

MAKING THE FRONTIER'S ANATOMICAL ENGINEERS:
OSTEOPATHY, A. T. STILL (1828–1917),
HIS ACOLYTES AND PATIENTS

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DOCTOR OF PHILOSOPHY

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ABSTRACT

This project seeks to understand osteopathy as patients, students, and doctors did during the late nineteenth century. A. T. Still's osteopathic medical theories proclaimed manual therapeutics to treat disease. Still's explanation for illness drew heavily on his learnings from the natural world, which he captured in his autobiography. These were teachings from a distant but divine creator who made man a "a perfect machine, that was made and put in running order, according to God's judgment." Still imbued osteopathy with a humility and simplicity that invited patients to understand and evaluate their treatments as active participants.

The first students at Still's American School of Osteopathy profoundly shaped the discipline. Founded in 1892 in Kirksville, Missouri, the school saw massive growth during the period from 1892 to 1898. Using student ledger books, I analyze the first students to

determine who became osteopaths. Many of these students came to osteopathy as a second career, after having worked as farmers or teachers, and most of them would not have sought training nor been accepted into a traditional medical school.

Osteopaths have long celebrated their acceptance of women as equal practitioners. Women were welcome to osteopathic training, but gender shaped their experience and career outcomes. Contrary to modern thought, this early support did not mean that women's experiences were the same as men's experiences. Women were able to practice osteopathy without living the cloistered life of a nurse, nor were osteopathic women forced to choose between a feminine gender identity and being a physician, which was a perpetual struggle for many woman medical doctors.

The therapeutic encounter between osteopath and patient helped explain the appeal of osteopathic medicine. Using patient testimonials from osteopathic journals, I examine the practicality, optimism, and patient-centered evaluation in osteopathic medicine. Still and the early osteopaths defended their drugless medicine and fought for its legal status. Patients played a key role in this process. By centering the claims for legitimacy on patients and their outcomes, Still's therapies were accepted due to their perceived efficacy, not their adherence to medical orthodoxy.

APPROVAL PAGE

The faculty listed below, appointed by the School of Graduate Studies, have examined a dissertation entitled “Making the Frontier’s Anatomical Engineers: Osteopathy, A. T. Still (1828–1917), his Acolytes and Patients,” presented by Matthew A. Reeves, candidate for the Doctor of Philosophy degree, and certify that in their opinion it is worthy of acceptance.

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The text that follows is a tale of the frontier, the charismatic healer who claimed a medical revolution, and the people who flocked to Missouri to practice and receive treatments. As a Missouri native, I am especially proud of the local nature of the project. As the son of a gaggle of nurses, I am pleased it explores health culture. And as someone writing these acknowledgements during the coronavirus outbreak of 2020, I am most grateful to the generations of healers, nurses, and doctors of all stripes that brought the world into its current state of well-being. Everyone has a body, everyone feels sickness at some time in life, and those that provide care, cure, and comfort make our planet a more human place.

All errors (and despite my best efforts, there are certainly errors) are mine and mine alone.

Matt Reeves
Merriam, Kansas
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PREFACE

Missouri's doctors were unsure about how to address Andrew T. Still's unconventional osteopathic theories, medical school, and treatment methods. A. J. Steele, a St. Louis physician, read a paper entitled "The Osteopathic Fad" at the annual meeting of the Missouri State Medical Association in May of 1895.¹ He started his speech with his tongue firmly planted in his cheek:

Doubtless it is known to most of the gentlemen present that our state has the proud distinction of recently giving to the world a new system of [medical] practice, which, if true, will in time revolutionize both the pathology and therapeutics of the past, and so simplify the treatment of disease that the millennium of the art of healing, our chosen profession, will surely have come.²

Mocking Still as a would-be messiah, Steele's comment likely elicited smug laughter from the medical men in the audience. Respectable physicians dismissed Still's theories and treatments out of hand, and according to Steele, after no "more than the passing thought would have doubtless dismissed the matter" of Still's claims to a new healing science based on adjusting bones to cure all manner of bodily ailments.³

¹ A. J. Steele, "The Osteopathic Fad," in *Transactions of the Medical Association of the State of Missouri, at Its Thirty-Eighth Annual Session, Held at Hannibal, Mo., May 21st, 1895* (Columbia, MO: E. W. Stephens, Printer and Binder, 1895): 343–58, <https://catalog.hathitrust.org/Record/100412956>.

² Steele, "The Osteopathic Fad," 343.

³ *Ibid.*, 344.

Steele cast osteopathy as a novel twist on the traditional lay medical practice of “bone-setting,” but he dismissed osteopathic medicine as a confidence scam. He noted that “dislocations of joints have been recognized from time immemorial, and being unreduced, occasioned deformity, lameness, pain, atrophy of the limb, etc.” Steele then explained his understanding of how setting these joints and bones became a lay practice. The lack of surgeons, as well as the cost and immediate desire for relief, likely led people to try their own hand at setting dislocated joints. “We can understand how a few successes,” Steele explained, “would embolden the average citizen to believe he possessed both the necessary knowledge and skill to reduce deformities, whether from a dislocation or fracture.”⁴ Steele then posited how such traditions gained popular acceptance, not by formal credentials or degrees, but through their results.⁵

⁴ Ibid., 345–346.

⁵ Bone-Setters, including the Sweet Family of the northeast, were lay healers. The Sweets were the most notable example of bone-setting in the American colonies. The patriarch, James Sweet, immigrated from Wales in 1630. Sweet’s descendants treated open and closed fractures, dislocations, stiff joints, sprains, and lacerations. The family had repute with the upper classes who travelled from the cities (New York, Philadelphia) to vacation in Rhode Island and the surround areas. Open practice went underground last third of the nineteenth century, but the historian reported anecdotal accounts of bone-setting Sweets into the early twentieth century. See R. J. Joy, “The Natural Bonesetters with Special Reference to the Sweet Family of Rhode Island; a Study of an Early Phase of Orthopedics,” *Bulletin of the History of Medicine* 28, no. 5 (September 1954): 416–41, esp. 425–435.

The real threat to medicine and the key to Still's novel treatment was that osteopaths were not content to practice as joint-repairing bone-setters. Instead, osteopathy claimed that adjusting bones could allow the free flow of blood and other bodily fluids, which in turn could heal almost any bodily ailment. This audacious claim meant that osteopathy was not just a threat to physicians who treated orthopedic injuries. To Steele, these novel claims increased both osteopathy's popularity and the danger it posed to the public. Osteopathic treatments were "not limited to deformities of the limbs, but include general and organic diseases," putting Still "a step in advance of the old time bone-setter."⁶ Steele then provided his fellow physicians a concise summation of Still's theories. "The osteopathic theory of disease is that a partial or complete dislocation of one or more bones exists . . . which so disturbs the tissue as to produce pain, interference of the circulation, and other evidence of disease."⁷ Treatments for a large number of diseases were simplified "into reducing the dislocation, restoring the true relation – the harmony – of the parts, and thus allowing normal action to be regained."⁸ These purported osteopathic cures required "no drugs, no salves, no stock in trade," but "simply a little knowledge of the bones, some

⁶ Steele, "The Osteopathic Fad."

⁷ Ibid., 352.

⁸ Ibid.

muscular power, adroit finger ends, [and] insight into the credulous human nature . . .”⁹

Osteopathy, Steele claimed, was not pure fantasy, but an opportunistic attempt to gain credit for the body’s ability to heal itself. He noted that “. . . the majority of acute diseases get well if left to nature; hence, when the quack is called the chances for success are much in his favor.”¹⁰ Osteopaths claimed to heal by restoring natural abilities, and perhaps their great innovation was to reduce a patient’s dislocation or provide an adjustment and “receive credit for the recovery and pocket the fees, while nature does the work.”¹¹

But what should a respectable physician do about a charismatic healer like Still? A. H. Cordier, from Kansas City, shared the common line among medical professionals: quack healers were a subject the medical professional “should not discuss,” due to the fact that newspapers would cite the discussion at a medical conference inaccurately as some kind of endorsement or professional jealousy on the part of regular physicians.¹² Medical doctors saw themselves on the horns of a dilemma. On the one hand, failing to denounce osteopathy as a fad meant no warning was given to the credulous masses. On the other

⁹ Ibid.

¹⁰ Ibid., 354.

¹¹ Ibid.

¹² Ibid., 358.

hand, the medical establishment coming out vociferously against an alternative practice gave it more attention in the press.

Ultimately, despite his concerns about osteopathy, Steele himself closed by suggesting “the more that was said about [osteopathy] to the general public, the worse matters would be.”¹³ Regular physicians could help some patients by reducing their joint injuries to “prevent them from falling into the hands of these pretenders.” Wholesale changes in patient habits were unlikely because “charlatanism has always flourished, and always will, until our science becomes exact, until the people are more thoroughly educated, until all members of our profession are honest, and until the strong arm of the law interposes to protect citizens from unscrupulous knaves” like Still.¹⁴ Steele’s anger at Still was compounded by the frustration that all the righteous admonishment in the world was unlikely to end osteopathy, and that speaking out might give the “Old Doctor” even more prestige among his patients. Better to let the osteopathic fad run its course, wither, and die on the vine.

But Steele was wrong. Still’s science did not wither – it grew exponentially. Still’s American School of Osteopathy was the first among more than a dozen osteopathic medical schools that cropped up by the early 1900s. Those schools produced thousands of

¹³ Ibid.

¹⁴ Ibid., 355.

osteopathic physicians, who in turn treated untold thousands of osteopathic patients during the first decades of the twentieth century. Osteopathy spread across the nation and the world. It even survived scorching reviews in Abraham Flexner's influential report on medical education in 1910.¹⁵

Osteopathy's growth led to changes that its creator could never have imagined by incorporating treatments beyond the scope of Still's physical adjustments. Debates over the use of medicines – anathema to Still and most early osteopaths – were settled by the 1930s, with medicine gaining acceptance and eventually dominance over Still's methods. Manual adjustment, the hallmark of early osteopathic treatment, went into persistent decline as osteopaths relied increasingly on treatments for illness that mirrored regular medicine.¹⁶ Osteopathic medical schools changed. Entry requirements, which were consistently less stringent than traditional medical schools, increased over the course of the twentieth century. Osteopathic medicine gained the (grudging) acceptance of the medical community, with doctors of osteopathy meeting licensing standards and earning largely the same practice rights as medical doctors. Estimates from the American Osteopathic Association in

¹⁵ Abraham Flexner, *Medical Education in the United States and Canada: A Report to the Carnegie Foundation for the Advancement of Teaching* (New York: Carnegie Foundation for the Advancement of Teaching, 1910).

¹⁶ Norman Gevitz, *The DOs: Osteopathic Medicine in America*, 2nd ed (Baltimore: Johns Hopkins University Press, 2004): 101.

2018 show more than 114,000 doctors of osteopathy practicing in the United States.¹⁷

Those osteopaths trained at one of thirty-eight accredited osteopathic medical schools. The growth of osteopathic medical training during the first decades of the twenty-first century demonstrated the ongoing national impact of osteopathic medicine.

The following study explores the birth and early growth of osteopathy, from one man's idiosyncratic treatment system to an enduring branch of medicine with national impact. The key questions are ones of culture, education, and persuasion. Specifically, I am interested in how frontier culture shaped Still's approach to anatomy and healing, how Still leveraged these concepts to attract students, and what Still and other early osteopaths did to persuade people to become osteopathic medical patients. Osteopathy today is not the same system that Still taught, but it is indelibly rooted in an odd method of healing that emerged during waves of nostalgia for the frontier on the American Middle West.

¹⁷ American Osteopathic Association, *Osteopathic Medical Profession Report 2018* (Chicago: American Osteopathic Association, 2019).

DEDICATION

To Ellen – without whom none of this would be possible.
Thanks for your patience, love.

CHAPTER 1

INTRODUCTION AND HISTORIOGRAPHY

In 1892, Andrew Taylor Still opened the first ever osteopathic school in the small town of Kirksville, Missouri. In an age of doubt surrounding traditional therapeutics brought on by increasingly complex mainstream medical theories emanating from elite urban research centers, osteopathy offered therapeutic optimism coupled with an intuitive anatomical medical worldview. Patients and osteopathic students embraced Still's teachings, which emphasized the primacy of anatomy, argued that bodies were self-healing machines, and humbly presented the osteopath as an anatomical engineer whose entire purpose was merely fine-tuning God's perfect machine.

Osteopathy grew rapidly due to its social and cultural appeal in rural Missouri after the Civil War. Issues of bodily health and wellness were constant companions for the European migrants into the region. The white populations that practiced European medicine were largely new to Missouri in the first third of the nineteenth century. Previous European encounters in the territory were largely limited to river trade. Hub cities like St. Louis were not settler colonies, but commercial outposts.¹ This changed once the United

¹ See Henry W. Berger, *St. Louis and Empire: 250 Years of Imperial Quest and Urban Crisis* (Carbondale: Southern Illinois University Press, 2015).

States purchased the land from France and settlers began to colonize the area. Unlike prior European landlords, America's intent was not merely extracting wealth from the region. Instead, the settlers transformed the land into the newest area of the American experiment. They adjusted the land to suit their purposes, and in doing so, adapted their bodies to the land. Establishing a healthy body was the essential first step to converting the land to productive agricultural use, which in turn was the key to economic and political integration of the territory into the United States. Settlers saw their land through an integrated lens of environment and health. The two concepts were interconnected, as the land, soil, airs, and waters, were all constituent parts of the health of a region and its people.²

Even with the consensus that there was good, healthful land available in Missouri, settlers faced adjustment periods due to the environmental factors of the region. The Missouri Valley was hotter and more humid than Northeasterners or German emigres were used to in their former homes. Settlers interpreted fevers as a by-product of their bodies adapting to this new environment. This "seasoning process" often resulted in a year of chronic ill-health in the form of fevers, commonly referred to as agues.³ Medical texts from

² Conevery Valencius, *The Health of the Country: How American Settlers Understood Themselves and Their Land* (New York: Basic Books, 2002).

³ For the seasoning process and its public perception, see Valencius, *The Health of the Country*, 23–27. For a description of agues and their remedies, see *ibid.*, 79–84.

the time reveal the role of the environment on health. Daniel Drake, the eminent environmental chronicler of early nineteenth-century American health, wrote a massive tome of more than 850 pages recording the relationship between the geographic and hydraulic features of North America's interior valley and the health of its inhabitants.⁴ On a much smaller scale, there were physicians staking their professional fortunes on knowledge of the environment and the advantages it conferred in their treatments.⁵ Local knowledge processed the environment through the lens of professional experience and used those insights to inform the treatment of illnesses and ailments.

Though fevers were to be expected, settlers pursued remedies designed to shorten sickness and alleviate their symptoms. Texts like Samuel Thomson's *New Guide to Health, or Botanic Family Physician* (1822), John C. Gunn's treatise *Gunn's Domestic Medicine* (1830), and later Edward B. Foote's *Medical Common Sense* (1858) provided a variety of at-home treatments for common ailments, including fevers.⁶ Thomson was the inventor and chief

⁴ Daniel Drake, Samuel Hanbury Smith, and Francis Gurney Smith, *A Systematic Treatise, Historical, Etiological, and Practical, on the Principal Diseases of the Interior Valley of North America, as They Appear in the Caucasian, African, Indian, and Esquimaux Varieties of Its Population* (Philadelphia: Lippincott, Grambo & Co., 1854): <http://archive.org/details/typhousfeverspa00cogoog>.

⁵ Bolton, *The Health of the Country*, 171–177.

⁶ Samuel Thomson, *New Guide to Health, Or, Botanic Family Physician: Containing a Complete System of Practice, Upon a Plan Entirely New : With a Description of the Vegetables Made Use Of, and Directions for Preparing and Administering Them to Cure Disease, to Which Is Added a Description of Several Cases of Disease Attended by the*

proponent of a proprietary system of botanical cures, which treated illness using a series of herbs of escalating heat.⁷ Gunn practiced regular medicine, the system of medicine taught in medical schools that would develop into modern American medicine, but he did not learn the healing arts at a medical school. Instead, Gunn followed a common antebellum apprentice-style education known as a preceptorship.⁸ Foote is most noted for his early comments on birth control, but his text also provides a remedy for fever and other common ailments.⁹ Ill people applied these treatments to eliminate, or perhaps forestall, hiring a medical professional. Thomson suggested that most fevers, for example, could be treated with a variety of naturally growing herbs (bitter-root, mayweed, blue and white verine, and prickly ash), or could be cured using his custom patent medicines, which he numbered from

Author, with the Mode of Treatment and Cure, 3rd ed. (Boston: J.Q. Adams, printer, 1835); John C. Gunn, *Gunn's Domestic Medicine, or Poor Man's Friend ... for ... Families in the Western and Southern States: It Also Contains Descriptions of the Medicinal Roots and Herbs of the Western and Southern Country ...* (Madisonville, TN: Edwards & Henderson, 1834); Edward B. Foote, *Medical Common Sense: Applied to the Causes, Prevention and Cure of Chronic Diseases, and Unhappiness in Marriage* (Boston: Wentworth, Hewes & Co., 1858).

⁷ John S. Haller, *The People's Doctor: Samuel Thomson and the American Botanical Movement 1790-1860* (Carbondale: Southern Illinois University Press, 2001).

⁸ Ben H. McClary, "Introducing a Classic: 'Gunn's Domestic Medicine,'" *Tennessee Historical Quarterly* 45, no. 3 (1986): 210.

⁹ Vincent J. Cirillo, "Edward Foote's Medical Common Sense: An Early American Comment on Birth Control," *Journal of the History of Medicine and Allied Sciences* XXV, no. 3 (July 1, 1970): 341–45, <https://doi.org/10.1093/jhmas/XXV.3.341>.

one through six and prescribed in varying preparations and dosages.¹⁰ Gunn's instructions for treating fever included a range of therapies depending on the stage of the fever. In the cold stage, he recommended "teas – provided they are weak," hot compresses and cloth wraps applied to the lower body, and "fifty to sixty drops of laudanum," which no doubt reduced any pain or discomfort that might accompany fever chills.¹¹ For the hot stage, Gunn suggested that some removal of blood may be appropriate, as well as an escalating course of pukes, from tartar emetic to calomel, to bring on the helpful sweating stage.¹² These therapies were sometimes accessible, depending on the local flora. But obtaining tartar emetic or calomel often required the services of a physician, who in many frontier areas were the most reliable source for both treatment and medication. Frontier doctors were their own pharmacists.¹³ Settlers relied on these home remedies in areas without medical professionals, when the medical issue was minor, or when the cost of a physician was greater than the concern over the illness.

Like in other areas of the country, practicing physicians in Missouri went through a great deal of professional as well as therapeutic change during the nineteenth century.

¹⁰ Thomson, *New Guide to Health*, 61–62, 69, 75, 77.

¹¹ Gunn, *Gunn's Domestic Medicine*, 156–157.

¹² *Ibid.*

¹³ Madge E. Pickard and R. Carlyle Buley, *The Midwest Pioneer, His Ills, Cures, & Doctors* (New York: H. Schuman, 1946): 100–101.

Doctors in the region before the 1820s worked in a frontier territory that had a limited but growing population. Census data showed the explosive growth in the region. In 1830, after nearly nine-years of statehood, Missouri was home to 140,455 people, including 25,091 enslaved persons.¹⁴ Twenty years later in 1850, the state's population surged to 682,044, including 87,422 enslaved persons.¹⁵ It had nearly quintupled.

Professional medicine required certain population thresholds before it became a viable, sustainable career. Likewise, life in urban areas was made more secure by access to medical care. Physicians needed patients in order to maintain a viable practice, and patients required physicians to treat severe or unusual ailments. This shift in the nature of medicine required a transition from its largely domestic practice based on common-sense cures to a treatment mode that required professional knowledge and insight to diagnose illness and administer a cure.¹⁶ Receiving an individualized diagnosis signified a shift in the way physicians and patients thought about diseases. The patient, not the disease, became the focal point for treatment. Personalized diagnosis changed the kind of medicine administered to the patient. Before, a cure-all would be administered in all cases of a

¹⁴ U.S. Congress, House, *Abstract of the Returns of the Fifth Census*, 22nd Cong., 1st sess., 1839. H. Doc. 268.

¹⁵ 1850 U.S. Census, Missouri, 655.

¹⁶ Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982): 32–37.

disease. By the middle of the nineteenth century, physicians instead relied on an individualized diagnosis to fashion a specific prescription for the patient. Patient expectations for qualified medical treatment, however, were complicated by popular movements during the Jacksonian-era that decreased the value of professional degrees and certification to the point of many jurisdictions repealing medical licensing laws.¹⁷

As a response to the emerging medical marketplace, Missouri physicians incorporated the Missouri State Medical Association in 1850 to establish professional rules, promote consistent fee bills, and encourage standardized education programs.¹⁸ These efforts, however, were not without significant competition. Other healers practiced openly and in great numbers, and there was not much that the would-be reformers could do. Professionalizing physicians were hesitant to trust the government with defining and policing the boundaries of medical practice, but without the power of the state, doctors were unable to enforce compliance. County and state medical societies tried their best to censure and ostracize non-compliant practitioners, but their most significant punishment was a lack of professional acknowledgment, which did not deter those uninterested in belonging to a group of medical peers.

¹⁷ Ibid., 58–59.

¹⁸ E. J. Goodwin, *A History of Medicine in Missouri* (St. Louis: W. L. Smith, 1905): 117-128.

What it meant to hire the services of a physician in rural Missouri was something very different than in urban areas where doctors were more readily accessible. House calls were more difficult for doctors practicing in sparsely populated frontier areas, where someone first had to go and notify the doctor that a patient needed their services and the doctor had to make a return trip just to make an initial diagnosis and offer treatment. Travel was difficult under the best of circumstances and historians have connected the development of transportation infrastructure with an increase in paid, professional medical care.¹⁹

Given the difficulties of reaching the population, it made sense that itinerant circuit-riding Methodist ministers performed a double-duty as both preachers and physicians. John Wesley himself authored *Primitive Physic*, an influential early medical text that encouraged home remedies.²⁰ Wesley's book provided minister-physicians with a basic knowledge of medical theory and treatments that served them during their peripatetic travels spreading the word of God. *Physick* was, like other medical texts for lay practitioners, a work that presented medical treatments as something that anyone with a modicum of common sense

¹⁹ Thomas Neville Bonner, *The Kansas Doctor: A Century of Pioneering* (Lawrence: University of Kansas Press, 1959): 14–17, and Starr, *The Social Transformation of American Medicine*, 65–71.

²⁰ John Wesley, *Primitive Physic, Or, An Easy and Natural Method of Curing Most Diseases* (London: Barr & co., 1843): <http://archive.org/details/primitivephysic00weslgoog>.

could perform to help the ill and infirmed.²¹ Abram Still, Andrew's father, was a circuit-rider, and his influence on Andrew created a significant link between the creation of osteopathy and *Primitive Physick*.²²

The growing population and development of urban centers in the lower frontier Midwest during the nineteenth century increased patient options and expectations from medical services, exposing the tension between the capabilities of the physician and the needs of the patient. Physicians during the middle third of the century became increasingly aware that their interventionist treatments were of questionable value, an insight that the legions of homeopathic and eclectic medical practitioners were quick to point out.²³ In spite

²¹ Samuel J. Rogal, "Pills for the Poor: John Wesley's Primitive Physick," *The Yale Journal of Biology and Medicine* 51, no. 1 (1978): 81–90.

²² The most thorough historical treatment of circuit-riding and medical care focuses on an earlier time when rural areas of Maryland were the frontier, though insights from that time and the rural nature of frontier medicine seem transferable to the later lower midwestern frontier. See Suzanne C. Linder, "Pioneer Physicians in Marlboro County, 1760-1824," *The South Carolina Historical Magazine* 81, no. 3 (1980): 232–44; John Wesley, *Primitive Physic, Or, An Easy and Natural Method of Curing Most Diseases* (Barr & co., 1843): <http://archive.org/details/primitivephysic00weslgoog>; Deborah Madden, *A Cheap, Safe and Natural Medicine: Religion, Medicine and Culture in John Wesley's Primitive Physic*, Wellcome Series in the History of Medicine 83 (Amsterdam: Rodopi, 2007).

²³ Eclectic physicians blended regular and homeopathic medical treatments, earning the ire of both the medical establishment and the counterculture. They were successful enough, however, to create their own medical schools, societies. Ultimately, many eclectic physicians joined regular practice during the first third of the twentieth century. See John S. Haller, *Medical Protestants: The Eclectics in American Medicine, 1825-1939* (Carbondale: Southern Illinois University Press, 1994).

of the popular image of regular physicians as puke-mad exsanguinates, historians have noted the influence of French medical practices, especially clinical observation, on creating doctors that practiced expectant medicine.²⁴ Skeptical of the benefits of purging, and no longer identifying the value of their treatments with its vigor, these doctors often advocated observing the patient and letting the disease run its expected course. This notion of self-limiting disease created a problem for some patients who had an understandable difficulty accepting that the best course of action was no action. Indeed, there are examples of physicians administering placebo treatments (sugar pills) or actual emetics in cases where the patient or their family were dissatisfied with the wait-and-see expectant approach; in other cases, the patient's strenuous objection to harsh treatment won the day.²⁵

Andrew Taylor Still was a product of these contested therapeutics of the nineteenth century. Like most Americans living in Missouri during the middle of the nineteenth century, Still was not a native to the region, but a migrant. The forces that shaped his migration reflected the ongoing struggle to define America during a time of national expansion. Born a

²⁴ John Harley Warner, *The Therapeutic Perspective: Medical Practice, Knowledge, and Identity in America, 1820-1885* (Cambridge, MA: Harvard University Press, 1986).

²⁵ Steven M. Stowe, *Doctoring the South: Southern Physicians and Everyday Medicine in the Mid-Nineteenth Century*, *Studies in Social Medicine* (Chapel Hill: University of North Carolina Press, 2004): 168–175.

Virginian in 1828, Still and his family moved several times during his lifetime. In 1837, when Still was a boy, the Methodist Episcopal conference of Tennessee appointed Still's father, the circuit-riding minister Abram Still, to a position as a missionary to Missouri.²⁶ At first the family relocated to Macon County in northern central Missouri. Abram's abolitionist views clashed with the predominately pro-slavery position of many in the Missouri Conference, and the family would eventually move on to minister to the Shawnee Indians at the Wakarusa Mission in the Kansas Territories. Still joined his family two years later at the behest of his father in order to help combat "erysipelas [St. Anthony's Fire], fever, flux [abnormal blood flows from the body], pneumonia, and cholera" which "prevailed among the Indians" in 1853.²⁷ It was under his father's preceptorship that Andrew learned his first lessons in the healing arts. The younger Still would go on to supplement his medical education with readings from medical texts.²⁸

²⁶ Andrew Taylor Still, *Autobiography of Andrew T. Still: With a History of the Discovery and Development of the Science of Osteopathy, Together with an Account of the Founding of the American School of Osteopathy* (Kirksville, MO: The author, 1897): 18. The text actually claims the appointment occurred in 1827, but this date does not agree with the chronology in text. An 1827 date would have occurred before Still's birth, and the text suggests that he was alive during the move.

²⁷ Still, *Autobiography*, 61.

²⁸ Gevitz, *The DOs*, 5.

There were many aspects of Still's life that differed from other pioneer children, especially in relation to his father's occupation and the benefits it conveyed on the Still children. As the son of a circuit-riding minister, Still was raised with a great deal of freedom and responsibility due to his father's frequent absences. Circuit-riding required extended trips for the minister with many nights away from home.²⁹ It was during these long periods of unassigned time in the wilderness that Still developed a deep interest in the natural world. This fascination started with the everyday interaction with nature. Still recalled that he was like all boys, "a little lazy and fond of the gun."³⁰ He hunted deer, turkey, wildcats, eagles, and foxes, and would later claim that skinning game provided his first lessons in practical anatomy.³¹ Still's early childhood was not exclusively an affair of the wilderness, however, as Abram routinely enrolled his children in schools.³² Still reported a diverse set of personal reactions to his tutors, with some regarded as too strict, and others gaining some

²⁹ For more on the hardships of early circuit riders, see John H. Wigger, *Taking Heaven by Storm: Methodism and the Rise of Popular Christianity in America*, Religion in America Series (New York: Oxford University Press, 1998): 48–79.
<http://proxy.library.umkc.edu/login?url=http://ebookcentral.proquest.com/lib/umkc/detail.action?docID=272773>.

³⁰ Still, *Autobiography*, 19.

³¹ *Ibid.*, 45.

³² *Ibid.*, 15–18.

amount of Still's praise.³³ These two sets of experiences, frontier learning and formal education, established a pattern that existed throughout Still's career as the inventor and chief proponent of osteopathy: he was adept at marshalling the tools of formal learning in service of the knowledge and values he attributed to intuitive lessons from the natural world.

Historiography of Osteopathy

The literature on osteopathy is vast; the historical literature, much less so. Like many areas where popular fascination has outpaced scholarly interest, the history of the subject has been written by those without formal historical training. Early chroniclers of osteopathy included Dr. Still himself, but his work falls much more clearly into the category of primary sources than secondary literature. Likewise, there were a fair number of early osteopathic physicians, mostly Still's students and colleagues, whose writings about Still and osteopathic practice blur the line between historical study and primary source evidence. Modern biographies include works written by Still's grandson, Charles E. Still, Jr., which contains a historical account of Dr. Still along with a brief history of the extended Still family.³⁴ Beyond

³³ Ibid.

³⁴ Charles E. Still, Jr., *Frontier Doctor, Medical Pioneer: The Life and Times of A. T. Still and His Family*, paperback edition (Kirksville, MO: Truman State University Press, 2015).

works written by the Stills, there is also a large body of historical work taken up by doctors of osteopathy with an interest in Still's history and the history of osteopathy. Like any collection of historical works, these texts run the gamut of quality from the rigorously-sourced study published by a university press to scrapbooks that collect a potpourri of content – reprints of whole historical documents along with brief essays by multiple authors. Perhaps most difficult to parse for their value are self-published historical works that combine rigorous citations and quality writing with a clear ideological purpose. John Lewis' biography of Still, *A. T. Still: From the Dry Bone to the Living Man*, a dense tome of some 363 pages of text supplemented by another 40 pages of citations, for example, at first glance appears a reliable source.³⁵ In the acknowledgements, though, Lewis states that “to ground [the biography] as closely as possible to the truth I have restricted my primary sources to the writings of the founder, his family and friends, and close students and colleagues.”³⁶ Personal belief in the veracity of Still's teachings is one thing; refusing to consider, engage with, and effectively refute sources with differing claims is another entirely.

³⁵John Robert Lewis, *A. T. Still: From the Dry Bone to the Living Man*, Rev. ed., (Blaenau Ffestiniog: Dry Bone Press, 2012).

³⁶ *Ibid.*, 365.

As for the academic literature, Norman Gevitz's oeuvre dominates the topic, especially his *The DOs: Osteopathic Medicine in America*.³⁷ Like Paul Starr, the author of the influential *Social Transformation of American Medicine*, Gevitz trained as a sociologist.³⁸ Though a sociologist, Gevitz' work takes the form of a monograph and shares more professional historical writing and analytical conventions than the more theory-driven articles common in sociological scholarship. Others inside academe with an interest in osteopathy include a few historians with articles in scholarly journals and a significant contingent of sociologists whose interest in osteopathy seem to primarily use it for articles on professional development. These sociological studies provide valuable knowledge on the professional and structural development of osteopathy, particularly from the early twentieth century through the present.

Gevitz' *The DOs* is a thoroughly researched telling of the osteopathic tale. The work covers the span of osteopathy, including Still's invention, its early popularity, and the internal struggles with defining the nature of osteopathic medical practice.³⁹ The latter half of the text focuses on the creation of osteopathic institutions, educational reforms within

³⁷Gevitz, *The DOs*.

³⁸ Starr, *The Social Transformation of American Medicine*.

³⁹ See the adjuncts controversy and the debate over including materia medica in osteopathic practices, Gevitz, *The DOs*, 73-84.

osteopathy, and efforts to gain professional parity of practice with regular physicians.⁴⁰

Twentieth-century osteopaths struggled to maintain osteopathic distinctiveness as their treatments grew more and more similar to those of medical doctors.⁴¹ This disconnect, between the beliefs of their founder and their modern practices, explains the attention of social scientists (see below), but why have historians largely neglected osteopathy?

In part, the shifting nature of osteopathic practice makes it difficult to categorize and therefore ill-fitting for historical studies. Is osteopathy a late-nineteenth century health movement, like Christian Science? In some ways, yes, but its emphasis on the physicality of medical practice and denial of the mind over matter philosophy makes Still a poor fit for grouping with Mary Baker Eddy and other New Thought practitioners. Historians of religion have connected osteopathic medicine to these movements, most notably Catherine Albanese, who offers an alternative interpretation, arguing that Still's reliance on a deist

⁴⁰ The struggle for legitimacy narrative appears in some historical publications; see Susan Giaimo Hiott, "Osteopathy in South Carolina: The Struggle for Recognition," *The South Carolina Historical Magazine* 91, no. 3 (1990): 195–209.

⁴¹ There is significant difference between osteopathic medical development in the United States, where DOs practice on par with medical doctors, and in other nations, particularly the UK, where osteopathy is practiced similarly to Still's time. See Maurice Christopher McGrath, "From Distinct to Indistinct, the Life Cycle of a Medical Heresy. Is Osteopathic Distinctiveness an Anachronism?," *International Journal of Osteopathic Medicine*, Special Issue: Osteopathic Principles, 16, no. 1 (March 2013): 54–61, and Hans A. Baer, "The Divergent Evolution of Osteopathy in America and Britain," *Research in the Sociology of Health Care* 5 (1987): 63–99.

“God as Maker” and tangential connections to spiritualist movements group him well within the orbit of New Thought.⁴² In the religious historian Robert Fuller’s accounting, Andrew Still’s use of electricity and the imagery of humans as machines was not only rooted in his Mesmeric and magnetic healing days, but also suggest that his system was largely metaphysical.⁴³ John Wesley himself believed that electricity was a divine element, and Still was certainly influenced by Wesley’s thinking.⁴⁴ But, as Fuller points out when comparing osteopathy with chiropractic, “. . . Still never defined the ‘electrical energy’ underlying [medical practice] in as explicitly metaphysical terms as did [chiropractic inventor] D. D. Palmer.”⁴⁵ I place a greater emphasis on the mechanical and practical aspects of osteopathic medicine, rather than on its possible metaphysical implications, and interpret Still’s promotion of a deist watch-maker God as essential to osteopathy’s success.⁴⁶

⁴² Catherine L. Albanese, *A Republic of Mind and Spirit: A Cultural History of American Metaphysical Religion* (New Haven, CT: Yale University Press, 2007): 399–403.

⁴³ Robert C Fuller, *Alternative Medicine and American Religious Life* (New York: Oxford University Press, 1989): 86–90.

⁴⁴ For more on faith healing and its relationship with electrical energy, see Amanda Porterfield, *Healing in the History of Christianity* (New York: Oxford University Press, 2005): esp. chapter 7., “Christian Healing in the Shadow of Modern Technology and Science.”

⁴⁵ Fuller, *Alternative Medicine*, 86.

⁴⁶ Still’s insistence on the osteopath as necessary mechanic for God’s machine required physical human intervention; faith healing was popular during this time period, but those theorists disregarded physical anatomical interventions and placed emphasis on the power of prayer and laying of hands. See Heather D. Curtis, *Faith in the Great Physician: Suffering*

Even historical works on osteopathy sometimes blur the lines between scholarly works and primary sources. Emmons Rutledge Booth published the first history of osteopathy in 1905. Rutledge held both a doctorate of philosophy and a doctorate of osteopathy.⁴⁷ As such he was both a trained academic and a medical practitioner, though by his own admission Booth does not claim to be an unbiased chronicler of osteopathic medicine.⁴⁸ Indeed, the notion of treating Booth's work as a chronicle or perhaps a primary source seems more appropriate than to consider it a piece of academic scholarship. Booth worked with Still and his close family members and associates while compiling his history and relied on a great deal of communal knowledge. According to Booth, "many of the facts given are drawn from the author's personal knowledge; and others are from traditions or unwritten history which has become the common property of scores who are acquainted with the development of osteopathy and with those who have known Dr. Still for years."⁴⁹ Though it was written by an academic, the work does not follow the scholarly conventions of quotation or citation.

and Divine Healing in American Culture, 1860–1900 (Baltimore: Johns Hopkins University Press, 2007).

⁴⁷ Emmons Rutledge Booth, *History of Osteopathy and Twentieth-Century Medical Practice* (Cincinnati: Press of Jennings and Graham, 1905).

⁴⁸ *Ibid.*, x-xi.

⁴⁹ *Ibid.*, ix.

The first treatment of osteopathy or Dr. Still in the peer-reviewed historical literature comes from an article in the *Missouri Historical Review* in the form of a ten-page biographical sketch of Still.⁵⁰ The work was published on the occasion of the 50th anniversary of Still's invention of osteopathy (1874–1924), and features a concise retelling of Still's biography along with several of his most famous dictums about the nature of health and illness: that the body can “make its own medicine,” and that “the body is a machine, which can make these medicines only when (and if) it is in correct adjustment.”⁵¹ The article's author, Ray G. Hulburt, was himself an osteopath and a former editor of the *Journal of Osteopathy*.⁵² So in spite of its presence in a historical journal, this article – which includes no citations – seems much more akin to a commemorative notice than serious scholarship. It is also the only article on either osteopathic medicine or Dr. Still to run in the *Missouri Historical Review*.⁵³ Similar searches of Kansas and Iowa historical journals reveal no regional historical coverage of Dr. Still or the osteopaths. The absence of osteopathy in these journals is puzzling, but perhaps understandable due to the broad but shallow spread

⁵⁰ Ray G. Hulburt, “A. T. Still, Founder of Osteopathy,” *Missouri Historical Review* 19, no. 1 (October 1924): 23–35.

⁵¹ *Ibid.*, 30.

⁵² Contributors, *Missouri Historical Review* 19, no. 1 (October 1924): 2.

⁵³ According to a keyword search of article titles covering the span of the *Missouri Historical Review*.

of osteopathy. Outside of Kirksville, small towns and communities were likely to have a single or a few osteopaths. Their limited practices were unlikely to profoundly change or alter a community in a way that local historians would have noticed.

Osteopathy's sparse coverage in regional historical literature is matched by its near absence in the history of medicine literature. A review of the indexes for the *Bulletin of the History of Medicine* reveals that neither osteopathy nor Dr. Still are listed as subjects in any articles.⁵⁴ The Sweet Family of Rhode Island, a group of bonesetters that practiced a traditional form of healing and that have been proposed as a precursor to osteopathy, are listed, but there are no references for osteopathic medicine or chiropractic.⁵⁵ Historians of bone-setting have argued that the practice's folk nature did not threaten learned physicians, who interpreted the bone-setters' craft as more of a low-brow orthopedic therapy than a competitor. This lack of a clear antipathy between bone-setters and doctors explains the former's failure to garner much attention in the medical and history of

⁵⁴ Genevieve Miller, *Bulletin of the History of Medicine: Index to Volumes I-XX, 1933-1946* (Baltimore: Johns Hopkins University Press, 1950); C. Lillian Temkin, *Bulletin of the History of Medicine: Index to Volumes XXI-XXXVI, 1947-1962* (Baltimore: Johns Hopkins University Press, 1966).

⁵⁵ R. J. Joy, "The Natural Bonesetters with Special Reference to the Sweet Family of Rhode Island; a Study of an Early Phase of Orthopedics," *Bulletin of the History of Medicine* 28, no. 5 (September 1954): 416-41.

medicine literature.⁵⁶ Searches of prominent historical journals for osteopathic histories have returned limited results as well; the *American Historical Review*, the *Journal of American History*, and its predecessor, the *Mississippi Valley Historical Review* lack work on the Old Doctor (as Still was affectionately known by friends and family) or his osteopathic medical philosophy.⁵⁷

I have engaged in this broad search strategy for a body of historical literature because, absent Dr. Gevitz' extensive work, there seems to be little academic interest in osteopathy as a subject in its own right.⁵⁸ Traditional methods of mining footnotes and scouring existing secondary sources for a web of references have borne little fruit. The only osteopathy-related historical article listed in the notes for *The DOs* is Francis Schiller's work

⁵⁶ Roger Cooter, "Bones of Contention: Orthodox Medicine and the Mystery of the Bone Setters Craft," in *Medical Fringe and Medical Orthodoxy 1750-1850*, ed. W. F. Bynum and Roy Porter, Wellcome Institute Series in the History of Medicine (London: Croom Helm, 1987): 158–73.

⁵⁷ Searches of the listed journals for "osteopathy," "osteopathic," "Andrew Still," and "A. T. Still" yielded no articles, and only a few tangential hits in the book reviews section.

⁵⁸ In addition to his seminal work *The DOs*, Dr. Gevitz has a prolific output. He published several articles in edited collections, edited a collection of works on alternative medicine, and authored numerous brief articles in osteopathic medical journals. See Norman Gevitz, *The DOs*; "Andrew Taylor Still and the Social Origins of Osteopathy," in *Studies in the History of Alternative Medicine*, ed. Roger Cooter, St Antony's/Macmillan Series (London: Palgrave Macmillan UK, 1988): 155–70; "'A Coarse Sieve': Basic Science Boards and Medical Licensure in the United States," *Journal of the History of Medicine and Allied Sciences* 43, no. 1 (January 1, 1988): 36; Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988).

on spinal irritation and osteopathy.⁵⁹ The rest of the footnotes in this work are to historic osteopathic journals or historical work on related fields (bonesetters, Mesmerists, Christian Scientists).⁶⁰ A few topical works on the history of osteopathy exist, predominately institutional histories written to celebrate significant anniversaries.⁶¹ In contrast to these institutional histories, Thomas A. Quinn, D. O., wrote a book on osteopathy's rich tradition of female doctors. In *The Feminine Touch* (2011), Quinn provides an essay explaining the role of women in the founding and teaching of osteopathy, contrasting Still's practice with the increasingly exclusionary regular medicine.⁶² Quinn's writing is well-documented, drawing on citations like Gevitz's *The DOs*, along with various other sources from the world of osteopathic medicine and broader medical history.

⁵⁹ F. Schiller, "Spinal Irritation and Osteopathy," *Bulletin of the History of Medicine* 45, no. 3 (May 1, 1971): 250.

⁶⁰ Gevitz provides an excellent introduction to alternative medical practices that predated osteopathy in America. See *The DOs*, 8–21.

⁶¹ For example, see Ellis Siefer, *The American College of Osteopathic Surgeons: A Proud History* (Alexandria, VA: American College of Osteopathic Surgeons, 1995); Mamie Johnston and M. Robert Knickerbocker, *A History of the Kansas City College of Osteopathy and Surgery, 1916-1966* (Kansas City, Mo, 1967); Kevin P. Hubbard, *A History of Osteopathic Internal Medicine: Celebrating the ACOI's First 75 Years* (Rockville, MD: The American College of Osteopathic Internists, 2016).

⁶² Thomas A. Quinn, *The Feminine Touch: Women in Osteopathic Medicine* (Kirksville, MO: Truman State University Press, 2011).

Most histories of osteopathy take the form of biographies of its charismatic founder, A. T. Still. They often focus on the narrative events of his life and celebrate his role as the inventor of osteopathy without substantively addressing historical context or arguing for a significance beyond great man venerations.⁶³ In contrast, the independent scholar Carol Trowbridge offered a provocative new interpretation in her work, simply titled *Andrew Taylor Still: 1828-1917*.⁶⁴ In a meticulously researched, cited, and sourced biography, Trowbridge makes a case for Andrew Still as something of a shadow student of Charles Darwin and Herbert Spencer.⁶⁵ The medical historian Susan Lederer rejected such arguments and also took Trowbridge to task for the uncritical acceptance that Still's everyday treatments constituted structured scientific experimentation.⁶⁶ Norman Gevitz is equally skeptical of Trowbridge's arguments about the connection between Still and Herbert Spencer, suggesting that "in the brief passages in Still's work where he alludes to evolutionary themes, Still's thinking is muddled and he appears to have profited little by any

⁶³ Leon E. Page, *The Old Doctor* (Kirksville, MO: Journal of Osteopathy, 1932)

⁶³ Georgia Warner Walter, *The First D.O.: Dr. Andrew Taylor Still* (Kirksville, MO: Kirksville College of Osteopathy of A. T. Still University of Health Sciences, 2004).

⁶⁴ Carol Trowbridge, *Andrew Taylor Still, 1828-1917* (Kirksville, MO: Truman State University Press, 1991).

⁶⁵ *Ibid.*, 116–124.

⁶⁶ Susan E. Lederer, review of *Review of Andrew Taylor Still: 1828-1917*, by Carol Trowbridge, *The Journal of American History* 79, no. 2 (1992): 674–75.

notable evolutionary theorists he might have read.”⁶⁷ Trowbridge’s work makes an argument for Still’s historical significance, but her conclusions help illustrate a common pattern in osteopathic literature: authors tend to view Still as either a hero or a quack.

John Lewis brought a believer’s voice to his Still biography, *A.T. Still: From the Dry Bone to the Living Man*.⁶⁸ Lewis was trained as an osteopath in Britain, where modern osteopaths offer only supplemental care and are not the equivalent of medical doctors. As a self-described student of Still’s autobiography, Lewis was dismayed at the pro-medicine turn that osteopathy underwent in America during the twentieth century. After spending four years reading and researching in the archives in Kirksville during the 1990s, Lewis returned to the U. K. and set about writing the only biography that matched Still’s autobiography for length. Lewis’ work is exceptionally well-researched and cited, but as previously mentioned, his decision to limit his primary sources to Still’s close friends and family “in order to ground it as closely as possible to the truth” suggests a faith in their veracity bordering on willful naiveté.⁶⁹ Earlier in the same paragraph Lewis makes it clear that he has written a book more for faith than reason: “This book conveys the essence of Dr. Still’s teachings. Weaving together biography, history, and the evolution of his work, it is

⁶⁷ Gevitz, *The DOs*, 198, note 61.

