwaukee, WI, Franklin, KY, Anaheim, CA, and Fargo, ND?

The Museum is searching for information about osteopathic schools like these, which no longer exist or which merged with other schools. This information will be included in a new exhibit about the development of osteopathic education, to include pictures and histories of schools from the beginning of osteopathy to the present. We would appreciate any information which could aid us in this search.



One of the Earliest. The Southern School of Osteopathy was established in 1905 by Dr. George Nason, who sold the school to the ASO in 1909. Dr. Nason is the man standing by the veranda post, with a child to his left. Postcard donated to the Museum by the AOA.

New Acquisitions

We are always pleased to receive new acquisitions for the museum, especially when they come in response to a request we've made in the newsletter. In our last issue, we requested information about nursing schools; the family of Dr. O.O. Bashline recently donated the records of student nurses who attended the Bashline Osteopathic Hospital Nurses Training School in Grove City, PA, from 1923 to 1944. An example of how times have changed: In 1934, undergraduate nurses were paid between \$24 and \$40 per month, depending upon their experience, and graduate nurses were paid \$50 to \$60 per month!

Also received:

- A wood-and-wicker wheelchair, from Randall C. Barnes, DO, of Kirksville, MO.
- Books on cranial manipulation and OMT; KCOS and KCOM catalogs; and photographs of A.T. Still (including one taken ca. 1899 with Hiram M. Kepner, identified as "First person to pay as much as \$100 for treatments") from Munroe H. Kneeland, DO, of Liberal, MO.
- Typed class notes, from Kenneth H. Moody, DO (KCOS Class of 1938), of Libertyville, IL.



Orrin Osborne Bashline, DO, (1879-1962)

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osteopathic history—
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Membership funds are used for acquisitions, exhibits, preservation, and Museum operations.

Memberships and gifts are tax-deductible..

Make checks payable to:
Still National Osteopathic Museum.

PLEASE NOTE THE MEMBERSHIP
RENEWAL DATE ON YOUR
ADDRESS LABEL.



SHOW WHAT YOU'RE MADE OF!

New from the Museum gift shop: T-shirts featuring our most popular exhibit, the famous dissected human nervous system. Also available: "Tracing the Roots of Osteopathy" with the Still cabin logo. Both designs are 50/50 cotton/polyester and available in white or gray. Sizes S, M, L, XL. \$10 plus \$3 shipping & handling.

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