# A Plea for Understanding and Logical Thinking

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It was some time in the last decade of the nineteenth century when an itinerant doctor, a former U.S. Army surgeon, started to reflect upon the then-state-of-the-art practice of medicine of the era. He had lost some of his family members to the epidemic of spinal meningitis. The common remedies did not work for his family members and he was profoundly affected by this. He was a keen observer of his surroundings, with a logical, analytical mind. He obviously possessed superior native intelligence, having excellent power of deduction from his observations and dogged determination. Mainstream medicine was deeply involved in bleeding (bloodletting), blistering, and purging and using dangerous chemicals, such as arsenic, to treat sore throat and venereal diseases. Mercury, bismuth, and similar products were being used in abundance, and medical practitioners were a "cultist" culture.

The logic behind his philosophy of osteopathy was to restore the structure of human body so that function could improve. He believed in the innate ability of human body to heal itself, in most circumstances. Andrew Taylor Still, M.D., armed with a strong sense of conviction, started his American School of Osteopathy in 1892 in the small town of Kirksville, Missouri. He taught all the subjects taught at other medical schools at the time, including obstetrics, anatomy, and surgery. Many of his faculty had medical degrees from various domestic and foreign universities. He also included the art of manipulation in an attempt to achieve the optimum state of health using the holistic approach, by using the structure of the body to restore normal function. He quickly gained popularity. New trains were added to bring patients to this man with the magic touch, the "lightning bonesetter" of Kirksville. The existing system of medicine, the allopathic system, did not use manipulation, nor did the homeopaths, hydropaths, naturopaths, or eclectics.

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He was following the path of a proprietary system of medical education. He had many M.D. faculty members, but it was still his school. This resulted in his immediate family members and relatives getting preferential treatment. In those days, most medical training was obtained through apprenticeship and proprietary schools. Few doctors received their medical training through the university system. The American School of Osteopathy also had a large number of women in training. The entrance requirements were similar to those of several medical schools. Several of his relatives and former students fanned out across the country and opened their own osteopathic medical schools, in places like Minneapolis, Boston, Denver, Seattle, Kansas City, Philadelphia, Los Angeles, and Chicago. The Des Moines school was started in 1898 by a nephew of Dr. Andrew Taylor Still, Dr. S. S. Still.

The Flexner report revolutionized American medical education. In 1910, Abraham Flexner (1866 to 1959), a teacher who had no doctoral degree, gave his report to the Carnegie Foundation. This report, "Medical Education in the United States and Canada," included the osteopathic medical schools. The Flexner report was directly responsible for the demise of several medical schools that were found to be substandard in their teaching and staffing. The attrition list included medical schools that taught allopathic, naturopathic, homeopathic, osteopathic, and eclectic systems. In the current thinking, perhaps, the word "osteopathy" does not fit the description of a medical system that teaches all the subjects taught at other medical schools but also includes a special emphasis on the art of palpation and manipulation and uses a holistic approach. This point was brought to the attention of the founder, Andrew Taylor Still, M.D., D.O., but he was adamant about keeping the word "osteopathy" in the name of the school.

When I entered the Osteopathic Medical School in Des Moines, Iowa, there were only five schools in our system. Our school in California was converted to an allopathic system, a precursor to the current school of medicine at Irvine. More than 1500 doctors of osteopathy (D.O.s) paid a fee of less than $65 and received an M.D.

degree overnight. There are now 21 schools that train physicians in the D.O. philosophy and award the doctor of osteopathic medicine degree. Several institutions that give osteopathy degrees are part of state university systems.

The U.S. military has been accepting D.O.s since mid-1966. Several flag rank officers, Navy admirals, and U.S. Public Health Service members have graduated from osteopathic medical schools. The current president of the Texas College of Osteopathic Medicine in Fort Worth, Texas, recently retired as the surgeon general of the U.S. Army. Lt. Gen. Ronald R. Blanck, a three-star general, is a graduate of the Philadelphia College of Osteopathic Medicine. I am pretty confident that, before the end of twenty-first century, the U.S. Air Force will promote a competent physician with a D.O. degree to the rank of general officer.

Traditionally, D.O. professionals went to smaller communities and provided primary care. In World War II, when most M.D.s were serving in the military, the D.O.s were left to care for the population at home. Since January of 1970, when the American Medical Association elevated osteopathic physicians from "cult" status to regular medical professional status, many D.O.s have trained in various medical specialties and some surgical specialties at prestigious allopathic institutions.

Getting trained in plastic surgery at an American training center has been difficult for D.O.s. Most of the allopathic program directors do not consider D.O.s for training positions, although there are now a couple of D.O. plastic surgeons who received training at institutions such as the Cleveland Clinic and the University of Kansas and in the U.S. Army. Highly motivated and industrious D.O.s who seek training plastic surgery at allopathic institutions have struggled. Few have succeeded in obtaining regular residency positions; most have been participating in fellowship-type programs, based on their individual connections with M.D. plastic surgeons.