⁶⁸ Lewis, *A.T. Still*.

⁶⁹ *Ibid.*, 365.

structured from birth to death, from not knowing to knowing, from the material to the spiritual.”⁷⁰ Given his purpose and stated views, I treat Lewis’ work more as an enthusiastic retelling of Still’s beliefs rather than a piece of critical scholarship.⁷¹

Another pair of notable biographies illustrate the problems of citation when the citations reference undocumented works. Still’s grandson, Charles E. Still, Jr., wrote *Frontier Doctor, Medical Pioneer*, in 1991. It provides a modern biography that echoes Still’s stories from a century earlier, drawing on memories, family narratives, and his grandfather’s autobiographies. In terms of scope, the work covers the entire breadth of Still’s life, and the final chapters include short biographies of Still’s extended family. Still does not cite his sources, however, and makes some difficult to sustain claims that contradict his grandfathers’ own words. For example, A. T. Still admitted that he performed anatomical

⁷⁰ Ibid.

⁷¹ Lewis’ work also illustrates the gulf between American osteopaths, who over the course of the 20th century adopted the therapeutic tools and outlook of regular physicians, and European osteopaths, whose practices maintained fidelity to A. T. Still’s anti-medicine worldview. European osteopaths practice osteopathy as a system of adjustments outside of regular medicine and occupy a space comparable to chiropractic in modern America, which the medical establishment refers to as complementary medicine. For a study of the differences, see Baer, “The Divergent Evolution of Osteopathy in America and Britain.” For a discussion of osteopathy in Great Britain as complementary practice from the point of view of the medical establishment, see Andrew Vickers and Catherine Zollman, “ABC of Complementary Medicine: The Manipulative Therapies: Osteopathy and Chiropractic,” *BMJ: British Medical Journal* 319, no. 7218 (1999): 1176–79, and Catherine Zollman and Andrew Vickers, “ABC of Complementary Medicine: Users and Practitioners of Complementary Medicine,” *BMJ: British Medical Journal* 319, no. 7213 (1999): 836–38.

studies on Native American bodies without their permission.⁷² Charles E. Still, Jr. contradicted this claim, arguing without documentation that his grandfather had the local chief's permission to disinter and dissect the dead.⁷³ Another biography, *Go To the Prairie: Andrew Taylor Still, M.D., D.O.: Frontiersmen, Visionary and Founder of Osteopathic Medicine* focused on a narrower slice of the Old Doctor's life: his time in Missouri and Kansas during Bleeding Kansas and the American Civil War.⁷⁴ Its author, Marshall Walker, D. O., provided ample citations and delved deeply into the context surrounding Still during the build-up to the Civil War. Walker, however, cited information freely from Charles Still's undocumented *Frontier Doctor, Medical Pioneer*. This case perfectly illustrated the risk of breaking the chain of citing credible sources. Fortunately, *Go to the Prairie* features footnotes, allowing the reader to immediately discern and assess the source of the information.

There is also a body of literature celebrating the institutional history of Still's osteopathic college. Founded as the American School of Osteopathy (A. S. O.) in 1892, and graduating its first official class in 1894, the American school set the standards for

⁷² Still, *Autobiography*, 94-95.

⁷³ Charles E. Still, Jr., *Frontier Doctor, Medical Pioneer*, 20.

⁷⁴ Marshall D. Walker, *Go to the Prairie: Andrew Taylor Still, M.D., D.O.: Frontiersman, Visionary and Founder of Osteopathic Medicine* (Lynchburg, VA: Warwick House Publishers, 2014).

osteopathic education. It also played a crucial role in the municipal growth of Kirksville, the school's host city. Both an educational institution and a working osteopathic hospital, the A. S. O. boomed during its first six years of operation as the people from the region, nation, and world joined the community as patients, students, and educators. The seminal work in this field is *The First School of Osteopathic Medicine* by Georgia Warner Walter.⁷⁵ Published in time to celebrate the school's centennial in 1992, Walter's text is no mere souvenir history, but a 600-page opus replete with footnotes, a bibliography, and appendices. Like many works on osteopathic history, the press at nearby Truman State University published this book. Walter continued the earlier trend of osteopaths and fellow travelers writing most of their history; in her case, Walter was the library director at the Kirksville College of Osteopathic Medicine (as the A. S. O. came to be known from 1973-2003) from 1969 to 1986 and was a recipient of an honorary Doctor of Osteopathic Education.⁷⁶

⁷⁵ Georgia Warner Walter, *The First School of Osteopathic Medicine* (Kirksville, MO: Thomas Jefferson University Press, 1992).

⁷⁶ The American School of Osteopathy operated in Kirksville under that name from its founding in 1892 until 1922, when it was renamed the Kirksville College of Osteopathy and Surgery. This name lasted only two years; in 1924, the school merged with a competing osteopathic college also located in Kirksville, The Andrew Taylor Still College of Osteopathy and Surgery, founded by Still's daughter, Blanche, and her husband, George Laughlin, both DOs. The two schools merged in 1924 and operated as Combined Schools Kirksville Osteopathic College from 1924–1926, when the board changed the name again to the Kirksville College of Osteopathy and Surgery. The school was known by this name from 1926–1972. From 1972–2003 the school was called The Kirksville College of Osteopathic Medicine. Finally, in 2003 the board, reflecting an increasingly diversified set of degree programs, include expansions into dentistry, renamed the school The A. T. Still University.

Social scientists provide the final body of pertinent literature on Still and osteopathy. Osteopathic medicine in the social sciences, as compared to history, is a relatively active research topic. Hans A. Baer, a sociologist of medicine working at the University of Arkansas-Little Rock, has published extensively on the subject. Notable are his studies that attempt to explain the game of medical musical chairs that osteopathy, regular medicine, and chiropractic played during the early twentieth century. According to Baer, the increasing prevalence of specialization in regular medicine at the turn of the twentieth century created a shortage in primary care physicians, which in turn increased demand for osteopathic primary care providers. When osteopathic physicians took on primary care jobs, it created an opening for chiropractors to move into the field of manual therapies for orthopedic ailments.⁷⁷ Baer has also published work on the professionalization of osteopathy in Britain, and a study comparing the distinct developmental paths the osteopathic field took in the United States and the United Kingdom.⁷⁸ Other sociologists

The Kirksville campus continues to be known as the Kirksville College of Osteopathic Medicine. See Warner, *The First School of Osteopathic Medicine*, 106–122 and 539, and Sarah Young, “KCOM Honors Founder,” Truman State University Index, October 24, 2002, <http://archive.is/l8VNX>.

⁷⁷ Hans A. Baer, “Divergence and Convergence in Two Systems of Manual Medicine: Osteopathy and Chiropractic in the United States.” *Medical Anthropology Quarterly* 1, no. 2 (1987): 176–93.

⁷⁸ Baer, “The Divergent Evolution of Osteopathy in America and Britain,” 717–25.

working in the field have published on osteopathy, typically for studies examining professionalization processes.⁷⁹ Marcine Cohen, in her dissertation, “Medical Social Movements in the United States (1820-1982): The Case of Osteopathy,” provides a potentially useful periodization scheme for osteopathic medicine.⁸⁰ Cohen suggested that osteopathy should be broken up into the following eras: Osteopathy as a Charismatic Social Movement (1860-1910), The Accommodationist-Survivalist Stage (1910-1935), the Expansionist-Minority Stage (1935-1960), and the Interest-Group-Maintenance Phase (1960-Present [1980s]).⁸¹ In general, I am skeptical about the aims of these studies, which attempt to identify underlying rules or relationships that govern social interaction. These concepts – while often appealing – imply a static social order that structures interactions, a belief that goes against the historian’s commitment to contingency, context, change over time, and agency.

The initial success of osteopathic medicine during the final third of the nineteenth century coincided with a lack of effective new therapies in regular medicine; the development of regular medical knowledge outpaced the creation of viable treatments. As

⁷⁹ Gawin Tsai, “Jurisdictional and Professional Boundaries: The Growth and Maintenance of a Parallel Profession” (Ph.D. diss., University of Chicago, 2015).

⁸⁰ Marcine J. Cohen, “Medical Social Movements in the United States (1820 - 1982): The Case of Osteopathy” (Ph.D. diss., University of California-San Diego, 1983).

⁸¹ Ibid.

John Harley Warner has documented, therapeutics in the nineteenth century transitioned from an early emphasis on aggressive efforts to alter an individual patient's symptoms to "strategies grounded in experimental science that objectified disease while minimizing differences among patients."⁸² Still's hands-on therapeutics were founded on a much different conception of science, in which he viewed every patient as a potential experimental body for adjustment. Still's use of the terms science and experiment were much more akin to the way that these physicians viewed experience. The elite physicians searching for medical knowledge in a laboratory setting would not have accepted that adjusting a patient constituted an experiment, or that Still's history of treatments was sufficient for establishing osteopathy as a science. Still, for his part, was unconcerned with elite education and its concepts of knowledge and science, but instead developed his therapeutics through his practice.

Despite its local significance, osteopathy's limited national impact has relegated it to a minor footnote in larger works covering American medicine. Paul Starr characterized osteopathic medicine as a "new sect" that replaced older movements like homeopathy and eclectic medicine. According to Starr, osteopathy (and chiropractic) both emerged as "commercial enterprises" in the Midwest and survived outside the context of professional

⁸² Warner, *The Therapeutic Perspective*, 1.

medical acceptance.⁸³ Starr later argues that, by the late 1920s, osteopaths were part of an insignificant minority of “non-MD” medical practitioners, a group that also included Christian Scientists, faith healers, chiropractors, and midwives.⁸⁴ Starr cited a public health report from 1940 that found that the group of “non-MDs” attended only 4.1% of cases during the period from 1928–1931. Starr’s evidence suffers from some selection bias (the areas covered in the survey did not include Missouri or Iowa, historical homes of osteopathy) and also suggests that significance is derived from the number of cases treated.⁸⁵ Osteopathy’s role as a bit player in Starr’s grand narrative reflects more on the purpose of his study than on the importance of osteopathy: Starr argued for the establishment and bureaucratization of a national medical authority, and as a result naturally spent little energy exploring regional practices that went against the central thesis of his work.

The osteopathic movement’s rise during the 1890s reanimated a connection between anatomical knowledge and medical identity that had dominated the medical world of the early nineteenth century. Historian Michael Sappol has argued that anatomical

⁸³ Starr, *The Social Transformation of American Medicine*, 108–109.

⁸⁴ *Ibid.*, 127.

⁸⁵ Selwyn D. Collins, “Frequency and Volume of Doctors’ Calls Among Males and Females in 9,000 Families, Based on Nation-Wide Periodic Canvasses, 1928-31,” *Public Health Reports* 55, no. 44 (November 1, 1940): 1977–2020.

knowledge was a key component of medical professionalization during the period 1800–1850.⁸⁶ According to Sappol, the power of anatomy was not limited to the narrow confines of medical professionalization. What Sappol characterized as “the anatomical consensus” was the sole aspect of medical knowledge that unified such disparate practices as homeopathy, botanical medicine, eclectic medicine, and bone-setting.⁸⁷ Bone-setters are particularly of interest, as their physical manipulations were a therapeutic precursor to both osteopathic and chiropractic medicine, with one significant difference: bone-setters limited the scope of their practice to treating joint and spinal pain, where osteopaths and chiropractors used physical adjustments to treat a broader spectrum of ailments beyond the musculoskeletal. Waterman Sweet was a noted bone-setter, self-proclaimed autodidact, and promoter of a natural anatomy like what Andrew Still would later claim was his sole invention.⁸⁸ Sweet rejected the learned anatomy of books and university-trained physicians, positioning his “natural anatomy” as a progressive and empirical body of knowledge.⁸⁹ Sappol offered Sweet as the best example of opposition to the bourgeois identity work that correlated with anatomical knowledge during the first half of the nineteenth century. Sweet

⁸⁶ Michael Sappol, *A Traffic of Dead Bodies: Anatomy and Embodied Social Identity in Nineteenth-Century America* (Princeton, NJ: Princeton University Press, 2004): 74–97.

⁸⁷ *Ibid.*, 136–167.

⁸⁸ *Ibid.*, 162–167.

⁸⁹ *Ibid.*, 166.

and others during the 1820s-1840s who were uncomfortable with the growing elitism of anatomical study, created this “natural anatomy” as a bulwark against the bourgeois anatomists. Anatomical knowledge was so essential that the rhetorical gymnastics required to fit the practice into an anti-bourgeois identity were preferable to its outright rejection.⁹⁰

This anti-bourgeois anatomical knowledge was an anomaly, however, as Sappol went on to argue that the antebellum anatomical marketplace was driven by consumers searching for knowledge of the body that would elevate them into the middle class.⁹¹ The growing interest in this market for bourgeois self-knowledge led to popular literature that provided the working classes guidebooks on anatomical knowledge, similar to the enormously successful etiquette manuals that Karen Halttunen’s work explores.⁹² The role of the popular anatomical press in the post-Civil War period served not to create or embody bourgeois identity, but to market that identity to those beyond the middle-class confines of the traditional bourgeoisie. Sappol positioned the prolific popular medical writer Edward Foote – author of *Medical Common Sense* – as a paradoxical figure akin to an inverted Waterman Sweet. Whereas Sweet created a natural anatomy so that he could draw on the

⁹⁰ Ibid.

⁹¹ Ibid, 210.

⁹² Karen Halttunen, *Confidence Men and Painted Women: A Study of Middle-Class Culture in America, 1830-1870* (New Haven, CT: Yale University Press, 1986).

power of anatomical knowledge without adopting the pretenses of the bourgeois anatomist, Foote was a confirmed member of that bourgeois class critical of his peers who willingly marketed the secrets of the bourgeois anatomical self to the masses.⁹³ The trajectory of anatomical knowledge, which went from signifier of middle-class cognitive elitism to mass-marketed fodder for social climbers, followed a similar arc to parlor décor and other decorative goods symbolic of middle class membership. Mass production techniques for fine china and working class facsimiles of luxury furniture items allowed even the modestly successful to imitate styles previously inaccessible to the lower classes.⁹⁴ The social decline of anatomical knowledge went beyond passé poseurs with the rise of tawdry side-show anatomical museums in the 1890s, which exploited the former cachet of anatomical knowledge as social cover for increasingly salacious, sensationalized freak shows.⁹⁵

⁹³ Sappol, *A Traffic of Dead Bodies*, 273.

⁹⁴ Katherine C. Grier, *Culture and Comfort: Parlor Making and Middle-Class Identity, 1850-1930* (Washington, D. C.: Smithsonian Books, 2010); Richard Lyman Bushman, *The Refinement of America: Persons, Houses, Cities* (New York: Vintage, 1993).

⁹⁵ Sappol, *A Traffic of Dead Bodies*, 294–298.

Frontier Origins of Osteopathy

Andrew Taylor Still argued for osteopathic medicine as a respectable social practice in rural Missouri. Instead of a salacious urban freak show, Still's system drew on the influences of the frontier as a deist education that proposed the human body was God's perfect machine. Still's innovation was not in imagining the body as a machine, which was well-established by Anton Mesmer and magnetic healers, but in tying that concept to what he perceived as the orderly lessons of the frontier.⁹⁶ This conception of the frontier as a productive place of order, however, was a relatively new creation of the rapidly developing post-Civil War Middle West. In his seminal *The Significance of the Frontier in American History*, Frederick Jackson Turner provided a compelling and provocative exegesis of the American character through an examination of the role that a continually changing American frontier played.⁹⁷ Turner's thesis would propel the Portage, Wisconsin native to popularity as a public intellectual and to the heights of academe at Harvard University.⁹⁸ Eschewing the "Germ Theory" of history prominent during his training under Herbert Baxter

⁹⁶ Vincent Buranelli, *The Wizard from Vienna: Franz Anton Mesmer* (New York: Coward, McCann & Geoghegan, 1975).

⁹⁷ Frederick Jackson Turner, *The Frontier in American History* (New York: Holt, Rinehart and Winston, 1962).

⁹⁸ Ray Allen Billington, Foreword to *The Frontier in American History*, by Frederick Jackson Turner (New York: Henry Holt and Company, 1962): vii–xviii.

Adams at Johns Hopkins in the 1880s, Turner produced a view of history that not only presented America as the exceptional land, but he also argued that everyday Americans, not the cultural or social elites, were responsible for hewing that distinctive American character out of the wilds of the frontier. As the historian Ray Allen Billington suggested in his foreword to the 1962 edition of *The Frontier in American History*, “These were flattering ideas that the average citizen could apply to his own times and person . . . The frontier hypothesis was a tonic for the times as much as it was a product of the times.”⁹⁹

Andrew Still was in affect, thought, and decorum every bit the archetypal frontier doctor. While Turner was busy arguing for the frontier as an essential, quasi-mythic feature of the American past, Still called upon his experiences with that frontier to explain his osteopathic medical practice. This embrace of his own narrative and the role of the frontier in shaping his thinking aligned with broader movements in American identity self-construction.¹⁰⁰ The traits that Turner vaunted in the ideal frontier American appeared in Still:

⁹⁹ Billington, Foreword, x.

¹⁰⁰ For an analysis of the intellectual history of European post-enlightenment self-making, see Charles Taylor, *Sources of the Self: The Making of the Modern Identity* (Cambridge, MA: Harvard University Press, 1989); for a study self-making in the American context, see Daniel Walker Howe, *Making the American Self: Jonathan Edwards to Abraham Lincoln* (New York: Oxford University Press, 2009): esp. Chap. 9: The Constructed Self Against the State.

that coarseness and strength combined with acuteness and inquisitiveness; that practical, inventive turn of mind, quick to find expedients; that masterful grip of material things, lacking the artistic but powerful enough to effect great ends; that restless, nervous energy; that dominant individualism, working for good and for evil, and withal that buoyancy and exuberance which comes with freedom – these are the traits of the frontier. . .¹⁰¹

Essential to Turner’s thesis was the notion of “free land” which continually drew Americans to the frontier.¹⁰² Native Americans, of course, vehemently disagreed with the characterization that the land was free for the taking. Much like Still robbed Indigenous graves for anatomical lessons, and used the ends to justify the means, Turner argued Americans were justified displacing Native Peoples to civilize the frontier. Turner was born in 1861 and was writing about earlier frontier times that he did not experience firsthand in the American Midwest. Still was 33 in 1861; he certainly lived through the late frontier

¹⁰¹ Turner, *The Frontier in American History*, 37.

¹⁰² There has been a great deal of debate over Turner’s thesis, from judgments about his assessment that the land as “free,” to arguments that settlers brought their character and values with them and made the frontier into America. For a detailed discussion of the historiography, see John Mack Faragher, “The Frontier Trail: Rethinking Turner and Reimagining the American West,” *The American Historical Review* 98, no. 1 (February 1, 1993): 106–17, doi:10.2307/2166384; for the argument that settlers made the frontier into America, see Malcolm J. Rohrbough, *Trans-Appalachian Frontier: People, Societies, and Institutions, 1775-1850*, 3rd ed, History of the Trans-Appalachian Frontier (Bloomington: Indiana University Press, 2008).

period in Missouri and the tumultuous events of Bleeding Kansas.¹⁰³ Both, however, posited that the frontier was a place of learning and character building. For Still, the lessons of the frontier came from its orderly systems. For Turner, the process of toiling on the frontier created a shared struggle that defined the American and especially Midwestern character.

The ways that Still idealized the frontier, and Turner wrote about it, are tellingly much different from earlier notions of the frontier, which in the minds of contemporary moral reformers was not a place of learning and moral order but of darkness and chaos. As Carroll Smith-Rosenberg argued using the mythic example of Davy Crockett, the frontier in the minds of Jacksonian Victorian bourgeois Americans was fraught with moral peril.¹⁰⁴ Davy Crockett's fight with his father leads him to escape into the wildness of the frontier, where he becomes a near feral human that befriends a bear and relishes hyperbolic acts of extreme violence against Indigenous People. In the process of rejecting middle-class norms for the rough freedom of the chaotic frontier, Crockett provided what Smith-Rosenberg calls "a mythologized death of the old social order," a useful fiction that obscured the real market forces which toppled the economic and social order during the nineteenth

¹⁰³ Jonathan Earle and Diane Mutti Burke, eds., *Bleeding Kansas, Bleeding Missouri: The Long Civil War on the Border*. (Lawrence: University Press of Kansas, 2013).

¹⁰⁴ Carroll Smith-Rosenberg, "Davy Crockett as Trickster: Pornography, Liminality, and Symbolic Inversion in Victorian America," in *Disorderly Conduct: Visions of Gender in Victorian America* (New York: Oxford University Press, 1986): 90–108.

century.¹⁰⁵ Still and Turner did not interpret the frontier in such economic terms, but they perhaps would have recognized the male violence towards Native Americans, women, and escaped slaves that Davy Crockett perpetrated as an outlet for frustrations. Still had a much more nostalgic, privileged view of his frontier experiences, but he certainly did violence against the bodies of the Indigenous dead in the form of involuntary disinterment and mutilation through dissection.

Underlying race relations appear in Still's writings, which were written at a time when capitalism was the dominant economic model and its values were entrenched in the petit-bourgeois farmers whose existence was the product of antebellum Free Soil movements. Missouri was an outright slave state, but its Old Northwest Territory neighbors were more likely to institutionalize unequal race relations through legal bans and segregationist practices. In the antebellum Middle West, the denial of slavery was not a progressive racial stance or a moral referendum on institutionalized chattel slavery but reflected a fear that slave power created an uneven playing field for small-scale white farmers. Still's personal views on race in his own writings betray stereotypical portrayals of blacks as less intelligent and more animalistic than whites.¹⁰⁶ Still was also known to carry a

¹⁰⁵ Smith-Rosenberg, "Davy Crockett," 108.

¹⁰⁶ Still's writing is rich with analogy (and casual racism); in one instance, he compared his audience's intelligence somewhat favorably to "four darkies with their banjos." *Autobiography*, 436.

sack full of bones as visual aids, which he explicitly referred to as “darkey bones,” presumably because it was true and because displaying black bones created fewer moral questions among his audience than would bones of ambiguous racial origin.¹⁰⁷ His writing otherwise displayed a sense of propriety through self-editing: in one section, when quoting pro-slaver partisans, Still used dashes to censor their use of the word “damned,” rendering it “d----d,” but showed no compunction about printing the word “nigger” immediately following it.¹⁰⁸

Race was a factor in osteopathic medicine, from the ways that Still used racial stereotypes in his speeches to the privilege that Still exploited when stealing Native People’s bodies for anatomical study. The historiography of race and osteopathy is woefully underdeveloped. Gevitz’s *The DOs* does not address the subject of race, and while modern osteopaths celebrate the historic gender diversity in osteopathic medicine, the issue of race is notable by its absence. Still’s racist rhetoric was common for his day, but one of the issues yet to be addressed in osteopathic history is what role race played in the cultural and medical worldview of the osteopathic physician.

The role women played in the development of osteopathic medicine has been much celebrated but seldom critically analyzed. Women were represented in the first class of

¹⁰⁷ Ibid., 447.

¹⁰⁸ Ibid., 73.

osteopathic students. As Gevitz noted, osteopathic schools proclaimed their willingness to enroll women and targeted women as a market, contrasting with the trend in regular medical schools, which admitted few women during the late nineteenth and early twentieth centuries.¹⁰⁹ Figures from the time show that nearly 24% of pre-1900 graduates of Still's American School of Osteopathy were women.¹¹⁰ This number is much larger than the percentage of women students at regular medical schools, which fluctuated between 3-5% of total attendees between 1890 and 1905.¹¹¹ The large number of female osteopaths, especially when compared with the lower numbers in the regular medical profession, raise some interesting questions about the impact of osteopathic medical theory on gendered practice. In *Sympathy and Science* (1985), Regina Morantz-Sanchez argues that the shift in medical practice from an art to a science negatively impacted female participation in regular medicine; the need for sympathy and other stereotypically feminine virtues in nineteenth-century medicine created a space for female physicians, but the increased emphasis on laboratory science around the turn of the century led to gendered discrimination centered

¹⁰⁹ Gevitz, *The DOs*, 50.

¹¹⁰ *Ibid.*

¹¹¹ Data from Records of the Education Commissioner, cited in Regina Morantz-Sanchez, *Sympathy and Science: Women Physicians in American Medicine* (Chapel Hill: University of North Carolina Press, 2000): 249.

on the notion that women were less capable of the hard sciences than men.¹¹² As osteopathic medicine did not embrace laboratory science as a bedrock principle, but instead placed an emphasis on practical adjustments, there was a good reason to suspect that female osteopaths were the beneficiaries of this ideological difference.

There were also issues peculiar to osteopathic treatment – notably, extensive and ongoing physical contact between the physician and the patient – that may explain the relative embrace of female practitioners. In *The Feminine Touch*, the osteopathic physician and historian Thomas Quinn provides a well-documented chronicle of women in osteopathy.¹¹³ Quinn’s work focuses on women, includes large sections of general osteopathic history, but provides few answers to foundational questions about women’s actual practice of osteopathy, especially the questions related to the day to day practices of female osteopathic physicians.

Understanding these everyday interactions and the process of creating meaning requires a cultural analysis of osteopathy. The term *cultural history* has become entangled in several generations worth of historical arguments over meaning, purpose, and lineage.¹¹⁴

¹¹² Morantz-Sanchez, *Sympathy and Science*, 4–7.

¹¹³ Quinn, *The Feminine Touch*.

¹¹⁴ James W. Cook and Lawrence B. Glickman, “Twelve Propositions for a History of United States Cultural History,” in *The Cultural Turn in U. S. History*, ed. James W. Cook,

Some of these arguments developed over differing definitions of the term *culture*, with historians interested in arts and creative output and other historians engaged in culture as shared meaning-making both embracing the label of cultural historian. In the history of medicine, critical theorists working during the late 1960s to mid-1980s focused on the oppressive power of medicine to discipline behaviors; these works focused on diseases where there was no clear biopathological mechanism, like homosexuality, hysteria, and neurasthenia.¹¹⁵ Expanding discourses of scientific medicine during the twentieth century, based on laboratory experiments and the ascendance of germ theory, focused on what could be scientifically proven. The narrative that science led to the end of alternative medicine at the turn of the twentieth century has come under criticism for over-emphasizing the increased efficacy of scientific medicine and for failing to appreciate the vast number of alternative practitioners that survived and thrived during and after the putative scientific takeover of medicine.¹¹⁶

Lawrence B. Glickman, and Michael O'Malley (Chicago: University of Chicago Press, 2008): 3–57.

¹¹⁵ Charles E. Rosenberg, "Framing Disease: Illness, Society, and History," in *Framing Disease: Studies in Cultural History*, ed. Charles E. Rosenberg and Janet Golden, Health and Medicine in American Society (New Brunswick, NJ: Rutgers University Press, 1992): xv.

¹¹⁶ For the argument that scientific medicine ended medical heterodoxy, see William G. Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (Baltimore: Johns Hopkins University Press, 1972); for a critique of this position, see John Harley Warner, "Grand Narrative and Its Discontents: Medical History and the Social

Beyond the appeal of a teleological arc from sects to science, part of the difficulty had to do with defining science from non-science in medicine, as there was little consensus about what the term meant. Historians of medicine have long acknowledged that “the language of science, then, can be pressed into service by a variety of interests.”¹¹⁷ At a more fundamental level, the ideal of science within the regular medical community was hotly contested even among practitioners that shared a similar medical worldview. As John Harley Warner has argued, regular physicians during the 1860s through the 1900s debated the desirability and moral implications of using either clinical experience or laboratory experiments to dictate medical therapeutics.¹¹⁸ Osteopaths, who participated in their own discourses of health, illness, and therapy, arrived at a far different meaning for scientific treatments. Different communities created their own standards for these concepts.

This project attempts to understand osteopathy as patients, students, and doctors did during the late nineteenth century. Still’s science was a new bodily knowledge born in the populist Midwest that spread across the nation. These osteopathic theories of medicine

Transformation of American Medicine,” *Journal of Health Politics, Policy and Law* 29, no. 4 (2004): 762.

¹¹⁷ John Harley Warner, “The History of Science and the Sciences of Medicine,” *Osiris*, 2nd Series, 10 (January 1, 1995): 164–93.

¹¹⁸ John Harley Warner, “Ideals of Science and Their Discontents in Late Nineteenth-Century American Medicine,” *Isis* 82, no. 3 (September 1, 1991): 454–78.

were notable in that they proffered new manual therapeutics to treat existing disease concepts. Accepting these treatments required patients to subscribe to a different causative mechanism for illness. Still's explanation for illness drew heavily on his learnings from the natural world, which he interpreted as teachings from a distant but divine creator who made in man a "a perfect machine, that was made and put in running order, according to God's judgment."¹¹⁹ Throughout his essays, books, and lectures to students, Still participated in discourses of osteopathy which defined health through mechanical means. He favored limited interventions that did not alter the body's makeup but instead adjusted its physical alignment.

To better understand Still's role, I will draw on the theoretical contributions of Michel Foucault and Clifford Geertz, especially the notions of *discourses* and *thick description*.¹²⁰ Through discourses of osteopathy and bodily health, Still reified a cultural worldview of the body as both natural and divine; a complex machine that despite its intricacy ran on simple principles that elite regular physicians were incapable of discerning. The power of words to shape the world vexed religious figures in the nineteenth century. The historian of religion John Lardas Modern cites the American congregationalist minister

¹¹⁹ Still, *Autobiography*, 397.

¹²⁰ Clifford Geertz, *Local Knowledge: Further Essays in Interpretive Anthropology*, 3rd ed. (New York: Basic Books, 1985): 3-32; Michel Foucault, *The Order of Things: An Archaeology of the Human Sciences* (New York: Vintage Books, 1994).

Horace Bushnell, who in 1849 “made a theological case for the aura of language itself.”¹²¹

Bushnell believed that “God was immanent in the fixtures of nature as much as in the words uttered about the nature of things, in the explanations that were espoused, and the worlds that were created in light of those explanations.”¹²² Still’s autobiography and the thousands of words in the *Journal of Osteopathy* created a world of their own through osteopathic discourses. Likewise, a thick description of osteopathic health culture during the nineteenth century is essential both to understanding experiences of bodily health and illness and to the osteopath and patient’s claims these healing experiences were the only authority for validating medical care.

In the second chapter of this study, I examine the role that discourses of the frontier played in the invention of osteopathy by analyzing Still’s autobiography. Still premised his teachings on his belief in God as a divine engineer, and he leveraged a patient’s own familiarity with the body’s healing powers as evidence that our bodies were purposely designed to repair themselves. For the osteopath, treatments did not require esoteric insight into the mysterious forces animating humans, but merely a schematic understanding

¹²¹ John Lardas Modern, *Secularism in Antebellum America, with Reference to Ghosts, Protestant Subcultures, Machines, and their Metaphors; featuring Discussions of Mass Media, Moby Dick, Spirituality, Phrenology, Anthropology, Sing Sing State Penitentiary, and Sex with the New Motive Power* (Chicago: University of Chicago Press, 2011): 26.

¹²² Ibid.

of the body's gross anatomical functions. Practitioners should leave the mysteries of creation to God, content to examine the anatomical evidence of his design, and provide minor adjustments to ensure the patient's body continued to function as intended. By presenting himself as nothing more than an insightful frontiersman who read God's message in the natural world, Still imbued osteopathy with a humility and simplicity that invited patients to understand and evaluate their treatments as active participants.

Positioning osteopathy as a product of intuitive lessons from the environment attracted students, both men and women, from agricultural backgrounds. The third chapter of this study examines the early osteopathic student cohort during the first decade at Still's American School of Osteopathy. Founded in 1892 in Kirksville, Missouri, the school saw massive growth during the period from 1892 to 1898. Fewer than 20 students graduated in the first official class of osteopaths in 1894, but by 1898 there were 136 students in the graduating class alone.¹²³ Many of these students came to osteopathy as a second career, after having worked as farmers or teachers, and most of them would not have sought training nor been accepted into a traditional medical school. Still framed osteopathy as a practical medicine based on a mechanical view of the body and health, and because of this

¹²³ Eugene Morrow Violette, *History of Adair County* (Kirksville, MO: Denslow History Company, 1911): 264.

character, it became the most successful and enduring indigenous medical system in American history.

Osteopaths have long celebrated their acceptance of women as equal practitioners. In the fourth chapter, I investigate gendered distinctions during the emergence of osteopathy as a medical discipline. Women were not excluded from osteopathic training, but gender shaped their experience and career outcomes. Many osteopathic women came to the field as former teachers and already married. Still himself encouraged women to practice osteopathy, and there were many articles in the *Journal of Osteopathy* that help us understand how osteopaths experienced gender and its impact on women osteopaths. But this early support did not mean that women's experiences were the same as men's experiences. Gender shaped the way osteopathic women thought of themselves, their roles, motivations, and career desires. Broader trends in women's medical education place women osteopaths in context. I compare the mixed-gender student body in Kirksville to the students at the all-male medical school at the University of Missouri (Columbia), and to women regular physicians and nurses. While largely absent from leadership roles at the American School of Osteopathy, women were able to practice osteopathy without living the cloistered life of a nurse. Given the field's promotion of women's gendered impact on treatment, osteopathic women were not forced to choose between their gender identity and becoming a physician, which was a perpetual struggle for many woman medical doctors.

The fifth chapter explores the appeal of osteopathic medicine through the therapeutic encounter between the osteopath and their patient. Using patient testimonials from osteopathic journals, I examine the practicality, optimism, and patient-centered evaluation in osteopathic medicine. Still and the early osteopaths had to defend their drugless medicine and fight for its legal status. Patients played a key role in this process. Many patients sought osteopathic treatments only as a last resort, and their experiences with treatment, and reports of their fantastic results, provided evidence for the system's efficacy. By centering their claims for legitimacy on patients and their outcomes, Still and osteopathy leaned into the long lineage of medical practitioners whose therapies were accepted due to their perceived outcomes, not their adherence to medical orthodoxy.

One final introductory comment on terminology: there are many terms of art for distinguishing different medical schools of thought from each other. Since Samuel Hahnemann proposed homeopathy in 1791, alternative practitioners have used the term allopathic to indicate a practitioner of traditional medical thought. In this context, traditional medicine was based on the humoral practices wherein doctors applied treatments that opposed the presenting symptoms in order to restore health by balancing the humors. Homeopaths, on the other hand, believed that like cured like, and applied doses of herbs or medicines that mimicked the presenting symptoms (often in minute dilutions – in addition to proposing that like cures like, Hahnemann also theorized that

dilution increased potency).¹²⁴ A. T. Still based his medical philosophy on the bones as the route to the cure, calling his medicine osteopathy. Homeopaths, eclectics, osteopaths, and other healers commonly used the term allopath for two reasons. First, it was a useful way to describe traditional medical practices without according them any of the prestige or authority that came with tradition. Second, the allopathic / homeopathic / osteopathic frameworks placed all schools of medical thought on an even plane as peers. Medical doctors, on the other hand, rejected the notion of allopathic medicine for the opposite reason: they believed what the others called allopathic medicine was just medicine, and that other treatment systems were mere quackery.

While the allo / homeo /osteo nomenclature is appealing, I have decided throughout this dissertation to refer to doctors practicing humoral balancing medicine as “regular” and “orthodox,” while others will be labeled by their own preferred term (osteopath, in most cases). Using the term allopathic seems akin to taking sides with the alternative healers. Noting that a doctor is regular or orthodox places an emphasis on the social construction of legitimate medical practice and connects the healer with commonly held medical views. In contrast, identifying a physician as a homeopath or osteopath affirms their conscious break

¹²⁴ For an overview of homeopathy in America, see Martin Kaufman, *Homeopathy in America: The Rise and Fall of a Medical Heresy* (Baltimore: The Johns Hopkins University Press, 1971) and John S. Haller, *The History of American Homeopathy: From Rational Medicine to Holistic Health Care* (New Brunswick, N.J.: Rutgers University Press, 2009).

with existing medical orthodoxy, however illusory such an orthodoxy or medical hegemony may have been during times of greater legal freedom to practice diverse forms of medicine.¹²⁵

¹²⁵ Gevitz provides a helpful introduction to these terms and a distinction from the idea of a quack in “Three Perspectives on Unorthodox Medicine,” in *Other Healers: Unorthodox Medicine in America* (Baltimore: Johns Hopkins University Press, 1988): 1–28.

CHAPTER 2

A. T. STILL AND THE IDEA OF THE FRONTIER

Osteopaths were waiting for a book-length treatment on their medical sect from its inventor Andrew Taylor Still. The first doctors of osteopathy had left from the American School of Osteopathy in 1893, but Still would not publish for another four years. In the interim, one of the first graduates, E. D. Barber, preempted the Old Doctor by publishing the first text on osteopathy in 1896. In his introduction, Barber broke ranks with his former teacher over the underlying causes of illness and the reason that osteopathic adjustments were effective medicine.¹ The next year, when Still finally made a written statement on his medical creation, he did so not in the form of a textbook, or a systematic treatise on the disease theory or treatment rationale underpinning osteopathic practice. Instead, the 68-year old frontier physician turned medical revolutionary published an autobiography. Still couched his medical claims within the context of his life story. The creation of osteopathy and A. T. Still's life story were, from that moment forward, intertwined.

Physician autobiographies attempt to match a made-for-consumption public image to their social surroundings. As the medical anthropologist Donald Pollock has argued,

¹ Elmer De Vergne Barber, *Osteopathy: The New Science of Healing* (Kansas City, MO: Press of Hudson-Kimberly Publishing Co., 1896).

physician autobiographies not only describe medicine, but help construct and reify the sociocultural aspects of medicine in each physician's individual context.² Still's autobiography described, constructed, and claimed ownership over osteopathy. He promoted his medical system through the power of self-narrative. But his autobiographical claims express more than one man's remarkable and, at times, incredible personal story. Still's autobiography was also a reflective social act. In its 460 pages, Still's personal narrative provides a window into a world of frontier medicine at odds with the common historical narrative of an increasingly homogenized and orthodox scientific medicine in the late nineteenth century.³

The Autobiography of Andrew T. Still (published by the author in Kirksville, Missouri in 1897) was not only an autobiography, but also a story of medical discovery situated on the Middle West frontier. Still explicitly connected his pioneer experiences in the American

² Donald Pollock, "Physician Autobiography: Narrative and the Social History of Medicine," in *Narrative and the Cultural Construction of Illness and Healing*, ed. Cheryl Mattingly and Linda C. Garro (Berkeley: University of California Press, 2000): 108–27: 109.

³ While the perception of medical practice in the nineteenth century is one "of sects into science," the reality is much contested in the historiographical literature. For the "Sects into Science" argument, see Rothstein, *American Physicians in the Nineteenth Century: From Sects to Science* (, 298–326, and Starr, *The Social Transformation of American Medicine*. For a critique of this argument and an exposition of the late nineteenth century as a time of expanding heterodoxy in medicine, see John Harley Warner, "Grand Narrative and Its Discontents: Medical History and the Social Transformation of American Medicine," 757–80.

Middle West and his approach to medicine.⁴ Indeed, Still's placement of the pioneer in the great story of American progress reflected a respect for that generation's forgotten sacrifices. And Still certainly viewed the pioneer's contribution as positive, and their contact with Native Peoples unproblematic:

[Pioneers] were the men and women who tamed the savage, and cleared and tilled the fields, thus removing hardship and danger. They gave their comforts for the generations to follow, lived on but little, stood guard all the time until schools and civilization were planted in our wild country, and began the work of educating the minds to live another kind of life. You are to-day rich in the inheritance of the pioneer, and though you may smile at his superstitions and sadness, you are bound to respect his memory.⁵

⁴ The Middle West is an amorphous and ill-defined region. Much of this problem results from shifting definitions of the term "west." As John Mack Faragher points out, during the Revolutionary period, Kentucky and Tennessee were "the West." That distinction shifted to the Old Northwest and Southwest Territories a decade later, before yielding the title "West" to Missouri, Arkansas, and Iowa at the start of the nineteenth century. By the later antebellum years, everything west of Missouri and Iowa became the "Far West." I use the term "Middle West" as a term of art. Though anachronistic, "Middle West" avoids confusion with the idea of the West (Rockies to the California Coast) and the post-bellum term "Midwest," which I will switch to during the years after the Civil War. For more on shifting ideas of the West, see John Mack Faragher, *Rereading Frederick Jackson Turner: "The Significance of the Frontier in American History" and Other Essays* (New Haven, CT: Yale University Press, 1999). For a thoughtful treatment of the idea of the Midwest, see Andrew R. L. Cayton and Susan E. Gray, "The Story of the Midwest: An Introduction," in *The American Midwest: Essays on Regional History* (Bloomington: Indiana University Press, 2001).

⁵ Still, *Autobiography*, 26–27.

In this sense, Still was not alone. Americans in the 1890s were awash in a wave of nostalgia for the frontier and pioneer life. In the historical profession, this impulse manifested itself in Frederick Jackson Turner's *Significance of the Frontier in American History*.⁶ Though he focuses less on the frontier as a process than Turner did, Still was unquestionably dedicated to frontiersmen as the driving force behind the expansion of nineteenth-century American civilization.⁷

Still's nostalgia for frontier days tied osteopathy to not only the bootstraps mythology of Anglo-American civilization, but also its sinister ideological underpinnings. Growing America through the frontier meant dispossessing the Native Peoples that lived on and developed the land for millennia before European contact. Seen from their perspective, the frontier time was not a period of white American ingenuity and grit, but the systematic denial of Native claims and repeated forced relocations.⁸ Still's fondness for the lessons he would learn from Native bodies (see below) were his most honest accounting of his

⁶ Frederick Jackson Turner, *The Significance of the Frontier in American History*, March of America Facsimile Series, No. 100 (Ann Arbor: University Microfilms, 1966).

⁷ Still's focus on the pioneer and their role bringing institutions to the West seems more in line with Malcolm Rohrbough's argument that migrants and pioneers brought American institutions with them as they chain migrated. See Rohrbough, *Trans-Appalachian Frontier: People, Societies, and Institutions*.

⁸ Daniel K. Richter, *Facing East from Indian Country: A Native History of Early America* (Boston: Harvard University Press, 2001).

indifference to these peoples. As a resident of the Kansas Territories from near the time of their conception and into statehood, Still actively participated in ministering to tribes removed from their lands in the East. This was a link in a long chain of injustice. Still's lionized frontiersmen represented the bleeding edge of a racist and imperialist project that continually moved further and further westward, powered by American ideals of Manifest Destiny and white supremacy that justified perpetual expansion.

Still credited his experiences in the natural environment for opening his eyes to the relationships that supported his medical system. "My frontier experience was valuable to me in more ways than I can ever tell," Still reflected in his autobiography. Nature, it seemed, contributed more meaningfully to the foundations of osteopathy than any humans. "Before I had ever studied anatomy from books I had almost perfected the knowledge from the great book of nature." The concept of a book of nature has deep roots in theology and natural science. Since the sixteenth century, natural philosophers and physicians used the tools of observation gained from realist studies of plant and animal anatomy to advance their understanding of the human body.⁹ Such methods came over to the Americas with colonists. By the nineteenth century, observing and learning lessons from nature shaped American national identity, fostered an appreciation for the environment,

⁹ Sachiko Kusakawa, *Picturing the Book of Nature: Image, Text, and Argument in Sixteenth-Century Human Anatomy and Medical Botany* (Chicago: University of Chicago Press, 2012).

and reinforced the concept of science as a process based on observation.¹⁰ For Still, the book of nature gave him profound insights into the inner workings of animal life: “The skinning of squirrels brought me into contact with muscles, nerves, and veins. The bones, this great foundation of the wonderful house we live in, was always a study to me long before I learned the hard names given to them by the scientific world.”¹¹ No matter how much Still claimed to have learned osteopathy from observing the natural world, his contemporaries and others have pointed out many similarities between Still’s system of medicine and the philosophies of other healers, including bone-setters, magnetic healers, and the followers of New Thought religions.¹²

Of course, Still’s use of frontier ideology belied the fact that he was only an active participant in the tail-end of the frontier project. Missouri and Kansas in the 1840s and 1850s were the edges of white expansion, but the states were not the vast unexplored wilderness that Still’s peons to frontiersmen seemed to imply. Debates over slavery in the region gave abolition-minded settlers like the Stills notions that they were supporting moral

¹⁰ Margaret Welch, *The Book of Nature: Natural History in the United States, 1825-1875* (Boston: Northeastern University Press, 1998).

¹¹ Still, *Autobiography*, 45.

¹² For a concise account of some proposed antecedents to osteopathy, see Gevitz, *The DO’s*, 11–17.

governance and creating a land of Free Soil.¹³ The very freedom that the term Free Soil suggested, however, was not freedom for enslaved people or Native People, but often freedom from them. Still himself reflected this attitude by accepting without question his racial and cultural superiority – several actions, from his plunder of Indigenous graves to his use of black people’s bones as visual aids, confirm his indifference. Still’s ideas of the frontier were built on this foundation.

For the purposes of this chapter, I examine Still’s use of narrative in the construction of his own worldview of illness, health, and healing, which is to say, how the frontier shaped the epistemology of osteopathy. Still’s writings recount a world full of clues that he assembled into osteopathy and its rationale as the correct method of healing. How Still crafted this world – his celebration of nature and natural philosophy as evidence of a divine presence in the world, his explanation of his system of medicine, evidence of osteopathy’s efficacy, and the process of formalizing the practice into a profession – tell us as much about Still as the world around him. The power to narrate the world and its ailments allowed Still to reject both traditional remedies and emerging expectant medicine in favor of a radical method of adjustments. On their own, these adjustments manipulated the bodies of Still’s patients. Within the context of his new system of healing, they held the promise of a cure.

¹³ Earle and Mutti Burke, *Bleeding Kansas*.

Frontier Life Leads to Frontier Medicine

According to Still's account, what he called the frontier environment played an essential role in the creation of osteopathy. Frontier forests were the setting for Still's "first discovery in the science of osteopathy."¹⁴ As a tender young lad of 10, Still experienced recurring headaches. One day he rigged up a "swinging pillow" made from a small stretch of cord. Napping with his body on the ground and his head resting in this contraption, Still reported, "could stop the headache and the sick stomach which accompanied it."¹⁵ The discovery of this headache cure set a standard for Still's other discoveries. Still either intuited or accidentally discovered this handy headache treatment, which, from the description of it, he used to treat nauseating headaches with some frequency. Despite administering this cure to himself for years, it was "twenty years before the wedge of reason reached my brain, and I could see that I had suspended the action of the great occipital nerves, and given harmony to the flow of the arterial blood to and through the veins, and ease was the effect, as the reader can see."¹⁶ Still's practical discoveries frequently outpaced his understanding of them. It is also quite possible that Still

¹⁴ Still, *Autobiography*, 31–32.

¹⁵ *Ibid.*

¹⁶ *Ibid.*

exaggerated the location or timing of these discoveries to make it seem as though he was preternaturally connected to osteopathic thought. Regardless of its veracity, this anecdote illustrates a recurring pattern of intuitive discovery paired with post-discovery rationalization. Trial and error led to discovery, which was followed by rationalization and then inclusion in osteopathic theory.



FIRST LESSON IN OSTEOPATHY.

Illustration 1. Still's Novel Treatment for Headache.
Source: *Autobiography of Andrew T. Still*: 32.

Though this first moment of healing portrays Still treating himself, the typical structure of medical encounters throughout Still's writings in his autobiography described him administering treatments to others. Often these descriptions focused on the nature of the disease and a broad account of the cure, without getting into any specific details about which osteopathic adjustments Still administered. For instance, Still recorded that he spent the spring and summer of 1879 in Henry County, Missouri. During his stay in this county south-east of Kansas City, Still reported that he "built up a large practice in a short time,"

and attempted to use osteopathy to treat a variety of diseases.¹⁷ One patient had a “case of pneumonia of both lungs,” and the patient was “dangerously sick,” but Still “cured her, and scored one more success for Osteopathy.”¹⁸ Still claimed that he cured *all* the cases of pneumonia during his stay in Henry county, as well as several cases of the disfiguring skin infection erysipelas and a case of blindness.¹⁹ He provided no details about which specific osteopathic adjustments he used so effectively. Instead, Still emphasized that the results were achieved without the aid of drugs of any kind, but through “the blood of the nutrient arteries alone.”²⁰ Still’s techniques removed the theorized impingement preventing effective blood-flow and the cleared channels allowed blood flow which led to the cure. Removing blockages to restore health is an ancient idea in medicine, and still did not claim its invention, but instead focused on how his system of bodily adjustments was the most effective way to remove harmful blockages.

¹⁷ Still, *Autobiography*, 114.

¹⁸ *Ibid.*

¹⁹ *Ibid.*, 114–115.

²⁰ *Ibid.*, 115.

Promoting Alternative Healing in Autobiography

Still's use of autobiography to propose a medical system followed the influential Samuel Thomson, who use his own autobiography to popularize his Thomsonian herbal medical system early in the nineteenth century. Samuel Thomson's *New Guide to Health; or Botanic Family Physician* was first published in 1822 and included an autobiographical account of Thomson, the founder of the botanical medical system.²¹ The book and medical system it promoted were both mind-bogglingly successful. Thomson's pitch to make every man his own physician breezed through thirteen editions in its first twelve years in print.²² In addition to books, Thomson's system generated sales of botanical medical kits, which Thomson and others provided as a ready-made botanical materia medica customized for the prescriptions promoted in the *New Guide*. These medicines reached an estimated 2 million people.²³ Like Still would later in the nineteenth century, Thomson rejected the standard treatments of regular physicians. He argued that the standard course of treatment consisted of "depletive instruments of death," like calomel, bleeding, and blistering, followed by an opioid to "ease the distress."²⁴ The overpowering strength of these

²¹ Haller, *The People's Doctor*, 49.

²² *Ibid.*, 53.

²³ *Ibid.*

²⁴ Thomson, *New Guide to Health*, 218.

treatments put patients into a stupor from which they could not reject further treatment, while their friends were rendered “nearly as senseless as the patient, by the name of learning and ‘the learned doctor’ . . .”²⁵ To Thomson, patients remained frustratingly docile and compliant with medical regimens, even when medical practices delivered appalling results.

Still also considered medication a problem, but his views on medical authority were markedly different from Thomson. Botanical medicine was, from its very inception, a form of medical treatment designed for home use by laypeople. Thomson considered the professional practice of medicine, along with the priesthood and governance, as traditionally withheld from the “common people” by the elites.²⁶ The protestant reformation gave people a translated bible that “. . .each one can read himself.”²⁷ The American experiment in mass democracy – and its perhaps more principled but sanguine French counterpart – “. . .acquainted [common people] with the great secret of government,” which was to “. . . know that ‘all men are born free and equal.’”²⁸ Thomson

²⁵ Ibid.

²⁶ Ibid., 5.

²⁷ Ibid.

²⁸ Ibid; The relationship between individual health and the health of a functioning republic has a long history; see Jeanne E. Abrams, *Revolutionary Medicine: The Founding Fathers and Mothers in Sickness and in Health* (New York: NYU Press, 2013).

believed that the widespread adoption of his at-home botanical medical system would bring about a similar revolution in medical practice. Much like Still supported his claims by citing his years of experience, Thomson noted that after thirty years of successful treatments using his “medicinal vegetables,” as he called his botanical herbs, he “recommend[ed] [his] system of practice and medicines to the public, as salutary and efficacious.”²⁹ Such objections to medical elitism and its system of unpalatable heroic treatments were part of a larger cultural movement away from authority and towards a belief in the common folk doing for themselves. Thomson’s botanical system posited a different view of sickness and health, promoting vegetable and steam cures instead of the mercury emetics and bleeding that characterized regular medical practices. But those differences alone do not explain the popularity of his system. Thomson’s attempt to separate healing practice from medical authority was a great part of the appeal, as families became their own doctors by purchasing a copy of the *New Guide to Health* with pre-assembled botanical medical kits and a license (from Thomson) to use the system to treat illness at home. While Thomson tapped into lay frustration with medical theory, his marketing genius was to innovate a whole new way to distribute medical care through do-it-yourself botanicals.³⁰

²⁹ Ibid., 7.

³⁰ Thomson’s success was wildly copied and pirated by counterfeiters and his own agents. For more on the popularity of botanical medicine in the Age of Jackson, see James

If Thomson identified a popular dissatisfaction with both the method of medical treatments and their system of delivery in the first third of the nineteenth century, then what does it say about Still's post-bellum era that he rejected the practices of regular medicine but sought to replicate their systems of education and authority structures? In his autobiography, Still made it clear that his primary concern with medical practitioners was their use of medications and treatment methods, not their authority over patients. Still's dedication to anatomical knowledge reflected the quintessential claim of the medical elite, that is, a superior understanding of how the body works which allows doctors to assert their authority to treat it. Thomson was not an enemy of anatomical study, calling the practice "pleasing and useful," but anatomical knowledge was not a significant part of the botanical medical system. To Thomson, the knowledge of anatomy was "no more necessary. . . to qualify them to administer relief from pain and sickness," than anatomical knowledge was necessary for a cook to know how to alleviate hunger.³¹ Just as there was "one general cause of hunger and one general supply of food," there was also "one general cause of disease, and one general remedy," which for Thomson was an escalating course of botanical

Harvey Young, "American Medical Quackery in the Age of the Common Man," *The Mississippi Valley Historical Review* 47, no. 4 (1961): 579–93, especially 583.

³¹ Thomson, *New Guide to Health*, 11.

herbs administered in strength proportionate to the severity of the illness.³² Thomson's search for a panacea to a universal ailment was emblematic of a late 18th-century view of medicine gained a popular appeal in the United States.

Still also agreed that there was one cause of illness but would have very much disagreed with the idea that anatomical knowledge was an intriguing but ultimately unnecessary aspect of medical care. Because illness to an osteopath was a matter of mechanical impingements that interfered with the flow of blood and nervous fluids, the knowledge of the network of those channels throughout the body was essential to identifying bottlenecks and removing them. Observing a symptom was the starting point of osteopathic diagnosis, just like with Thomsonian botanical cures, but treatment was not a matter of matching strength of treatment with degree of illness, but instead puzzling out the likely spot where the flow of essential fluids was blocked. Then, the osteopath performed an effective osteopathic adjustment to remove the blockage. For this reason, Still rejected learning osteopathy from books. This reluctance to give texts authority drew on a long-standing distinction between surgeons and physicians. During the eighteenth and nineteenth centuries, surgeons argued that medical treatment required reading the body, not the book. Bodies were the purview of the surgeon; anatomy texts, the physician. Still was also hesitant to provide detailed descriptions of his adjustment techniques for fear that

³² *Ibid.*, 12.

others would attempt osteopathic cures without the appropriate training. He believed ardently that osteopaths needed in-person tutelage, especially in the foundational precursors to osteopathic treatment, anatomical knowledge gained from adjustment experience and dissection. Without this knowledge, “. . .a treatise attempting to tell people how to treat diseases by our methods would be worse than useless to every person who has not been carefully drilled in our clinics.”³³ Nor could osteopathy be “imparted by books only.”³⁴ The variety of anatomical channels and potential blockages, even given Still’s primary focus on the spinal column, gave a technical justification for Still’s lack of faith in any broad, do-it-yourself characterization of osteopathy.³⁵ The osteopath attempted to use the traditional bodily-focus of the surgeon to accomplish disease treatments previously attempted by physicians using physic.

³³ Still, *Autobiography*, 193.

³⁴ *Ibid.*

³⁵ While Still rejected osteopathy as a lay system of medicine, others certainly tried to promote it as one. Early illustrated osteopathic medical texts by Elmer Barber, an 1895 graduate of Still’s American School of Osteopathy, aided the creation of dubious osteopathic correspondence schools. See Barber, *Osteopathy: The New Science of Healing*.

A Trickster Mollifies the Skeptics

Much like Thomson's success, which was dually reliant on his treatment alternatives and the growing tide of Jacksonian populism, Still's medical system also relied on his purportedly novel treatment methods. Though Still did not describe his methods in detail, he frequently validated his feats by noting that there were skeptical and knowledgeable witnesses present, who are mentioned by name in the text. Still told of one time when he "set three hips in the presence of Dr. W. O. Torrey, ex-president of the Missouri State Board of Health."³⁶ Torrey himself had diagnosed all three cases as "complete dislocation of the head of the femur from the socket."³⁷ Despite the difficulty, Still reported that he set all three dislocations in a mere four and a quarter minutes. We know that exact duration because Dr. Torrey apparently timed Still, and Torrey was also on hand to verify the dislocations were properly set. Speed in completing an operation was an objective measure that indicated technical proficiency and ultimately resulted in less pain for the patient. Still attempted to impress both the general public and medical audience with these exploits.

The veracity of Still's claim is not a question that can be settled with any certainty, but Still's decision to include such accounts in his book demonstrates a desire on his part to impress the reading public with the extraordinary. In his autobiography, Still's skeptics

³⁶ Still, *Autobiography*, 117.

³⁷ *Ibid.*

universally found themselves on the receiving end of near-miraculous cures. In another example, Still helped cure a young boy “who had no use of his legs or hips.” Still noted that the boy’s spine was “imperfect in form,” and began to articulate the vertebra. The boy’s mother dutifully brought him to Still for treatment every two weeks for a period of six months, and she displayed what Still called “that grit which no one but a mother can.” The father did not assist her because “some gimlet-eyed blatherskite had told him that Still was a crazy crank.”³⁸ After six months of treatment the family moved away and Still heard nothing from of them for ten years. When he did hear about them, the skeptical father had died, and the formerly helpless boy had grown into a strapping young man who was running a farm and caring for his mother, a “reward for her life-and-death-struggle through the hot and cold to save him from [remaining] a hopeless cripple.”³⁹ Even Still shared his audiences incredulity, as he states he would not have believed a story “so miraculous” if he had not seen the signs of improvement in the boys spine during those long months of treatment. Still cured the boy, who went on to care for his doting mother long after the skeptical father died.

Though Still’s discussion of osteopathic cures maintains a level of sober sincerity piqued with the occasional appreciative statement of incredulity, Still admitted the effects

³⁸ Ibid., 128–129.

³⁹ Ibid.

that confidence games could have on people. He shared his ability to use suggestion to stop a habitual drinker from his intemperate ways. A “good, honest-looking old blacksmith” invited the teetotaling Still for a drink. Instead of turning the man down, Still exposed half of the man’s ample stomach, placed a hand on the soft flesh, and proceeded to loudly proclaim the following: “My friend, I have power on earth and in heaven. I am acquainted with living men and angels, male and female, and your mother says to me to snatch you away from these whisky hells!” Still then punched, scratched, and snatched at the man’s abdomen while intoning what amounted to a prediction and a curse. “From this day on,” Still said, “whisky will make you sick. It will make you vomit whenever you smell of it. If you think I lie, go stick your nose in that saloon, and come back to me.” For the next seven years – until the man’s death – Still reported that the honest blacksmith did not taste a drop of whisky.⁴⁰

⁴⁰ Ibid., 130–131.



Illustration 2. Still Running the “Pow-Wow” on an Honest Blacksmith.
Source: *Autobiography of Andrew T. Still*: 131.

Still was content to build a reputation in the community as someone with supernatural powers. He claimed that he “had no object in view when [he] pow-wowed the old gentlemen. . . except a little street fun.”⁴¹ The use of the term “pow-wowed” seems to suggest a connection to Native American forces, those of a particularly non-Christian variety, but Still rejected any actual supernatural abilities. He “never told the old man nor his wife that the pow-wow was simply a little nonsense, because I saw they both believed I was a heavenly messenger, and through me the angels had saved her husband.”⁴² The story

⁴¹ Ibid.

⁴² Ibid.

of Still's purported magical powers spread. Another couple, hearing about Still's effect on the blacksmith, brought a drunkard doctor to see him. Unbeknownst to Still, they wanted him to perform the "pow-wow" on this man, too. But they caught Still off-guard and he was unprepared "to run the rabbit's foot" on him.⁴³

Still was not wrong to appreciate the power of suggestion, even for seemingly illogical or unlikely circumstance, which was a potent force in nineteenth-century American social life. As the historian James W. Cook noted, amusements celebrating potentially fraudulent exhibits were commonplace in nineteenth-century America. Especially among the middle classes – they of restrictive etiquette guides and rigid social performance of propriety – the possibility of fraud created a pleasurable tension between fact and falsehood that both reinforced and subverted social norms.⁴⁴ Still's efforts to run the pow-wow on the local drunkard, and his obvious delight in the illustrated retelling of the story, suggest that he was not averse to using deception for positive ends. While there are some similarities between Still's moral magic trick and the circus atmosphere of Barnum's Big Tent Shows – the audience, the intentional use of deception – there are clear differences. Still ascribed his powers to connections to the spiritual world of angels, while the objects

⁴³ Ibid, 132–33.

⁴⁴ James W. Cook, *The Arts of Deception: Playing with Fraud in the Age of Barnum* (Cambridge, MA: Harvard University Press, 2001): 27–29.

that Barnum displayed, like the Feejee Mermaid, were ostensibly oddities of nature, not the supernatural.⁴⁵ Barnum was clearly in the business to market his humbugs and made his living off people's desires to have a look at the objects and decide for themselves its authenticity.⁴⁶

The story of the honest blacksmith is another example of how Still prioritized the ends over the means. Practical results mattered a great deal to Still and to osteopaths, who would frequently cite positive results as a trump-card in debates with physicians. Still was also keen to celebrate his ingenuity and ability to outfox an adversary. In this example, the adversary was not the honest blacksmith, but his inability to quit consuming alcohol. A Methodist and life-long tee-totaler, Still was opposed to alcohol use, and this story certainly provides proof of the susceptibility of the mind of a drunkard. Drinking effectively poisoned the body with an external substance, and Still believed that almost all external medicinal substances had no place in the body.

Still's abstemious outlook mirrored a widespread social concern about drinking and its deleterious impact on American culture. These concerns were especially prominent in Methodist religious circles and in socially conservative rural areas, like northern Missouri and nearby Kansas. At the same time Still trumpeted running the "pow-wow," Carrie Nation

⁴⁵ Ibid., 84–85.

⁴⁶ Ibid.

was going after bars with much sharper implements. Still's mockery of the drunkard and Nation's more infamous "hatchetations" were examples of the diversity of temperance movements and activities in the late nineteenth-century Middle West.⁴⁷

Frontier Lessons in Prejudice and Patriotism

Still was careful throughout his narrative to make sure his transgressions – like tricking the drunkard with the "Pow-Wow" – targeted people and groups that were beneath the social standing of his assumed white reading audience. Youthful comparative anatomy lessons provided by skinning squirrels and other game animals gave way to adult impulses that drove Still to become "a robber in the name of science. Indian graves were desecrated and the bodies of the sleeping dead exhumed in the name of science."⁴⁸ Though he admitted some culpability for these acts, Still defended his pursuits by arguing that the dead did not complain, the living Native Peoples were none the wiser due to Still's furtive methods, and that the cures that sprang from Still's knowledge offset the moral harm of grave-robbing: "Some one says the end justifies the means, and I adopt this theory to satisfy

⁴⁷ For an overview of temperance movements in American history, see Jack S. Blocker Jr., *American Temperance Movements: Cycles of Reform*, Social Movements Past and Present (Boston: Twayne Publishers, 1989); for the roll gender played in temperance, see Holly Berkley Fletcher, *Gender and the American Temperance Movement of the Nineteenth Century* (New York: Routledge, 2007).

⁴⁸ Still, *Autobiography*, 94.

the qualms of conscience.”⁴⁹ Still pursued these anatomical lessons “for the good of science,” and “the development of science.”⁵⁰ Indigenous bodies became “object lessons” that Still utilized for anatomical exploration.⁵¹ These secretive anatomy explorations took place during his time in Kansas in the 1850s, well before Still broke with regular medical practices in favor of osteopathy in the 1870s. Writing in the 1890s, Still saw a clear connection between his grave-robbing and later discovery of osteopathy. While Still was practicing regular medicine at during the 1850s and 1860s, it is telling that he waxed philosophical about his secretive anatomy lessons and not his administration of *materia medica*. Still identified science and the development of science with anatomical study. By assuring his readers that he exploited Native bodies, Still mitigated some of the social consequences of desecrating graves. Grave-robbing’s immorality and illegality may have theoretically applied to all humans, but the pervasive racism and Christian ethnocentrism of white, protestant American culture placed more value on Anglo-Christian bodies. Similarly, when Still would later tour rural towns, he carried a flour sack of human bones and used

⁴⁹ *Ibid.*, 95.

⁵⁰ *Ibid.*, 94–95.

⁵¹ *Ibid.*, 95.

them in his speeches as visual aids. To allay any audience concerns at the impropriety of such a usage of human remains, Still emphasized that the bag contained “darkey bones.”⁵²

Still’s emphasis on anatomical study and insistence that it was essential to osteopathy was not, as he imagined, a radical departure from medical practices, but instead conformed to medical standards established in Philadelphia during the early decades of the century. As the historian Matthew Warner Osborn has argued, anatomical studies, particularly those of delirium tremens patients, helped define physician identity in Philadelphia.⁵³ The subject matter shaped the discovery. As medical students dissected the bodies of delirium tremens patients, the “doctors descended into the bloody cavities of inebriate bodies and told stories of dark, supernatural horror.”⁵⁴ The dark nature of delirium tremens and its sordid connections to hallucinations gave the dissection process a gothic cast. Still’s anatomical lessons, learned from the bodies of Native Americans, connected to the frontier in the same way that the bodies of the intemperate provided a gothic mystique to the Philadelphia physician. To Still, Native People were essentially part of the frontier,

⁵² Ibid., 447.

⁵³ Matthew Warner Osborn, *Rum Maniacs: Alcoholic Insanity in the Early American Republic* (Chicago: University of Chicago Press, 2014): 69–72.

⁵⁴ Ibid., 72.

and exhuming their bodies was the closest he could come to studying the morbid anatomy of the frontier itself.

Still defended these efforts at learning anatomical science on the Kansas frontier as a more wholesome form of natural science than was available in eastern colleges. The very prairie itself provided a curriculum for the observant student. “The frontier,” Still wrote, “is the great book of nature. It is the fountain-head of knowledge, and natural science is here taught from first principles.”⁵⁵ Still’s writings made abundantly clear his awareness of the competing knowledge claims from the elite social classes. “College-bred gentlemen,” might ask, “Is the frontier a place to study science?”⁵⁶ Still defended the frontier-as-knowledge center by citing Henry Ward Beecher, who “once remarked that it made very little difference how one acquired knowledge,” whether at an elite university or “by the fireside in the lonely cabin on the frontier.”⁵⁷ Still used this quotation to deprivilege the value of a Harvard education. He argued that learning on the prairie was more valuable than in the “frescoed halls of old Oxford,” because, “a college education would not put good sense in a head where no brains existed.”⁵⁸ In contrast, the frontier was “a good place to get the truth.

⁵⁵ Still, *Autobiography*, 96.

⁵⁶ *Ibid.*, 95.

⁵⁷ *Ibid.*, 95–96. It is unclear from Still’s text where, precisely, he found this Beecher quote.

⁵⁸ *Ibid.*, 96.

There is no one there to bother you.”⁵⁹ “The old frontiersman,” Still wrote, “knows more of the customs and habits of the wild animals than the scientist ever discovered.”⁶⁰ The frontier autodidact’s experiential and observational learning was superior to the second-hand knowledge imparted in those bourgeois lecture halls. Nature was the best teacher.

Still’s claims to distinctiveness – furtive anatomy lessons and learnings from frontier bodies – were not as unique as he imagined. The same impulse that drove him to exhume and study Native American bodies for anatomy lessons also animated the people working in the eastern educated middle-classes. As the historian Ann Fabian has shown, exhumation, dissection, and cranial studies were part and parcel of a naturalist project to define racial difference by unburying and collecting skulls.⁶¹ Using the physician and skull collector Samuel George Morton as an exemplar of this class, Fabian showed that the naturalists and anatomists drew on networks of skull hunters, technicians, and artists to produce works like *Crania Americana*, an Ur text of American scientific racism.⁶² Morton’s work predated Still’s exhumations by decades. Though both Still and Morton made their cases using unburied

⁵⁹ Ibid.

⁶⁰ Ibid.

⁶¹ Ann Fabian, *The Skull Collectors: Race, Science, and America’s Unburied Dead* (Chicago: University of Chicago Press, 2010).

⁶² Samuel George Morton, *Crania Americana; or, A Comparative View of the Skulls of Various Aboriginal Nations of North and South America. To Which Is Prefixed an Essay on the Varieties of the Human Species* (Philadelphia: J. Dobson, 1839).

dead to legitimate their studies, the projects were fundamentally different. Morton was meticulous about measurements and making explicit, data-driven claims about physiology and racial distinctiveness. Still was the opposite – he used purported experience dissecting Native bodies to bolster his anatomical credentials, but he did not produce works documenting his actions beyond the stories in his autobiography.

Still's view of nature as the best teacher ultimately revealed his firm belief that the natural world contained ample evidence of God's laws, which were superior to even the most celebrated human knowledge. Still tried to find answers "by reading and inquiry [into] all that has been written," "by ancient philosophers, but came back as empty as [he] started."⁶³ Still found no answers in the tomes of medical knowledge or philosophy, but instead in his own efforts to "test the laws of nature's God as a system of true healing principles. . ." which would allow the body to heal itself.⁶⁴ In other words, Still came to believe that the human body, like all of God's designs, was perfect and that it contained all the necessary healing powers within. His anatomical studies convinced him that there was "no flaw in God's work."⁶⁵ By building osteopathy on the lessons that God taught through nature, Still believed that he confirmed not only the science of osteopathy, but also the

⁶³ Still, *Autobiography*, 177.

⁶⁴ *Ibid.*

⁶⁵ *Ibid.*, 287–88.

infallibility of God's creation. "The intelligence of the Deity is unquestionable; His law unalterable," Still wrote. Faith in the perfection of God's design was a perquisite and sufficient support for osteopathy: "On this law the science of osteopathy is founded, and after struggling for years under the most adverse circumstances, it stands to-day triumphant."⁶⁶

In order to continue the triumph of osteopathy, Still had to find a way to himself become the teacher to others that the frontier had been to him. By the 1890s, when Still started formally training students at the A. S. O., he had been practicing according to the principles of osteopathy for over two decades. Still was a Civil War veteran and a patriot. He once chastised a group of freshmen who were defending their class flag from sophomores attempting to capture it. Viewing the scene, Still proclaimed, ". . . Take down that [freshman] flag, and raise in its places the Stars and Stripes. This college is the American School of Osteopathy, and the American flag is the emblem that shall float from that staff at all times as long as I have anything to say about it."⁶⁷ His choice of school name reflected not only his patriotism, but also denoted the Kirksville institution as the singular school for osteopathy in the nation.

⁶⁶ Ibid.

⁶⁷ Arthur Grant Hildreth, *The Lengthening Shadow of Dr. Andrew Taylor Still* (Macon, MO: Mrs. A. G. Hildreth, 1942): 124–125.

Moreover, the school celebrated a lifetime of Still's knowledge shaped by a frontier environment that no longer existed. As Frederick Jackson Turner would famously go on to argue, the 1890 census marked the first time that the frontier line was removed from the map of the American west. The frontier had played an essential part in the creation of an American character and institutions, Turner argued, and now that it was gone, there were great anxieties about how to preserve the frontier spirit.⁶⁸ Similar fears about how to transmit the knowledge and character of osteopathic practices troubled Still, who felt an obligation to share his healing insights. "Having proven to my mind that God goes into the minutiae of all His Works," Still "felt it a privilege if not a duty to at least make an effort to bring this science to the front as much as I can in my day, and as I understand it at the present time."⁶⁹

⁶⁸ Turner, *The Significance of the Frontier in American History*; Turner's thesis launched his career and a storied school of American historiography. Helpful essays on the role of Turner in shaping popular ideas of the frontier and its relation to the West include: John Mack Faragher, "The Frontier Trail: Rethinking Turner and Reimagining the American West," and *Rereading Frederick Jackson Turner*; William Cronon, "Revisiting the Vanishing Frontier: The Legacy of Frederick Jackson Turner," *The Western Historical Quarterly* 18, no. 2 (April 1, 1987): 157–76, doi:10.2307/969581. Malcolm Rohrbough presented an inverted theory, that the institutions created made the frontier American. See Rohrbough, *Trans-Appalachian Frontier*.

⁶⁹ Still, *Autobiography*, 177.

Teaching Frontier Medicine in the Classroom

The question of how to structure an educational experience that would replicate Still's training on the frontier posed a problem. The essential elements Still had to convey to his students were knowledge of anatomy, osteopathic principles, and the physical adjustments that corrected anatomical misalignments in accordance with those osteopathic principles. Still "had never taught," "nor intended to teach anatomy," and came to an arrangement with a Scottish physician, William Smith, to teach the subject at the A. S. O.⁷⁰ For osteopathic students, these structured lessons from a trained anatomist replaced Still's long apprenticeship with anatomy on the frontier. With Smith covering anatomy, Still taught osteopathic principles and adjustments. Early classes were taught in a small one-room cabin. Educational aids were rudimentary; there were no cadavers, so Smith was limited to describing body parts, referring to illustrations and an articulated skeleton.⁷¹ Still's teaching style was not the didactic lecture one might have found in the frescoed halls of Harvard, but more a series of extended metaphors and illustrative stories which students were left to unpack without much specific guidance.⁷² Beyond his lectures, students observed Still during his rounds treating patients at his infirmary, listening as he explained

⁷⁰ Ibid., 153.

⁷¹ Hildreth, *Lengthening Shadow*, 30–31.

⁷² Gevitz, *The DOs*, 23.

to patients how the treatments would lead to restored health.⁷³ Each treatment served not only as a practical adjustment, but as a primer on osteopathic principles and a reinforcement of the philosophy's reliance on the body's God-designed powers to help heal itself.

Still's formal efforts to train students in osteopathic medicine exposed the practice to new risks inherent in authorizing others to practice, risks compounded early on by the school's lack of a fixed curriculum, shifting training periods, and inconsistent prerequisites for admission. The early students were a diverse lot, ranging in age from 18 to 65, with some holding college degrees compared with classmates who had only completed common school educations.⁷⁴ The first students gained anatomical knowledge from Dr. Smith, osteopathic theories and treatments from Dr. Still, and upon completing the course of their study, they were granted a Diplomate of Osteopathy (D. O.) and were sent out to spread Still's discovery throughout the nation. The first diplomas were hand-written, but later versions were printed and sealed.

⁷³ Ibid., 24.

⁷⁴ Ibid., 22–23.

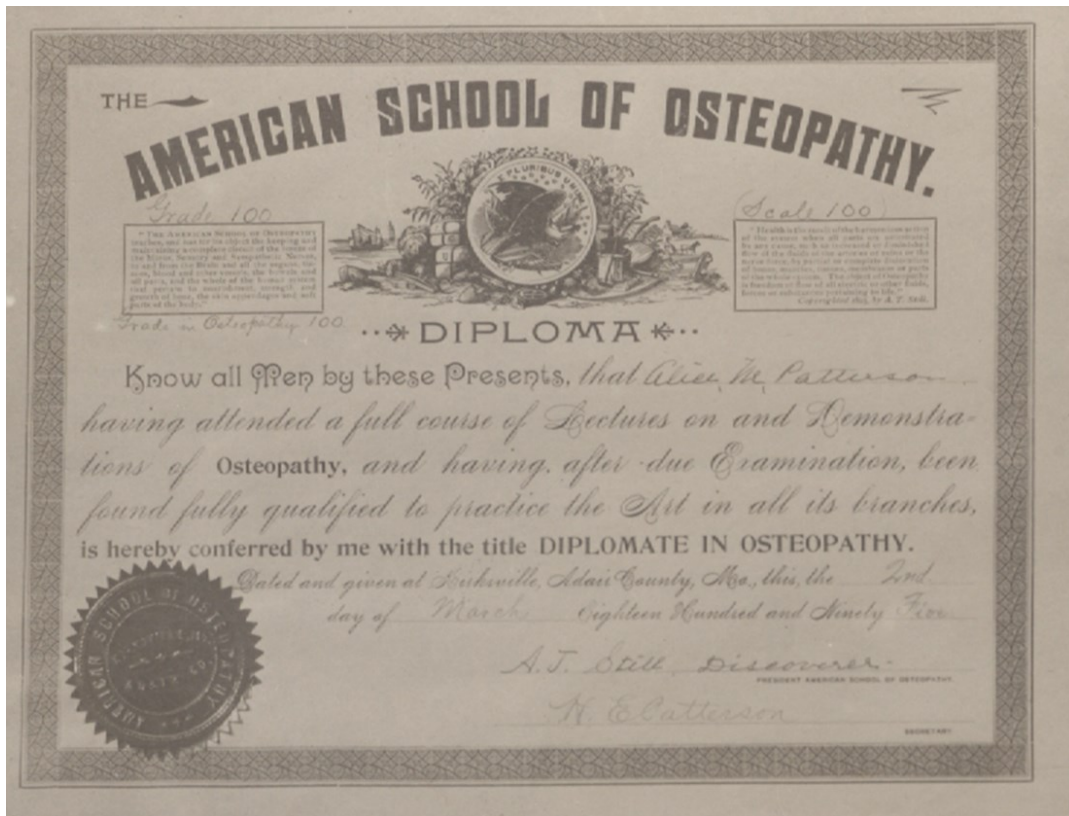


Illustration 3. Alice M. Patterson's Diploma from the A. S. O.
 Source: Museum of Osteopathic Medicine, Kirksville, Missouri.

When, precisely, these courses of study were completed was another story. During the first four years of the school's existence only three classes graduated, and the matriculation time for each student varied from nine to eighteen months.⁷⁵ These inconsistencies in period of study, as well as the diversity of pre-osteopathic preparation, led to early graduating classes with varying notions of the nature of osteopathic healing.

⁷⁵ Ibid., 31.

The most notable of these students, Dr. E. D. Barber, went so far as to set up a competing school in Kansas City, as well as pre-empting Still by publishing the first monograph on osteopathy.⁷⁶ Barber not only had the gumption to beat Still to publishing about the medical science that Still invented, but he also disagreed with Still on fundamental matters of osteopathic disease theory. Barber argued that Still and his followers were mistaken in believing that skeletal misalignment was the cause of problems with the human machine. Instead, Barber believed that perpetually contracting muscles were the source of human ailments.⁷⁷ Finally, Barber's book promoted osteopathy as a do-it-yourself home remedy. His volumes came complete with diagnostic criteria for ailments and illustrations for osteopathic manipulations, discounting Still's emphasis on careful study of anatomy as essential to successful osteopathic practice. Barber's triple disrespect – pre-empting the Old Doctor, dismissing his etiology, and offering instructions encouraging lay osteopathic treatments all in one move – was later compounded by accusations that Barber was selling diplomas at his Kansas City-based National School of Osteopathy. The case would lead to a criminal prosecution, the closure of the National School of Osteopathy, and a lawsuit, among other recriminations.⁷⁸

⁷⁶ Barber, *Osteopathy: The New Science of Healing*.

⁷⁷ *Ibid.*, 11–12

⁷⁸ For details on the Barber diploma mill debacle, see Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 86–87; 166–167; and Laura Jordan, “Battling a Diploma

Still addressed these issues of rogue practitioners in his autobiography by placing an emphasis on students' fidelity to osteopathic principle and their need to stay for a full course of osteopathic training at the American School. Still obliquely acknowledged such frauds by impugning any "trickster" that "comes [to the American School] with the intention of getting a little knowledge and then skipping out to fool a lot of people."⁷⁹ Still emphasized the role of complete personal training in osteopathic science, comparing it to other fields: "To be qualified for a profession you must have a complete training by persons who understand the science thoroughly, and know how to teach it. Like qualified diplomats of any trade or profession, an Osteopath is not made in a day or a single year."⁸⁰ During a full course of osteopathic training, the student would learn the healing art of osteopathy, which relied on removing obstructions based on a logical understanding of anatomy and the proper application of osteopathic manipulations. Improper application would lead to a failure to encourage the body to heal, but such a poor result would not be the fault of osteopathic medicine, but the individual practitioner. "If success does not attend your efforts," Still wrote, "it is not the fault of this science, whose working is exact, but of

Mill: The Early Fight to Preserve the Osteopathic Principles of A.T. Still," *The Journal of the American Osteopathic Association* 114, no. 9 (September 1, 2014): 722–26, doi:10.7556/jaoa.2014.141.

⁷⁹ Still, *Autobiography*, 345.

⁸⁰ *Ibid.*, 178.

yourself . . . No, your fate will not be my fate, for my untiring efforts placed this science and its exponents upon a footing to command the respect and admiration of the world.”⁸¹

Likewise, Still dismissed out of hand the notion that anyone could learn osteopathy by reading one of Barber’s osteopathic manipulation home remedy books, arguing that “Osteopathy cannot be imparted by books. Neither can it be taught to a person intelligently who does not fully understand anatomy from books and dissection.”⁸² Still’s insistence in hands-on experience echoed the rise of anatomy schools in Europe during the eighteenth century and the prominence of dissection as a rite of professional passage among American physicians in the nineteenth century.⁸³ Understanding was the product of personal experience, whether Still’s experience learning from the book of nature on the frontier, or his student’s experience learning from Still and the other faculty at the American School. “There is but one way for an osteopath to show his competence,” Still argued, “and that is by results.”⁸⁴ There was no substitute for experience, and no proof for correct practice except for positive results.

⁸¹ Ibid., 277.

⁸² Ibid., 192–93.

⁸³ Sappol, *A Traffic of Dead Bodies*.

⁸⁴ Andrew Still, “Dr. Still to Students,” *Journal of Osteopathy* 3, no. 7 (February 1897): 6.

Battles over the legality of osteopathic medical practice led to the expansion of the curriculum at the A. S. O. Osteopathic treatments gained popularity with patients and notoriety in the regular medical community during the 1880s, a period when Still's practice attracted patients from across the nation. Established medical organizations, including the regular, homeopathic and eclectic medical practitioners, lobbied legislatures for increased regulation on osteopathic practice.⁸⁵ Opposition to osteopathy unified these disparate medical practices, but the popular support for osteopathic medicine outweighed the professional disapproval, as legislators were inundated with letters from osteopathic patients that discouraged them from legislating against the osteopaths.⁸⁶ Despite this popular support, legal definitions of the practice of medicine deterred Still's efforts to teach osteopathy. Still practiced medicine under the legal protection granted by his license as a medical doctor; his anatomy instructor, Dr. William Smith, was in a similar position. Any osteopathic student with a medical doctorate could practice medicine – even osteopathic techniques – under their medical doctorate. Osteopaths without prior medical training, however, were on dubious legal grounds when practicing osteopathy, which was sometimes considered practicing medicine without a license. When he first opened the A. S. O. in 1892, Still did so under a charter that allowed him to grant students “diplomates in osteopathy,”

⁸⁵ Gevitz, *The DOs*, 28–29.

⁸⁶ *Ibid.*

but those diplomates were not medical degrees and did not confer practice rights under Missouri law. A law granting holders of diplomates of osteopathy the right to practice osteopathic medicine, using manipulation in lieu of drugs, passed the Missouri legislature in 1895, but was vetoed by Governor William J. Stone (1848–1918) on the grounds that osteopathic education did not cover a broad enough curriculum to prepare a practitioner for treating a wide variety of medical conditions. In particular, Stone was concerned that anyone licensed to practice medicine receive “a good general and fundamental education,” including “anatomy, physiology, chemistry, pathology, therapeutics, practice, etc.”⁸⁷ Stone’s examples included courses that were commonly available only at elite medical schools, but his overall point, that osteopaths had a narrower educational base than regular doctors, was accurate.

Still agreed to expand the curriculum, despite his longstanding belief in the primacy of anatomy and the concept of man as a self-healing machine that he deduced from natural law. In conjunction with the physical expansion to a new building, the school expanded the curriculum to include several new subjects in 1897, notably histology (study of microscopic structures and tissues), chemistry, physics, urinalysis, symptomology, minor surgery, gynecology, and obstetrics.⁸⁸ The expansion of the curriculum correlated with another

⁸⁷ Stone quoted in Gevitz, *The DOs*, 31.

⁸⁸ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 85.

significant event in osteopathy's history, the 1897 passage of legislation into Missouri law exempting osteopaths from the prior laws on the practice of medicine and authorizing trained osteopaths to treat illness using physical manipulation.⁸⁹ This law was the result of sustained lobbying at Missouri's capital, Jefferson City. Henry Patterson, president of the American school, sent Arthur Hildreth, an early A. S. O. graduate, to lead the second attempt at gaining legal recognition.⁹⁰ This effort passed in large measure due to a change in state leadership. Governor Stone was replaced in 1897 by Lon V. Stephens (1858-1923), a banker from St. Louis. Governor Stephens and his wife, Margaret, had taken osteopathic treatments from A. T. Still in Kirksville and were both patients of Dr. Hildreth's in Jefferson City.⁹¹ Not surprisingly, Stephens was much more inclined to support osteopathy than former Governor Stone. The second bill passed the house and senate by wide margins, and Governor Stephens signed the osteopathy bill into law on March 4, 1897.⁹² As long as they eschewed prescribing medication, osteopaths could practice their healing art freely. The expansion of the curriculum and the new legal niche for osteopathic treatments legitimized and legally protected osteopathic practice. But the newly introduced subjects entered the

⁸⁹ Ibid., 105–06.

⁹⁰ Hildreth, *The Lengthening Shadow*, 95–104.

⁹¹ Ibid., 97.

⁹² Ibid.

curriculum and planted the seeds for future conflicts over how much regular medicine to accept into osteopathic practice.

Now that it was clear that Missourians could pursue osteopathic careers without fear of prosecution, the student population at the American School grew by leaps and bounds, which put pressure on Still and the school's administrators to expand the faculty. The initial faculty could not hope to meet the teaching needs of the burgeoning student body. What was a manageable graduating class size of 48 in 1897, the year of osteopathy's legal victory, nearly tripled to 136 graduates the following year.⁹³ By 1900 there were an astonishing 317 graduates, the result of osteopathy's growing popularity.⁹⁴ The curriculum was also expanding at a rate nearly as fast as the student body. In 1897, coursework included subjects like osteology, myology, neurology, angiology, histology, chemistry, and physics, with psychology, pathology, venereal diseases, public health, and medical jurisprudence added the following year.⁹⁵ The breadth of subjects and the number of students led Still to seek more help at the American School.

The expanding faculty injected diverse new ways of thinking into the American School. The school met the increased demand for instructors by both hiring its own

⁹³ Violette, *History of Adair County*, 264.

⁹⁴ *Ibid.*

⁹⁵ Walter, *The First School of Osteopathic Medicine*, 26.

graduates and recruiting medical professionals to come to Kirksville as teachers. Several Still family members were among the initial graduates of the school and were immediately listed among the faculty, including Charles Still and Harry Still.⁹⁶ New faculty members during the last three years of the century also included individuals trained outside of Kirksville: C. W. Proctor and Charles Hazzard were both university graduates as well as D. O.s; Carl McConnell held a D. O. and a degree in homeopathic medicine; and the three Littlejohn brothers, who between them held doctorates of divinity, political science, and a medical doctorate.⁹⁷ As Norman Gevitz has argued, these doctors may have held beliefs about illness and health similar to Dr. Still, but they drew upon vastly different bodies of knowledge to substantiate their beliefs, as evidenced in the textbooks they wrote for osteopathic students at the American School.⁹⁸

Charles Hazzard's published course notes illustrated the broad influences that instructors brought into the classrooms at the A. S. O. He taught histology before taking the reins of the principles of osteopathy course during his five years at Still's school.⁹⁹ Hazzard first taught during the 1897–98 school year and later returned to teach another three years

⁹⁶ Violette, *History of Adair County*, 264.

⁹⁷ Gevitz, *The DOs*, 32.

⁹⁸ *Ibid.* 201

⁹⁹ For his courses, see Warner, *The First School of School of Osteopathic Medicine*, 30; for tenure, see Violette, *History of Adair County*, 263.

from 1900–1904. Based on his notes, students in his classes heard him draw on a variety of influences for understanding the principles of osteopathy. The first sentence of Hazzard’s work reinforced the value of individual understanding within the osteopathic medical system: “Learn to treat understandingly; imitate no operator’s motion.”¹⁰⁰ Tapping into culture for reinforcement, Hazzard quoted a snippet from a Ralph Waldo Emerson essay that “Imitation is suicide.”¹⁰¹ Beyond his literary erudition (quoting Thoreau in addition to Emerson), Hazzard copiously cited the texts and treatment philosophies of not only Dr. Andrew Still, but also the Old Doctor’s family relations and several other students turned instructors at the school, including Arthur Hildreth. These students practiced Still’s methods and applied his teachings but were encouraged not to imitate his precise movements.

¹⁰⁰ Charles Hazzard, *Lectures on the Principles of Osteopathy* (Kirksville, MO: Advocate Book and Job Print, 1898): 1.

¹⁰¹ Ralph Waldo Emerson, *Essays, First Series* (Boston: J. Munroe, 1850): 40. The entire quote reads “There is a time in every man’s education when he arrives at the conviction that envy is ignorance ; that imitation is suicide ; that he must take himself for better, for worse, as his portion ; that though the wide universe is full of good, no kernel of nourishing corn can come to him but through his toil bestowed on that plot of ground which is given to him to till.”

A Shifting Interpretation of Osteopathy's Founding Doctrine

The role of Still's biographical narrative became less clear when it was one voice of many, and when Still was no longer regularly involved in the teaching process in his later years. As a mythic tale of discovery, Still's story undoubtedly inspired osteopaths, but what lessons did they learn from his narrative? Seen as a didactic lesson, Still's life story compiles the teachings of the prairie and the frontier and becomes a wisdom text for osteopaths. Their daily instruction might include diverse topics like history, psychology, and syndesmology, but those bodies of knowledge were a means to learn how to practice osteopathy according to the principles that Still laid out in his text. Still emphasized that students should "stick to osteopathy" and "not. . . stain the good name of this school by straying after strange gods. Always bear in mind that osteopathy will do the work if properly applied, that all else is unnatural, unreasonable, and is therefore wrong. . ." ¹⁰² Still continued:

If Osteopathy is not complete within itself, it is nothing. It walks hand in hand with nothing but nature's laws, and for this reason alone it marks the most significant progress in the history of scientific research, and is as plainly understood by the natural mind as the gild at even-tide that decks the golden West. ¹⁰³

¹⁰² Still, *Autobiography*, 367.

¹⁰³ *Ibid.*

By connecting osteopathy so closely with nature's laws, Still placed an emphasis on his system as intuitive and complete. There would be no amending, altering, or adjusting the system because natural law was already the perfect expression of God's design: "God is God, and the machinery He put in man is perfect."¹⁰⁴ Still's reliance on the perfection of God's design as the foundation of osteopathic knowledge may have led to its triumph, but it also boxed the young science into an ideological corner. There was no more powerful source of authority, according to Still, than the authority of the creator as evidenced through the natural lessons of his creation. But the power of this ally also placed limits on the science of osteopathy, which as Still taught it was a revealed body of medical knowledge. Revelation did not invite innovation. The system itself was perfect and complete.