When I realized that plastic surgery was my calling, I wrote to almost all the authors listed in the first edition of *Plastic Surgery: A Concise Guide to Clinical Practice*, by Smith and Grabb. I had positive responses from Ivo Pitanguy in Rio de Janeiro, Bengt Nylen in Stockholm, and Sten Stenstrom in Umea, Sweden. In those days, my friends Dr. Robin Anderson and Dr. Shattuck W. Hartwell, Jr., at the Cleveland Clinic, could not get me into their operating rooms so that I could watch a real plastic surgery procedure being performed. Being a D.O. was the sole reason why the chief of surgery at Cleveland Clinic did not allow me to observe their operations. My knowledge of plastic surgery came from books, mostly Smith and Grabb's textbook, until I actually arrived in Sweden and worked with several great plastic and hand surgeons.

Stenstrom was trained by the father of Swedish plastic surgery, Alan Ragnell, who trained under Sir Harold Gillies. Dr. Ragnell married Sir Harold's operating room nurse, so he maintained a close relationship with Sir Harold. Stenstrom used to tell stories of Sir Harold's visits to Sweden. Bengt Nylen was trained in California by Dr. Webster, whose father was a D.O., so Bengt knew about my educational background and offered to train me at Karolinska Hospital, in Stockholm. Stenstrom offered to train me simply because he is a charitable, very nonpolitical master of our craft. I chose to go to Sweden because, financially, I could not afford to spend time with all three kind and generous surgeons, two of whom were in Sweden and one of whom was in Rio. While in Sweden, I worked with Tord Skoog, Sten Stenstrom, Jan Strombeck, Bengt Nylen, and Bengt Korlof. I learned hand surgery from Stenstrom, Lars Onne, and Eric Moberg. During my 2 years of training in Sweden, I had the chance to meet several plastic surgeons from other countries and see them perform surgery. I traveled to learn from the late Mr. Noel Thompson, at Mount Vernon, a regional plastic surgery center in London, the late Professor S. Ohmori, at Tokyo Metropolitan Police Hospital, and Edgar Biemer, in Munich. When I wanted to learn the art of transaxillary augmentation mammaplasty, I went to work with Mutaz Habal in Tampa, Florida, and Rex Peterson in Phoenix, Arizona. I went to Houston, Texas, to learn the transumbilical method of augmentation from Gerry Johnson. These are the people who helped me, but several prominent American plastic surgeons refused to let me observe them performing surgery because I am a D.O.

The first generation of D.O. plastic surgeons in the United States includes me and my senior friend, Sherman Leis of Philadelphia. Sherman trained with Dufourmentel and Mouly in Paris and at the Plastic Surgery Clinic in Malmo, Sweden. Dr. Marshall Shapiro from Michigan came later and was trained in Switzerland, Belgium, and Denmark. Jim Stallings started a training program in plastic surgery for D.O.s in Des Moines, Iowa. I was part of the teaching staff for that program. We trained more than 14 D.O.s.

Later, there was a training program in Philadelphia and another in Cleveland, both run by D.O. plastic surgeons. There are now more 30 D.O. plastic surgeons, but it is still difficult for young D.O.s interested in plastic surgery to get good training. Most of the program directors in allopathic institutions do not accept applications from D.O. candidates. There are many allopathic institutions that will keep general surgery and plastic surgery positions unfilled rather than give a D.O. a chance to train and prove his or her ability to perform well in their programs.

I believe that a D.O. is equally competent to get into allopathic surgical training programs. After all, the only differences are the letters after our name and our philosophy of holistic medicine, two words that are rapidly becoming buzzwords in the allopathic arena. Many M.D.s are now learning the art of manipulation. Many international medical graduates welcomed with open arms in our allopathic training programs in surgery and its subspecialties really do not have M.D. degrees conferred upon them by any recognized university of higher learning. Most Asian graduates and graduates from Australia, New Zealand, and several other European nations have M.B.B.S., M.B., or M.B.Ch.B. degrees, which are bachelor of medicine and bachelor of surgery degrees. Once they pass an examination given by the Educational Council for Foreign Medical Graduates, they start writing "M.D." after their names. I am not sure whether the Educational Council for Foreign Medical Graduates or the American Medical Association is legally chartered or authorized to award M.D. degrees.

The number of M.D. applicants who are graduates of U.S. medical schools is declining for surgical training programs. Osteopathic hospitals have pretty much disappeared from the scene, but the number of D.O. graduates interested in surgical specialties is not decreasing. Wouldn't it be logical to use D.O. candidates to fill openings in surgical training programs rather than give these positions to graduates of unknown institutions from far away? After all, the D.O.s in allopathic training programs in primary care, medical subspecialties, radiology, pathology, pediatrics, ear, nose, and throat, and orthopedic surgery have proven that their medical education is of a good quality. Why is it that specialties controlled by the American Board of Surgery are still ignoring a huge, eager, and talented pool of candidates with a holistic background?

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