There is, however, a second way to read Still's narrative: not as a didactic lesson, but as an inspirational model. Still was himself a charismatic figure responsible for creating a medical system based on his own understandings of God, nature, and medicine. Instead of reading Still's autobiography and deciding to become a follower, others could learn Still's lessons as a model for using personal experience as the epistemological justification for creating your own medical system. This is not a lesson that Still ever makes explicit in his text, but it is implicit in his tale of discovery. Instead of doing precisely as Still said, several

¹⁰⁴ *Ibid.*, 373.

of his students would go on to follow his lead, changing his medical system based on their own understandings of the world. Still's biography provided his students with a narrative account of his journey to osteopathy. By explicating the process of his discovery of natural law and subsequent application of laws of nature to the human machine, Still argued that the proper mechanic for the perfect human machine should reject all medicine and place sole therapeutic emphasis on adjustments that would correct anatomical misalignments. But within the prescriptions of Still's story and its manifest lessons lay a latent message: that the responsible practitioner should feel free to experiment with treatment options, identify successful treatments, and discard what was ineffective. The resulting tension between osteopaths obediently doing what Still said, and the D. O.s willing to imitate Still by breaking with orthodoxy, set the stage for the great schismatic debates over the proper boundaries of osteopathic medicine that dominated the field during the first third of the twentieth century.

At least one student was prescient enough to sense this threat of professional stagnation and argue for the development of osteopathy beyond Still's teaching. This student accepted the unique, *sui generis* nature of Dr. Still's lifetime journey of discovery and argued that keeping an open mind about non-osteopathic therapies could allow students to make up for their lack of experience compared to Still. In a paper titled "Osteopathic Development," Henry Sullivan, a Senior at the A. S. O. in 1900, stated that "the "Old Doctor" cannot give us outright that which he has acquired. To become as competent as he or more so, we must first go over the field *he* has gone over with that clue he has

secured in his journeyings and given us.”¹⁰⁵ Still, according to Sullivan, had gained an intuitive understanding of “that mysterious something called life” which was:

Not spiritualism, nor hypnotism, but simply a keen study of the manner in which this vital principle manifests itself in a normal subject as compared with its peculiar manifestation in the countless conditions of the organism known as disease.¹⁰⁶

This ability to parse the normal from the pathological inspired many early osteopaths who desired the same preternatural diagnostic abilities for themselves. Veneration for the Old Doctor led to the prevailing opinion that early osteopathic students who trained directly under Still in the early 1890s were more competent than those trained in the 1900s.¹⁰⁷ This nostalgia, though, which ignored the rudimentary nature of early osteopathic education – anatomy and elementary physiology in addition to osteopathic principle – seemed to Sullivan a step backwards instead of progress. The fixation with an idealized, purportedly pure osteopathy also put Still in a troubling position. Such a system of fawning celebration of the past would have “compelled [osteopaths] to make Dr. Still either a mountebank or a

¹⁰⁵ Henry Broughton Sullivan, “Osteopathic Development,” *Journal of Osteopathy* 6, no. 11 (April 1900): 485.

¹⁰⁶ *Ibid.*, 486.

¹⁰⁷ *Ibid.*, 488.

god.”¹⁰⁸ Still was complex. Clearly not a deity, Still nonetheless believed that he could read God’s messages in the scripts of natural philosophy and anatomical study. At the same time, Still was in some circumstances a mountebank – for instance, when a bit of street fun helped cure a drunk of his affliction. Sullivan saw Still’s legacy at a crossroads: he would either be known “as a champion of truth and wisdom” if his students continued to develop osteopathy to include new discoveries, or as a “artful propagator of error and ignorance” if his followers maintained a stagnant devotion to his practices.¹⁰⁹

Ultimately, Still’s longevity, not his students’ decisions, proved the deciding factor in his legacy. Sullivan was concerned about posterity in 1900; Still would live on for another seventeen years, long enough to personally fan the flames of a schism in osteopathy between those interested in adding other treatment modalities, and those dedicated to osteopathic philosophy and therapy as Still originally taught it.¹¹⁰ This controversy over including adjunct therapies in osteopathic medicine dogged the practice throughout the first third of the twentieth century. The institutional debate was largely settled when the governing body of osteopathic medical colleges, the American Osteopathic Association, agreed to the inclusion of “supplemental therapeutics,” i.e. pharmacology, into the

¹⁰⁸ Ibid., 488.

¹⁰⁹ Ibid., 492.

¹¹⁰ For a summary of the adjuncts controversy, see Gevitz, *The DOs*, 73–84.

curriculum at osteopathic colleges nationwide.”¹¹¹ This change expanded the scope of practice so that osteopaths were therapeutically competitive with regular physicians, and coupled with later reforms in basic science education, placed doctors of osteopathy on a path to professional equivalency with medical doctors. Still’s legacy has survived as an ethos of holistic treatment that osteopaths celebrate as the positive differentiating factor between osteopathy and regular medicine. This replacement of rigid doctrine with a flexible holistic philosophy allowed osteopaths to revere Still’s values without being bound by his dogmatic strictures. Still escaped the binary of mountebank or God by becoming an inspirational figure whose exact methods were less important than his values and aspirations.

¹¹¹ Ibid., 84.

CHAPTER 3

FROM FARMERS AND TEACHERS TO OSTEOPATHS

Word about osteopathy had spread through newspaper coverage and enthusiastic patient accounts. Many of the first students at the school were themselves patients or the family members of former patients. The graduates in the first class at the American School of Osteopathy (A. S. O.) came from as close as nearby Macon, Missouri, and as far away as Dallas and San Francisco.¹ Interest in becoming an osteopath was not only widespread but grew at an incredible rate. The number of students who graduated from the A. S. O. ballooned from 18 in 1894 to over 140 by 1898.² Who were these early students, what attracted them to osteopathy, and how did they come to spread Still's medicine across the nation? This chapter analyzes the early classes of osteopaths at the A. S. O. as a cohort to answer questions about who sought to practice this controversial medicine. The first osteopathic students were true believers, representing a diverse blend of backgrounds and professional preparation. As Still's science became more well-known and proved lucrative,

¹ Violette, *History of Adair County*, 251.

² A. S. O. Student Ledger no. 1, 1892–1898; for a summation of the creation of the A. S. O., its early students, and faculty, see Gevitz, *The DOs*, 22–25 and 32–37.

the number of graduates grew, and their profiles transformed from a diverse mix of true believers to mostly young men on the make in late nineteenth-century America.

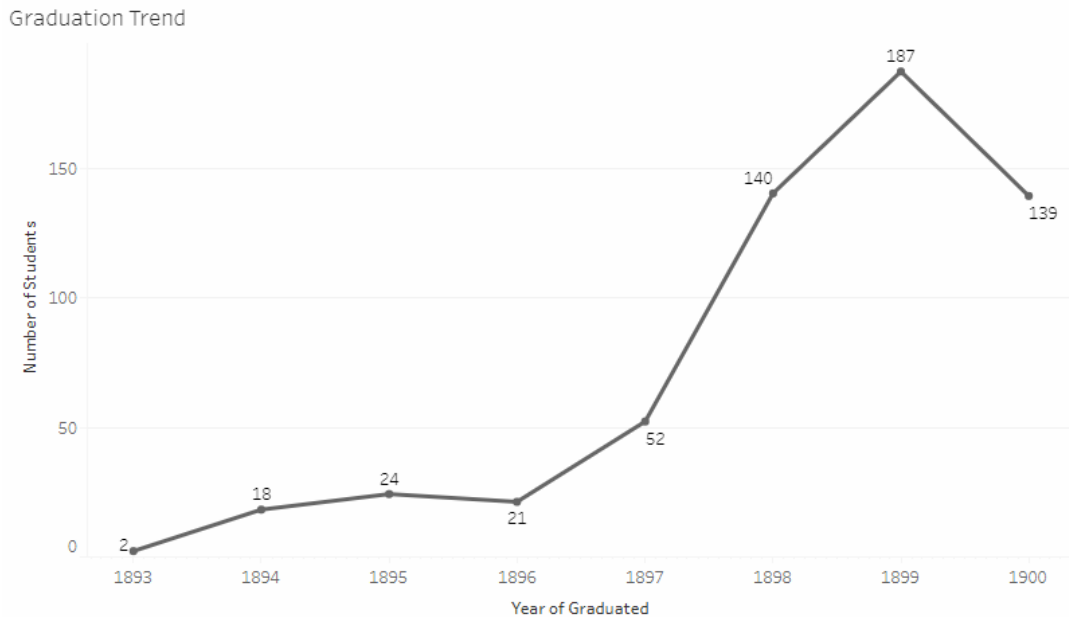


Illustration 4: Graduation Data from A. S. O., 1892–1898.³
Source: A.S.O. Student Ledger no. 1.

After its founding in 1892, the A. S. O. lurched forward in fits and starts. The school only graduated three classes from 1892 to 1896, struggled to settle on a consistent curriculum, and conferred degrees upon students that Still would later claim were not

³ This and all other data visualizations from this dissertation are available for viewing on the Tableau Public platform at <https://public.tableau.com/profile/matt.reeves#!/vizhome/ASOStudentLedgerDataDuplicate/StudentNumbers>. I am grateful to Ellen Chancey for her assistance setting up these tables and her insistence that doing things manually was a waste of time in the year 2020.

qualified to teach his science.⁴ Early faculty included Dr. William Smith, a Glasgow trained physician, as well as several members of Still's immediate family who graduated with the first few classes of D. O.s. The term "D. O." originally stood for diplomate in osteopathy. Initially Still used the term diplomate to distinguish his graduates from medical doctors. The earliest students left the A. S. O. in 1893 with handwritten diplomas in osteopathy. These documents were superseded a year later by printed diplomates in osteopathy granted to the first official graduating class in 1894. Still believed that the term doctor was inextricably linked with drugs, and that his school was one of philosophy, not medicine.⁵

The first students of osteopathy found themselves in Kirksville going from appointment to appointment with the master, but early osteopathic education was not well resourced or thoughtfully structured. Students arrived in the morning for anatomy classes taught by William Smith (1862–1912), a Scottish medical doctor who came upon osteopathy while working as a travelling salesman for a medical textbook and supply company in the United States in June of 1892.⁶ As a younger man, Smith had enrolled in the medical school at the University of Edinburgh in 1880. Never one for the direct route, Smith left Glasgow

⁴ Gevitz, *The DOs*, 31.

⁵ Norman Gevitz, "The 'Diplomate in Osteopathy': From 'School of Bones' to 'School of Medicine,'" *The Journal of the American Osteopathic Association* 114, no. 2 (February 1, 2014): 114–24, <https://doi.org/10.7556/jaoa.2014.025>.

⁶ Walter, *The First School of Osteopathic Medicine*, 7.

without graduating in 1884. He sought out medical education opportunities in Manchester, London, Paris, and Prague, before returning to Edinburgh, where he passed his examinations and became a medical licentiate of the Royal College of Physicians and Surgeons on January 22, 1889. Looking for opportunity, Smith immigrated to Flatbush in New York and began the first of many failed practices throughout his wandering medical career. Perhaps because he was unable to make ends meet by creating a flourishing practice, Smith went into textbook and pharmaceutical sales for the A. S. Aloe Company.⁷

Still's renowned success at growing a practice fascinated Smith, and after hearing mixed but strong opinions about osteopathy, Smith decided to visit Still at his infirmary. He later described the building as ramshackle – a small space with many missing windows – but he was apparently so taken with Still's presentation of osteopathic medicine that he agreed to teach anatomy for him in exchange for an education in osteopathy.⁸ Smith's classes were hampered by a lack of resources. The school did not have facilities beyond a small room for instruction and a single skeleton. The lack of cadavers for anatomical study was a problem for osteopathic training, which was predicated on adjustments designed to address minute impingements on nerves and blood vessels. Despite this clear disadvantage, later accounts

⁷ E. R. N. Grigg, "Peripatetic Pioneer: William Smith, M.D., D.O. (1862-1912)," *Journal of the History of Medicine and Allied Sciences* 22, no. 2 (April 1, 1967): 169–79, <https://doi.org/10.1093/jhmas/XXII.2.169>.

⁸ Walter, *The First School of Osteopathic Medicine*, 7.

of the early days are quite laudatory, as students recalled how Smith's teaching method overcame those disadvantages: ". . . one who listened to [Smith] could virtually look into the human body with his mind's eye and see all its numerous functions."⁹

Still was not pleased with the results of his first class of osteopathic students. Several students took advantage of the lack of a clearly delineated curriculum, stopped attending after a single year's study, declared themselves osteopaths, and went out into the world to practice. A banquet was held to celebrate the end of that first year, but the first graduation ceremony was not held until 1894, when credentials were officially awarded to students that studied for a single year as well as those that returned to complete a second year (two total terms). Still's frustration with his early students was compounded by their desire to teach osteopathy as well as practice it. The most notable early case was the Barbers of Kansas City, whom the osteopathic establishment would later openly accuse of running an osteopathic diploma mill.¹⁰ The Barbers – Elmer and Helen – graduated from the A. S. O. in 1895 and moved to the Kansas City area where they set up an osteopathic practice and chartered The National School of Osteopathy. Not only were the Barbers openly competing with Dr. Still and the A. S. O., but Elmer Barber authored a pair of books on osteopathy. Barber accused Still of misunderstanding the treatment mechanism

⁹ Hildreth, *The Lengthening Shadow*, 31.

¹⁰ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 166–167.

responsible for osteopathy's success (Barber argued that osteopaths were adjusting muscles, not bones).¹¹ Barber also provided an illustrated guide to osteopathic manipulations, something that Still treated as anathema because it would encourage readers to attempt osteopathic adjustments without the proper training or anatomical knowledge.¹² Still lamented that these students were nothing but "imitators" and "bunglers" without sufficient anatomical knowledge.¹³

A lack of respect from osteopathy's founder was not the only challenge that faced the first osteopathic students. Outside of Kirksville, osteopaths faced difficulties due to the contested legality of their practice. Vermont became the first state to legalize osteopathic practices in 1897; 14 other states, including Missouri, had explicitly legalized osteopathic practice by 1901.¹⁴ These practice laws often cited osteopathy's rejection of medicine as a key rationale for allowing osteopathy. In states without laws permitting osteopathic practice, the local medical authorities challenged osteopaths by accusing them of practicing medicine without a license from the relevant state medical board. These disputes often hinged on how broadly to define medical practice, with regular physicians arguing that

¹¹ Barber, *Osteopathy: The New Science of Healing*.

¹² Elmer De Vergne Barber, *Osteopathy Complete* (Kansas City, MO: Press of Hudson-Kimberly Publishing Co., 1898).

¹³ Walter, *The First School of Osteopathic Medicine*, 7.

¹⁴ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 95–161.

osteopathy was medicine because it was an attempt to heal the body, while osteopaths claimed that medical practice, legally speaking, required the prescription of drugs. Courts tended to side with osteopaths, not due to an affinity for Still's medicine, but out of a concern that expanding the scope of medical practice to include osteopathic manipulations would also inadvertently include other forms of massage, physical therapy, and exercise.¹⁵ So, while osteopaths were quite fond of saying that osteopathy was nowhere illegal, this statement was misleading, as early osteopaths could expect legal challenges under existing laws barring unlicensed medical practice. The osteopath was likely to win such legal challenges, but the costs and difficulties of fending them off could be significant.¹⁶

Ongoing curricular improvements at the A. S. O. helped address the legal status of osteopathy and improved the quality of its graduates. As part of the drive to gain legal status in Missouri, Still agreed to provide a broadened formal curriculum, which went through a series of expansions during the A. S. O.'s first decade. The initial student class had an indeterminate course of study; the second class was to attend two five-month terms.¹⁷ In June of 1896 the *Journal of Osteopathy*, a publication that served the professional,

¹⁵ Gevitz, *The DOs*, 46–47.

¹⁶ "The History of Osteopathy in the State of Virginia," *Journal of Osteopathy* (June 1902): 192–194.

¹⁷ Walter, *The First School of Osteopathic Medicine*, 11.

promotional, and social needs for the nascent osteopathic community, reported that the curriculum was to expand again.¹⁸ These expansions would lengthen the curriculum and broaden the graduate's knowledge base. Growing the curriculum would also mollify skeptics that viewed osteopathy as less scientific than the healing methods practiced by other doctors. The curricular expansion required that Still hire faculty members capable of teaching subjects like histology, chemistry, urinalysis, toxicology, pathology, and symptomology.¹⁹ The resulting additions to the faculty were largely pedigreed academics. New faculty members had training from schools including Harvard, Baltimore Medical College, Northwestern University, and graduate chemistry training in Germany.²⁰ Osteopathic students now not only learned the practical aspects of manipulation, but also engaged in a scientific education well beyond A. T. Still's own limited formal education.²¹

Examining the background of early osteopathic students illuminates the appeal of Still's science. Starting in January of 1895, the American School kept ledgers detailing student enrollment. These folio-sized books contain essential information on each

¹⁸ "Changes in the Course," *Journal of Osteopathy* 3, no. 1 (June 1896): 4.

¹⁹ Gevitz, *The DOs*, 31.

²⁰ Norman Gevitz, "The 'Diplomate in Osteopathy': From 'School of Bones' to 'School of Medicine,'" 120.

²¹ Still claims to have attended formal medical school in Kansas City before the Civil War, but there is no record of an antebellum medical school in that city. See Gevitz, *The DOs*, 5.

matriculating student. Spaces for student information included their name, prior residence, age (at admission), former occupation, educational attainment, previous medical education, date they entered the school, date they graduated, course grades, attendance by month, date of issuance of doctorates, and other notes.²² These ledgers were working documents that administrators used to track enrollment, matriculation, course completion, and the issuance of credentials. As such, some pages included notes with details about student withdrawals, deaths, or requests for duplicate certificates. The first entries in the ledgers track students that entered the school back to 1892 but notes in the book suggest that the ledgers were not started until January 14, 1895.²³

²² A. S. O. Student Ledger no. 1-8, The International Center for Osteopathic History, A. T. Still University, Kirksville, Mo. Hereafter cited as A. S. O. Student Ledger no. x.

²³ A. S. O. Student Ledger no. 1, 1.

242 242																			
William Clark										J. Homer Dickson									
Student Information					Parent Information					Student Information					Parent Information				
Name: William Clark					Name: J. Homer Dickson					Name: J. Homer Dickson					Name: J. Homer Dickson				
Age: 28					Age: 23					Age: 23					Age: 23				
Former Occupations: Elementary School					Former Occupations: Elementary School					Former Occupations: Elementary School					Former Occupations: Elementary School				
Educational Attainment: Common School					Educational Attainment: Common School					Educational Attainment: Graduate Lincoln (1906) Normal University					Educational Attainment: Graduate Lincoln (1906) Normal University				
Moral Education: Y. M. C. A. Nov. 1904					Moral Education: Y. M. C. A. Nov. 1904					Moral Education: Y. M. C. A. Nov. 1904					Moral Education: Y. M. C. A. Nov. 1904				
Entered: July 1915					Entered: July 1915					Entered: July 1915					Entered: July 1915				
Graduated																			
First Term 1898										First Term 1898									
Days Present		Days Absent		Days Excused		Days Suspended		Days Returned		Days Present		Days Absent		Days Excused		Days Suspended		Days Returned	
100		100		100		100		100		100		100		100		100		100	
Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination	
100		100		100		100		100		100		100		100		100		100	
100		100		100		100		100		100		100		100		100		100	
Average		Average		Average		Average		Average		Average		Average		Average		Average		Average	
88		88		88		88		88		88		88		88		88		88	
Second Term 1898										Second Term 1898									
Days Present		Days Absent		Days Excused		Days Suspended		Days Returned		Days Present		Days Absent		Days Excused		Days Suspended		Days Returned	
22		22		22		22		22		22		22		22		22		22	
Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination	
P		P		P		P		P		P		P		P		P		P	
90		90		90		90		90		90		90		90		90		90	
Average		Average		Average		Average		Average		Average		Average		Average		Average		Average	
88		88		88		88		88		88		88		88		88		88	
Third Term 1898										Third Term 1898									
Days Present		Days Absent		Days Excused		Days Suspended		Days Returned		Days Present		Days Absent		Days Excused		Days Suspended		Days Returned	
20		20		20		20		20		20		20		20		20		20	
Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination	
P		P		P		P		P		P		P		P		P		P	
90		90		90		90		90		90		90		90		90		90	
Average		Average		Average		Average		Average		Average		Average		Average		Average		Average	
88		88		88		88		88		88		88		88		88		88	
Fourth Term 1898										Fourth Term 1898									
Days Present		Days Absent		Days Excused		Days Suspended		Days Returned		Days Present		Days Absent		Days Excused		Days Suspended		Days Returned	
40		40		40		40		40		40		40		40		40		40	
Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination		Examination	
P		P		P		P		P		P		P		P		P		P	
90		90		90		90		90		90		90		90		90		90	
Average		Average		Average		Average		Average		Average		Average		Average		Average		Average	
88		88		88		88		88		88		88		88		88		88	
Final Average Grade. Date of Diploma.																			
36 189										36 189									

Illustration 5. Student Ledger Information for William Clark and J. Homer Dickson. Source: A. S. O. Student Ledger no. 1: 242.

Using information from the first student ledger, I created a database that documents 629 students who enrolled in the A. S. O. from 1892–1900. The database contains the ledger number, page number, and each student’s name, gender, marital status (see below), residence, age, former occupation, educational attainment, prior medical education, enrollment date, and graduation date. Gender was not a formal data point on the student record, but I inferred it from the titles included with the student’s name, either “Miss” or “Mrs.”²⁴ A significant number of married couples attended the A. S. O. together. In many cases, these relationships seem clear, as the two students entered the institution at the same time and their registrations are on the same or adjacent pages in the student registers.²⁵ In other cases, there are notes in the registers recording marriages, which were either spouses enrolling at different times, or cases where single students married. Each such note is recorded in the database. There are 13 entries in the ledger from students that transferred to the A. S. O. after attending a competing school, the Columbian School of Osteopathy, which closed in 1901.²⁶ I have excluded these students from this study, as they

²⁴ Entries for Miss Marie Helen Harkins and Mrs. Tryphena Haven, A. S. O Student Ledger no. 5, 38–39.

²⁵ Entries for Bryan Goodwin and Mrs. Emma Goodwin, A. S. O. Student Ledger no. 1, 234.

²⁶ Warner, *The First School of Osteopathic Medicine*, 45–48.

are only a small portion of the overall population of transfer students from the Columbian school, the remains of which appear in a subsequent student register.

The Earliest Classes: Family, Patients, and Seekers

The early classes of osteopaths were made up of three types of students: Still's family members, his former patients, and seekers of medical knowledge. For a mode of medicine strongly identified with A. T. Still and his family, it was not surprising that many of the earliest students at the A. S. O. were members of Still's immediate or extended family. The Still family's relationship to osteopathic practice before it found runaway success, however, was less than cordial. Still first started publicly experimenting with alternative medical practices when he lived in Palmyra, Kansas, near most of his extended family in Baldwin, Kansas.²⁷ The Methodist church had assigned Abram Still to help found a church in Baldwin. A. T. Still and two of his brothers contributed land to the cause.²⁸ Despite being part of an influential local family, Still claimed that his first efforts to practice alternative medicine made him a pariah, and he was shunned by his family and denied a request to publicly defend his practices. Still requested to give a lecture at Baker University but, as he

²⁷ Still, *Autobiography*, 111.

²⁸ *Ibid.*

later lamented, “the doors of the structure that I had helped build were closed to me.”²⁹ This family squabble led Still to relocate to Missouri in 1875.³⁰ Once there, Still reported finding a letter from his brother James to another brother, Edward. In the letter James claimed that Andrew Still had lost both his mind and his manhood.³¹ The notion of laying hands on women to treat them was scandalous, and Still’s family members believed that Still had lost his wits, and in the process, tarnished his good standing as a gentlemen in the community.

Still’s success in Kirksville transformed his extended family’s beliefs about osteopathy, but that success would not come overnight. Still first opened a medical office in Kirksville in March of 1875.³² At this time he had not yet decided upon the name “osteopathy,” but instead practiced as what he called a “Magnetic Healer.”³³ The early years in Kirksville did not bring in enough patients, so Still went on the road, travelling the train routes and announcing himself and his medical practices in each town he visited. These trips became something of a sensation. According to contemporary newspaper

²⁹ Ibid., 112.

³⁰ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 26.

³¹ Still, *Autobiography*, 113.

³² Walter, *The First School of Osteopathy*, 1.

³³ Ibid.

coverage, patients would come from miles around to see Still and receive treatment.³⁴ By the time he turned 50 in 1878, Still was a charismatic celebrity throughout Missouri. The itinerant doctor visited towns to “demonstrate the power of his system” and heal the sick, with stops in Wadesburg, Clinton, Holden, Harrisonville, Hannibal, Rich Hill, and Kansas City.³⁵ Still’s sons accompanied him on these trips and assisted him with his patient visits, treating patients under their father’s supervision.³⁶ The lessons they learned on the road made the Still boys the first students of osteopathy. By 1887, Still decided to stay in Kirksville full-time and treat patients at his office.³⁷ After two years of settled practice, Still began to think about a school to teach his philosophy of healing, and officially settled on a name for his system of medicine: osteopathy, a combination of the Greek words for bone (osteon) and suffering (pathos).³⁸

With a name in place and sons trained to help him run his practice, Still incorporated his school at the Adair County Courthouse in May of 1892. Still held a controlling interest in the company; others holding shares included his wife, Mary, his sons, Harry and Charles, his

³⁴ Ibid., 20.

³⁵ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 26.

³⁶ Charles E. Still, “Establishing the Fact that Osteopathy is a Science,” *Journal of Osteopathy* 4, no. 8 (February 1898): 415-418.

³⁷ Walter, *The First School of Osteopathy*, 2.

³⁸ Ibid.

brother Edward, and two former patients.³⁹ The Stills now had not only a familial interest in the success of osteopathy, but an explicit financial motivation to make the medicine and the school a productive enterprise. Even Still's skeptical brother came to recognize the opportunity osteopathy presented. James, who had called Andrew Still mad and questioned his manhood in the 1870s, changed his mind. According to Andrew's autobiography, James' motivations were not strictly for the betterment of the science: "Hallelujah, Drew, you are right; there is money in it, and I want to study osteopathy."⁴⁰ Not only were Still's sons the first informal osteopathic students, but 10 members of his immediate and extended family earned diplomates of osteopathy before 1897.⁴¹ Still was the founder of osteopathy, and by proximity to the doctor, his family was feted as something like osteopathic royalty.

³⁹ Ibid., 3.

⁴⁰ Still, *Autobiography*, 113.

⁴¹ American School of Osteopathy Alumni Directory, compiled from an alumni list print in the 1926 A. S. O. yearbook, *The Osteoblast*. "A.T. Still University - Museum of Osteopathic Medicine - Alumni Yearbooks," accessed February 23, 2019, https://www.atsu.edu/museum/alumni_yearbooks/.



Illustration 6. Still's Immediate Family, c. 1897.
Source: *Journal of Osteopathy* 4, no. 1 (May 1897): 9.

Former patients and their family members made up another significant number of early students at the A. S. O. The appeal to former patients and their loved ones demonstrated the profound impact of experiencing a transformative cure. Still had spent almost two decades practicing in Kirksville and throughout Missouri before founding the A. S. O. His connections throughout the state created a network of prospects with positive experiences with osteopathy: his patients and their family members. Arthur Hildreth, an early student and 1894 A. S. O. graduate, came to osteopathic practice after watching Still treat his father. Hildreth and his family were longtime acquaintances and patients of Dr. Still. In May of 1885, Hildreth's father began having difficulty swallowing food because of

“some irritation at the lower end of the esophagus.”⁴² Attacks would last three or four days, during which time the elder Hildreth could not eat. The condition grew progressively worse and it got to the point where Hildreth could not eat at all during the attacks. The illness first occurred while Dr. Still was travelling Missouri to provide pop-up medical treatment, and the Hildreths were unable to meet with Dr. Still for a few months. Concerned, the Hildreth’s visited with a regular doctor, but were displeased with the standard cure: forcing an opening in the esophagus with a bougie (a long cylindrical tube made of gutta-percha) in an attempt to expand the passage and release the pressure.⁴³ Hildreth’s father eventually saw Dr. Still, who adjusted the neck area and provided temporary relief, but ultimately the elder Hildreth died of his illness a little over a year after its first occurrence.⁴⁴

This encounter with osteopathic medicine did not ultimately result in a cure, but illustrated a key experiential, subjective difference between regular medicine and Still’s osteopathic practice. Still was committed to providing treatments to alleviate discomfort

⁴² Hildreth, *The Lengthening Shadow*, 5.

⁴³ Edwin Lankester, *The Family Medical Guide : A Complete Popular Dictionary of Medicine and Hygiene : Comprising All Possible Self-Aids in the Treatment of Diseases, Accidents, Emergencies, Etc., with Articles on General Physiology, on Diet and Food, on the Different Drugs, Plants, and Medical Preparations Used in General Practice, Definitions of Technical Terms Used in Medicine, Recipes for the Preparation of Everything Useful in the Domestic Treatment of Disease, Etc., Etc., Etc.* (New York : Pelton, 1881): 40, <http://archive.org/details/63610050R.nlm.nih.gov>.

⁴⁴ Hildreth, *The Lengthening Shadow*, 6.

from a chronic condition and did so despite the frequent and lengthy trips to the Hildreth home on the fringes of Kirksville.⁴⁵ During these visits Still was able to “relax the muscles,” in Hildreth’s father’s neck, and was the only physician that could provide him even a modicum of relief. But it was Still’s personal attention and uncanny ability to sense his patient’s need that made an indelible impression on the younger Hildreth. On a particularly difficult day when his father could barely swallow, Hildreth reported that Dr. Still appeared without being called for. Still had walked the four miles through mud and rain to render service to his patient and greeted the Hildreths on the front porch with the following words: “I felt you people might need me, so here I am.”⁴⁶ Though the elder Hildreth died a few days later, the bereaved were touched by Dr. Still’s commitment to his patient. “It had been a wet backward spring, the roads were impassable,” Hildreth later wrote, “but [Dr. Still] came to us across those muddy fields as a friend as well as a physician because he felt we needed him.”⁴⁷

This case suggests that the method and manner of treatment had a profound impact on the patient and their family, even in cases where the outcome was not a cure. Hildreth’s faith in Still and osteopathy continued, and when his wife suffered from granulated eyelids

⁴⁵ Ibid., 5.

⁴⁶ Ibid., 6.

⁴⁷ Ibid.

some years later, they sought out Still.⁴⁸ He diagnosed an impingement in the neck that prevented the free flow of blood to the eyes, which caused the inflammation and granular build-up. This time the doctor was able to cure the condition, without surgery, but through several months of weekly neck adjustments followed by manually crushing the granular build-up between his finger and thumb.⁴⁹ What had been a chronic condition since Mrs. Hildreth was 8 years-old ended, and she never reported another issue with granulation after Still's treatment. The Hildreths perceived this cure as nothing short of a miracle. The condition had been chronic and had progressively grown worse, to the point where the Hildreths began to fear for her sight.⁵⁰ According to Arthur Hildreth, "medical men of the 'old school'" in Kirksville had advised them that ongoing treatment to scrape off the granules was the only remedy, and that an expensive surgery in distant St. Louis was the only hope for a permanent cure. No documentation exists corroborating these accounts, but what is certain is that Hildreth later recalled both Still's success and failures as evidence of his commitment to patients and felt confident that readers would be interested in Still's process for treatment in opposition to the advice of regular practitioners.

⁴⁸ Ibid., 7.

⁴⁹ Ibid., 9.

⁵⁰ Ibid., 6.

So, when Still approached Hildreth on a train in 1892 and recruited him for osteopathic training at the A. S. O., he knew that he was drawing upon years of treatment and social investment. Still's pitch was direct and characteristic: "Arthur, I am looking for one hundred young men who do not drink whiskey, chew tobacco or swear. I want to teach them osteopathy."⁵¹ Hildreth was concerned that he would not be able to learn Still's methods for diagnosing and treating illness, claiming that "many people thought [Still] was clairvoyant or had supernatural powers to be able to diagnose and treat conditions as he did."⁵² Hildreth worried it would be impossible for Still to teach these methods to others. After consulting with his wife, Hildreth decided to attend the school, but the couple hedged their bets by keeping their farm as a back-up plan in case osteopathy did not work out. Even patients with experience and faith in osteopathy viewed it as something mysterious that may have been a unique gift as opposed to a replicable skill.

⁵¹ Ibid., 26.

⁵² Ibid.

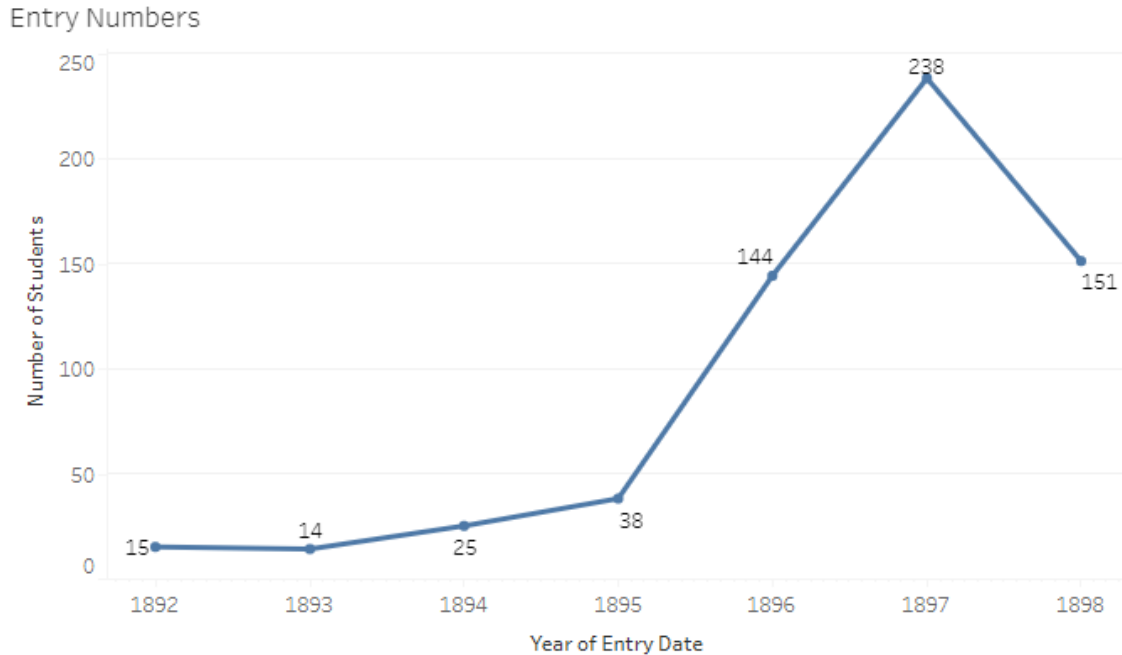


Illustration 7. Student Enrollment Data, 1892–1898.
 Source: A. S. O. Student Ledger no. 1.

Ambitious students had ample opportunity for advancement within the school. H. E. Patterson was an A. S. O. student who also served as the school’s corresponding secretary from 1894–1898.⁵³ Patterson’s prior career as a real estate agent and a graduate of the Kirksville State Normal School prepared him for the administrative and clerical duties he took on as the A. S. O.’s corresponding secretary. Still’s decision to hire A. S. O. student and

⁵³ American School of Osteopathy Alumni Directory, compiled from an alumni list print in the 1926 A. S. O. yearbook, *The Osteoblast*. “A.T. Still University - Museum of Osteopathic Medicine - Alumni Yearbooks,” accessed February 23, 2019, https://www.atsu.edu/museum/alumni_yearbooks/ and “Will Take A Rest,” *Journal of Osteopathy* 4, no. 8 (January 1898): 390–391.

former schoolteacher Nettie Bolles to teach anatomy, however, was difficult to understand, given his insistence that anatomy was the bedrock foundation of osteopathic practice.⁵⁴ Bolles was a graduate of the University of Kansas and had spent a year studying anatomy under the previous instructor, William Smith. But her appointment as sole anatomy instructor spoke to either her exceptional brilliance, the school's necessity, or some blend of the two. For his part, Still later recalled that he "gave her Gray's Anatomy and the Quiz Compend, and told her to do the best she could and she did well."⁵⁵ Staffing changes were part of life at the A. S. O. and Still believed that for "every vacancy made, just as good men and women stand ready and fully competent to take the pen or broom."⁵⁶ Still was cultivating new osteopaths to fill the vacancies created by the old guard.

⁵⁴ Patterson's prior career and educational attainment come from A. S. O. Student Ledger no. 1, p. 24, and also "Alumni Roster: 1917," *The Bulletin of the First District Normal School* 17, no. 4, accessed February 27, 2019, <http://library.truman.edu/archives/alumni1917.asp>. For Still emphasis on anatomical knowledge, see the previous chapter of this dissertation.

⁵⁵ Andrew T. Still, "Historical Advice to the Present, Past, and Future Graduating Classes," *Journal of Osteopathy* 5, no. 2 (July 1898): 73-74; Gray's Anatomy was first published in 1858 and remains a standard text, see Ruth Richardson, *The Making of Mr. Gray's Anatomy* (New York: Oxford University Press, 2008); the Quiz Compend was a study aid created for medical students by William J. Watkins of the Kentucky Medical College in Louisville, see William J. Watkins, *Quiz-Compend. A Compend of Human Physiology* (Louisville, KY: W. J. Watkins, 1891): <http://archive.org/details/quizcompendcompe00watk>.

⁵⁶ Andrew T. Still, "Historical Advice to the Present, Past, and Future Graduating Classes," *Journal of Osteopathy* 5, no. 2 (July 1898): 74.

From her post as anatomy instructor, Bolles argued that the school was mistaken to allow the first class of osteopathic students to attend operations (as Still called manual adjustments) in the infirmary concurrently with anatomy classes.⁵⁷ As a consequence, some of the early students “paid more attention to becoming imitators, and remembering ‘what button to press,’ for each particular disease or condition,” than they did to building a strong foundation in anatomy.⁵⁸ The greater portion of that class copied the movements they saw from Dr. Still and his sons in the infirmary, experienced some early successes, and left before Still considered them prepared to practice. The results were so unsatisfactory that Still “was convinced that the attempt to teach osteopathy was a mistake.”⁵⁹ If the first efforts at osteopathic education were a mistake, Still’s personal ethos towards medical education and practice fostered such rebellion. Still shared his personal narrative and beliefs with his early students. These stories were heavy on intuitive practice, individualism, and a disdain for learning from human authorities.⁶⁰

This mistake compounded itself when these imitators opened schools and claimed to teach osteopathy themselves. In 1899, Dr. C. M. T. Hulett, then dean of the A. S. O.,

⁵⁷ Still, *Autobiography*, 351.

⁵⁸ Bolles, *Journal of Osteopathy* 1, no. 12 (April 1895): 3.

⁵⁹ *Ibid.*

⁶⁰ See Chapter 2.

spoke to the American Osteopathic Association's Annual Convention. These national meetings started in 1897 in Kirksville and moved to a new city each year.⁶¹ Early host cities included Indianapolis (1899), Chattanooga (1900), and Cleveland (1903).⁶² From the dais Hulett decried such pseudo-osteopathic schools; he had overseen a curricular expansion at the A. S. O. to include coursework in chemistry, physics, histology, physiology, urinalysis, psychology, and pathology, among others.⁶³ This curricular expansion was possible in part due to the lengthening of the degree program from 10 months (two five-month terms) in 1894 to 20 months (four five-month terms) in June 1896.⁶⁴ Hulett partially excused the operators of the pseudo-osteopathic schools by noting that "early graduates of the American School of Osteopathy were not qualified to plan and carry out a system of education. . . They did not know, because they had not been taught. The Old Doctor's conception of the errors of the medical profession was so vivid that to the students' minds

⁶¹ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 250.

⁶² *Ibid.*, 250–265.

⁶³ *Catalogue of the American School of Osteopathy Session of 1898–1899 Sixth Annual Announcement* (Kirksville, MO: Journal Printing, 1898): 18–19.

⁶⁴ "Requirements," *Journal of Osteopathy* 1, no. 1 (May 1894): 4; "Changes in the Course," *Journal of Osteopathy* 3, no. 1 (June 1896): 4.

it was all-inclusive.”⁶⁵ Still’s attitude towards the medical canon made fields like physiology, pathology, and symptomatology taboo. He presented osteopathy as “a little anatomy and some clinic work,” and argued against detailed theoretical knowledge, claiming that a “good physiologist made a poor operator.”⁶⁶ To many of these first A. S. O. graduates, “scholastic attainments or ambitions were not to be considered as of special advantage in the lifework of an Osteopathist.”⁶⁷

But for all the troubles that Still’s example created for later administrators and teachers, his charismatic narrative and claim as the founder of osteopathy gave the A. S. O. an unrivaled appeal to early students. The novelty of osteopathy drew a third group of students. In addition to Still’s family and his patients and their families, the A. S. O. attracted a group of student that sought out Still for his innovative, esoteric knowledge.⁶⁸ These students were also the most likely to have prior medical education. Andrew P. Davis was,

⁶⁵ C. M. T. Hulett, Speech to the American Osteopathic Association Annual Meeting, Indianapolis, Indiana, 1899, cited in Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 75.

⁶⁶ Ibid.

⁶⁷ Ibid.

⁶⁸ I am indebted to Norman Gevitz for inspiring this classification of student. The descriptor “Seeker” and Davis as the exemplar of this student type come from Gevitz in Gevitz, “The ‘Diplomate in Osteopathy’: From ‘School of Bones’ to ‘School of Medicine,’” *The Journal of the American Osteopathic Association* 114, no. 2 (February 1, 2014): 114–24, <https://doi.org/10.7556/jaoa.2014.025>.

along with William Smith, a founding faculty member of the A. S. O. who agreed to trade instruction for osteopathic education.⁶⁹ Initially, Still found osteopathy's appeal to these seeker physicians as an excellent recruitment tool. The first issues of *The Journal of Osteopathy* published a sworn, notarized statement from Davis, Davis' son, F. S. Davis (also a physician), and William Smith. The three regular physicians swore that osteopathy was "in advance of anything known to the general medical profession in the treatment of disease."⁷⁰ The elder Davis was a life-long medical student who claimed to have graduated from treatment courses in regular medicine, homeopathy, "ophthalmology and otology, . . . Therapeutic Sarcognomy, Mental Science, Christian Science, Hypnotism, and finally Osteopathy. . ."⁷¹

Of all the early students of osteopathy, the seekers presented the greatest problem because of their efforts to claim that Still himself did not fully understand osteopathy. The lack of a personal or familial connection to Still meant that the science of osteopathy was the principal draw for the seekers. Several of these students went on to create rival

⁶⁹ Ibid.

⁷⁰ *Journal of Osteopathy*, 1, no. 1, (May 1894): 1.

⁷¹ Andrew P. Davis, *Osteopathy Illustrated : A Drugless System of Healing* (Cincinnati: Fred L. Rowe, 1899): <http://archive.org/details/osteopathyillustr00daviuoft>: 10. Likewise, Sarcognomy was the "science of the soul," invented by American physician and spiritualist Joseph R. Buchanan.

osteopathic schools and publications, including books that made claims to osteopathic knowledge and practices greater than Still. Andrew P. Davis left after his year's study and began to practice osteopathy in Chicago.⁷² Davis published a book of illustrated adjustments designed for home osteopathic treatments.⁷³ Similar books were also published by E. D. Barber, who graduated from the A. S. O. in 1895.⁷⁴ Like Davis, Barber was a seeker who was drawn to learn about Still's methods. Barber claimed a diverse medical background, including an apprenticeship with a mysterious New Jersey healer who treated patients without surgery or drugs; Paul Castor, "whose cures were equally marvelous"; and other faith doctors and spiritualistic mediums.⁷⁵ Davis and Barber each acknowledged Still's roll in discovering osteopathy, but they also claimed that Still did not fully comprehend or master osteopathy. In a biographical sketch included in Davis' *Osteopathy Illustrated*, F. L. Rowe, a physician, claimed that "until Dr. Davis took hold of the subject, Osteopathy was in its crudest state, meagerly known only within the narrow limits of a few counties, and had

⁷² "Directory of the Graduates of the American School," *Journal of Osteopathy* 5, no. 3 (August 1898): xiii.

⁷³ Davis, *Osteopathy Illustrated: A Drugless System of Healing*.

⁷⁴ Barber, *Osteopathy: The New Science of Healing* and American School of Osteopathy Alumni Directory, https://www.atsu.edu/museum/alumni_yearbooks/.

⁷⁵ Barber, *Osteopathy: The New Science of Healing*, 11.

been recognized by only a few men of note. . .”⁷⁶ Likewise, Barber claimed that Still was mistaken to attribute the success of adjustment to bones. Barber believed that adjustments actually relaxed muscles and that Still misunderstood the mechanism of his own treatments.⁷⁷ Seekers made these claims, but they also continued to tout degrees from the A. S. O. and a connection to Still’s lineage. Ultimately, the rogue student’s efforts to claim a new or improved osteopathy were not successful. E. D. Barber returned to osteopathy’s good graces after writing his epistolary novel *Confessions of an M.D.*, in which an old medical doctor converts to osteopathy.⁷⁸ Davis died in Los Angeles in 1919, unable to convince the world that he had perfected osteopathy.⁷⁹ Still’s notoriety as the founder of osteopathy was too great for would be usurpers to overcome.

⁷⁶ Davis, *Osteopathy Illustrated*, x-xi.

⁷⁷ Barber, *Osteopathy: The New Science of Healing*, 11–12.

⁷⁸ Elmer De Vergne Barber, *Confessions of an M.D.: Being a Series of Semi-Humorous Letters from a Doctor to His Son* (Kansas City, MO: Hudson-Kimberly, 1904).

⁷⁹ Card for Davis, Andrew P. United States Deceased Physician File (AMA): 1864-1968, "images, FamilySearch (<https://familysearch.org/ark:/61903/3:1:3QSQ-G9QP-6L4D?cc=2061540&wc=M6YC-7M9%3A353033101> : 22 May 2014): Davidson, Harry Simpson-Davis, William > image 584 of 2898; American Medical Association, Chicago.

Prior Educational attainment

Admissions standards, particularly when it came to prior educational attainment, reflected the A. S. O.'s lack of administrative organization. The school's initial criteria for admission focused more on personal character than prior achievement. In the first issue of the *Journal of Osteopathy*, Still and the A. S. O. laid out the earliest formal admissions guidelines:

All applicants for admission to the American School of Osteopathy should have physical endurance, strength, a strong constitution and be free from bondage to any drug either in the shape of stimulant or narcotic. They should possess a good English education and a receptive mind in order to acquire the details of anatomy which are essential to the proper understanding of Osteopathy.⁸⁰

This focus on fortitude mimicked expectations for early modern apprentice indentures for surgeons and apothecaries, who unlike physicians, were expected to execute physically demanding treatments and interventions. While no doubt salutary, these desired traits would have been difficult to measure in any standardized or objective way.

Evidence from the student ledgers suggests that some students started the program while recovering from illness or suffering from physical infirmity. Robert Buckmaster, a fifty-year-old former merchant, attended the A. S. O. starting in January of 1896. The ledger book reports that he had poor hearing, which did not prevent him from graduating in

⁸⁰ "Requirements," *Journal of Osteopathy* 1, no. 1 (May 1894): 4.

September of 1897.⁸¹ Similarly, John Rankin graduated in the same class despite having lost a leg in a railroad accident; Ora Densmore persevered through whatever differing physical ability led to him being labeled a “cripple.”⁸² Administrators tracked student ailments in the ledgers, noting in the margins which students had been hurt and how their course of treatment went. One student recovered from “a shotgun wound to the neck,” another overcame “white swelling – recovered” (likely tuberculosis), and a third completed the D.O. despite injuring her back in a fall and suffering from chronic rheumatic pain.⁸³ Some injuries proved so severe that the student had to discontinue their studies. Darley Brush’s “hearing failed,” resulting in his withdrawal, while Newton Dufur of Queen City, Missouri, had his scholarship cancelled on the account of his “ill health.”⁸⁴ These students were the exception rather than the rule; fewer than 1 percent of students from the ledger did not complete their D.O. due to illness.

The requirement that students be “free from bondage to any drug either in the shape of stimulant or narcotic” came from A. T. Still’s medical theories, which were in turn

⁸¹ Entry for Robt M Buckmaster, A. S. O. Student Ledger no. 1, 36.

⁸² Entry for John J Rankin, A. S. O. Student Ledger no. 1, 50; Entry for Ora Densmore, A. S. O. Student Ledger no. 1, 64.

⁸³ Entry for James J. Burris, A. S. O. Student Ledger no. 1, 137; Entry for Chas. E. Lorenz, A. S. O. Student Ledger no. 1, 161.

⁸⁴ Entry for Darley R. Brush, A. S. O. Student Ledger no. 1, 122; Entry for Newton J. Dufur, A. S. O. Student Ledger no. 1, 149.

informed by his philosophy and religious convictions.⁸⁵ A staunch Methodist by upbringing, Still did not countenance alcohol or drug use in either patients or students. “Osteopathy cures,” Still said in an 1897 lecture, “allopathy, if it does not kill, teaches you to drink whiskey, eat opium, ruins your whole manhood and usefulness, makes you a mental and a moral wreck, causes you to shun society, hate your neighbor, fight your mother and abuse your wife.”⁸⁶ Practicing regular medicine was commensurate with substance abuse: “When you are filled with whiskey or opium, then you become a pitiful fool and a monumental liar. All men are liars when under the influence of whiskey or opium.”⁸⁷ The prohibition on consumption of substances extended to patients as well. “All patients who come here for treatment MUST abstain from the use of intoxicating liquors of every kind while under our care,” Still wrote in a notice in the *Journal*, reiterating that “. . . Those who cannot conform . . . had better stay away.”⁸⁸

Despite the strength of Still’s antipathy towards substances, there is no evidence from the ledgers that any students were ever expelled or denied entry because of drug or alcohol consumption. It is quite possible, however, that some of the students that reported

⁸⁵ “Requirements,” *Journal of Osteopathy* 1, no. 1 (May 1894): 4.

⁸⁶ A. T. Still, “Comparison of Alopathy [sic] and Osteopathy,” *Journal of Osteopathy* 1, no. 12 (April 1895): 2.

⁸⁷ Ibid.

⁸⁸ A. T. Still, “Important to Patients,” *Journal of Osteopathy* 2, no. 7 (October 1895): 7

illness as a cause for withdrawal may have used sickness to cover substance abuse, or that some of the students who dropped out of the program may have had issues with substances. Despite a history of temperance movements, alcohol was available in Kirksville. The city had dram shop ordinances dating back to the 1860s. In 1873, the city council approved an ordinance prohibiting the sale of liquor and beer in quantities less than a gallon, only to see the ordinance openly violated. This restriction to bulk purchasing did not stop the private consumption of alcohol, but it did effectively prohibit saloons and other establishments from selling booze by the glass. A pattern of prohibition, open consumption, and attempts to license saloons continued in Kirksville through the turn of the century, with votes showing the city population teetering back and forth between outright prohibition and licensure.⁸⁹

A “good English education,” like physical health, was also part of the ambiguous standards for admission to the A. S. O. This initial description from the 1894 *Journal* became more specific by 1897, when the A. S. O. catalog laid out the requirements for matriculation:

1. Creditable evidence of good moral character.
2. Diploma of graduation from a reputable literary or scientific institution, or other evidence of literary qualifications.

⁸⁹ Violette, *History of Adair County*, 351–354.

3. Examination in the fundamental branches of a good English education.⁹⁰

The nature of these examinations was unclear, but a later version of the catalog expanded the idea of what constituted the fundamental branches of a good English education. From the 1899 catalog:

1. Creditable evidence of good moral character
2. Satisfactory evidence of a good English education as follows:
 - a. In English, an essay of not less than two hundred words, judgment on which will include thought, construction, spelling, and handwriting.
 - b. A good knowledge of arithmetic, including compound numbers, percentage, ratio, proportion, and the metric system.
 - c. A fair knowledge of history and geography, especially of the United States.
 - d. In physics some knowledge of the fundamental principles.⁹¹

⁹⁰ *Catalogue of the American School of Osteopathy Session of 1897–1898 First Annual Announcement* (Kirksville, MO: Journal Printing, 1897): 52.

⁹¹ *Catalogue of the American School of Osteopathy Session of 1899–1900 Seventh Annual Announcement* (Kirksville, MO: American School of Osteopathy, 1899): 27.

Applicants that failed to pass one or two of the branches during their entry examination could be conditionally admitted and then had the first term to submit a passing grade.⁹² As an alternative to examination, applicants could submit “an official diploma or certificate of any reputable literary or scientific college, academy, normal school, or high school” and avoid admissions testing.⁹³ After applying for admission without evidence of prior education and failing more than two sections of the entry exam, prospective students could enroll in a special five month introductory course covering anatomy and physiology, principles of chemistry, principles of physics, and biology. Completing this introductory course granted the student admission to the D.O. program.⁹⁴

Evidence from the student ledger indicated that admitted students met the requirements for prior education using a variety of methods. The ledger does not denote which method the students used for admission, but the administrators did record the student’s highest level of educational attainment. Student preparation varied from a common school education to a Doctor of Philosophy.⁹⁵ Ledger entries list schooling including the following levels: common school, high school, academy, normal school,

⁹² Ibid.

⁹³ Ibid.

⁹⁴ Ibid., 27–28.

⁹⁵ Entry for Charles W. Proctor, A. S. O. Student Ledger no. 1, 313.

business college, college, university, and seminary. The registrars and administrators were imprecise about how they listed student entries for educational attainment. Many have the qualifier “attended,” before their list of educational accomplishments. In other instances, the title “college,” or “high school,” are listed without qualification. Finally, in some other cases, the administrator recorded the student as a “graduate” of a particular institution. For the purposes of this study, I have assumed that notation like “attended” or “some college” suggests that a student matriculated but did not graduate. In cases where the notation simply lists an institution (e.g. merely says “college” in the educational attainment field), I have assumed that the person represented himself or herself completing that level. This makes it interchangeable with the notation “graduate of college,” which clearly demonstrated a belief that the student completed the course of study.

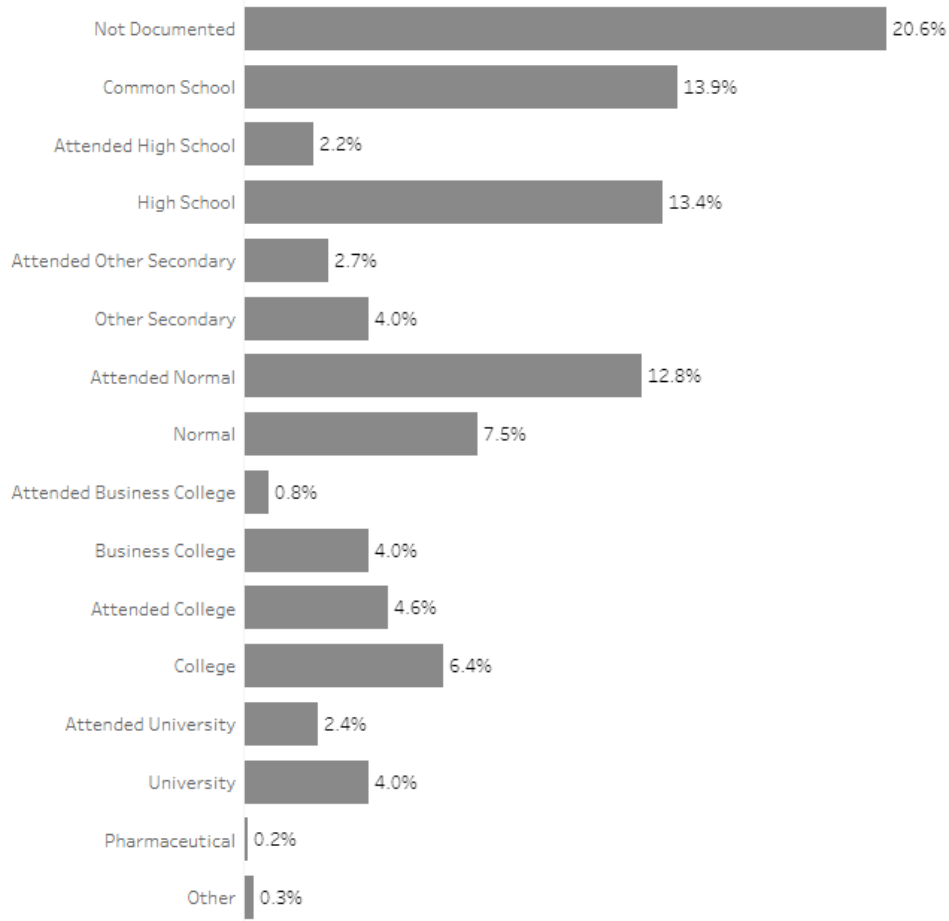


Illustration 8. Highest Level of Prior Educational Attainment among A. S. O. Students.
 Source: A. S. O. Student Ledger no. 1, 1892–1898.

Common school was the default academic preparation for students in the latter third of the nineteenth century. The details of a nineteenth-century common school education varied from state to state, but in broad terms common schools educated students from age seven through twelve in subjects including reading fundamentals,

writing, arithmetic, geography, and group singing.⁹⁶ In Kirksville, where the majority of early osteopaths were educated, the county school system developed slowly over the course of the nineteenth century. Though Missouri statutes provided for public common schools starting in 1839, the early common schools in Adair county were private entities.⁹⁷ By 1855, there were six common schools in the county and only 168 of 1037 school-age children attended common school.⁹⁸ Sparked by the state's devolvement of educational oversight to the county level in 1855, the number of common schools increased and enrollment skyrocketed in the late 1850s. By 1857 there were 26 schools with 38 instructors who taught 1,152 pupils from a total school age population of 2,913.⁹⁹ Most schools closed or suspended classes during the Civil War (1861–1865). After the war, the state made a renewed push to promote and standardize common school education. Efforts included the entrenchment of county supervision and the reform of township and district taxation schemes to ensure proper funding.¹⁰⁰ By 1872, there were 74 common school districts in

⁹⁶ Selwyn K. Troen, "Popular Education in Nineteenth-Century St. Louis," *History of Education Quarterly* 13, no. 1 (1973): 24.

⁹⁷ Violette, *History of Adair County*, 166–168.

⁹⁸ *Ibid.*, 169.

⁹⁹ *Ibid.*, 170.

¹⁰⁰ *Ibid.*, 172.

Adair county, each supporting at least one common school.¹⁰¹ This growth was part of a nationwide movement to reform common schools by improving their quality through standardization, oversight, and by hiring qualified instructors.¹⁰² Student enrollment increased in leaps and bounds in the last third of the nineteenth century in Adair county. According to one estimate, the percent of common school age children enrolled in classes grew from a modest 50 percent in 1868 to 83 percent during the first decade of the twentieth century.¹⁰³ Almost 14 percent of A. S. O Students reported a common school education as their highest educational achievement.

Many students at the A. S. O. listed attendance at an academy as their highest form of education. Academies flourished from the beginning of the nineteenth century until they were largely replaced by high schools in the 1880s.¹⁰⁴ The term “academy” is problematic due to inconsistent usage. Academies as educational institutions existed well before the

¹⁰¹ Ibid., 173.

¹⁰² Carl F. Kaestle, *Pillars of the Republic: Common Schools and American Society, 1780-1860*, ed. Eric Foner, American Century Series (New York: Hill and Wang, 1983): 220–222.

¹⁰³ Violette, *History of Adair County*, 175

¹⁰⁴ Theodore R.Sizer, ed., *The Age of the Academies*, Classics in Education, no. 22 (New York: Bureau of Publications, Teachers College, Columbia University, 1964): 40–41.

Missouri Territory became a state in 1821.¹⁰⁵ The academy was different from earlier town or Latin grammar schools because the academy's board was private, whereas the local government controlled a town school's board.¹⁰⁶ Scholars of education define an academy as "a school providing a relatively advanced form of schooling that was incorporated to ensure financial support beyond that available through tuition alone."¹⁰⁷ Such incorporation increased the possibility of external funding to support the school.¹⁰⁸ Despite often receiving public support, however, academies were private and therefore accountable to privately appointed boards of trustees, not the communities that supported them.¹⁰⁹ The curriculum at the academy was similar to that of the high school listed below, except that the academy also taught students the basics of other practical vocational and life skills, like agriculture, pedagogy, and psychology.¹¹⁰ This broader curriculum reflected an attempt to provide a universal and terminal education for students.

¹⁰⁵ Claude A. Phillips, *A History of Education in Missouri: The Essential Facts Concerning the History and Organization of Missouri's Schools* (Jefferson City, MO: Hugh Stephens Printing Company, 1911): 7.

¹⁰⁶ Sizer, *The Age of the Academies*, 4.

¹⁰⁷ Kim Tolley, "The Rise of the Academies: Continuity or Change?" *History of Education Quarterly* 41, no. 2 (2001): 227.

¹⁰⁸ Phillips, *A History of Education in Missouri*, 50–51.

¹⁰⁹ Sizer, *The Age of the Academies*, 4.

¹¹⁰ *Ibid.*, 10.

Unlike academies, venture schools were private institutions funded solely by tuition.¹¹¹ Because these venture schools were entrepreneurial in nature, many venture schools sought to appropriate prestige by including the term academy in their name.¹¹² Examining articles of incorporation was the only way to know for certain if a school was a true academy or a masquerading venture school. The record-keepers at the A. S. O. did not appear to make efforts to verify student education, as they frequently did not even record the name of the student's academy. For example, Miss Nell Giddings, of Hamilton, Ohio, attended the A. S. O. from April 1897–February of 1899.¹¹³ The record-keeper wrote “graduate high school + attended academy” in the field for educational attainment.¹¹⁴ Further complicating matters, the terms seminary and academy were also used interchangeably during this time period, due in part to church sponsorship for early academies.¹¹⁵ For the purposes of this study, I collapsed the category seminary into academy, with the exception of students listing a religious prior occupation. In those few cases, I considered the use of the term seminary to mean professional religious education.

¹¹¹ *Ibid.*, 226.

¹¹² *Ibid.*

¹¹³ Entry for Miss Nell Giddings, A. S. O. Student Ledger no. 1, 153.

¹¹⁴ *Ibid.*

¹¹⁵ Tolley, “The Rise of the Academies: Continuity or Change?” 227.

2.7 percent of A. S. O. students reported attending an academy or other private secondary school, and a further 3.9 percent graduated from an academy or other private secondary school.

Like the academy, high school attendance constituted advanced academic preparation, but at a public institution controlled by elected officials. High schools were rare in Missouri before 1870; only 20 were chartered in the state before that date.¹¹⁶ Adair County's first recorded high school opened in 1868, but the records are not clear about the quality or nature of that education.¹¹⁷ Public high schools differed from academies, which were modeled on elitist, old-world education that was "aristocratic in organization and curriculum."¹¹⁸ In contrast, high school curricula in Missouri during the late nineteenth century organized around preparing students for post-secondary education. This focus on college as a possible outcome reflected the high school's public control and the fact that high schools came to prominence in an age where land-grant universities made post-secondary education more accessible to the middle-classes.¹¹⁹ High school in the 1890s

¹¹⁶ E. A. Collins, "High Schools in Missouri Prior to 1870," *Peabody Journal of Education* 6, no. 6 (1929): 370.

¹¹⁷ Violette, *History of Adair County*, 173.

¹¹⁸ Phillips, *A History of Education in Missouri*, 55.

¹¹⁹ Christopher J. Lucas, *American Higher Education: A History*, 2nd ed. (New York: Palgrave Macmillan, 2006): 152–159.

spanned four semesters over two years. Working together with the university system of the state of Missouri, the Missouri State Teacher's Association recommended the following as a University Preparatory Course in 1899:

First Year—First Semester.	Number times per week.
English Grammar.....	5
Mathematics, Algebra and Geometry.....	5
Physiology and Hygiene.....	4
Civil Government.....	3
Military Science (Not required).....	3
Second Semester.	
English (Elementary Rhetoric).....	5
Mathematics, Algebra and Geometry.....	5
Botany.....	2
Military Science (Not required).....	3
Bookkeeping (Not required).....	3
Second Year—First Semester.	Number times per week.
English (Advanced Grammar).....	4
Mathematics (Algebra and Geometry).....	5
Latin.....	5
Physical Geography.....	4
Zoology (Not required).....	2
Second Semester.	
English, U. S. History and American Literature.....	5
Mathematics (Algebra and Geometry).....	5
Latin.....	5
Physics (Not required).....	3
Drawing (Not required).....	2

Illustration 9. University of Missouri Approved Preparatory Coursework, 1899.
Source: Phillips, *History of Education in Missouri*: 58.

This curriculum was the ideal for university preparation, but local schools may have altered it due to teaching availability and financial circumstances. Like common school attendance, high school attendance grew in the final third of the nineteenth century. The number of common school students continuing to secondary education were still low in Kirksville. Even by 1909, the Adair county superintendent reported that only fifty percent of common school graduates went on to study at high schools or normal schools.¹²⁰ 2.2 percent of A. S. O. students listed their highest education level as attending a high school, and a 13.4 percent reported themselves as high school graduates.

There were two common types of vocational post-secondary educational experience among A. S. O. students: normal schools and business (or mercantile) colleges. Normal schools prepared their students to become teachers. Structural efforts to increase education at the common school level multiplied employment opportunities for teachers, which in turn helped spur the creation of the Normal School system for teacher training. Joseph Baldwin, an educator from Indiana, relocated to Kirksville in 1867 intent on starting a new Normal School, which he opened in that same year.¹²¹ It was only the second Normal School in the state; the other opened in St. Louis in 1857.¹²² Baldwin's school operated from

¹²⁰ Violette, *History of Adair County*, 174.

¹²¹ *Ibid.*, 191.

¹²² *Ibid.*, 193.

1867–1870 as “The North Missouri Normal School,” a private institution.¹²³ Then, after a good deal of politicking, the state school board selected Kirksville as the site for the First District Normal School in December 1870.¹²⁴ A flurry of new buildings arrived with state recognition and funding. When the school officially reopened as “The State Normal School” in 1871, there were 321 students.¹²⁵ The number grew to as high as 709 in 1875, dipped to 405 enrolled in 1886, and settled at 656 students in 1894.¹²⁶ Students attending the State Normal in 1899 took coursework in English classics, geography, mathematics, psychology and principles of education, music, biology, chemistry, ancient history, Latin, rhetoric, drawing, and the history and philosophy of education, among others.¹²⁷ The Latin, chemistry, and biology coursework were excellent preparation for State Normal students that went on to study osteopathy at the A. S. O. While the curriculum shared some

¹²³ *Ibid.*, 191 and Journal of the House, Twenty-Fifth General Assembly, Adjourned Session, 1870, 299–301, General Assembly, Record Group 550, Missouri State Archives, Jefferson City.

¹²⁴ Eugene Morrow Violette, *History of the First District State Normal School, Kirksville, Missouri* (Kirksville, MO: Journal Printing Company, 1905): 55–56.

¹²⁵ Report on the Condition of State Institutions, Appendix to the House and Senate Journals of the Thirty-Eighth General Assembly, Journal of the Senate, General Assembly, Regular and Extra Sessions, Year range 1895, page 20-21, General Assembly, Record Group 550, Missouri State Archives, Jefferson City.

¹²⁶ *Ibid.*

¹²⁷ Violette, *History of the First District State Normal School*, 123–124.

similarities with the A. S. O., the most significant aspect of the State Normal for the growth of osteopathy was its student body. Normal schools served those that were not typically recruited to colleges or universities: women, older students with prior work experience, those without extensive financial means, and students lacking sophisticated educational backgrounds.¹²⁸ Still's school attracted many students that shared these same traits.

Like Normal Schools, business colleges prepared students for specific vocational work. William J. Smith (no relation to the A. S. O. instructor William Smith) opened what would become The Kirksville Mercantile College in 1881.¹²⁹ Founded as "The Writing Institute," this school – especially the penmanship courses – represented efforts at personal professionalization and improvement. Proper penmanship was an essential prerequisite for building a successful middle-class career in the nineteenth century. Consistent script was a means of establishing character; regular script was evidence of self-control and rational habits.¹³⁰ In addition to courses in plain and ornamental penmanship, the school taught

¹²⁸ Christine A. Ogren, *The American State Normal School: An Instrument of Great Good* (New York: Palgrave Macmillan, 2005): 4.

¹²⁹ *Thirteenth Annual Catalogue of the Kirksville Mercantile College and Writing Institute, Kirksville, MO., 1892-1893, with Announcements for 1893-1894* (Kirksville, MO: Journal Printing Company, 1893): 6.

¹³⁰ Thomas Augst, *The Clerk's Tale: Young Men and Moral Life in Nineteenth-Century America* (Chicago: University of Chicago Press, 2003): 8–9.

subjects including bookkeeping and business.¹³¹ Over the course of a rocky decade of operation, the school became insolvent and was refinanced by the community several times.¹³² The school attracted many students, and would eventually offer expanded coursework in commercial arithmetic, letter writing and business forms, commercial law, shorthand and type-writing, and telegraphy.¹³³ Despite renewed community interest in maintaining the school, it was closed permanently in 1896.¹³⁴ Kirksville had several other business schools, but these were all much smaller and shorter-lived than the Mercantile College.¹³⁵ Some 4.8 percent of A. S. O. students reported attending or graduating from business colleges, though it is unclear from the ledgers if they merely attended courses in penmanship or attained complete degrees.

A significant portion of A. S. O. students reported attending colleges and universities. Eleven percent of A. S. O. students attended or graduated from colleges and 6.4 percent reported attending or graduating from a university. Most of the colleges that A. S. O. students attended were small, rural liberal arts institutions, including Amity College (College

¹³¹ Violette, *History of Adair County*, 394–396.

¹³² *Ibid.*

¹³³ *Thirteenth Annual Catalogue of the Kirksville Mercantile College and Writing Institute*, 8–10.

¹³⁴ Violette, *History of Adair County*, 394–396.

¹³⁵ *Ibid.*

Springs, IA), Gem City College (Quincy, IL), and Mars Hill College (Mars Hill, NC).¹³⁶ American colleges flourished between the American Revolution and the Civil War. Nine colleges predated the Revolution, but there were approximately 250 on the eve of the Civil War.¹³⁷ Many of these schools were founded or closely affiliated with religious institutions, predominately Christian denominations. Morality and education went hand in hand; even schools with secular founders were still dedicated to the idea that the college would serve a broad social good, not just be a means for individual advancement.¹³⁸ The rise of universities in the years after the Civil War reflected a shift in the purpose of higher education. Instead of serving as a broad social good, like a college, the purpose of the university was the advancement of knowledge through specialized graduate education.¹³⁹ The smaller colleges were more convenient, focused on acculturation and socialization, and were perhaps more socially appealing to A. S. O. students than increasingly research-oriented universities.

¹³⁶ Entry for Robert H. Miller, A. S. O. Student Ledger no. 1, 301; entry for Geo. V. Neinsted, A. S. O. Student Ledger no. 1, 131, and entry for Brown Godwin, A. S. O. Student Ledger no. 1, 234.

¹³⁷ Frederick Rudolph, *The American College and University: A History*, Knopf Publications in Education (New York: Knopf, 1962): 47.

¹³⁸ *Ibid.*, 49, 54–62

¹³⁹ Lucas, *American Higher Education: A History*, 177–181.

The presence of the Normal School in Kirksville helped the A. S. O. attract students. One hundred and fifteen students in the ledgers either attended or graduated from the State Normal School. Students with post-secondary education at the Normal School made up 18.4 percent of the overall student population at the A. S. O., which was larger than the student populations with college and university backgrounds combined. Proximity played a role, as students in the Kirksville normal lived blocks from the center of the osteopathic universe. Making the shift from studying to become a teacher at the Normal School to becoming an osteopath at the A. S. O. might seem like a stretch, but normal school students had already disrupted their lives to start an education and had begun the process of forging a new professional identity. At least 14 of the students at the A. S. O. who had previously attended the Normal School were from other cities, suggesting that they came to Kirksville to become teachers. After encountering the A. S. O., they switched their career path to becoming a D.O. Osteopathic practice was new, exciting, and potentially far more lucrative than teaching, though establishing a successful practice was a far less certain than becoming a common school instructor.

Prior Medical Education

Students with medical training prior to enrollment at the A. S. O. created a problem for A. T. Still during the school's initial years. The school at first welcomed physicians trained in other traditions both as students and faculty. Still liked to tout the word of converted regular physicians as an informed endorsement for osteopathy. These conversion narratives

became troubling, however, when Davis and other students with medical backgrounds like the Barbers split from Still and formed their own osteopathic schools. Fear of schism led Still and the A. S. O. to bar students with prior medical education from attending the school: “Experience has proven that those who have previously studied medicine, and afterwards tried to add Osteopathy, had been but a hindrance to the science [osteopathy].”¹⁴⁰ Still likened prescribing drugs to treat illness itself to an addiction, claiming that “an allegiance to drugs once established, is almost impossible to overcome. Therefore . . . as a general rule no person shall be admitted who has previously studied and practiced medicine.”¹⁴¹

This general rule was often ignored. According to the student ledgers, around 30 students (not including faculty members who were also students, like Davis and Smith) had some medical training prior to enrolling in the A. S. O. There were students who were also graduates in regular medicine from the Missouri Medical College in St. Louis, the Keokuk Medical College in Iowa, and Rush College in Chicago.¹⁴² Other medical professionals included a nurse trained at the Massachusetts General Hospital, a Philadelphia dental

¹⁴⁰ “Requirements,” *Journal of Osteopathy* 1, no. 1 (May 1894): 4.

¹⁴¹ Ibid. Gevitz explores this same situation in “The ‘Diplomate in Osteopathy’: From ‘School of Bones’ to ‘School of Medicine,’” *The Journal of the American Osteopathic Association* 114, no. 2 (February 1, 2014): 114–24, <https://doi.org/10.7556/jaoa.2014.025>.

¹⁴² Various entries, A. S. O. Student Ledger no. 1: 8, 9, 11, 21, 27, 32, 56, 57, 60, 66.

school graduate, and a pharmacist trained at the St. Louis Pharmaceutical College.¹⁴³

Several students also matriculated at the Chicago School of Anatomy and Physiology, including two of Still's children, Herman and Blanche.¹⁴⁴ The official prohibition against physicians trained in other schools matriculating at the A. S. O. ended in 1897. A little less than half of the thirty students with prior medical training that attended the A. S. O. enrolled after the physician prohibition officially ended. Due to the overall growing student population, however, the percentage of the students with prior medical training shrank after the prohibition against them was lifted. The low overall percentage of those with medical training attending the A. S. O. indicates that there was not a large population of medical doctors, homeopaths, or eclectics waiting at the gates of the school for the prohibition to end. Instead, the dearth of students with prior medical backgrounds demonstrated the limited appeal of the school to practitioners of other traditions. The exceptions to this, the seekers, were a significant and influential presence at the A. S. O. early on, when Still's theories were new.

¹⁴³ Various entries, A. S. O. Student Ledger no. 1: 52, 148, 174.

¹⁴⁴ Herman T. Still, A. S. O. Student Ledger no. 1: 28, and Blanche K. Still, A. S. O. Student Ledger no. 1: 32.

Former Occupation

People from a diverse number of former occupations came to Kirksville to attend the A. S. O. In the years prior to his enrollment in 1896, Mr. O. B. Prickett served the citizens of Kirksville as their elected town marshal (on both the Democrat and Republican tickets) and as the town's fire chief.¹⁴⁵ W. J. Smith was president of the Kirksville Mercantile College before becoming an osteopath.¹⁴⁶ Mrs. Nellie Whitcomb was a housekeeper, Miss. Mary Urbain made dresses, and William Williams was an engineer and electrician.¹⁴⁷ Miss. Helen Van Horn had a most appealing career before matriculating at the A. S. O.: the 30-year-old Chicagoan stated that her prior occupation had been as a "lady of leisure."¹⁴⁸ Osteopathy's broad appeal drew students from more than a dozen prior career paths.

Despite this diversity, clear patterns emerge from an analysis of the data in the student ledger. In order to interpret the data effectively, I grouped the students into

¹⁴⁵ "A Fire Company," *Kirksville Weekly Graphic*, May 20, 1892; "Notice to Voters of Kirksville," *Kirksville Weekly Graphic*, March 25, 1892.

¹⁴⁶ *Thirteenth Annual Catalogue of the Kirksville Mercantile College and Writing Institute*, 5.

¹⁴⁷ Entries for Mrs. Nellie Whitcomb, Mrs. Mary Urbain, and William Williams, A. S. O. Student Ledger no. 1: 287, 284, and 289.

¹⁴⁸ Entry for Miss. Helen Van Horn, A. S. O. Student Ledger no. 1: 285.

occupational categories taken from the 1900 U. S. Census.¹⁴⁹ Grouping was necessary because the recorders at the A. S. O. offices were consistently inconsistent when noting student's prior careers. For example, in the "Former Occupation" field, the ledger contains 39 instances of the word "farmer," 30 instances of "farming," and 11 combinations of "farmer" or "farming" with another career, such as "farmer and teacher," or "farmer and stock raiser." Likewise, the ledgers list 13 people as a former "school teacher," another 11 as having worked at "school teaching," and 30 more as "teaching." To make the information legible and useful, all variations of farm careers were collapsed into the category "Farmer, Planters, and Overseers" and teachers combined with other instructors into the "Teachers" category. Those that listed "students" or "at school" as former occupations were put into a student category, even though the Census did not consider being a student as a former occupation. The overwhelming number of students clearly showed that the A. S. O. did consider it a former career.

¹⁴⁹ United States Census Bureau and William C Hunt, *Occupations at the Twelfth Census* (Washington, D. C.: Government Printing Office, 1904): xxiii-xxv, <http://books.google.com/books?id=sFvBOBYpU3AC>.

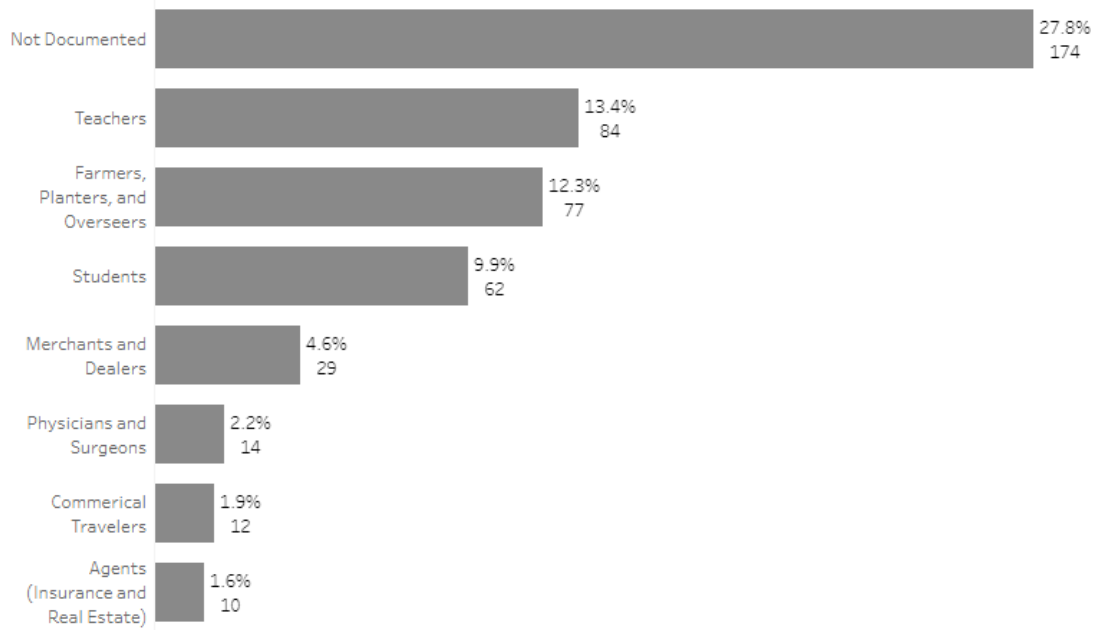


Illustration 10. A. S. O. Students' Former Occupations.
 Source: A. S. O. Student Ledger no. 1, 1892–1898.
 (Minimum 10 students per category.)

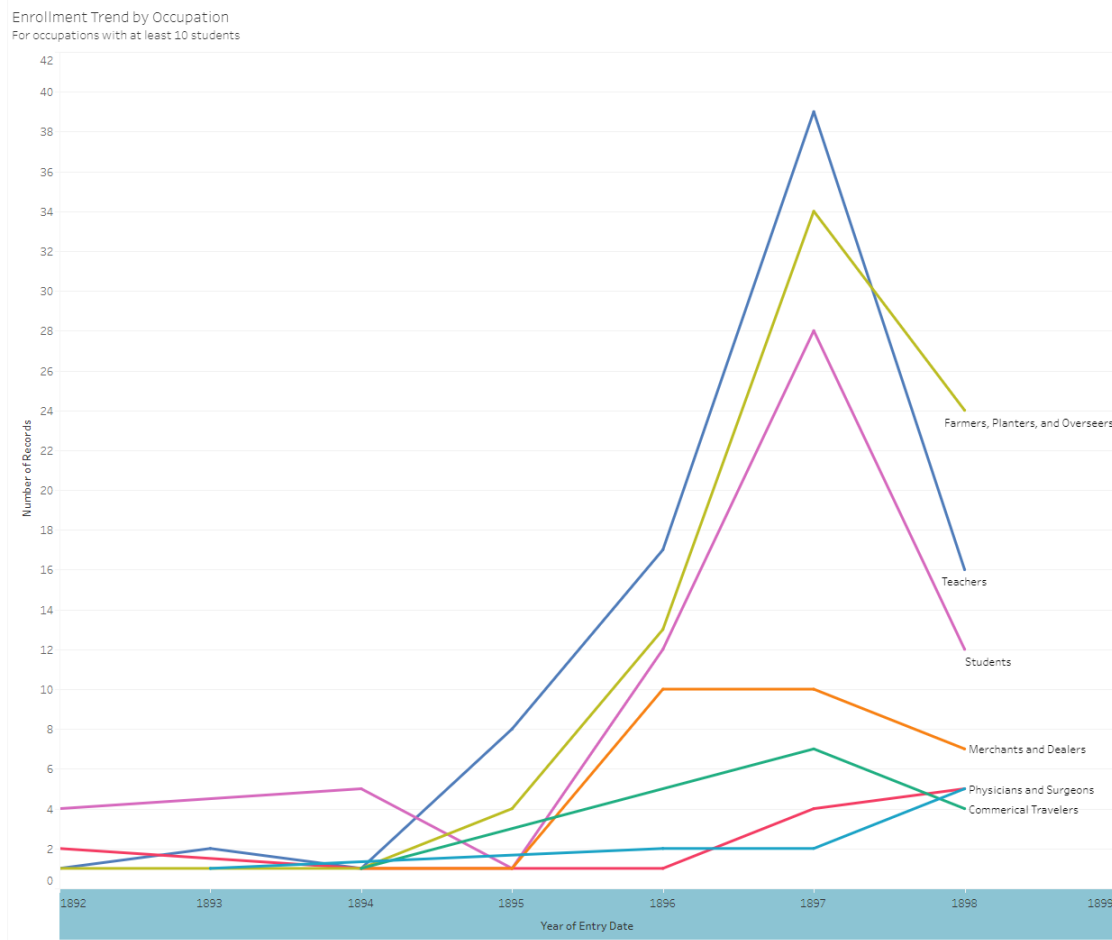


Illustration 11. A. S. O. Enrollment by Prior Occupation.
Source: A. S. O. Student Ledger no. 1, 1892–1898.
(Light blue line near the bottom represents insurance and real estate agents.)

Some of these choices have little to no effect on the analysis: “farming” and “farmer,” though different words, describe the same career. Other choices, such as consolidating “farmer and stock raiser” into the general category “farmer,” removed detail from the data. While removing information is not typically desirable, for the purposes of this analysis, too much granular data created a great deal of noise and interfered with

efforts to discern meaningful patterns. Fortunately, the online Tableau database displays not only the consolidated categories, but also a detailed breakdown of each constituent person or group in the category. The three most prominent previous careers among A. S. O. students were teachers, farmers, and students.

The location of the State Normal School in Kirksville played a pivotal role in the success of the A. S. O. The prevalence of former teachers within the A. S. O. student body was due not only to the proximity of the State Normal, but also suggests a similar profile for students attracted to both schools. Normal school students were, as one normal school student put it, “people existing for and representing the masses and not the classes.”¹⁵⁰ This normal student implicitly contrasted the normal school with universities. There was also a broad growth in American private college and state public university systems concurrent with the growth of the normal school movement in the 1880s and 1890s.¹⁵¹ Unlike normal schools, however, universities (public and private) and colleges extended their appeal from the old social elite to the newfound financial elite.¹⁵² A university or college degree was not

¹⁵⁰ *Semi-Centennial History of the Illinois State Normal University, 1857–1907* (Normal, IL: Illinois State Normal University, 1907): 202, quoted in Christine A. Ogren, *The American State Normal School: An Instrument of Great Good* (New York, NY: Palgrave Macmillan, 2005): 25.

¹⁵¹ Laurence R Veysey, *The Emergence of the American University* (Chicago: University of Chicago Press, 1992): 265–267.

¹⁵² *Ibid.*

a way for the lower and middle classes to ascend the financial ladder, but it was a place for the Gilded Ages' nouveau riche to gain social standing. If Kirksville had been home to an aspiring elite college or university, their students would not have likely considered switching to the A. S. O. The Normal School, however, attracted students looking to make a pragmatic career change, which was what Still and his school offered.

Previous Residence

Becoming an osteopath required a significant investment of time and money from prospective students. In addition to the \$250 of tuition – due in advance – students had to find their way to Kirksville and procure room and board. Students' previous residences, as recorded in the ledgers, show most students came from Missouri and several adjacent states. But the analysis also shows that there were far-flung areas disproportionately represented among the student body. Student's prior residence demonstrated the influence that proximity to the school, railroads, and early attempts by the Still family to create osteopathic outposts played on shaping the make-up of the A. S. O.

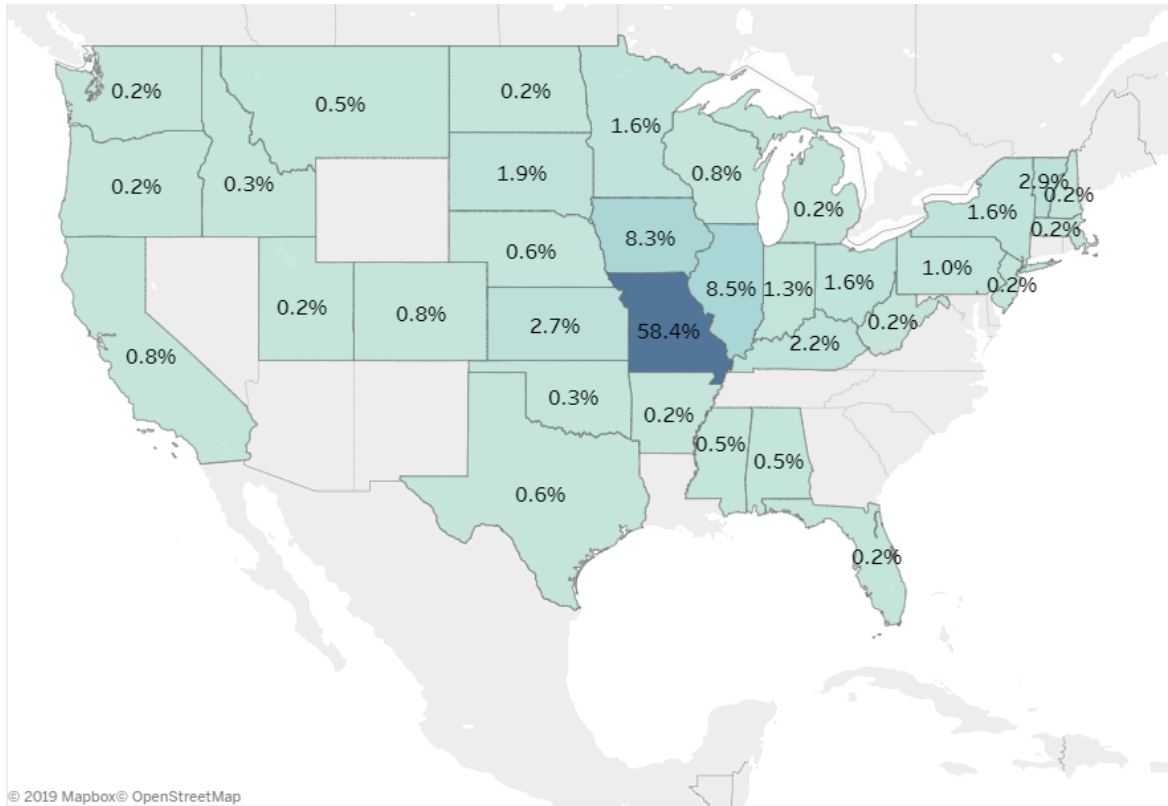


Illustration 12. Percentage of A. S. O. Students from Each State.
 Source: A. S. O. Student Ledger no. 1, 1892-1898.

Proximity to Kirksville played a profound role in attracting students. Most osteopathic students came from Missouri, with 58.4 percent of A. S. O. students hailing from the Show Me State. Perhaps more significantly, 34 percent of all students reported Kirksville as their prior residence. Residents of Kirksville were intimately familiar with Dr. Still’s methods. They also already lived in the town, so attending the school would require paying tuition, but not uprooting a life and moving to a new city. Kirksville locals were familiar with the growing success of osteopathy. They lived in the town dominated by its practice, saw patients arriving by the carload at the railroad station, and witnessed

osteopathy's boom from a small practice to a major enterprise. So, not only was attending less difficult for Kirksville natives, but they also were more likely to be confident in the prospects for an aspiring osteopath.

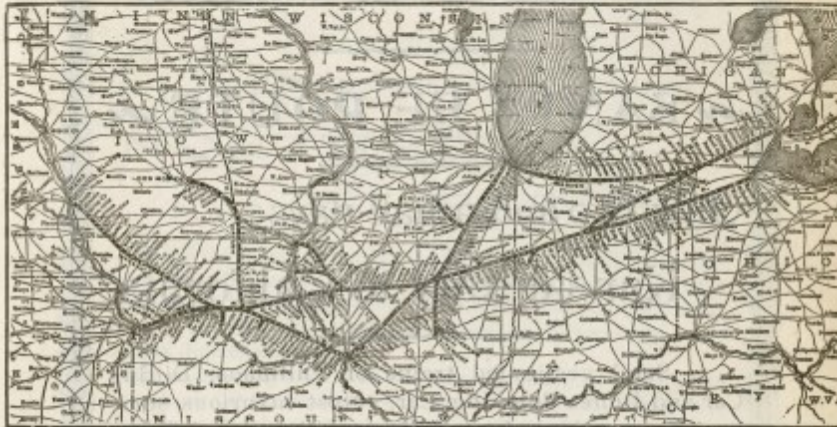
Railroads played a key role in distorting proximity by providing more efficient access to the school. Kirksville residents had the greatest number of students at the school. The second highest number was not from Chicago, St. Louis, or Kansas City, but instead from La Plata, Missouri. According to the 1890 census, La Plata had around 1,100 residents. It was, however, only 14 miles southeast of Kirksville on convenient railway lines like The Wabash Route and the Knickerbocker Special (see figures below). The railroad routes advertised in the *Journal of Osteopathy* explain the uneven distribution of students from states like Iowa (8.4 percent), Illinois (8.5 percent). These states were not just geographically close to Kirksville. Railroad connections made travel from out of state cities on the railroad line closer to Kirksville than cities that were geographically closer but not on a convenient railroad. Ohio, Pennsylvania, and New York made up less than two percent of students overall, which given their large populations at the time, demonstrated an overall lack of interest among its citizens.

— THE —

WABASH ROUTE

— RUNS —

4 Daily Passenger Trains into Kirksville! 4



Making Close Connections with All Lines, and Giving
to the public Excellent Service.

For the Benefit of Patients of the A. T. STILL INFIRMARY,
this Road Has Placed on Sale

Special Rate Tickets at One Fare for the Round Trip

from all Points Between Moberly, Mo., and Ottumwa, Iowa.

Address **W. E. NOONAN**, Agent, Kirksville, Mo.

G. S. GRANE, General Passenger and Ticket Agent, St. Louis, Mo.

Illustration 13. Advertisement for the Wabash Route.
Source: *Journal of Osteopathy* 4, no. 11 (April 1898): iii.

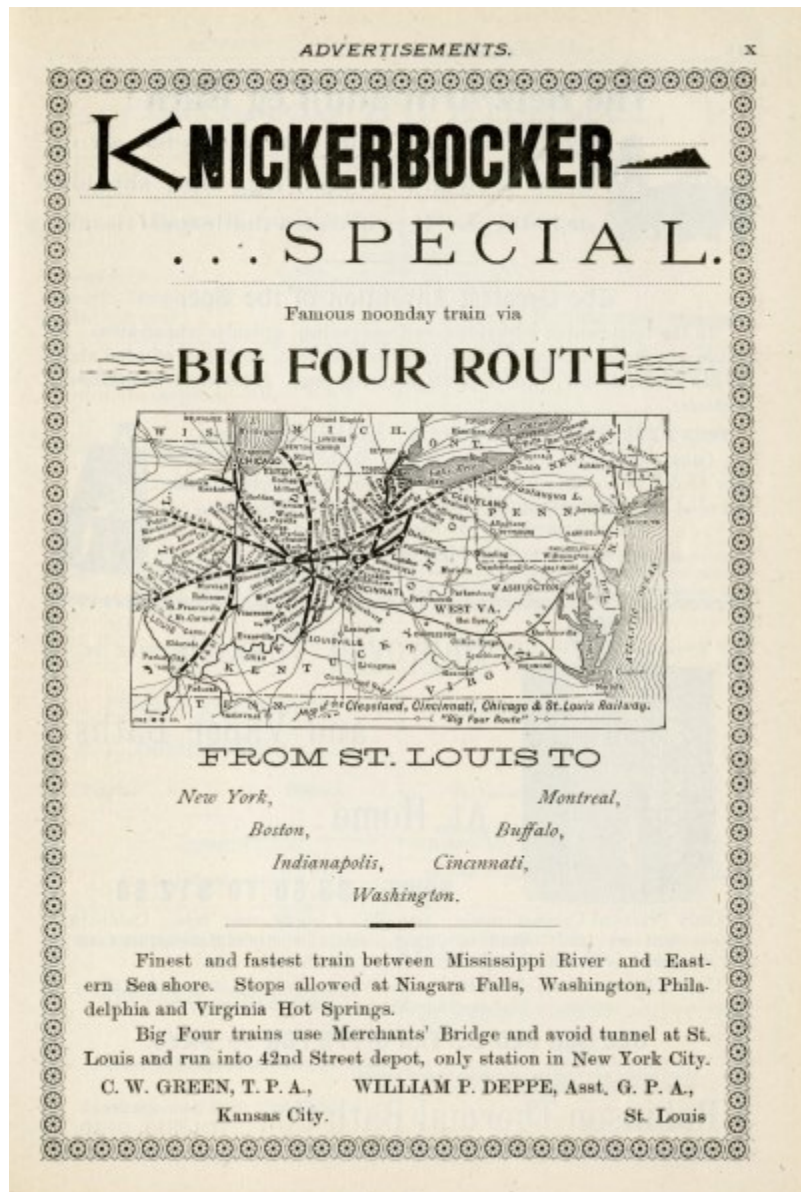


Illustration 14. Advertisement for the Knickerbocker Special.
 Source: *Journal of Osteopathy* 4, no 10 (March 1898): x.

The lack of interest among students from the American South is puzzling. Only 12 students from states of the former confederacy attended the A. S. O. Geographic proximity and railroad lines gave students from Midwestern states greater access to Kirksville, but

that hardly explains the disparity. The relative economic difficulties in the South in the latter third of the nineteenth century certainly reduced the population of students that could have afforded the travel and tuition costs at the A. S. O. Finally, southerners created a distinctive set of southern medical beliefs connected to environmental factors peculiar to the American south.¹⁵³ Osteopathy, a predominately midwestern practice identified with the frontier, may have had little to offer for southern agues.

There are a few spots on the student map that show areas that sent disproportionately large numbers of students to the A. S. O., including South Dakota (1.9 percent), Minnesota (1.6 percent), and especially Vermont (2.9 percent). Though no longer regularly travelling, as he did in his early days, Still realized the value of spreading the word about osteopathy and began to dispatch his sons and other trusted pupils to far-off outposts. In 1893, Still sent his son, Charles, to Red Wing, Minnesota.¹⁵⁴ Charles opened a practice that grew rapidly in popularity, becoming successful enough to draw the sustained ire of the local regular medical community.¹⁵⁵

¹⁵³ Stowe, *Doctoring the South*, 4–7.

¹⁵⁴ E. C. Pickler, “Osteopathy in the Northland,” *Journal of Osteopathy* 1, no. 3 (July 1894): 1.

¹⁵⁵ *Ibid.*

A wealthy patient's vacation helped spark an interest in osteopathy that would lead to Vermont becoming the first state to grant osteopathy legal status.¹⁵⁶ A. E. Mills of St. Louis vacationed in Vermont in 1895 and brought his osteopath, George Helmer, along with him.¹⁵⁷ Helmer was a graduate of a business college and travelling salesman from New York before training at the A. S. O.¹⁵⁸ Helmer's business acumen may explain how he used a patient-funded trip to Vermont to create a burgeoning summer practice. Though a report in the local paper suggested that "it was not the design of Dr. Helmer to give any treatments outside of Mr. Mill's family," his vacationing patients raved about their treatments to friends.¹⁵⁹ Those friends received treatment and spread the word, and soon there was "no more 'vacationing' for the doctor" while he was in Vermont.¹⁶⁰ Helmer returned to Vermont the following April and brought two assistants so that he could treat 75–100 patients every two weeks. He announced his presence in town papers in advance and encouraged out of

¹⁵⁶ Gevitz, *The DOs*, 46–47.

¹⁵⁷ "Osteopathy in Vermont," reprinted from the *Chelsea Herald (VT): Journal of Osteopathy* 2, no. 9 (December 1895): 2–3.

¹⁵⁸ Entry for Geo J Helmer, A. S. O. Student Ledger no. 1, 14.

¹⁵⁹ "Osteopathy in Vermont."

¹⁶⁰ *Ibid.*

town patients to travel to his location for treatment during his visit to the state.¹⁶¹ In October of 1896, William Brock became one of the first students from Vermont to attend the A. S. O.¹⁶² Brock was from Montpelier, 20 miles from where Helmer practiced in Chelsea. Fred Shelbourne was also a student in that 1896 class, and he was from Barre, some 15 miles from Chelsea.¹⁶³ Over the next two years another 16 students from Vermont attended the A. S. O.; all but three were from within 35 miles of Chelsea, where Dr. Helmer practiced.¹⁶⁴

Osteopathy in the Dakotas owed its successes to an influential patient, Helen DeLenderecie, whose compelling treatment narrative helped sway the legislature in North Dakota into approving osteopathic practice. DeLenderecie was married to a prominent businessman in North Dakota.¹⁶⁵ In 1895, she found a lump in her right breast. After

¹⁶¹ V. A. Corwin, "Chelsea Home News," *Herald and News* (West Randolph, Vermont): April 2, 1896.

¹⁶² Entry for William Brock, A. S. O. Student Ledger no. 1, 89.

¹⁶³ Entry for Fred Shelbourne, A. S. O. Student Ledger no. 1, 113.

¹⁶⁴ Entries for Louis D Martin, Gilman A Wheeler, Jemess D Wheeler, Charles G Wheeler, Charles E Wells, William A McConnell, Hugh Henry McIntyre, Miss Marion McIntyre, Henry Blodget McIntyre, George M Wheeler, Hermon K Sherburne, Stanley W Blanchard, Francis Arthur Eaton, Chas H Whitcomb, Mrs. Nellie Fiske Whitcomb, and Henry Phelps Whitcomb, A. S. O. Student Ledger no. 1: 163, 174, 175, 176, 182, 209, 210, 224, 228, 240, 243, 286, and 287.

¹⁶⁵ Gevitz, *The DOs*, 47–48.

consulting with her physicians, she agreed to have the breast surgically removed. It was, she reported, “a great shock to [her] nervous system, and [she] had not recovered from it, when the same trouble appeared in [her] left breast.”¹⁶⁶ DeLenderecie saw a physician in Chicago who assured her that the issues could only be cured with another surgery.¹⁶⁷ Ignoring this advice, she underwent treatment in Kirksville, and “was completely cured in six weeks’ time.”¹⁶⁸ Using her influence, DeLenderecie was able to address the North Dakota house and share her story with the legislators as they considered a bill to legalize osteopathic practice. Crediting her intervention and remarkable narrative with helping overcome vociferous dissent from the medical community in North Dakota, the *Journal* declared that “one determined woman and with ‘almighty truth’ on her side wins legal recognition for osteopathy.”¹⁶⁹

This legislative victory does not explain, however, the significant disparity in students from North Dakota and South Dakota. One student from North Dakota attended the A. S. O., compared with 12 from South Dakota.¹⁷⁰ Student and patient personal

¹⁶⁶ “A Brilliant Legislative Victory,” *Journal of Osteopathy* 4, no. 2 (June 1897): 81–83.

¹⁶⁷ *Ibid.*

¹⁶⁸ *Ibid.*

¹⁶⁹ “North Dakota Grit,” *Journal of Osteopathy* 3, no. 7 (February 1897): 1.

¹⁷⁰ A. S. O. Student Ledger no. 1.

testimonials likely played a role in motivating students to consider osteopathy. In October of 1896 the first three students from South Dakota entered the A. S. O. One student was from Hot Springs in the far southwest corner of the state, and the other two were from Beresford and Canton, a pair of communities 25 miles apart in the southeast corner.¹⁷¹ Three months later, in January, 1897, Lizzie and Sylvester Willcox, from Yankton, also in southeast South Dakota, enrolled at the A. S. O.¹⁷² That summer the *Journal* reported that a Ms. A. F. Carlson, of Beresford, South Dakota, “has returned to her home. She goes home completely cured, and a fast friend of osteopathy.”¹⁷³ That same week another patient from Beresford, Mr. J. Westborg, returned home after being completely cured of “paralysis of the lower limbs.”¹⁷⁴ In the fall another six students from southeast South Dakota enrolled at Kirksville.¹⁷⁵ Overall, 10 of the 12 students from South Dakota came from communities less than 45 miles apart in the southeast corner of the state. Like in Vermont, network effects between patients and students, combined with closer geographic proximity to Kirksville,

¹⁷¹ Entries for Mrs. Lida E. Greene, Matthew E. Donohue, and Miss Lena Eniboe, A. S. O. Student Ledger no. 1: 99, 94, and 95.

¹⁷² Entries for Lizzie and Sylvester Willcox, A. S. O. Student Ledger no. 1: 134 and 135.

¹⁷³ “Infirmary and School Notes,” *Journal of Osteopathy* 3, no. 2 (July 1896): 4.

¹⁷⁴ *Ibid.*

¹⁷⁵ Entries for Alfred W Patterson, Mrs. Harriet A Farmer, Miss Dora May Walrod, William H White, Thomas K Sheehan, and Marion Stephen Elliot, A. S. O. Student Ledger no. 1: 213, 220, 226, 227, 233, and 244.

explain South Dakota's much larger share of osteopathic students when compared to North Dakota.

Age

Osteopathic students from the ledger had an average age of 28.9 years old. The median age was 27. This age is significantly older than regular medical students from a nearby university (see analysis in chapter 4). Average age was also significantly different by prior career. Students from careers that required professional training (physicians and ministers) were much older than the overall dataset's average. Merchants, engineers, and housewives made up a middle range of ages in the 30s, while clerks, bookkeepers, teachers and farmers tended to be a bit younger.

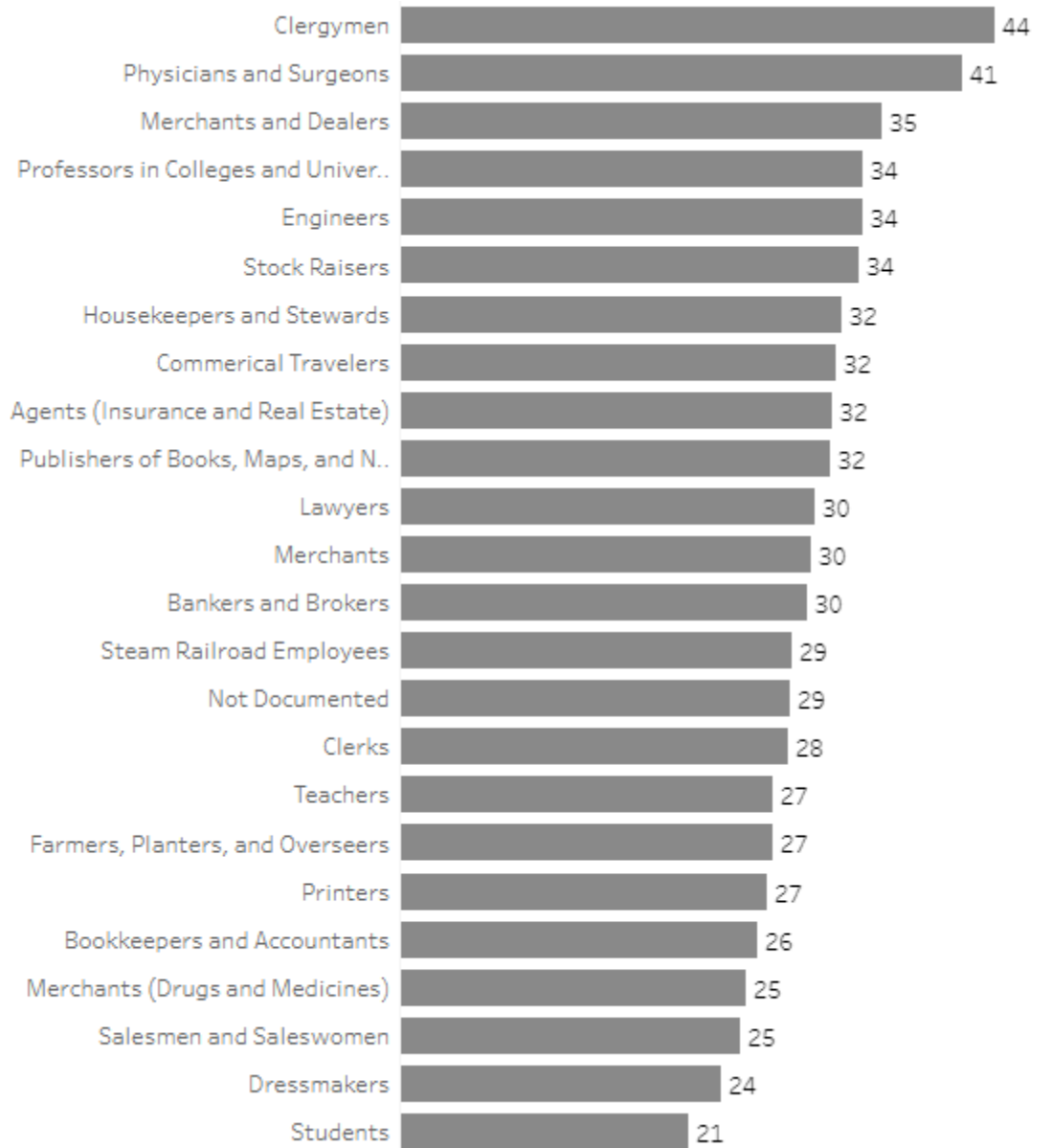


Illustration 15. Average Age by Former Occupation among A. S. O. Students.
 Source: A. S. O. Student Ledger no. 1, 1892-1898.
 (Minimum 5 students per occupation.)

The youngest groups were students, druggists, dressmakers, bookkeepers, and printers. A. S. O. students who listed their own prior occupation as students were already in the process of creating an initial career when they came to Kirksville. Their experience

centered on osteopathy, but it was not structurally different than students at other medical schools, who were also typically young and looking for an initial career.

The middle groups are the most fascinating groups in this analysis because they suggest that osteopathy held a particular appeal for lower middle-class people looking for a mid-life career change. The overall student average age at the A. S. O. during the years sampled was almost 29 years, the same as the average ages for former farmers, teachers, clerks, insurance salespeople, and those in general sales, as well as those folks in the sample without a prior career listed. These mid-career students sought out a professional change in becoming osteopaths. They were not up-and-coming young people but were lower-middle class or working-class folks looking for a bit more money and perhaps prestige. The former farmers in the sample had been pursuing the Free Soil dream that the Middle West was founded upon, but it apparently was not rewarding enough to keep them from changing their goals. These farmers and teachers wanted to become osteopathic physicians, a career change that was open and appealing to them in ways that a traditional regular medical education was not.

Completion

Students at the American School of Osteopathy were likely to complete their degrees once enrolled. 587 of the 625 students in the first student ledger graduated and became doctors of osteopathy, a lofty 93.92 percent graduation rate. This rate could have been even higher. Of the 38 students that did not finish their D.O. degree, four withdrew

due to failing health, another six were expelled for engaging in the regular practice of osteopathy before graduation, and seven died before finishing the program.¹⁷⁶ The reasons the other 21 students left the A. S. O. were not recorded in the ledger. As described above, the students at the A. S. O. came from a wide variety of careers and levels of academic preparation. The school ostensibly had mechanisms in place to evaluate applicants, identify academic deficiencies, and address those issues through remedial coursework. Even given those procedures, it is difficult not to interpret the lofty completion rate as a sign of a lack of rigor, particularly considering the disparity in educational preparation and apparent lack of high admissions standards. If the 17 students that were expelled, withdrew due to ill health, or died would have graduated, the overall graduation rate would have been close to 97 percent. Students who could afford the A. S. O., avoid illness or death, and follow the rules could become osteopaths.

¹⁷⁶ For ill health, see entries for Mrs. D. B. Macauley, Darley R. Brush, Newton J. Dufur, and James P. Carter, A. S. O. Student Ledger no. 1: 79, 122, 149, and 295; For expulsions, see entries for Hiram R. Jones, Mrs. Lida E. Green, J. Y. Ernst, Sylvester E. Wilcox, Sehan E. Lovell, and William G. Yakey, A. S. O. Student Ledger no. 1, pages 74, 99, 125, 134, 160, and 179; for deaths, see entries for Miss Cora McCaw, A. B. Cherrier, Ed Eckers, Miss Mary Hardy, Miss Elizabeth DeDieme, William Howells, and Miss Lelia Morehead, A. S. O. Student Ledger no. 1: 78, 90, 149, 158, 191, 201, and 206.

Conclusion

Students at the American school of osteopathy were a diverse bunch. The students that came to the A. S. O. believed that they could learn to manipulate the bones and aid the body's healing process. Still's early travelling efforts sowed the seeds of interest in osteopathy during the 1880s. Former patients and their loved ones made up a large body of the early students, as did Still's family members. This process repeated itself with early practitioners, whose forays into Minnesota, Chicago, and Vermont fanned the flames of interest in osteopathic treatment.

Part of Still's appeal – and osteopathy's appeal – was a lack of pretense. Avuncular to the point of sometimes being difficult to follow, Still was a passionate advocate for his science, and his passion was rooted in his conception of osteopathy as a frontier medicine. Appeals to nature helped attract students that were former farmers, those with little formal education but a great deal of experience with natural processes on the farm. The A. S. O.'s decisions to accept students with common school (or less) education, based on passing exams or taking remedial coursework, meant that osteopathy was a viable career path for most interested parties. The exceptionally high graduation rate could be a testament to the pedagogical skills of the instructors, but given the large class sizes and generous admissions policies, it seems more likely evidence that the school lacked rigor.

Analysis of the student ledger data has exposed how crucial Kirksville's State Normal School was to the early success of the A. S. O. Unlike their older farming colleagues, the students that had previously taught or matriculated at the Normal School were younger and

more educated. They were already looking to become something else – a teacher – and the pivot to becoming an osteopath was a testament to its moral appeal and potential financial promise.

CHAPTER 4

GENDER AND OSTEOPATHY

During the first few years of the A. S. O. the school was in a perpetual state of flux, a situation that created institutional instability which benefited ambitious students. Jennette “Nettie” Bolles (1862-1930) holds a special place in the history of osteopathy as the first woman osteopath, the second anatomy instructor at the A. S. O., and the founding editor and publisher of *The Journal of Osteopathy*.¹ Bolles was also part of the cadre of early students with family members who had been Still’s patients. Her relationship with Still went back to even before the founding of osteopathy. Still treated Bolles’ father, David Hubbard, who was wounded by a gunshot during the conflict on the Missouri / Kansas border in the run-up to the Civil War.² In the early 1890s (the date is uncertain), Bolles’ (nee Hubbard) mother, Martha, began to suffer from paralysis.³ The Hubbards lived in Olathe, Kansas,

¹ Quinn, *The Feminine Touch*, 33–34.

² Jenette Hubbard Bolles, “Dr. Still’s Regard for Women’s Ability,” *The Journal of the American Osteopathic Association* 12 (January 2018): 250; for residence and family name information, 1870 Census, Johnson County, Kansas, population schedule, Olathe Township, Olathe, p. 14, dwelling 94, family 94, David Hubbard ; digital image, FamilySearch, accessed March 19, 2020, <https://www.familysearch.org/ark:/61903/3:1:S3HT-6WLQ-BY1?i=13&wc=92KZ-446%3A518653501%2C518856501%2C519049701&cc=1438024>.

³ Walter, *The First School of Osteopathic Medicine*, 9.

when they “heard of a ‘queer old doctor’ in Kirksville, MO.”⁴ After corresponding with Still, the Bolles arranged to stay in Kirksville for three to six months for osteopathic treatments.⁵ Bolles was impressed not only with Still’s treatment for her mother, but also with Still’s opinion of education for women. According to Bolles, Still was adamant that “a woman can learn to do anything that a man can do.”⁶ Inspired, Bolles joined the first official class of osteopaths at the A. S. O. in 1892 and graduated in 1894.

Bolles’ subsequent appointment as the instructor of anatomy at the A. S. O. highlighted the opportunity and instability for students at Still’s school. In 1893, William Smith left his post as anatomy instructor to start an osteopathic practice in St. Louis.⁷ Smith would return to the A. S. O. in June of 1896, but his absence in 1893 left an immediate opening for an anatomy instructor.⁸ Nettie Bolles stepped into that void. Records from the first couple of years at the school are sparse, but Still recalled that Bolles started teaching

⁴ Bolles, “Dr. Still’s Regard for Women’s Ability,” 250.

⁵ Ibid.

⁶ Ibid.

⁷ Walter, *The First School of Osteopathic Medicine*, 9.

⁸ “Valuable Addition to the School,” *Journal of Osteopathy* 3, no. 1 (June 1896): 4.

anatomy in the winter of 1893.⁹ The *Journal of Osteopathy* officially lists her as “Instructor of Anatomy” under the faculty heading from its first issue in June 1894 until June 1895.¹⁰

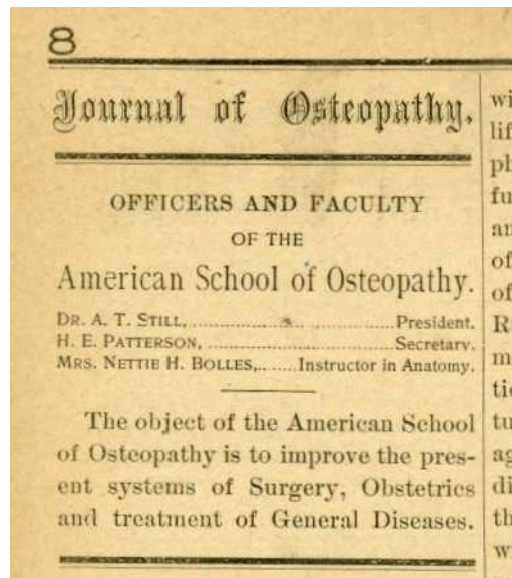


Illustration 16. Officers and Faculty of the A. S. O.
Source: *Journal of Osteopathy* 1, no. 11 (March 1895): 8.

Despite Still’s personal insistence that women were welcome to matriculate at the A. S. O., there was an open debate about the value and place of women osteopaths. The osteopathic view, according to Still, was an open acceptance of women as anatomists and practitioners. Still’s views and practices took place against the backdrop of broader

⁹ Andrew T. Still, “Historical Advice to the Present, Past, and Future Graduating Classes,” *Journal of Osteopathy* 5, no. 2 (July 1898): 73-74.

¹⁰ Officers and Faculty of the A. S. O. *Journal of Osteopathy* 1, no. 11 (March 1895): 8.

American views towards women working in medicine. Two viewpoints on this debate in mainstream medicine appeared in the *Ladies' Home Journal* in May, 1891 under the heading "Women's Chances as Bread-Winners."¹¹ The articles were reprinted in the *Journal of Osteopathy* in December of 1894.¹² Writing in defense of women as doctors, Dr. Phoebe J. B. Wait (1838–1904) made the case that women were focused, driven, and overcame prejudices.¹³ Wait graduated from Alfred University, and in 1871 earned a medical doctorate from New York Medical College.¹⁴ At that time she wrote the articles, Wait was Dean of the New York Medical College for Women. Describing women physicians, Wait characterized the prejudices they faced as difficulties not specifically related to medicine, but instead "the same prejudice that does not allow women to have the same political suffrage; the same that objects to women being anything other than housewives or butterflies."¹⁵ Wait additionally argued that women were particularly studious, which was

¹¹ Phoebe J.B. Wait and George F. Shrady, "Women's Chances as Bread-Winners," *Ladies' Home Journal* 8, no. 6 (May 1891): 4.

¹² Phoebe J. B. Wait and George F. Shrady, "Women's Chances as Bread-Winners," *Journal of Osteopathy* 1, no. 8 (December 1894): 3.

¹³ Ibid.

¹⁴ Henry William Miller, "Death List for the Day," *New York Times*, January 31, 1904.

¹⁵ Wait and Shrady, "Women's Chances as Bread-Winners," 3.

an advantage compared to men who had “more distractions.”¹⁶ Wait’s primary concern for women was about social expectations related to billing clients. She worried that women “dread to send out their bills” due to a “lack of business tact.”¹⁷ Wait was concerned about confrontations that women physicians might face when patients were unwilling or unable to pay their bills. Though she saw women as just as capable as men, Wait did acknowledge some particularly feminine characteristics: “though her hand is gentle,” Wait wrote, “it can be firm and steady; though her sympathies be great, they only make her more careful in whatever she undertakes to do.”¹⁸ Ultimately, according to Wait, women succeeded in medicine through “hard work, continual study, and conscious endeavor.”¹⁹

Dr. George F. Shrady (1837–1907) wrote the opposing column, “The Man’s View.” Shrady was a graduate of the College of the City of New York and the College of Physicians and Surgeons in 1858. He served as the editor of *The Medical Record*, a New York medical journal, from its founding in 1866 to 1904.²⁰ Writing in opposition to Wait in the *Ladies’ Home Journal*, Shrady argued that while some women might be successful in medicine, “the

¹⁶ Ibid.

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ “Dr. Shrady, Dead” *New York Times*, December 1, 1907.

exceptional few have succeeded not because they were women, but in spite of their being a woman.”²¹ Shrady claimed that he was “striving to pay [the female sex] a compliment by saying that the reason why woman is not fitted to medicine is because she is too delicate and good for [medicine’s] rougher and harder work.”²² Because of this supposed unfitness, women were less likely to succeed in medicine than painting, music, or other “higher intellectual pursuits.”²³ Not only did women get a fair chance in medicine, but according to Shrady, “. . . in many instances, they [receive] more encouragement than a man would under similar circumstances.”²⁴ While also expressing concerns that the medical marketplace was already saturated with men, Shrady appealed to what he saw as the intrinsic value of feminine domesticity in making his final argument against women in medicine. “Ambition beyond being an affectionate sister,” he wrote, “the loving wife and the fond mother is so foreign to the recognized genius of woman, as not to be entertained in connection with her real advancement.”²⁵ Dr. Wait argued that women physicians represented a step forward for women in a battle against prejudice. To Shrady, the female

²¹ Wait and Shrady, “Women’s Chances as Bread-Winners,” 3.

²² *Ibid.*

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ *Ibid.*

physician was “a retrogression, the transformation of a ministering angel into a mere professional drudge.”²⁶ Men and women expected women to play a role in treating sickness; what was in dispute was whether it should be as a professional healer or a domestic care-giver.

The leading voices in osteopathic education were much more sympathetic to female students and practitioners than their counterparts in medical education. Perhaps sensing an opportunity to appeal to women as potential students at the A. S. O., the editors of the *Journal of Osteopathy* created a “Women’s Department” column in June of 1898. Blanche Still, Andrew Still’s daughter and also an osteopath, wrote that “the department will consist exclusively of communications from lady osteopaths, who from their standpoint will uphold the science.”²⁷ Still continued, “if Osteopathy is to revolutionize the world and place women as bread winners on an equal footing with man it is only proper that she should have a department in the *Journal*.”²⁸ The editors solicited contributions from female osteopaths to make the Women’s Department “one of the most attractive and important features of the *Journal*.”²⁹ Articles in the Women’s Department dealt with issues of whether or not

²⁶ Ibid.

²⁷ Blanche Still, “Women’s Department,” *Journal of Osteopathy* 5, no. 1 (June 1898): 13.

²⁸ Ibid., 14.

²⁹ Ibid.

becoming a D.O. would “Injure a Lady’s Social Standing,” to which Blanche Still argued the opposite: “Osteopathy is elevating, lady-like, and noble and true, and instead of an injury proves a means of advancement.”³⁰ Blanche Still meant for the Women’s Department to be a permanent feature in the *Journal*, but it appeared in only a handful of issues from April – October 1898. No mention was made of why the Women’s Department ended, but apparently the effort to appeal to women as students and practitioners, and to create content focused on their distinct needs, was not sustainable.

Osteopathy’s open acceptance of women was not based on notions of gender equality, but instead on the benefits that women’s gendered distinctiveness could bring to their osteopathic practice. Still suggested that women were excellent osteopathic students: “they learn anatomy easily, retain it well, and soon learn to apply their knowledge in the rooms of our clinics, the only place where the science of osteopathy can be obtained.”³¹ Women osteopaths were also uniquely qualified to treat a major threat of the era, childbirth. With an osteopath attending, Still claimed, women would “no longer dread [childbirth] worse than death.”³² Diplomates in osteopathy rejected the use of forceps.

³⁰ Blanche Still, “Will It Injure a Lady’s Social Standing to Study Osteopathy,” *Journal of Osteopathy* 5, no. 5 (October 1898): 245.

³¹ A. T. Still, “Women in Osteopathy,” *Journal of Osteopathy* 2, no. 1 (September 1895): 3.

³² *Ibid.*

“Away with the forceps!” Still insisted, “Ninety-nine times out of one hundred they are used unnecessarily,” and resulted in deformed infants and vaginal lacerations.³³ Still connected the woman osteopath with women’s medical issues. Obstetrics was a common place for women osteopaths to establish expertise, which was in part attributed to their special understanding of feminine conditions. Ella Still, A. T.’s daughter in-law and herself an osteopath and clinician, wrote that there was “no higher calling” for a woman osteopath than obstetrics: “to go out to those of your own sex, knowing you are qualified to take charge of their cases, and ensure them immunity from the troubles which, under the old regime [regular medicine] were so common to womankind.”³⁴ A practicing woman osteopath reported a connection with female patients because the woman osteopath “not only holds the position of physician but is a friend, one who feels and can understand the trouble of her [female] patient, because, perchance, she has endured the same affliction.” Patients would say to her, ““Oh I am so glad that you are a woman’ or ‘It is such a comfort to be treated by a woman.’”³⁵

³³ Ibid.

³⁴ Ella M. Still, “Osteopathic Obstetrics,” *Journal of Osteopathy* 4, no. 4 (August 1897): 204.

³⁵ Etta Chambers, D. O., “Woman’s Work in Osteopathy,” *Journal of Osteopathy* 6, no. 5 (October 1899):183–185.

Mrs. Alice M. Patterson, D. O., expanded the argument from women treating women's issues to include other intrinsically gendered qualities that made women excellent osteopaths. Patterson wrote that "The freeing of women has been a slow process attended by warfare as fierce as that waged prior to the emancipation of the negro slaves."³⁶ But instead of the "weapons of glistening steel, of bayonet, of shot and shell," as in the Civil War, the war to free women relied on the "battering ram of reason placed before the impregnable fortress of prejudice. . ."³⁷ In osteopathy women were particularly suited to defeat this prejudice because of their natural sympathy. Patterson wrote that ". . . since woman is man's equal in intellect and his superior in force of sympathy and delicate touch, she is well fitted by nature for [osteopathic] work, and experience has proven that she does it in a masterly manner."³⁸ Not only would women have "an equal chance with men," as osteopaths, but their innate sympathy and empathy for obstetric patients made them even better suited to osteopathic science.³⁹

³⁶ Mrs. Alice M. Patterson, D.O., *Untitled, Journal of Osteopathy* 2, no. 1 (September 1895): 3; the editors of the *Journal* write that the article first appeared in the women's edition of the Trenton (Mo) Tribune.

³⁷ *Ibid.*

³⁸ *Ibid.*

³⁹ *Ibid.*

Writers confirmed the notion that women were drawn to the healing arts because of a presumed gendered desire to serve the social good. An editor for “Club Life,” a women’s magazine from Quincy, Illinois, argued that “the science [osteopathy] appeals particularly to women who desire a noble, up-lifting work.”⁴⁰ Women’s purported desire to serve the social good was not their only motivation, however, as working as an osteopath could “in an agreeable and rapid way place her pecuniarily [sic] above all concern for her future.”⁴¹ Though the cost of an osteopathic education was expensive (up to \$500 for four five-months terms by 1897), the rewards were beyond mere income for a “woman, intelligent and ambitious, with a heart of sympathetic love for her fellow beings. . .”⁴²

Advocates for women osteopaths assumed a long-held place for women in the healing arts and celebrated that woman osteopaths could receive even compensation with their male counterparts. Miss Lilly Amos wrote to the *Southern Journal of Osteopathy* that women’s healing roles were traditionally “. . . as the poorly paid and overworked nurse, while her brother, the physician, has had all the honor, and all the pay.”⁴³ *The Southern*

⁴⁰ “A Noble Life Work,” *Journal of Osteopathy* 3, no. 5 (November 1896): 3.

⁴¹ Ibid.

⁴² Costs for the course in *Catalogue of the American School of Osteopathy Session of 1897–1898 First Annual Announcement*, 54; quote from “A Noble Life Work,” *Journal of Osteopathy* 3, no. 5 (November 1896): 3.

⁴³ Miss Lilly Amos, “Women in Osteopathy,” *Southern Journal of Osteopathy*, reprinted in *Journal of Osteopathy* 4, no. 11 (April 1898): 526.

Journal was a publication of the Southern School of Osteopathy in Franklin, Kentucky, which opened in 1898.⁴⁴ For women, pay and doing social work were paired: “By investing a few hundred dollars and spending a certain time at the Infirmary, [young women] lay the foundation for a generous and constantly increasing income and feel that every dollar added to her bank account is deposited as a blessing from some grateful soul.”⁴⁵ Appeals to prospective female osteopaths placed an emphasis on their financial success after becoming D.O.s, but unlike attempts to sway men into the field, there was also a great deal of emphasis on the social and moral utility of their future work. Instead of advancing the science or leading the field, women osteopaths were expected to take solace in the fact that they would earn a living and, “what is greater still, will ‘live to bless mankind.’”⁴⁶

Women advocating osteopathic practice for other women were in the difficult position of asserting academic and intellectual equality while going to pains not to paint

⁴⁴ Though the Southern School of Osteopathy was not part of the American School, the first president, J. S. Gaylord, graduated in the A. S. O. class of 1896, and articles from the *Southern Journal* we reprinted in the *Journal of Osteopathy*; for information on the Southern School, see Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 89; Gaylord was listed in a consolidated American School of Osteopathy Alumni Directory, compiled from an alumni list print in the 1926 A. S. O. yearbook, *The Osteoblast*. “A.T. Still University - Museum of Osteopathic Medicine - Alumni Yearbooks,” accessed February 23, 2019, https://www.atsu.edu/museum/alumni_yearbooks/.

⁴⁵ “A Noble Life Work,” *Journal of Osteopathy* 3, no. 5 (November 1896): 3.

⁴⁶ *Ibid.*

women D.O.s as lacking feminine characteristics. “Woman’s very existence depends on her difference from man. . . ,” wrote Alice Patterson in May of 1897, and women could become osteopaths “. . .without in the least forsaking those sacred emblems of femininity – modesty and true refinement.”⁴⁷ Patterson continued, “In osteopathy, woman is sure to succeed – shall I not say excel? – because of her sensitive, sympathetic, *intuitive* nature, her intense love for the helpless, [and] her joy in being able to alleviate pain.”⁴⁸ Judge Andrew Ellison, of the Second Judicial District of Missouri and lecturer on medical jurisprudence at the A. S. O., reminded women in the graduating class in February of 1898 that they should maintain their feminine character: “. . . you have taken it upon yourselves the additional dignity of a profession, which will only add knowledge and wisdom to an already pure heart. To become eminent in your profession you need not become masculine, you need not become unsexed.”⁴⁹ Ellison – a male authority figure, a member of the government and legal establishment, saw no reason that the process of becoming an osteopath would force a choice on women between performing their gender and their profession.

⁴⁷ Mrs. H. E. Patterson, “Women in Osteopathy” *Journal of Osteopathy* 4, no. 1 (May 1897): 11.

⁴⁸ *Ibid.*

⁴⁹ “Judge Andrew Ellison’s Address,” *Journal of Osteopathy* 4, no. 10 (March 1898): 480.

But Ellison’s arguments also suggest that there was a presumption about the impact professional studies would have on women, and osteopathic students and practitioners sought to allay concerns about how being osteopaths might challenge traditional relations between the sexes. The osteopath Josephine DeFrance asked “what is to become of the home and the duties of the household” if woman takes up osteopathy?⁵⁰ Instead of making a case for continuing practice while married, DeFrance suggested that it was wrong to single out osteopathy as a pursuit that ended at the altar: “Stop and think for a moment about how much of the education of the young ladies of the land is set aside and forgotten after the wedding day.”⁵¹ She also argued that osteopathic training would provide benefits to the household economy. It was helpful for women to have “knowledge of their own spring of health” when they started to “manage a home” and rear children.⁵² Women training as professionals and breadwinners threatened Republican Motherhood, the idealized role that middle-class women were expected to play in the nuclear family of the mid-to-late nineteenth century. As the vital social functions of motherhood transferred from shared

⁵⁰ Josephine DeFrance, “Women’s Work in Osteopathy,” *Journal of Osteopathy* (July 1901): 210–213. The *Journal* stopped reporting volume and issue numbers in January 1901. Listing volume and issue numbers paused after volume 7, no. 7 (December 1900) and resumed with the January 1906 issue as volume 13, no 1.

⁵¹ *Ibid.*

⁵² *Ibid.*

social spaces at the beginning of the century to the private home by its end, Republican Mothers had to manage and supervise the topics of etiquette, moral education, civics, and gender roles within the newly private sphere of the home.⁵³ DeFrance was concerned about the perception that an osteopathic career deterred women from Republican Motherhood. To the contrary, DeFrance suggested: a background in osteopathy would be more helpful to a Republican Mother than, say, a degree in music or science.

Imagining the future for women osteopaths, Alice Patterson predicted that osteopathic women who “love to study and work . . . will find unlimited opportunities,”⁵⁴ but this lofty rhetoric on gender oversold reality. Even though the second anatomy instructor at the A. S. O., Nettie Bolles, was a woman, the faculty members at the school were overwhelmingly men during the late nineteenth and early twentieth centuries. In the 1897 catalogue, one of the fourteen faculty members was a woman: Mrs. Alice Patterson, D.O. Patterson was responsible for gynecology and obstetrics.⁵⁵ The following year Patterson was gone, and no one was listed as professor of gynecology and obstetrics. The only female member of the faculty was Miss Clara Proctor, listed not as a professor, but an

⁵³ Mary P. Ryan, *Cradle of the Middle Class: The Family in Oneida County, New York, 1790-1865* (New York: Cambridge University Press, 1983): 230–242.

⁵⁴ Mrs. H. E. Patterson, “Women in Osteopathy” *Journal of Osteopathy* 4, no. 1 (May 1897): 11.

⁵⁵ *Catalogue of the American School of Osteopathy Session of 1897–1898 First Annual Announcement*, 4.

“Assistant in Chemistry.”⁵⁶ In 1899 Miss Proctor had left, replaced by C. W. Proctor, Ph. D., her elder brother and a former faculty member at the State Normal School in Kirksville.⁵⁷ There were no women among the twenty-one faculty members and clinic supervisors in 1899.⁵⁸ In 1900–1901, Josephine DeFrance joined on as a clinic supervisor.⁵⁹ Men taught all courses (save chemistry) and supervised the maternity clinic.⁶⁰ Nettie Olds Haight, D. O., was the next woman faculty member. She appeared in the 1905–1906 catalog as an

⁵⁶ *Catalogue of the American School of Osteopathy Session of 1898–1899 Sixth Annual Announcement*, 4. The number system for the announcements is unclear. The 1897 announcement – the first that survives and perhaps the first printed – is listed as the first announcement. The announcement for the following year is listed as the Sixth announcement. The word “First” may have been a misprint on the 1897 catalogue, or the school may have decided to retroactively date the announcements to the founding of the school, even if there were no annual announcements during the first four years of its existence.

⁵⁷ *Catalogue of the American School of Osteopathy Session of 1899–1900 Seventh Annual Announcement*, 6; “The Course in Chemistry” *Journal of Osteopathy* 4, no 5 (October 1897): 223; for Proctor family relationships, see 1870 U. S. Census, DeKalb County, Illinois, population schedule, Franklin, p. 18, dwelling 132, family 133, Richard B. Proctor; digital image, FamilySearch, accessed March 17, 2020, <https://www.familysearch.org/ark:/61903/1:1:M67L-PPY>.

⁵⁸ Ibid.

⁵⁹ *Catalogue of the American School of Osteopathy Session of 1900–1901 Eighth Annual Announcement* (Kirksville, MO: American School of Osteopathy, 1899): 2.

⁶⁰ Ibid.

“assistant in obstetrics and gynecology,” but her tenure was just that single year.⁶¹ No women were on the faculty in 1906, but 1907–8 brought a relative explosion of gender diversity: two women, “Miss Leone Dalton, D. O.,” and “Miss Mary Walters, D. O.,” worked as instructors at the A. S. O. Hospital; another, “Miss Annie Adams, D.O.,” was a teaching fellow in bacteriology and pathology at the school laboratory; a fourth, “Harriet M. Chrysler,” was a student assistant in histology.⁶² The increased representation of women was only at the junior levels in the osteopathic college and at the lower instructor level at the hospital, where the women supervised the A. S. O.’s newly-founded nursing program.

Based on this analysis of positions at the A. S. O., women certainly had opportunities as students, but that openness to gender diversity did not extend to faculty or administrative positions. A glass ceiling prevented them from moving up into the ranks of the faculty; only junior appointments were available to women. Of those places that were available, they tended to be in obstetrics or other women-centered roles, like nurse management. The A. S. O. was open to women as consumers – students – but not as producers on the faculty. This gendered split increasingly became the case as the school

⁶¹ *Thirteenth Annual Catalogue of the American School of Osteopathy 1905–1906* (Kirksville, MO: American School of Osteopathy, 1905): 5.

⁶² *Fifteenth Annual Catalogue of the American School of Osteopathy and Second Annual Announcement of the Nurse Training School, 1907–1908* (Kirksville, MO: American School of Osteopathy, 1907): 6.

grew and osteopathy's popularity attracted a greater proportion of male students. Women like Nettie Bolles had significant roles in the early years of the A. S. O., but by the time the school had grown from a cottage industry into a big business, men dominated the school's instructional and administrative positions. Gendered organizational splits like this were common in late-nineteenth and early twentieth-century schools, and especially in medical schools. Instead of teaching the science or business of osteopathy, Still and other writers thought early women osteopaths should be content seeking sympathy and the social good.

Practicing women osteopaths claimed that they maintained their distinctive feminine qualities to help transform popular perceptions of the lady doctor. In a speech to the A. S. O. Alumni Association in 1903, Margaret Sheridan, D.O., looked back on the progress women osteopaths made not only in the treatment room, but in popular opinion. No longer were woman doctors the unsexed "'hen medic,' who is unable to build up a practice, not because of incompetency, but of her failure to live down the prejudice of the many who believe that the professional woman must necessarily lose her womanliness, and should be ostracized."⁶³ By placing an emphasis on their "quiet fortitude and patience," and their ability to "know instinctively the wishes of the sick one," the woman osteopath had "wrought a wonderful change in the public opinion regarding [women] as a practitioner of

⁶³ Margaret Sheridan, "Osteopathy as Profession for Women," *Journal of Osteopathy* (August 1903): 246–248

the healing arts.”⁶⁴ Women had a natural and intuitive ability to nurture and nurse, osteopathy provided the knowledge required to heal, and that combination “make her the ideal physician.”⁶⁵ While there were financial and social rewards for men and women osteopaths, those benefits could not compare to “the joy we will feel when, perchance, we may restore to a mother her child, or to a father and family the wife and mother upon whose life so much happiness depends. . . .”⁶⁶ Sheridan’s examples are telling. She placed an emphasis on saving a child for a mother, or a mother for a family, both reinforcing the value of healing for its ability to maintain and protect domestic relationships. She closed her speech wishing good health on “the pioneer women who paved the way for our success,” and to A. T. Still.⁶⁷

Changing opinions about women osteopaths led to a reduced discourse on women’s practice in *The Journal of Osteopathy*. Sheridan’s article in 1903 was the last piece specifically dedicated to women’s practice in the *Journal of Osteopathy* during the first decade of the 1900s. Partially this was due to formatting changes in the *Journal*, which moved away from editorial and think-piece commentary. The editors began to copy the

⁶⁴ Ibid.

⁶⁵ Ibid.

⁶⁶ Ibid.

⁶⁷ Ibid.

professional conventions of medical journals: publishing case studies and notices from various state and municipal osteopathic organizations. While there were no further articles advocating women's practice, the *Journal* provided ample evidence that osteopathic women's organizations met regularly to serve the needs of women D. O.s. Fourteen women established the Women's Osteopathic Association of Kansas City in the spring of 1906.⁶⁸ The organization dedicated itself to "the advancement of the science and for the mutual benefit of their work."⁶⁹ Women D.O.s founded additional women's organizations in St. Louis in 1908 and Boston by early 1909.⁷⁰

Analysis from the student ledger shows that women osteopathic students were always a minority at the A. S. O., and that the proportion of women students declined significantly as the school grew in prominence:

⁶⁸ "The Ladies Organize," *Journal of Osteopathy* 13, no. 3 (March 1906): 96.

⁶⁹ *Ibid.*

⁷⁰ "Missouri-St. Louis Women D. O's. Have the First Osteopathic Society Incorporated in Missouri," *Journal of Osteopathy* 15, no. 12 (December 1908): 770; "Massachusetts Notes," *The Journal of Osteopathy* 16, no. 2 (February 1909): 126–127.

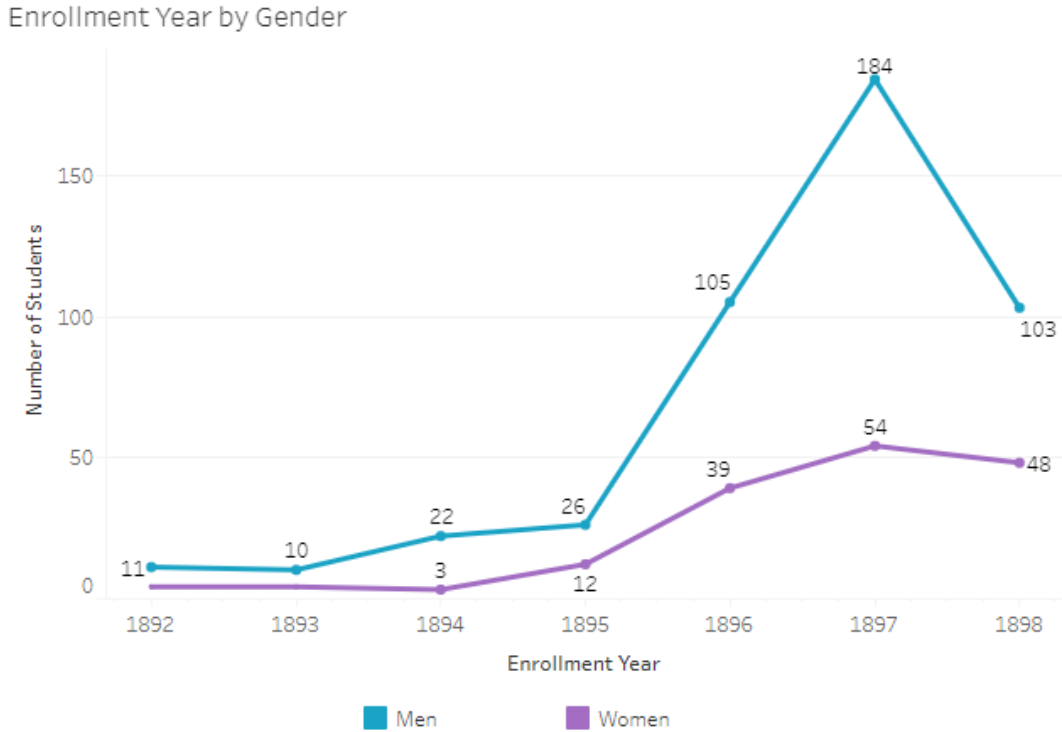


Illustration 17. A. S. O. Enrollment by Gender.
A. S. O. Student Ledger no. 1, 1892–1898.

The male student population at the A. S. O. grew by 303 percent from 1895 to 1896, but women enrollees only grew by 225 percent. Year over year growth from 1896 to 1897 showed even greater disparities between men and women, with a 75 percent growth rate for men compared to a 38 percent growth rate for women. The overall decline in 1898 did not impact the number of women students as greatly as it did the men. But even with the precipitous drop in men, there were still more than two male students for every female student in 1898.

Women's Marital Status

The administrators at the A. S. O. recorded marital status in the ledgers through the inclusion of the titles “Miss” or “Mrs.” for almost all female students.⁷¹

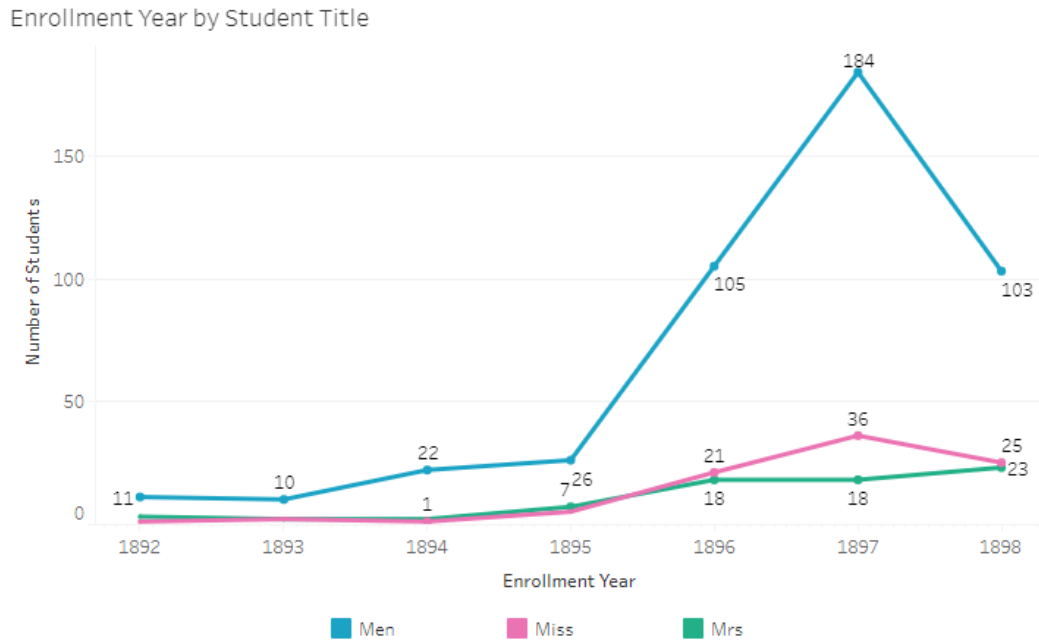


Illustration 18. A. S. O. Enrollment Year by Student Title.
A. S. O. Student Ledger no. 1, 1892–1898.

This data show that the same factors that attracted an increasing number of men to the school in 1897 also led to an increase in the number of single women, and that the decline in students in 1898 impacted single women to a much greater extent than married

⁷¹ There were a couple of feminine names that did not have titles. I used census data to establish whether those women were married at the time of their enrollment at the A. S. O.

women. In fact, married women as a group grew during that year, while both men and single women dramatically declined.

Beyond the raw comparison of numbers, the marital status data for women helps us better understand how gender roles shaped who sought to become osteopaths. According to data from the ledger, women made up 26.24 percent of the students at the A. S. O. from 1892–1898. Of the 164 women in the ledger books, 73 were married or widowed at the time they enrolled. They made up 11.68 percent of the overall student population. Of married women, 22 – around a third – attended the school concurrently with men of the same last name that were recorded immediately before them in the ledgers. I presume that these couples were married. Eight of those married couples travelled to Kirksville from outside the state, another four were from other cities in Missouri, and the final nine couples were from Kirksville. These numbers are similar to overall student percentages: 59 percent of married couples at the A. S. O. were from Missouri, compared with 58.4 percent of the overall student population from Missouri. Married women who did not attend with their spouses, however, were much more likely to be from Missouri. Some 68 percent of married women enrolled without their husbands were from Missouri, and 44 percent were from Kirksville. These numbers are both 10 percent higher than overall student populations, indicating that married women were more likely to be from the state and the city than the overall population. Or, to put it another way, married women without husbands also in attendance were less likely to come from out of state. Married women were an average age of 33.7 years old, five years older than the overall average age.

Single women were much more like the overall student population than married women attending without spouses. Single women made up 14.56 percent of the overall student population. They were less likely to be from Missouri – 52 percent – compared to the overall sample’s 58 percent from Missouri. Single women were an average age of 25, almost three years younger than the overall sample. For women, it seems that being single gave them additional freedom to travel to Kirksville from out of state to become an osteopath. Being married decreased the likelihood of attendance unless their spouse was also attending, which brought the percentages back in line with the overall averages. Married female students from Kirksville could matriculate without leaving their prior domestic responsibilities.

Comparing Women Osteopaths, Nurses, and Women Physicians

Women osteopaths were not the first professional female healthcare workers. By the time A. T. Still and osteopathy appeared in the Middle West, nurses and woman physicians had both carved out social roles as healers. Each of these professional roles occupied their own gendered space in American society. As the debate in the *Lady’s Home Journal* illustrated, these roles were contested and complex. Examining these two occupations – especially their places in America’s gendered social hierarchy – provides context to triangulate and understand the distinct position of women osteopaths as professional women healers.

Much of the history of nursing is defined by the tension over how to value an emotive social role in the broader context of an increasingly professionalized healthcare system. This tension resulted from a wholesale shift in the location of care. Before the 1870s, most care took place in the home. Susan Reverby, historian of nursing, notes that hospitals in the antebellum period were “not a central institution for the provision of medical care, nor was nursing an important form of paid labor for women.”⁷² This is not to say that nursing did not take place, but instead that it was unpaid labor performed in the home. Caring was part of the family’s duty, and it often fell to women. After the 1870s, as the hospital ascended to the forefront of American medical care, women nurses began to labor for pay in hospitals. Nurses performed a great variety of labors that society deigned women’s work: providing care and comfort to patients, doing laundry, cleaning the wards, and otherwise supporting the hospital’s most critical and most mundane functions. In late nineteenth-century society, these essential but largely laborious and banal nursing responsibilities took on a gender as women’s work. As the medical historian Charles

⁷² For a seminal work on the transformation of American nursing, see Susan Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987): 2.

Rosenberg has argued, women’s purportedly “innate sensitivity would bring warmth and reassurance to the patient as it brought cleanliness and order to the ward.”⁷³

Women physicians attempted to overcome and leverage these social conceptions of women and their strengths as nurturing healers. The increasing rhetoric and centrality of science in medicine during the last third of the nineteenth century overwhelmingly privileged men. As the medical historian Regina Morantz-Sanchez argued, women physicians sought to counteract this by “developing a theory of *female* professionalization that helped them stake out a continued place for themselves” in the masculinized world of scientific medicine.⁷⁴ Women’s attempts to maintain femininity while taking on authority roles as physicians complicated the existing gender dichotomy in medicine. Nurses were women, physicians were men, and women physicians were often merely tolerated as different.⁷⁵ Women’s efforts to prove their capability as regular physicians often came at the price of subjugating their femininity. In contrast, osteopathy’s openness to women as doctors goes against the grain of the gendered nurse / physician dichotomy in regular medicine. Judge Ellison’s earlier argument about osteopathic women doctors not becoming

⁷³ Charles E. Rosenberg, *The Care of Strangers: The Rise of America’s Hospital System*. (New York: Basic Books, 1987): 217–225.

⁷⁴ Morantz-Sanchez, *Sympathy and Science*, xvii, emphasis in original.

⁷⁵ *Ibid.*, 142.

“unsexed” stakes a place for the female osteopath as both professionally physician and socially a woman.

The age of students entering nursing, regular medicine, and osteopathy helps explain the latter’s openness to socially accepting female women physicians. The selection criteria for nursing schools overwhelmingly favored young single women, and the rigors of nursing life and the cloistered nature of the position on hospital campuses meant that continuing as a nurse encouraged the women to stay single.⁷⁶ Perhaps unsurprisingly, Morantz-Sanchez found that women physicians in 1900 were much more likely to be married than nurses, 31% to 12.7%.⁷⁷ Women pursuing regular medical degrees had a changing age profile over the latter third of the nineteenth century. Before 1880, the average age of graduates at the Women’s Medical College of Pennsylvania was 33. After 1880, that average age dropped to 27.⁷⁸ Women physicians in the 1880s largely trained at gender-segregated schools. By the time that Still opened the A. S. O. in the 1890s, several medical schools offered co-educational medical training, including the influential Johns Hopkins in Baltimore. This inclusion ultimately presaged the closure of medical schools for

⁷⁶ Reverby, *Ordered to Care*, 87.

⁷⁷ Morantz-Sanchez, *Sympathy and Science*, 137; the data is a bit cloudy – nurses in 1900 included midwives; the marriage rate for nurses falls to 7.1% in 1910, when midwives become their own category in the census.

⁷⁸ *Ibid.*, 101.

women and the increasing likelihood that women entering training to become physicians would take on the profile of male medical students: younger and single.

Osteopathic medical training, in contrast, welcomed older students and married students, who frequently attended the school as couples. This distinction shaped women's osteopathic medical practice. There are many examples in the *Journal of Osteopathy* of couples graduating and going on to practice together, especially in the school's first decade of operation. Notable married couples practicing together (as advertised in the June 1899 *Journal of Osteopathy*) included Nettie and Alden Bolles in Denver and Alice and Henry Patterson in Washington, D. C.⁷⁹

Perhaps even more noteworthy than the married couples, there were an almost equal number of unmarried male and female osteopaths working in practices together. Women osteopaths were sometimes listed as the heads of a female department at the practice. Overall, from the 73 total practices advertised in the June 1899 *Journal*, six were for women practicing independently, eight were for married couples, and eight were for mixed gender practices.⁸⁰ Together, 23 percent of advertised practices included a woman or was for a women's practice. While these advertising cards represent only a fraction of the total number of graduates, they provide evidence that osteopathy's proclaimed gender

⁷⁹ Professional Cards, *Journal of Osteopathy* 6, no. 1 (June 1899): i-viii.

⁸⁰ Ibid.

partnerships extended beyond the classroom and into practices nationwide. Women osteopaths were under-represented on the A. S. O. faculty, but they found a professional role working with male osteopaths in general practice. This differed substantially from regular women physicians, who often practiced either independently or in partnership with other single female medical doctors.⁸¹

Gender Comparison to Medical Students at the University of Missouri

The make-up of the student population at the A. S. O. was profoundly different than mainstream Midwestern medical schools. The novelty of osteopathy and the intense growth of the A. S. O. makes finding a comparable regular medical school difficult. The medical department at the University of Missouri in Columbia, some 90 miles south of Kirksville, opened in 1873.⁸² Relative to the A. S. O., the student body was small (32 students in 1891) and the students completed a curriculum of three years (27 months) from 1890–1898.⁸³ In 1898, the curriculum at the university expanded to four years (36

⁸¹ Morantz-Sanchez, *Sympathy and Science*, 133.

⁸² Hugh E. Stephenson, *Aesculapius Was a Mizzou Tiger: An Illustrated History of Medicine at Ol' Mizzou* (Columbia, MO: University of Missouri Medical School Foundation, 1998): 28.

⁸³ *Ibid.*, 30.

months).⁸⁴ Applicants to the program were admitted by presenting a “certificate or diploma from a literary or scientific college, normal school, or high school. . .”⁸⁵ Examination was possible for students whose certificates or diplomas were not accepted as sufficient evidence for admission, but even those students had to have evidence of 12 units of coursework.⁸⁶ Unlike the A. S. O., it was not possible for students with only common school educations to enter the medical department.

Cohort sizes were small compared with the osteopathic school, and the course of study appears to have had high attrition rates. In 1899, 42 students enrolled in the freshmen class at the university medical department.⁸⁷ Of these students, 34 were from Missouri.⁸⁸ The nine students from other states included three from Illinois and one each from California, Indian Territory, Kansas, Nebraska, Tennessee, and Wisconsin.⁸⁹ Only 22

⁸⁴ Ibid.

⁸⁵ Curators of the University of Missouri, *Bulletin of the University of the State of Missouri Catalogue: Fifty-Ninth Report of the Curators to the Governor of the State*, vol. 2, 5 (Jefferson City, MO: Tribune Printing Company, State Printers and Binders, 1901): 139–140.

⁸⁶ Ibid.

⁸⁷ Curators of the University of Missouri, *Bulletin of the University of the State of Missouri Catalogue: Fifty-Eighth Report of the Curators to the Governor of the State*, vol. 1, 2 (Jefferson City, MO: Tribune Printing Company, State Printers and Binders, 1900): 197.

⁸⁸ Ibid.

⁸⁹ Ibid.

students from that initial freshman class returned for their sophomore year at the medical department, and four transfer students joined as sophomores for a total class size of 26 students.⁹⁰ Retention patterns continued into the student's third year in the program with only 10 of the original students returning to Columbia in 1901.⁹¹ Fourteen students graduated as medical doctors in 1903, but that number included several incoming transfer students. Overall, only seven students from the initial class of 42 stayed at the program for four years and graduated, a 16.6 percent graduation rate.⁹²

The 1899–1903 cohort of medical students at the University of Missouri was much more homogeneous than the student population in Kirksville. A total of 54 students attended at least one year at the Missouri medical department during that time. The curator's reports provided each student's name and home state. 78 percent of students were from Missouri; 58 percent of students at the A. S. O. were Missourians. I was able to locate 48 of the 54 University of Missouri students in either the 1900, 1910, or 1920 census.

⁹⁰ Curators of the University of Missouri, *Bulletin of the University of the State of Missouri Catalogue: Fifty-Ninth Report of the Curators to the Governor of the State*, vol. 2, 5, 232–233.

⁹¹ Curators of the University of Missouri, *Bulletin of the University of the State of Missouri Catalogue: Sixtieth Report of the Curators to the Governor of the State*, vol. 3, 6 (Jefferson City, MO: Tribune Printing Company, State Printers and Binders, 1902): 201.

⁹² Curators of the University of Missouri, *Bulletin of the University of the State of Missouri Catalogue: Sixty-First Report of the Curators to the Governor of the State*, vol. 4, 5 (Jefferson City, MO: Tribune Printing Company, State Printers and Binders, 1903): 209.

The demographic and relationship data from the census provide several more points for comparison. The medical students were much younger, an average entry age of 21.26 years, compared with 28.89 years for osteopaths. With one exception, all the University of Missouri medical students were single. There is not a clear number of married students from the A. S. O. because the registrars did not list marital status for men, but there were at least 73 married women osteopathic students. The students in the 1899 class at the university were all men, while one in four A. S. O. students were women.

The comparison between students at the A. S. O. and the University of Missouri illustrated several key differences between osteopathic students and students at a university-connected medical school. Diversity – in terms of age, gender, and educational preparation – was a hallmark of the A. S. O. Young students became osteopaths, but so did older people who sought a more lucrative and possibly fulfilling career. Still's commitment to educating women, even with some gendered inequalities as mentioned above, was much different than the university medical school, where all the students were men. The large number of students that did not complete their medical education at the university also stands in stark contrast to the student experience at the A. S. O. Overall, osteopathy attracted a diverse student population, and regular university medical education was predominately a place for educated young men looking to become part of an increasingly educated and elite population of regular physicians. Male students at the university medical school matriculated there despite the high dropout rate and the uncertain career prospects facing all doctors in the late nineteenth and early twentieth centuries.

Conclusion

Women were a notable presence in the early years of osteopathy, though their populations did not boom to the same extent as their male peers. The presence of women should not, however, be mistaken for efforts at gender equality. The lack of women in positions of authority in the A. S. O., and their frequent absence from the faculty, indicated that women's participation was shaped by their gender. Debates over the boundaries and focuses of women's practice led to limitations on women as specialists in women's health issues. Marital status also showed that many early women osteopaths attended the school with their husbands, and perhaps were there to create couple's practices. Still's commitment to women as students led to articles and columns in the Journal promoting their presence and abilities but contrasting their motivations with men as more about playing a gendered healer role than financial motivation. Osteopaths were careful to present women D. O.s as still fully feminine, and not unsexed due to their medical training.

CHAPTER 5

THE THERAPEUTIC ENCOUNTER

Ben White was going to die. An “Old traveling man,” Mr. White was a salesman “well-known in commercial circles in Missouri and Iowa” during the latter third of the nineteenth century.¹ White returned home to Macon, Missouri, after a trip in November 1896, and felt unwell. Specifically, he reported “constipation and pain in (his) liver and kidneys.”² Concerned, his family called in the prominent physician Dr. W. E. Webb over Mr. White’s objections.³ Despite three months of frequent medicine – 8 to 10 doses a day – White’s condition only grew worse. Another local healer of some renown, Dr. A. B. Miller, joined the case as a consulting physician.⁴ Webb and Miller worked together for another month, but White’s case was hopeless. On their last visit the two physicians gave White the bad news: “We have consulted on your case,” White recalled them saying, “We agree exactly and feel it our duty to inform you . . . that we have done all it is possible for you.

¹ *Journal of Osteopathy* 4, no. 4 (August 1897): 187–189.

² *Ibid.*, 187.

³ *Ibid.*

⁴ *Ibid.*, 188.

Your time is near at hand; a few days more and you must go.”⁵ The cause was “cancer of the stomach.”⁶

After spending a few moments reflecting on his life, his family, and the bright sunshine on that day, White decided to call upon A. T. Still and the osteopaths at Kirksville, some 34 miles north of Macon. Friends thought it a cruel trip where false hope would take the last few days White had left.⁷ The Whites arrived at the A. T. Still Infirmary and Ben was seen by Dr. Still. White watched Still’s face “for any sign of encouragement, but could detect nothing to give [him] any sign of hope.”⁸ Still called his son Charlie, and then Dr. William Smith, a physician, osteopath, and anatomy instructor at the American School of Osteopathy. According to White, “Smith was a man who needs no ‘x-rays’ to tell what is inside his patient.”⁹ Unlike his encounters with the medical doctors in Macon, White found the osteopaths efficient. The osteopaths “knew exactly what the matter was; there was no

⁵ Ibid.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

experimenting or guess-work. Their intuition is as true as the needle to the pole – all facts and science, as the patient of ordinary intelligence soon realizes.”¹⁰

The visit inspired confidence, and it saved White’s life. Or, rather, revealed that his life was not in the great peril his Macon physicians had diagnosed. Within minutes, “Dr. Smith had inserted his catheter so gently and quickly,” that White “hardly realized what was going on.”¹¹ Smith withdrew “a large quantity of putrid urine so foul,” that White did not know how he had lived with it inside of him.¹² Holding the rank fluid aloft, Smith announced to White, “here is your cancer.”¹³ Confused and no doubt a bit disgusted at the volume of vile liquid, White asked what Smith meant. “Why,” Smith said, “your doctors have been treating you for cancer of the stomach,” but the real cause of the discomfort, Smith would later write, was “nothing more or less than an enormously distended bladder.”¹⁴ Smith realized this might be the issue when he learned that White only passed a tablespoon of urine every 24 hours. Dr. Webb later denied that he had diagnosed the case as a cancer, but Mrs. White and her son swore in notarized statements that he had called the illness cancer.

¹⁰ Ibid.

¹¹ Ibid.

¹² Ibid.

¹³ Ibid.

¹⁴ Ibid., 188–189.

The case was later recounted in the *Journal of Osteopathy* as a purported example of osteopathic insight leading to accurate diagnosis and treatment.¹⁵ For the purposes of this chapter, I argue that the case also illustrates some key differences in the methods for diagnosis and treatment of medical illness between regular physicians and osteopaths. During his therapeutic encounter, White perceived the regular physicians as speculative and indirect. They left him to confer in secret, prescribed medications that were ineffective, and misdiagnosed his illness. In contrast, White understood osteopathy as a direct, practical treatment method based on, as he called it, “science and facts.”¹⁶ This chapter examines how the therapeutic encounter shaped the patient’s understanding of osteopathy. Encounters between patients and osteopaths cast Still’s science as a patient-focused and practical treatment method. These perceptions help explain why sick people travelled great distances and spent large amounts of time and money to convalesce at the A. T. Still infirmary in Kirksville.¹⁷

¹⁵ Ibid.

¹⁶ Ibid.

¹⁷ Unfortunately, Ben White’s story does not reappear in local news coverage or osteopathic journals. Nowhere in the *Journal* is Mrs. White’s first name listed. A Benjamin B. White, 65, and his wife, Martha, 61, lived in Macon County, Missouri, according to the 1900 census. That Ben White died March 25, 1902, in Macon County. See 1900 Census, Macon County, Missouri, population schedule, Hudson Township, Macon City, p. 13, dwelling 272, family 287, Benj White; digital image, FamilySearch, accessed March 19, 2020, <https://www.familysearch.org/ark:/61903/3:1:S3HY-6PCC-4PN?i=25&cc=1325221&personUrl=%2Fark%3A%2F61903%2F1%3A1%3AM3ZL-ZBY>; for

Osteopathic patient narratives are notoriously difficult to recover when compared with physician documentation. Sources for this chapter are limited to published descriptions of encounters, largely from pro-osteopathic periodicals like the *Journal of Osteopathy*. This has the unfortunate result of skewing the testimonials. Osteopathic journals were partisan promotions and were not likely to provide counternarratives from dissatisfied patients. There were a few mentions from local newspapers throughout Missouri and Iowa noting that people had gone to Kirksville and returned after achieving limited results. For example, in 1904 the “Neighborhood News” column in the Ottumwa (IA) *Tri-Weekly Courier* reported that a “Mr. and Mrs. G. A. DeTar of Grays Creek” returned from a seven week stay in Kirksville “somewhat improved.”¹⁸ These mentions are sporadic and terse, providing only limited information.

The testimonials from pro-osteopathic journals, though undoubtedly biased, are richer sources that provide examples of what osteopaths considered successful treatment, issues that concerned them, and described idealized patient encounters. The fact that these stories were selected for publication suggests that they were considered noteworthy examples fit for emulation. The small number of these accounts, however, means that they

death information, see Find A Grave entry; digital image, accessed March 19, 2020, <https://www.findagrave.com/memorial/52175054/benjamin-b-white>.

¹⁸ “Neighborhood News,” *The Ottumwa Tri-Weekly Courier*, July 12, 1904.

offer little in terms of how the average patient interaction went. While less valuable than a broad survey of patients, the testimonials are still telling as a proposition of values and ideals: how the osteopath should encounter and treat a patient, and how that patient should behave in return.

Patients visited by doctors in the nineteenth century came face-to-face with their physician, an individual owner-operator whose goal was to cure illness and promote health. When the doctor arrived, they listened to the sick person's concerns related to an ailment, requested a list of symptoms, and inspected the patient. This examination was visual, tactile, verbal, and in some cases, olfactory. A thorough examination ultimately led to a diagnosis, prognosis, and hopefully, a prescribed course of treatment. The medical historian Charles Rosenberg has defined therapeutics as "any measures utilized by physician or layman in hopes of ameliorating or curing the felt symptoms of illness."¹⁹ As Rosenberg goes on to note, therapeutics most commonly included the prescription of drugs or venesection.²⁰ His definition, however, is a capacious one that includes both lay and professional treatments, and focuses on the attempt to alleviate symptoms, not on successful alleviation. This broad conception of therapeutics – essentially unchanged since

¹⁹ Charles E. Rosenberg, "The Therapeutic Revolution: Medicine, Meaning, and Social Change in Nineteenth-Century America," *Perspectives in Biology and Medicine* 20, no. 4 (1977): 487.

²⁰ *Ibid.*

the time of Hippocrates – allowed for the analysis of dietary changes, increased exercises, or other changes to the patient’s lifestyle designed to diminish the symptoms of illness.

Therapeutics have been something of a sticky wicket in the historical study of medicine; physicians have left more evidence of their beliefs about the ideal practice of medicine than records of their personal encounters with patients. Doctors writing in professional journals espoused what might be termed the best practices of medicine, but close examinations of their everyday encounters with patients often demonstrate a failure to practice what they preached. There was a tendency to follow-along with well-worn traditions of active treatments like mercurial emetics and bleeding, even past the point in the mid-nineteenth century when physicians began to question the efficacy of those treatments. Uncertainty surrounding the move away from familiar if unpleasant treatments was exacerbated by the lack of productive therapies available under the new physiological, laboratory therapeutic paradigm.²¹

In order to understand why therapeutic encounters often deviated from best practices, it is important to consider the influence that patients had on their interactions with physicians.²² Nineteenth-century medicine has been described as an increasingly

²¹ For the transition from rote application of active purgative and emetics to the expectant approach centered on physiological therapeutics, see Warner, *The Therapeutic Perspective*, 235–243.

²² Several factors motivated physicians to listen to the patients, including financial needs to maintain a patient base, concerns about malpractice, and competition with at home

competitive marketplace, where practitioners of all stripes peddled their services in competition with each other.²³ The patients were customers, and their needs and wants had a clear impact on the physician. Therapeutic encounters in which the physician and the patient came to a consensus on the nature of the illness and the best course of treatment were not always the norm, especially as professional understandings of illness shifted. Some physicians grew increasingly skeptical about the effectiveness of traditional treatments during the century, and their declining faith in active treatments, like venesection, purgatives, and emetics, led to contentious medical encounters where a patient's therapeutic expectations did not match what the doctor recommended.²⁴ Contrasting social and economic positions exacerbated the problems with these therapeutic negotiations:

treatments. Consent from patients also provided a prophylactic against recriminations if the case went badly. See Catherine L. Thompson, *Patient Expectations: How Economics, Religion, and Malpractice Shaped Therapeutics in Early America* (Amherst: University of Massachusetts Press, 2015).

²³ Growing acceptance of marketplace model stems from the history of medicine's growth beyond the internal, discovery driven Whig narratives of medical advancement. Elite medical disdain for putative quackery did not reflect the broad market acceptance of alternative healers and patent medicine purveyors. See Roy Porter, *Health for Sale: Quackery in England, 1660-1850* (Manchester: Manchester University Press, 1989), Takahiro Ueyama, *Health in the Marketplace: Professionalism, Therapeutic Desires, and Medical Commodification in Late-Victorian London* (Palo Alto, CA: Society for the Promotion of Science and Scholarship, 2011), and James Harvey Young, *The Toadstool Millionaires: A Social History of Patent Medicines in America before Federal Regulation* (Princeton, NJ: Princeton University Press, 1961).

²⁴ Stowe, *Doctoring the South*, 168–175.

doctors attempted to maintain their professional authority and defend the legitimacy of their medical knowledge, while the patients' power of the purse allowed them to demand certain services.

An expectant physician's wait and see approach could come across as not worth the cost of the visit, even if it was in keeping with current medical theory. The clinical encounter was subjective: often it was not a one-to-one exchange but involved family and friends as in the case of the Whites. These particularly contentious encounters highlight the value of studying therapeutics. Conflict over the nature of the illness and its treatment exposed differences in the medical worldview between patients and their physicians. As Rosenberg has argued, these differences touch on matters of "belief, identity, and status," which, like class, gender, and race, shaped the therapeutic encounter.²⁵

Little attention has been paid to therapeutic encounters between osteopathic patients and physicians. Examining the therapeutic encounter for new medical systems, like osteopathy, showed how the osteopath created therapeutic consensus about the nature of illness, the desired method of treatment, and the patient's expectations for successful therapy. Unlike traditional therapeutic encounters, in which the physician and patient shared a medical worldview, irregular healers engaged in novel medical theories had the burden of explaining their system during the therapeutic encounter. By examining these

²⁵ Rosenberg, "The Therapeutic Revolution," 485–486.

encounters, we can better understand not only the physician's medical beliefs, but also shared cultural elements that helped doctor and patient come to a consensus on the nature of health, the function of the body, and the most effective ways to treat it.

The rise of scientific medicine during the first third of the twentieth century, its success in treating several prominent diseases, and subsequent dominance over therapeutics has created a metanarrative about the power of science, as a process, in defeating the so-called sects of medicine. Though this overdetermined narrative has received sustained criticism from historians of medicine, its power in the popular imagination has helped reify a public conception of modern medicine as a monolith of knowledge.²⁶ The sustained success of alternative practitioners, in the face of the growing dominance of scientific medicine, suggests that patients have always been skeptical of medical authority. For some patients, osteopathic treatments were effective when traditional medicine was not. What led these patients to engage the services of healers with a radically different medical worldview than their previous practitioners? A careful analysis of the therapeutic encounter illustrates the ways that osteopathic physicians pitched their worldview, explained how their treatments functioned, and drew on intuitive metaphors to convey their message.

²⁶ John Harley Warner, "Grand Narrative and Its Discontents: Medical History and the Social Transformation of American Medicine," 757–80.

The Old Doctor was notable not only for his medical system, but also for his eccentric behaviors. Still was famous for his humble dress and frumpy appearance. One friend wrote that Still “was never a very particular man about his dress, or perhaps it would be nearer to the truth to say that he was very careless about his personal appearance.”²⁷ This indifference to appearances was antithetical to learned men and physicians, many of whom went to great pains to meet the sartorial standards that even small-town Midwesterners expected from the petit bourgeoisie.²⁸ Locals in Kirksville, Missouri, would often “see [Still] perched on a goods-box, in his very characteristic way and dress, with a big chew of tobacco and a stick on which he was whittling.”²⁹ Confounding expectations became something of a hallmark for Still. Patients, fellow osteopaths, and locals came to see Still’s lack of pretense and indifference to propriety as evidence of his genius.³⁰ While anxious physicians might preen in their fancy duds to establish credibility, Still was most comfortable whittling, wearing worn clothes, and being seen doing his laundry and performing other daily labors. This old country doctor aesthetic was in keeping with Still’s

²⁷ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 36.

²⁸ For an account of sentimental culture and middle-class fashion, see Halttunen, *Confidence Men and Painted Women*, esp. 61-63.; for culture in a Middle West context, see Lewis Atherton, *Main Street on the Middle Border* (Bloomington: Indiana University Press, 1984).

²⁹ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 32.

³⁰ *Ibid.*, 36.

deeply ingrained frontier identity. Despite claiming revolutionary innovation in the healing arts, Still did not put on airs, even once his school became a roaring success and osteopathy generated enormous wealth for him and his family.

Still initially relied on public performances to gain notoriety to build a patient base. Still performed his medical adjustments in front of audiences in town squares to demonstrate the effectiveness of his treatments. Regular medical treatments commonly took place between a doctor and his or her patient in either the patient's home or the doctor's office. Early osteopathic demonstrations, in contrast, were part treatment and part public display. Still's skill at promoting his system, and his facility explaining the system while delivering treatment, developed from these itinerant performances. Still explained his treatment and its connection to his medical system during the demonstrations. He used the specifics of the case at hand as an example of how his overall medical system worked. His explanations were designed for a general audience and were thick with approachable metaphors relating to the function of health as a product of the human machine. Giving lectures at schoolhouses throughout the county, Still created a jovial atmosphere that one of his sons likened to an old Methodist revival: "It looked to me just like the old-fashioned camp-meeting, as everybody who was treated went off happy and shouting."³¹

³¹ Booth, *History of Osteopathy and Twentieth-Century Medical Practice*, 57.

These osteopathic camp-meeting festivities were fervently anti-medication, but their tenor paradoxically shared many common traits with traveling patent medicine shows. The cries of peripatetic patent medicine salesmen frequently rang-out across the village greens, dusty main-streets, and bustling street corners of nineteenth-century American cities and towns. Like Still, these putative healers offered to cure ailments that others could not. Unlike Still, however, the patent medicine cure came not in the form of a physical adjustment, but in a bottle or pillbox. Traveling patent medicine salesmen sought to attract attention through entertainment. As the historian James Harvey Young has documented, these performances were raucous affairs, awash in cheap liquor and featuring ventriloquism, hypnotism, and orientalist plays attesting to the secret Asian origins of the proffered cure.³²

Still's pitch was both more straightforward and certainly less boozy. He and his sons passed out leaflets in the towns announcing his presentations. Still was there to heal - unlike patent medicine shows, which often started out as travelling entertainment and disguised their sales motive. Still's travelling road show reveled in the attention and participation of laymen. Common people were "good listeners," according to Still, and even better subjects to demonstrate his methods.³³ After the success of his travelling medical

³² Young, *The Toadstool Millionaires*, 190–202.

³³ *Ibid.*, 55.

shows, Still's cure became popular enough that by 1889 he established his osteopathic infirmary in Kirksville.³⁴ Patients were starting to seek out Still from across the nation; the great osteopathic boom was gaining steam.

Not Just One Encounter, but a Chain of Encounters

Still's country charm, novel therapies, and purported effectiveness were all factors that attracted patients to Kirksville for treatment. The success of osteopathy, however, was predicated not only on its effectiveness, but also on the lack of useful therapies in the standard medical armamentarium. Patients heading to Kirksville in the late 1880s and 1890s sought a new form of treatment, often for nagging ailments that had presumably flummoxed medical practitioners in their own towns. Two factors helped push patients to board trains and convalesce many miles from home. The first was the regular physician's pessimistic prognosis towards treating chronic complaints, such as headaches, nagging joint injuries, and various gastrointestinal problems. These quality of life ailments were not the general focus of regular medical practice. As regular doctors came to better understand the limits of their therapies, they strategically moved from attempts to cure to efforts to alleviate symptoms.³⁵ Beyond this dismal attitude towards a definitive cure for most chronic

³⁴ Gevitz, *The DOs*, 20.

³⁵ John Harley Warner, *The Therapeutic Perspective*, 5.

complaints, there was another, larger shift in medical thinking that decreased both physician confidence and patient hopes: the rise of less aggressive forms of expectant medicine and later laboratory medicine. The shift from proactive treatment to a wait and see approach increased patient dissatisfaction with medical treatment during the very time that Still offered a positive vision for a cure. While A.T. Still's vision for osteopathic medicine imagined a science that could treat a broad spectrum of diseases, most of the patients at the infirmary were there for orthopedic and neurological concerns.³⁶ These chronic, non-infectious medical issues included assorted cases of joint dysfunction, nervous disorders, hearing or vision loss, and other chronic, long-term conditions.³⁷ Such cases were also among the most difficult for regular physicians to treat effectively.

Still used the persistent nature of a patient's affliction to temper patient expectations by insisting that osteopathic cures could take weeks to months. By 1892, when Still decided to create a school to teach osteopathy, he treated patients there along with his sons and senior students.³⁸ Still's reputation had reached a point where, instead of travelling and putting on his show with a bag of bones, the patients would come to him and

³⁶ I am indebted in this section to Norman Gevitz's consolidation of sources describing the ailments that drove patients to visit Kirksville, esp. *The DOs*, 25–28.

³⁷ *Ibid.*

³⁸ See chapter 3.

his followers at the A. S. O. Kirksville became known as “the home of the great school of osteopathy . . . renowned for the truly wonderful cures of various diseases at the hands of Dr. A. T. Still and his able associates, in his new science and School of Osteopathy.”³⁹ While advertisements focused on cases with immediate cures, speedy treatments were not the usual result. On the contrary, prospective patients were advised that they should “prepare themselves for a somewhat longer course of treatment than is usually done by the average [regular medical] patient.”⁴⁰ Patients were told to expect to spend at least a month in Kirksville, where a thriving business of boarding houses served the needs of convalescing patients and students at the A. S. O.

Still suggested that there were two principal reasons for the length of the osteopathic cure: the severity of the illness and the nature of the osteopathic treatment. Patients often came to osteopathy when all other local cures had failed. The osteopathic patient only made the trip to Kirksville “after their cases [had] been pronounced incurable by the best and most scientific practitioners of the best medical schools.”⁴¹ Given the severity and advanced nature of the typical case, Still argued that patients should not

³⁹ “Kirksville, Missouri, Home of the Great School of Osteopathy,” *Journal of Osteopathy* 1, no. 2 (June 1894): 2.

⁴⁰ “To Prospective Patients,” *Journal of Osteopathy* 1, no. 2 (June 1894): 2.

⁴¹ “Dr. A. T. Still and Osteopathy,” *Journal of Osteopathy* 1, no. 4 (August 1894): 1.

expect immediate cures. The second reason for the lengthy treatment time was how osteopathy cured, or perhaps, did not cure. Still postulated that disease resulted “from an abnormal condition of the nerves, blood vessels, and other fluids of the body caused by partial or complete dislocation of bones, muscles, or other tissues.”⁴² The cure for this situation was not medicine, but mechanical adjustment, administered up to three times a week, until the body was returned to its normal alignment. Physical manipulations took the place of more invasive treatments. “We use the fingers instead of the knife,” wrote Still.⁴³ “Osteopathy cures nothing,” according to the pithy maxim in the *Journal of Osteopathy*, “It adjusts the machinery of man and nature does the work.”⁴⁴

Patients arriving in Kirksville in the mid-1890s encountered a bustling scene where Still, his children, and students from the A. S. O. treated hundreds of patients. Still invested heavily to create a large building that served a dual role as osteopathic infirmary and school. The dedication ceremony for the structure was a spectacle. “Thursday, the 10th of January [1895] was a gala day for Kirksville,” reported the Macon (MO) Times. “Several hundred visitors from various points, together with the whole population of the town, turned out to

⁴² *Journal of Osteopathy* 2, no. 1 (May 1895): 2.

⁴³ *Ibid.*

⁴⁴ *Journal of Osteopathy* 1, no. 2 (June 1894): 2.

attend the dedication of Dr. A T. Still's infirmary and the American School of Osteopathy."⁴⁵ The building was expanded later with two additional wings, giving the A. S. O. the capacity to treat some 500 patients a day in 1897.⁴⁶ A burgeoning student population treated these patients. In early 1896 there were only 50 or so students; by May of 1897, the number had grown to over three hundred.⁴⁷ For many patients, students, and visitors, this massive structure would have been the largest medical building they had ever seen.

⁴⁵ Macon (MO) Times, reprinted in *Journal of Osteopathy* 1, no. 9 (January 1895): 2.

⁴⁶ A. L. Conger, "The Growth of Osteopathy," *Journal of Osteopathy* 4, no. 1 (May 1897): 7–10.

⁴⁷ *Ibid.*, 9.



Illustration 19. American School of Osteopathy with New Wings, c. 1897.
Source: *Journal of Osteopathy* 4, no. 1 (May 1897): 14.

At the infirmary, osteopaths saw to patients with a machine-like efficiency befitting a system of healing centered on the notion that humans were God's perfect machines. Patients were advised in *The Journal of Osteopathy* about their first encounter in an introductory column in most early issues. Patients should expect to arrive at the infirmary and take a number for treatment, receiving treatment on a first come, first served basis.⁴⁸

⁴⁸ A. T. Still, "To Prospective Patients," *Journal of Osteopathy* 1, no. 2 (June 1894): 2.

The new building had large, gendered waiting rooms, one for men and one for women.⁴⁹

Incoming patients met with an osteopath, who took a case history, including length of the complaint and a description of what treatments had been previously attempted.⁵⁰

Osteopaths often explained their proposed treatment to patients using a variety of analogies. Still routinely compared the patient's body to a machine and the osteopath to an engineer:

You will soon find that osteopaths use no drugs. They will look over you as an engineer would look over his engine, to see if it is in running order. If found out of fix, they adjust the machine and start it out to running. If a wheel, pulley, belt or any part is wrong, he goes to work adjusting, until all is corrected.⁵¹

The osteopath was not a supernatural healer, but a practical observer capable of correcting what the trained eye saw as an obvious anatomical misalignment. "You will find my operators are all well qualified engineers who know their business," Still wrote, "We are not Gods, nor Christian Scientists, nor Spirit Doctors, but simply Anatomical Engineers – we

⁴⁹ A. T. Still, "Annual Address," *Journal of Osteopathy* 2, no. 9 (December 1895): 5.

⁵⁰ A. T. Still, "To Prospective Patients," *Journal of Osteopathy* 1, no. 8 (December 1894): 8.

⁵¹ *Ibid.*

understand the human engine and can put it in running order, subject always to the Laws of Nature."⁵²

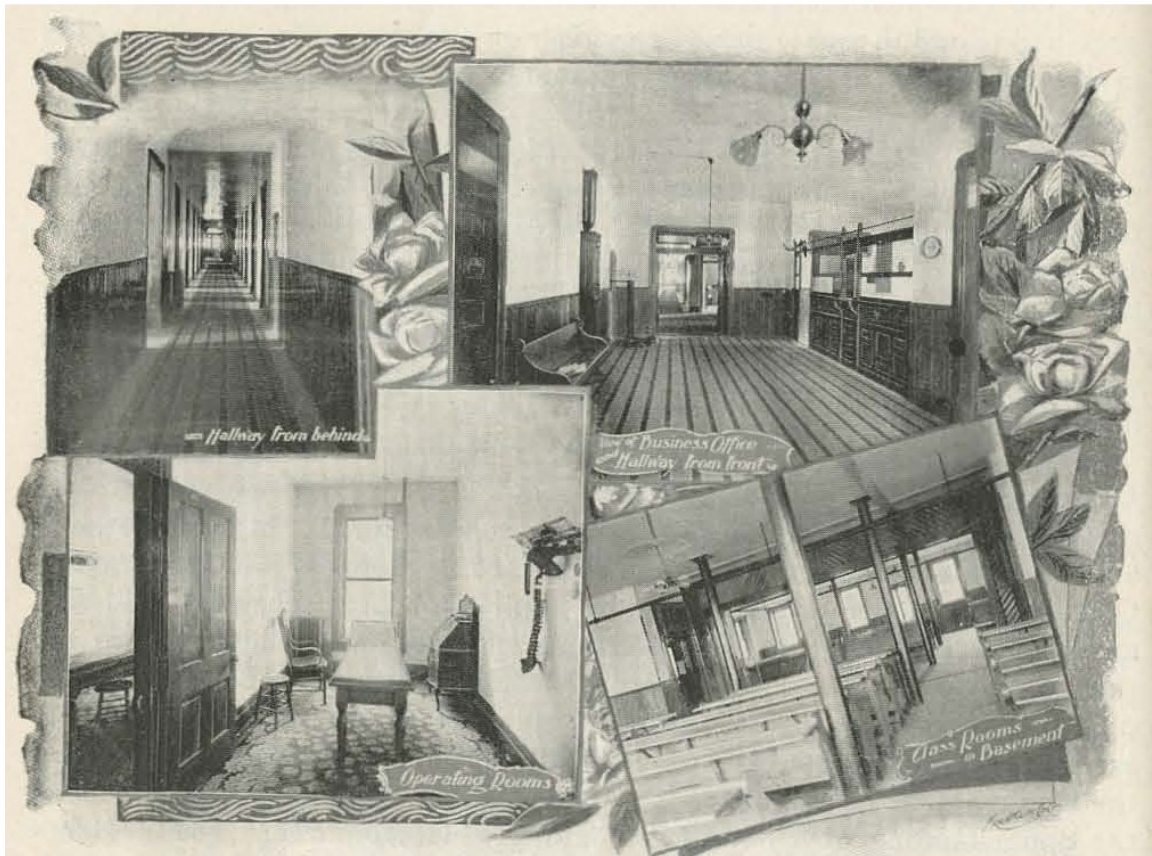


Illustration 20. Interiors, American School of Osteopathy and Still Osteopathic Infirmary.
Source: *Journal of Osteopathy* 4, no. 1 (May 1897): 22.

⁵² Ibid.

The patient's perception of these engineers at work differed from the technical observation that Still described. Nettie Bolles, the second anatomy instructor at the A. S. O., recalled visiting Still's office during her first trip to Kirksville. Bolles observed a patient of Still's in the waiting room. The woman had "a most dejected air and seemed to be in severe pain," and had suffered from a headache that lasted seven days; "the pain had nearly maddened her."⁵³ The patient went in for treatment and came back a short time later looking completely different, "like a soul returned from purgatory."⁵⁴ Bolles asked the woman how she felt, and she replied that the pain was totally gone. "What did he do?" Bolles asked, and the patient replied, "Oh, he just took hold of my neck and yanked it."⁵⁵ Bolles described Still's first meeting with her mother and how she came away from it unimpressed. "The doctor was apparently more interested in inquiring about old friends and places in Kansas," Bolles noted, "than in the patient."⁵⁶ Despite appearances, however, Still's "keen eye and alert mind were taking in more" than Bolles imagined.⁵⁷ Still's casual manner belied his careful observations. This ability to see things that were not explicitly

⁵³ Jennette Hubbard Bolles, "Dr. Still's Regard for Woman's Ability," *Journal of the American Osteopathic Association*, 17 (January 1918): 250.

⁵⁴ *Ibid.*

⁵⁵ *Ibid.*

⁵⁶ *Ibid.*

⁵⁷ *Ibid.*

discussed ties in with an element of the Barnumesque, cold reading. Still could read the patient's body language to gain insights that seemed supernatural.⁵⁸

Still attempted to teach this preternatural observation method to his students. The lessons taught them not only how and why to adjust, but also how to explain their actions and rationale to patients. Still's preamble for treatments was perhaps the most methodical element of his practice. One of his early students recalled their "belief that Dr. Still's method of explaining to the patient he was treating just what he was trying to do and what the effect would be, was one of the great factors in his ability to keep patients under his treatment until results were obtained."⁵⁹ Still took the patient's complaint, then referred to a chart or a skeleton and pointed out where he thought the nerves or blood vessels were blocked, which allowed him to attribute the ailment to one of the bodies' distant junctions. Freeing up that blockage, Still explained to the patient, would allow nature to "do her work in her own beautiful way," by allowing blood and nervous fluid to return to the site.⁶⁰

Students following Still during his treatments learned his practical methods of adjustment, but perhaps just as importantly, they also learned how to include the patient in their own treatment as informed spectators. "There can be no question that he sold

⁵⁸ See chapter 2 for a discussion of Still and the Barnumesque.

⁵⁹ Hildreth, *Lengthening Shadow*, 32.

⁶⁰ *Ibid.*

osteopathy to his patients,” recalled an early student, noting that Still would “. . . in his own practical, simple, old-fashioned way, explain to the students gathered around him, as well as to the patients, what he was doing and why results were achieved.”⁶¹ Viewing this method up close and personal made a significant impact on his early students, many of whom would go on to support Still’s later efforts to keep all medicine out of osteopathy. These allies were especially useful when substantial evidence of medicine’s effectiveness challenged Still’s claims that osteopathy was complete as he taught it and required no adjunct therapies.⁶² This dialogue with patients was different from grand rounds in other teaching hospitals in the nineteenth century, where supervising physicians addressed their medical students and patients were not included in the conversation.

Osteopathic diagnosis required not only keen observation, but also training the osteopath’s hands to detect areas on the spine that indicated adjustment was necessary. Mrs. Greenwood Ligon, a member of the junior class at the A. S. O. in 1899, submitted a clinic report that illustrated the osteopathic method for tactile diagnosis.⁶³ Lucile Ligon, Mrs. Ligon’s eleven-year old daughter, became ill with symptoms of “typho-malarial fever”

⁶¹ Ibid.

⁶² Gevitz, *The DOs*, 75–84.

⁶³ “Clinic Reports from Field and School,” *Journal of Osteopathy* 4, no. 1 (June 1899): 30–31.

in October, 1898.⁶⁴ Lucile suffered from a high fever and constant urination that prevented sound sleep. Several members of the Still family, including Harry Still and Charles Still, treated the illness over the course of the next few months of recurring fevers. Though successful in reducing the strength of the fever, the treatments did not cure the condition, and laboratory tests on her urine revealed “excess urates, due, supposedly, to the recent fever.”⁶⁵ The chronic low-grade fever continued until Charles Still diagnosed spinal lesions, “which probably constantly irritated the thermogenic centres [sic] in the [spine].”⁶⁶ Lucile’s urine started to turn a “cloudy, dark red and yielding ‘brick-dust’ sediments. . . the condition grew worse till there was a deposit of uric sand, easily examined by the naked eye. . .”⁶⁷

At this point, A. T. Still entered the story and proceeded to demonstrate the value of well-trained hands. He “examined the child’s spine, calling [Ligon’s] attention to a “hot spot” and to the fact that the vertebra at that point (the fourth lumbar) was slipped.”⁶⁸ Still corrected the vertebra using an undescribed adjustment and counseled the elder Ligon that

⁶⁴ Ibid.

⁶⁵ Ibid., 30.

⁶⁶ Ibid., 31.

⁶⁷ Ibid.

⁶⁸ Ibid.

“a thermometer in the mouth does not indicate these local variations in temperature.”⁶⁹ To the osteopath, localized variations in temperature – hot spots – provided clues to where adjustments were necessary. As Still put it, training the hands gave the osteopath the ability to “recognize abnormalities of body temperature, as these irregularities are faithful guides in the localization of causes producing pathological conditions.”⁷⁰ In Lucile’s case, the fever and urination issues were symptoms caused by a lesion that irritated her lumbar spine, as well as a misalignment of the tenth rib which Still discovered “thrown off its articulation” that interfered with the young girl’s adrenal bodies.⁷¹ Having administered the adjustment, Still proclaimed “Now. . . the nervous system can take a message through, and the proper solvents for the renal salts will be made, and they will no longer be thrown down as precipitates. There may not be any further appearances of them as, the mechanism having been adjusted, the cure will begin instantly.”⁷²

According to Mrs. Ligon, the results were immediate. Lucile’s urine changed from brick dust red to a clear fluid with a light straw-color.⁷³ The results seemed “so marvelously

⁶⁹ Ibid.

⁷⁰ Ibid.

⁷¹ Ibid.

⁷² Ibid.

⁷³ Ibid.

quick,” that Mrs. Ligon kept multiple samples of urine for comparison.⁷⁴ Lucille’s illness and its cure demonstrated “Dr. Still’s teaching that the body mechanism is perfect and all parts being properly adjusted, functioning will be normal, and the body will make its own solvents for its own salts as readily as it makes . . . anything it needs.”⁷⁵ The case provided further evidence for Still’s theories when the cloudy red urine reoccurred after Lucile suffered a severe fall several months later. Subsequent examinations revealed that the fall had displaced the same tenth rib which Still had diagnosed as the cause of the initial adrenal issues.⁷⁶ Another adjustment to that rib cured the cloudy, brick-dust urine, and added support to Still’s suggestion that the rib out of place had downstream effects on the body’s organs.

Patients learned about the methods and expectations for osteopathic treatment during their therapeutic encounters with osteopaths. In Lucile’s case, her mother was an osteopathic student and already keenly aware of Dr. Still’s teachings about the body and its self-healing powers. Patients without a background in osteopathic medical theory would have to learn about osteopathy from their treating physician during their initial consultation and adjustment. Etta Chambers, a practicing osteopath, reported that her patients did not

⁷⁴ Ibid.

⁷⁵ Ibid.

⁷⁶ Ibid.

fear coming to her for treatment in part because she took the time to go through the diagnosis, prognosis, and treatment regimen: “I don’t dread coming to you as I always did before going to a doctor . . . you Osteopaths tell us what is the matter with us, and what you are doing to remove the cause of the trouble. It is such a relief to *understand* what is being done for us.”⁷⁷

Another article in *The Journal* caricatured the difference between intuitive osteopathic treatment and opaque regular practices. In “Dr. Drug vs. Dr. Osteopath,” the two modes are humorously compared for osteopathy’s benefit.⁷⁸ The regular doctor – Dr. Drug – was “bewildering,” and asked lots of questions about family history before asking for symptoms, performing a cursory check of vital signs, and prescribing something. Dr. Drug was imprecise, and tentatively stated, “I think (he is guessing now) you have neurasthenia, (or some other bewildering thing,) and I will give you some medicine. Take this every three hours, and come back the day after to-morrow. If this does not help you, I will give you something that will.”⁷⁹ In contrast to Dr. Drug’s scattershot approach, Dr. Osteopath was “the machinist, who, when the delicately constructed machine, *man*, comes to him out of

⁷⁷ Etta Chambers, “Woman’s Work in Osteopathy,” *Journal of Osteopathy* 6, no. 5 (October 1899): 183–185, emphasis in original.

⁷⁸ “Dr. Drug Versus Dr. Osteopathy,” *Journal of Osteopathy* 6, no. 5 (October 1899): 185–187.

⁷⁹ *Ibid.*, 186.

order, says – ‘Loosen your clothing and get on the operating table.’ He then examines the nerves without making a regular quiz box out of the patient.”⁸⁰

The osteopathic therapeutic encounter focused on changing abnormality to normality, instead of describing the disease. Dr. Osteopath did not “make one tremble by telling him that he is the victim of some disease known by some jaw breaker word with ‘itis’ at the end of it,” but performed an adjustment to at once “make the *irrigating ditches* larger. Fresh blood is poured into the diseased organ and the blood being the life of the body cannot but restore health to such an organ.”⁸¹ Where Dr. Osteopath adjusts misaligned vertebra, Dr. Drug “tells him that he has *spon-dyl-ol-is-the-sis*, and that nothing can be done for it, or if he is not willing to own defeat, the patient is put into a plaster jacket which causes lots of pain, inconvenience and an empty pocket-book, and the spondylolisthesis is just the same.”⁸² These comparisons continue with illustrations, reaching the following summation: “Dr. Drug treats symptoms. Dr. Osteopath finds the cause and treats that.”

⁸⁰ Ibid., emphasis in the original.

⁸¹ Ibid., emphasis in the original.

⁸² Ibid., emphasis in the original.

The anonymous author closed with the following advice on the importance of explaining the rationale behind osteopathy to patients. “A word to fellow osteopaths,” they wrote:

Above all things, let us take particular pains to explain Osteopathy to every patient that comes under our care. We will not lose anything by telling them the exact cause of their disease and how we are going to remove it. If we follow this plan, we will find that the most of our patients will be of the *educated* and best thinkers of the place in which we are practicing.⁸³

Though the general tone of the piece mocks complicated concepts and over-long words, the author stated that they are not against those words or detailed anatomical thinking, but merely find the Latin and Greek counterproductive when talking to patients. “The wisest man,” was “he who speaks in the most comprehensible language.”

The underlying logic of these critiques suggested one of the key distinctions osteopaths attempted to draw between themselves and regular medicine: that osteopathy was concerned with a patient getting good results, while regular medicine cared more about the disease than the patient. In an advice column entitled “A Few Thoughts for the Practitioner,” the Chicago-based osteopath Carl McConnell argued that patients needed to understand the osteopathic disease concept in order to fight the “tendency among some to clothe osteopathy with . . . mystery by leading . . . the patient to believe that he, the

⁸³ Ibid., emphasis in the original.

osteopath, has some occult power.”⁸⁴ Such appeals did “an injustice to both osteopathy and ourselves,” and “lead a patient to suspect there is mysticism in osteopathic workings.”⁸⁵ Educating people about osteopathy was hard work, though, because “people have been ‘faked’ so many times that they have become disgusted, more or less, with all medical work.”⁸⁶ The best time to teach osteopathy was not in the lecture hall to the healthy masses, but by the bedside, with a patient and their kin. “When a man is not sick . . . what cares he about systems of medicine?” McConnell asked. Osteopaths “must gain their reputations through our work, work that we do personally, and not through what someone else has done or is doing.”⁸⁷ Teaching patients was a “rational and natural method” to fulfil the osteopath’s duty to “self and posterity to carefully instruct whoever comes under our charge in the elemental features of osteopathy.”⁸⁸ McConnell and other osteopaths drew on the strength of osteopathy’s intuitive nature when teaching patients. “There is a fascination in osteopathy to the average person when they investigate its methods,”

⁸⁴ Carl McConnel, “A Few Thoughts to the Practitioner,” *Journal of Osteopathy* 7, no. 7 (December 1900): 293–298.

⁸⁵ *Ibid.*, 297.

⁸⁶ *Ibid.*

⁸⁷ *Ibid.*

⁸⁸ *Ibid.*

McConnell claimed, “simply because, the work is so reasonable and plausible that it appeals to their common sense.”⁸⁹

While these common-sense approaches may have swayed desperate patients, the government and medical establishment remained skeptical. Missouri Governor Stone vetoed a bill that would have licensed osteopathic practices in Missouri in March of 1895.⁹⁰ Stone explicitly rejected osteopathy on the basis that it was not scientific, and that the approval of osteopathy would set a precedent for legalizing Christian Science, Mesmerism, and other forms of alternative healing as legal medical practices.⁹¹ In delivering his veto, Stone accepted the possibility that people experienced positive treatment outcomes from osteopathy: “I am told that many people have received great benefit by submitting themselves to these manipulations. I have no reason to doubt that.”

Stone did not, however, accept the argument that successful treatments provided evidence enough to establish osteopathy as a legally sanctioned medical practice. “I know an excellent lady in Kansas City who had been sick for many months . . . who was induced to submit herself to the treatment of a Christian Scientist,” Stone wrote, and “in an incredibly

⁸⁹ Ibid.

⁹⁰ “Osteopathy Veto,” *Kansas City Daily Journal*, March 25, 1895.

⁹¹ Ibid.

short time she was restored to health.”⁹² He cited another case where patients reported returning to health after being Mesmerized. He hoped that his veto would give the legislature pause to reconsider the broader implications of legalizing osteopathy.⁹³ Stone wrote, “Shall the state give legal recognition to all these things before they are explained and while their practices are still enveloped in mystery?” Still and the osteopaths were incensed that Stone called osteopathy “a secret,” and instead argued that Stone’s accusation showed “both ignorance and prejudice on his part. Osteopathy is a science, its principles as unerring as mathematics. That it is utterly devoid of all mystery and is of a thoroughly practical nature can be testified by the great number of patients who are constantly receiving its benefits.”⁹⁴ Still may also have been responding to a sly insinuation by the governor. In nineteenth-century medicine, secret treatments or secret medicine carried the connotation of secret remedies for embarrassing diseases, like syphilis or other sexually transmitted ailments.⁹⁵

⁹² Ibid.

⁹³ Ibid.

⁹⁴ “Not a Secret as Charged,” *The Carthage Evening Press*, reprinted in *Journal of Osteopathy* 1, no. 11 (March 1895): 2.

⁹⁵ John Parascandola, *Sex, Sin, and Science: A History of Syphilis in America*, Healing Society: Disease, Medicine, and History (Praeger, 2008), esp. chapter 1, “A ‘Secrete Disease’: Syphilis in America before the First World War.”

Osteopathy was not a secret in the sense that osteopaths would not explain their practices, but its action defied accepted medical thinking. William Smith, physician, anatomist, and osteopathic educator, admitted as much in an article in the *Journal of Osteopathy*: “If a man, a physician, comes to Kirksville and hears what he will hear and tries to reason it out on the basis of what he learned in medical school, there is only one conclusion to which he can come: that Osteopathy is a fraud and a delusion, a gigantic humbug which is taking from the pockets of the sick and the afflicted thousands of dollars monthly.”⁹⁶ But, Smith wrote, if that medical doctor could bracket their prior experiences and knowledge “and approach the matter as if he knew nothing . . . [and] interview a dozen patients . . . he is BOUND as an honest man to come to the same conclusion, as I did, that there are still some things in the healing art which are not known to the medical profession.”⁹⁷ Smith argued that anyone with questions about osteopathy and its effectiveness should judge the science based on testimony from the hundreds of osteopathic patients in Kirksville. Even accepting Smith’s premise, that the patients in Kirksville would give universally glowing reviews about osteopathy, Governor Stone and the medical community drew a different conclusion from patient testimony. Instead of viewing

⁹⁶ William Smith, “Four Years Ago,” *Journal of Osteopathy* 3, no. 3 (September 1896): 6; emphasis in original.

⁹⁷ *Ibid.*

the osteopathic faithful as solid evidence, the medical community saw their belief as evidence that osteopaths were successful salesmen who took credit for nature's cures.

The Patient's Duties to Their Own Healing

Osteopaths instructed their patients to measure the validity of a medical system by its ability to provide relief. This lesson contrasted with medical doctors, who osteopaths and their patients criticized as more interested in diseases and theories than practical outcomes. A patient writing as "Lizzie M." addressed this issue in the *Journal of Osteopathy*.⁹⁸ "If doctors had the good of their patients in their heart, instead of a desire to fill their pockets, they would find less fault with that which promises relief but conflicts with their theories," Lizzie wrote. The subjective experience of the patient lay at the heart of this critique, calling back to William Smith's enjoinder that doctors needed to forget what they thought they knew about medicine and listen to the reports from patients cured by osteopathy. Patients were interested in alleviating their symptoms. Lizzie asked "What do the sick care for theories or medical science?" and suggested that patients "want to get well."⁹⁹ According to Lizzie, anyone who could not find a cure in regular medicine was sentenced to a life of

⁹⁸ Lizzie M., "A Patient's Opinion of Osteopathy," *Journal of Osteopathy* 5, no. 7 (December 1898): 351.

⁹⁹ *Ibid.*

suffering: “When one has tried all the remedies known to medical science and all have failed . . . they must live always in affliction.”¹⁰⁰ Lizzie accused regular physicians of dismissing a possible cure because it did not fit into their understanding of how the body worked, even to the point of ignoring evidence of cures. In her portrayal, the physicians are dogmatic and denounce osteopathy because “it’s unscientific,” and patients should not “try anything that conflicts with the best authorities on medicine.”¹⁰¹ For patients, there was little value in venerated medical authorities that could not bring about desired results. “The sick, whose only desire is to get well,” Lizzie wrote, “care little for theories or professional etiquette. So long as Osteopathy brings relief we say ‘Long live Osteopathy.’”¹⁰²

Justifying osteopathy on its ability to deliver relief, though, put osteopaths in a precarious position, because a failure to consistently deliver results would invalidate Still’s science. Osteopathic practitioners developed strategies to explain treatment failures. Still himself attempted to frame the issue of treatment and the likelihood of a cure for patients. By the time patients came to Kirksville, Still argued, they were “not the most choice kind of patients,” having already sought other cures and allowed their diseases to progress.¹⁰³ Such

¹⁰⁰ Ibid.

¹⁰¹ Ibid.

¹⁰² Ibid.

¹⁰³ A. T. Still, “To Patients and Visitors,” *Journal of Osteopathy* 1, no. 4 (August 1894): 2.

patients were often “treated and dismissed as incurable by all kinds of doctors” before seeing an osteopath.¹⁰⁴ Given these factors, Still argued that any improvement should be considered a success. Even with such qualifiers, Still claimed that fifty-percent of patients seen at Kirksville were “sent home well.”¹⁰⁵ Half of the remaining patients were “greatly benefited,” and the remaining twenty-five percent continued to suffer without any improvement.¹⁰⁶ Three years later A. L. Conger, a prominent businessman and osteopathy advocate, made similar claims, citing a fifty-percent cure rate. Conger noted that “the majority of the remainder were benefited, and a case is seldom found in which no benefit is received.”¹⁰⁷ Of course, it could be difficult to determine what led to the patient’s improvement. Assigning credit was even more difficult given the long-term nature of some osteopathic treatments. These adjustments were given over the course of months. Osteopaths claimed their treatments allowed the body to heal itself, while critics claimed that the bone-doctors were taking credit for natural healing.

Patient narratives presented in *The Journal of Osteopathy*, unsurprisingly, created a picture of osteopathy as a wonder science. *The Journal* served a triune role as promotion

¹⁰⁴ Ibid.

¹⁰⁵ Ibid.

¹⁰⁶ Ibid.

¹⁰⁷ A. L. Conger, “The Growth of Osteopathy,” *Journal of Osteopathy* 4, no. 1 (May 1897): 7–10.

for Still's osteopathic infirmary, advertisement for the American School of Osteopathy, and professional newsletter for osteopaths. Patient narratives supported each leg of this mission. The narratives gave osteopaths examples to support and debate treatments for cases for professional development, inspired potential student to become osteopathic healers, and most importantly, they promoted the wondrous curative powers of treatments to prospective patients. This early emphasis on patient recovery stories also made sense given Still's strategy for legitimation through practical results.

Despite Still's insistence that osteopathy often took a month to work, many of the patient narratives celebrated treatments that immediately cured chronic health problems. Mr. J. A. Kulthy, "a prominent citizen of Center, MO.," was a "sufferer from chronic diarrhoea [sic] for fifteen years," and was cured "by a few Osteopathic treatments."¹⁰⁸ Often the quick cures came from an osteopathic diagnosis that identified the real cause of disease as something other than what the regular physicians diagnosed. For example, T. A. Bailey, of Springfield, Illinois "had been lame for twelve years, and at the St. John's Hospital in Springfield the physician diagnosed his case as the effects of a broken cartilage in the knee joint." After one treatment in Kirksville, Bailey cast off his crutches. It seems that "The

¹⁰⁸ "A Glance Backward," *Journal of Osteopathy*, 4, no. 8 (January 1898): 367–74; 384–86

real trouble was in the hip,” and once identified, the cure was almost immediate.¹⁰⁹ In another instance, a young patient overcame the regular treatment for her injury through osteopathic adjustment:

Little Louise Johnson, aged two and a half years was brought to the Infirmary incased in a plaster cast that extended from her waist to her ankle. She was suffering the most excruciating torture, but it was the best that the so-called science of the "regulars" could give her. The cast was removed, and at the first treatment Dr. Chas. Still set the limb and in a surprisingly short time she could run and play like other children of her own age. Her home is at Louisville, Kentucky.¹¹⁰

This case served as an exemplar for osteopathic treatment in contrast to regular medicine. The patient arrived bound in plaster by the folly of some regular physicians. Once freed from this bondage, the patient received an adjustment that reset the bone and restored her to the freedom to “run and play like other children her age.” Regular medicine was intellectually and therapeutically rigid, while osteopathy promoted freedom of thought and motion.

In a few select instances, the *Journal* chronicled an exceptionally long treatment to illustrate how osteopathy could cure the most difficult cases if patients had unwavering faith in Still’s science. Miss Mae Critchfield’s case provided an excellent example, from an

¹⁰⁹ Ibid., 367.

¹¹⁰ Ibid., 371.

article in the *Journal* title “Perseverance Rewarded.”¹¹¹ Critchfield came to Kirksville in mid-April 1895, suffering from the debilitating effects of “a severe attack of cerebro-spinal meningitis.” The meningitis struck that February, leaving her “in a pitiable condition. One hip was dislocated, and the upper left portion of the body was paralyzed from the center of the back. She could not lift her left arm, and one side of her neck being paralyzed, it was necessary that her head should be propped up when not in a recumbent position.”¹¹² Daily life was difficult. She was able to sit up “but a small part of the time, and the left part of her body was totally insensible, so that even pin pricks were not felt.”¹¹³ Miss Critchfield’s regular doctors, at her home in Oskaloosa, Kansas, advised her against travel “because her condition was such that they did not believe that she could survive the fatigue of the journey.”¹¹⁴ The osteopathic road to health was not a short or inexpensive one for Miss Critchfield. She spent thirty-two months at the infirmary. Her “muscles were drawn and contracted and it took time to restore them to their previous condition.”¹¹⁵ Critchfield graduated to crutches in order to move under her own power in July 1897, and in

¹¹¹ “Perseverance Rewarded,” *Journal of Osteopathy*, 5, no. 6 (November 1898): 273–274.

¹¹² *Ibid.*, 273.

¹¹³ *Ibid.*

¹¹⁴ *Ibid.*

¹¹⁵ *Ibid.*

November, she walked without crutches for the first time in years. *The Journal* cited a story from the local newspaper at length. It recounted that day that Dr. Harry Still was himself “scared” to see Miss Mae walk after “the hip was set; the proper bones were put in place, and she walks to-day without the slightest trace of a limp.”¹¹⁶ Critchfield’s mother expressed her joy to the reporter: “It is hard to realize that what we were hoping and praying for has come to pass. You can hardly imagine our gratitude.”¹¹⁷ Critchfield “kindly consented to the publication of her portrait and recapitulation of her case.”



Illustration 21. Portrait of Miss Mae Critchfield.
Source: *Journal of Osteopathy* 5, no. 6 (November 1898): 273.

¹¹⁶ Ibid.

¹¹⁷ Ibid.

Critchfield's case illustrated three key ingredients for an osteopathic cure: time, funds, and faith in osteopathy. The costs for treatment were significant, especially including boarding costs. Treatment at the infirmary was \$25 a month in 1897.¹¹⁸ Patients stayed in Kirksville for treatment, and boarding costs added between \$3.50 to \$10 a week.¹¹⁹ Miss Critchfield's mother was with her for at least a part of her convalescence, doubling the boarding costs. Even ignoring her mother's boarding costs and taking a conservative \$5 a week for a single boarder, Critchfield's 32 month stay as a patient cost an estimated \$960.00. To put this cost into context, a farm laborer in Missouri working 10-hour days made an average of \$0.58 a day in 1896.¹²⁰ While her case was noteworthy, the authors of the *Journal* were concerned that patients would come to expect miracles on demand from osteopaths, as "everyone in town knew of the wonder case of Miss Critchfield."¹²¹ The authors clarified that:

¹¹⁸ Advertisement for "The A. T. Still Infirmary," *Journal of Osteopathy*, 5, no. 6 (November 1898): advertisements section, 11.

¹¹⁹ Ibid.

¹²⁰ J. C. Bowen, "History of Wages in the United States from Colonial Times to 1928," *Bulletin of the United States Bureau of Labor Statistics*, no. 604 (October 1929): 226 <http://hdl.handle.net/2027/uc1.32106007458745>.

¹²¹ "More Good Work," *Journal of Osteopathy* 4, no. 7 (December 1897):341–342

cases like that of Miss Critchfield. . . where there is seemingly miraculous change from deformity and crutches to erect and graceful carriage do not of course occur every day, but no one can mingle with the patients of the A. T. Still Infirmary without realizing that the institution is daily achieving a marvelous amount of good – curing cases which had baffled the skill of all the older school physicians.”¹²²

Managing patient expectations meant keeping up with changes at the A. T. Still infirmary as it grew from treating a handful of patients in a small shack in the early 1890s to an industrial-sized operation serving up to 500 patients by 1895.¹²³ The increased patient volume at Kirksville meant that osteopaths had to preach patience to their patients. John R. Musick, playwright, author and friend of osteopathy, wrote an article advising both osteopaths and their patients about their relationship. Patients needed to have faith in their physicians and trust in the osteopathic system. “Our advice to patients,” Musick wrote, “is to exercise patience, obey orders, do not expect that the whole corps of operators can devote all their time to you, and in course of time, beneficial results will be obtained.”¹²⁴ Musick cited Miss Critchfield as the example of how patience and faith in osteopathy could work wonders. “For a long time there was no change, then [Critchfield] seemed to get

¹²² Ibid.

¹²³ “Not a Mystery as Charged” Carthage Evening Press, reprinted in *Journal of Osteopathy* 1, no. 11 (March 1895): 2.

¹²⁴ John R. Musick, “Patient and Osteopath,” *Journal of Osteopathy* 4, no. 8 (January 1898): 378–381.

worse . . .” Operators explained that she had to get worse before she could get better, that “the leaders, tendons, and muscle must be lengthened in order that the hip should set.”¹²⁵ Pessimistic friends advised her to quit osteopathy, but Critchfield’s “faith was unshaken.”¹²⁶ Negative patients, he claimed, often gave up after limited results during the first month of treatment, which was right before tangible improvement was likely for most patients.¹²⁷ A poor attitude led to despair, which “. . . has been the cause of more failures in Osteopathy, than any other cause.”¹²⁸ A. T. Still embraced his self-appointed role as the “Father of Osteopathy,” and often called himself “Pap.” Musick took a cue from this and advised patients not “to imagine that your doctors are neglecting you,” but instead “for the time being content yourself to be the child, your doctor be the parent, on whose wisdom you must rely.”¹²⁹ Regular physicians also placed great stock in a positive attitude from patients and their families, but the patient’s trust in his operator and the science of osteopathy was an essential ingredient that increased their likelihood for a cure.

¹²⁵ Ibid.

¹²⁶ Ibid.

¹²⁷ Ibid.

¹²⁸ Ibid.

¹²⁹ Ibid., 380.

If patients needed to adopt a filial faith in their operators, then the osteopath was responsible for fostering trust and establishing a positive attitude during the therapeutic encounter. How the osteopath approached the encounter shaped the experience for the patient, which had a significant impact on their treatment outcomes. Musick warned doctors that they were likely over-confident in their first months out of school: “a word of advice may not be out of place to the osteopath . . . who imagines he knows more in the first six months after receiving his diploma than he will six years later.”¹³⁰ One essential aspect for the new osteopath was to treat his patients “either in body or mind.”¹³¹ Musick was careful to point out that “though osteopathy is no mind cure, the mind has much to do with all cures.”¹³² Given that, it made sense that osteopaths should do what they can to place the patient in a positive emotional state. “Often a smile or a single word of encouragement,” Musick advised, “goes far towards the restoration of the spirits of the patient, which very materially aids in your work.”¹³³ Patients would naturally be anxious about their illness, and savvy osteopaths would do what they could to support and maintain a positive mindset for themselves and their patient. Should the patient ask “questions

¹³⁰ Ibid.

¹³¹ Ibid.

¹³² Ibid.

¹³³ Ibid.

which to you are silly and useless, bear in mind that he is afflicted and deal gently with him. Never be too busy or too much engaged for a smile or a word of encouragement . . . ”¹³⁴

This approach would help the practicing osteopath not only “secure wonderful results,” but also “build up a host of friends who will remain true to you while life shall last.”¹³⁵ The positive osteopath helped shape the patient’s mindset about their illness and about osteopathy as a whole. Encouraging positivity was not unique to osteopathic practice. Regular physicians also encouraged good attitudes in their patients. But the positive outlook combined with a dauntless therapeutic optimism characterized osteopathy. Still believed that almost all cases, if they were not curable, would at least yield in part to the right combination of osteopathic adjustment and positive patient attitude.

Conclusion

The rise of osteopathy relied on a willing patient body. Still helped create that body through discourses that appealed to his patient’s understanding of the natural world and its seemingly eternal principles. The idea that the body was perfect but not in a perfect state was both flattering to the patient and easy to comprehend. During the therapeutic encounter, a well-trained osteopath not only physically adjusted the patient. The osteopath

¹³⁴ Ibid.

¹³⁵ Ibid.

set patient expectations, shaped their notions about the way that the body worked, and allied himself with the power of nature over the power of humanity.

Patients came to understand and appreciate osteopathy as an essential catalyst for their body's own healing powers. They desired symptom alleviation and a return to health. Still offered a chance at a return to normalcy, and because many patients waited to visit him until after they had tried other home and medical remedies, Still had a built-in defense against poor outcomes. In cases where the patient improved, both Still and the patient could claim that the osteopathic intervention helped promote the cure. For those unfortunates that travelled all the way to Kirksville, spent weeks in boarding houses, and saw no improvement, Still could argue that the intervention was applied too late to be of any use. For patients in chronic discomfort and facing long odds, even the chance that you could become the next Miss Critchfield would make the trip to Kirksville worth it.

Osteopathic healing narratives, like the case of Ben White at the start of this chapter, pitched an intoxicating combination of ideas to prospective patients. It was easy to see the appeal of a story where the patient escaped a death sentence and found instant relief from pain. Even better, becoming an osteopathic patient meant choosing sides with the immutable laws of nature over what osteopaths presented as the bungling and painful treatments of regular medicine. Patients came to osteopathy looking for a cure, and those that got better left Kirksville not only cured, but as disciples in a new medical movement of common sense and nature. They came to know and join this medical philosophy not just for

its practical results, but because it affirmed a belief that the world was an orderly place with immutable laws which worked for those humble enough not to fight them.

CONCLUSION

Andrew Taylor Still died in Kirksville on December 12, 1917, at the age of 89. His funeral was held two days later in Kirksville. Speaking at the memorial, Arthur Hildreth celebrated Still's life, work, and impact. Hildreth explained that Still understood the human body's "divine perfection when in normal condition," an insight that "gave the world the science of osteopathy."¹ Hildreth cited statistics of osteopathy's growth in America, pointing out that the "more than six thousand men and women who have been educated as physicians in the schools that have taught the science discovered by [Still] know as no other people the real worth of his work."² These students and their patients knew of Still's indelible impact on their own lives. But according to Hildreth, it was only a matter of time before the whole world came to recognize and appreciate Still and osteopathy. Hildreth believed that Still was destined for a place of renown beyond any other healer because he discovered and taught a science of healing as useful as it was practical. Still gave "mankind the simplest, most common sense, rational treatment of disease ever yet been discovered,

¹ Arthur Hildreth, "Passing of the Old Doctor," *Journal of the American Osteopathic Association* 27, no. 5 (January 1918): 241–243.

² *Ibid.*

a scientific method for the cure of disease.” Osteopathy would show the world that Still was “humanity’s greatest benefactor.”³

This prediction would not come to pass. Doctors in the United States still overwhelmingly practice regular medicine – osteopaths make up just 7.6 percent of physicians.⁴ Nowhere else in the world are osteopaths the equal of medical doctors. And while Andrew Still remains an important figure in Missouri, his adoptive home state, he has the relative obscurity of a seminal historical figure, not the common knowledge renown of a transformative healer.

Part of his obscurity comes from osteopathic medicine’s steady drift away from Still’s emphasis on anatomy as the keystone of healing. Anxieties about this changing nature of osteopathic practice appeared even at the time of the Old Doctor’s funeral. The Chicago osteopath Carl P. McConnell wrote that few osteopaths could match Still as healers. This was because Still’s “professional work was a delight, unequalled to this day,” as no one else replicated Still’s lifetime of learning anatomy on the frontier. McConnell learned from Still that “there [was] only one way to make a thorough-going osteopath,” which was “to really

³ Ibid.

⁴ Association of American Medical Colleges, “Active Physicians with a Doctor of Osteopathic Medicine (DO) Degree by Specialty, 2015,” Physicians Specialty Data Report, accessed May 8, 2020, <https://www.aamc.org/data-reports/workforce/interactive-data/active-physicians-doctor-osteopathic-medicine-do-degree-specialty-2015>.

know anatomy and continuously develop and educate the tactile system by actual experience.”⁵ Sure, there were other aspects of medicine, but the practice of adjusting and learning from the human body was far and away the most significant part of an osteopath’s education. McConnell grudgingly admitted that “descriptive anatomy and dissection and textbook physiology and pathology and histology have their places.” But they were not really the point. Nothing could ever “be substituted for osteopathic applied anatomy.”⁶ And this was not just McConnell’s opinion. McConnell had learned from no less a figure than Still himself that anatomy through adjustment was “the sine qua non” of osteopathy.⁷ McConnell’s emphasis on anatomy and dismissal of the laboratory sciences implied a concern that the expansion of other scientific fields detracted from anatomical adjustment, the central practice of osteopathy.

While osteopathic medicine did not die with Still, it has profoundly changed during the hundred years since his death. The transformation has been so significant that if Still were alive today, he would not recognize his own creation. Foundational changes in osteopathic medical education occurred a mere twelve years after his death. In 1929, the

⁵ Carl P. McConnell, “Some Personal Traits of Doctor Still,” *JAOA* 27, no. 5 (January 1918): 244.

⁶ *Ibid.*

⁷ *Ibid.*

American Osteopathic Association's Board of Trustees ordered all osteopathic medical schools to include a course called "Supplementary Therapeutics" in the osteopathic medical school curriculum.⁸ This required course would formally introduce the use of chemical and biological agents into osteopathic medical education. To the broad osteopaths that had been advocating the inclusion of these so-called adjunct therapies, it was past time that the osteopathic community accepted the evidence of chemical and biological therapies as useful supplements to adjustments. But to the straight osteopaths – those that held firm to Still's teachings as complete – the acceptance of medicines was tantamount to betraying osteopathy's core ideals.

Not only did osteopathic medical coursework change, but so did admission requirements for osteopathic medical students, undercutting claims that osteopathy was a common-sense and intuitive practice that did not require intellect so much as practical expertise. Part of the drive for increased admission standards came from broader changes in the field of medical education. The Flexner Report, published in 1910, exposed the low standards and dreadful quality of education at many medical schools, leading to the wholesale closure of many schools across the nation.⁹ As the historian Robert P. Hudson has

⁸ Gevitz, *The DOs*, 84

⁹ Robert P. Hudson, "Abraham Flexner in Perspective: American Medical Education, 1865-1910," in *Sickness and Health in America: Readings in the History of Medicine and Public*

argued, the report catalyzed a change that was long in the making as the American medical establishment moved towards rigorous academic medicine and away from any commercial, for-profit model of medical education.¹⁰ Osteopathic medical schools followed a similar trajectory, but started out several rungs lower than medical schools on the educational ladder. They therefore remained well behind regular medical schools in their admissions criteria for the first three-quarters of the twentieth century. The lag in admissions standards meant that osteopathic students frequently scored lower on comparative examinations like the Basic Science Board Examination than regular medical students (to their credit, the osteopaths scored much higher than chiropractors).¹¹ Efforts to improve those scores and require high standards for admissions led to a marked improvement in scores from the 1940s to the 1960s.¹² Overall, increasing educational and curricular standards led to the growing acceptance of osteopaths as, if not the equals of medical doctors, than at least competent healers.

This increase in educational standards and focus on scientific education within osteopathic medical schools changed the type of student that could gain admission. Early

Health, ed. Judith Walzer Leavitt and Ronald L. Numbers, 2nd ed (Madison: University of Wisconsin Press, 1985): 148–58.

¹⁰ *Ibid.*

¹¹ Gevitz, *The DOs*, 98-99.

¹² *Ibid.*

osteopathic students came from a diverse range of backgrounds and academic preparations.¹³ This contrasted with students at the nearby University of Missouri medical school. By the mid-to-late twentieth century, standards for admissions into osteopathic medical school required virtually the same pre-medical college school preparation and admissions exams as schools for medical doctors, including scores from the Medical College Admissions Test (MCAT). No longer could a farmer or teacher in their late twenties decide to become an osteopath and test into the coursework; instead, they would have to complete a college degree with a pre-medicine emphasis in order to be competitive for admission.

The growing similarity in admissions, therapeutic practices, and licensure has led to something of an identity crisis for some modern osteopaths. Contemporary osteopathic medical schools describe the differences as a holistic focus on the body's ability to heal itself, but their preparation and treatment methods cover mostly the same areas as medical doctors. The difference between medical students in D. O. and M. D. programs in the late nineteenth century was significant. While there are remaining distinctions between modern osteopathic medical students and regular medical students in the twenty-first century, the difference has become one of degree, not kind.

¹³ See chapter 3.

And yet, there remains within osteopathy a dedicated cohort of healers who practice manual manipulations. I spent the better part of a week in Kirksville conducting research for this study. During my stay, I spoke several times with Jason Haxton, museum director and head of the International Center for Osteopathic History at A. T. Still University. As head of an international center, Jason straddles two worlds – the osteopaths in America that have become fully licensed doctors, and those from elsewhere in the world that maintain a supplemental role outside the medical establishment.

During our informal discussions, Jason shared an anecdote that illustrated the change in osteopathic medicine, the shift from bone-doctors to full doctors of medicine. One of Jason's children had fallen and injured his back. The injury occurred after hours and his child was in pain. As a proponent of osteopathic manual manipulation (O. M. M.), Jason sought out an advanced student to adjust his son's injury. But he made a special effort to reach out not just to any osteopathic student, but someone who participated in an extracurricular affinity club for O. M. M. Jason wanted to make sure that his child received an adjustment from a student who was committed to the principles of O. M. M., and not a student that was in Kirksville for their medical degree and who had incidentally learned O. M. M.

It would no doubt crush Andrew Still to know that you could not flag down any osteopathic student in Kirksville, Missouri, and receive a proper adjustment. But perhaps that sting would be mitigated by the fact that osteopathic medicine still exists and its commitment to viewing the body as a self-healing machine has not diminished. The tools

taught to osteopathic engineers, however, have changed. Modern osteopaths have moved beyond the frontier, past the anatomical, and incorporated multifaceted evidence-based medicine into their healing practices.

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VITA

Matthew Arthur Reeves was born on January 24, 1984. He was raised in Columbia, Missouri and graduated from the Idyllwild Arts Academy (CA) in 2002 with a certificate in visual arts. Following in his parent's footsteps, he enrolled at Central Methodist University, a small liberal arts college located in Fayette, Missouri. During his time at Central he was active academically and socially; he pledged the Alpha Phi Gamma social fraternity (Mokers) in 2006, and later joined the Pi Gamma Mu social science honor society. Mr. Reeves graduated in 2008 with a bachelor's of arts in sociology. His work within the fraternity was recognized with the prestigious "Moker of the Year" award, and his scholarly efforts earned him the Dr. Robert Barker Sociology Award and the Judge Andrew J. Higgins Award in Pre-Law Studies.

Deciding against pursuing a legal degree, Mr. Reeves instead went to work for Alternative Community Training (ACT!), a Columbia-based company that serves adults with developmental disabilities. After a multiyear career at ACT! that included both direct-care and managerial roles, he decided to return to the academy. Working for adults with disabilities piqued his interests in the history of health, medicine, and disability.

Mr. Reeves enrolled at the University of Missouri-Kansas City in the fall of 2011 to pursue an advanced degree in history. The following year he won departmental appointment as a teaching assistant, and the School of Graduate Studies recognized his work in the classroom with a Superior Graduate Teaching Assistant Award. Mr. Reeves's

early research on Dr. George Catlett received the 2013 Louis Watson Potts Best Regional History Prize.

Since earning his master's, Reeves has worked for a variety of arts and cultural organizations, including the National Museum of Toys and Miniatures, Eisterhold Associates, the Kansas City Office of Historic Preservation, the Kansas City Chiefs, and for several National Endowment for the Humanities grant-funded positions supporting teacher workshops. His efforts at the Chiefs led to the creation of a coffee table book, *Views from the Arrowhead Art Collection*, which he co-authored with Sharron Hunt. To keep a foot firmly planted in the classroom, since 2018 Reeves has taught history and cultural history at Cleveland University Kansas City, a health sciences college with a historic program in chiropractic medicine (may the spirit of A. T. Still forgive him).

Perhaps the most surprising outcome is where his PhD training took him: outside academe. As a member of the first national cohort of the Humanities Without Walls Summer Fellowships, he spent three weeks in Chicago during the summer of 2017 exploring doctoral careers beyond the academy. Drawing on this experience, he helped craft the UMKC history department's successful application for a career diversity implementation grant from the American Historical Association. Through the grant, the department offered workshops, funded a career diversity cohort, and fostered career development for humanities graduate students.

This combination of educational expertise, appreciation for diverse careers, and scholarship led to a position in the Missouri Valley Special Collections at the Kansas City

Public Library in 2018. As the Education and Outreach librarian, Reeves draws on his experiences as a scholar, educator, and interpreter to help students and patrons explore the past.