As the premier scholarly publication of the osteopathic medical profession, JAOA—The Journal of the American Osteopathic Association encourages osteopathic physicians, faculty members and students at colleges of osteopathic medicine, and others within the healthcare professions to submit comments related to articles published in the JAOA and the mission of the osteopathic medical profession. The JAOA’s editors are particularly interested in letters that discuss recent published original research.

Letters to the editor are considered for publication in the JAOA with the understanding that they have not been published elsewhere and that they are not simultaneously under consideration by any other publication.

All accepted letters to the editor are subject to editing and abridgment. Letter writers may be asked to provide JAOA staff with photocopies of referenced material so that the references themselves and statements cited may be verified.

Readers are encouraged to prepare letters electronically in Microsoft Word (.doc) or in plain (.txt) or rich text (.rtf) format. The JAOA prefers that readers e-mail letters to jaoa@osteopathic.org. Mailed letters should be addressed to Gilbert E. D’Alonzo, Jr, DO, Editor in Chief, American Osteopathic Association, 142 E Ontario St, Chicago, IL 60611-2864.

Letter writers must include their full professional titles and affiliations, complete preferred mailing address, day and evening telephone numbers, fax numbers, and e-mail address. In addition, writers are responsible for disclosing financial associations and other conflicts of interest.

Although the JAOA cannot acknowledge the receipt of letters, a JAOA staff member will notify writers whose letters have been accepted for publication. Mailed submissions and supporting materials will not be returned unless letter writers provide self-addressed, stamped envelopes with their submissions.

All osteopathic physicians who have letters published in the JAOA receive continuing medical education (CME) credit for their contributions. Writers of original letters receive 5 hours of AOA Category 1-B CME credit. Authors of published articles who respond to letters about their research receive 3 hours of Category 1-B CME credit for their responses.

Although the JAOA welcomes letters to the editor, readers should be aware that these contributions have a lower publication priority than other submissions. As a consequence, letters are published only when space allows.

"Whatever You Are, Be a Good One": Osteopathic Identity, Equality, and the California Merger

To the Editor:
The superb article in the May issue about Dorothy Marsh, DO—one of the individuals responsible for the 1961 amalgamation (mixture of diverse elements) or, more properly, merger (blend so as to lose identity) of the California Osteopathic Association with the California Medical Association—written by Hayley W. Ryan, OMS II, really captures the atmosphere of the times (J Am Osteopath Assoc. 2011;111[5]:339-343). I was a student at the Chicago College of Osteopathy at the time. With only 5 colleges of osteopathic medicine (COMs) left after the 1962 loss of the College of Osteopathic Physicians and Surgeons in Los Angeles (the COMs in Chicago; Des Moines, Iowa; Kansas City, Missouri; Kirksville, Missouri; and Philadelphia, Pennsylvania), the Chicago student body was convinced that either the end of the osteopathic medical profession was near and our school would close or, alternatively, that our school would soon be granting the “little MD degree.”

Richard Eby, DO, a California obstetrician-gynecologist (as was Dr Marsh), was one of the 200 osteopathic physicians who refused the MD credentials issued by the newly created “California College of Medicine” in Irvine. With licensure of DOs and, thus, the DO degree destined to die in California by attrition, Dr Eby was appointed assistant executive director of the American Osteopathic Association (AOA) in 1961 to coordinate the fight to reinstate the DO degree in that state. At my request, Dr Eby addressed our student body and infused a sense of cohesiveness, camaraderie, and fraternalism in us that set the theme for the rest of our professional lives. It was no coincidence that my graduating class (the class of 1966) was the first group of DOs to be inducted into the US Armed Forces as physicians and to be accepted into allopathic fellowships. We were truly separate but equal.

Sadly, it took 12 years of California DOs being in limbo before the politicians, MDs, and the public learned that allopathic physicians do not define osteopathic physicians—nor does the allopathic medical profession set the standards for the osteopathic medical profession. We set our own standards. As noted by Student Doctor Ryan, the DO degree was reinstated in California in 1974.

Losing the College of Osteopathic Physicians and Surgeons—arguably the best COM—brought many of us to the realization that we had an obligation to the public to save the distinction of the osteopathic medical profession. We did so by adopting the mentality of the old rental car advertising slogan comparing Avis to Hertz: “We’re number 2 (in terms of member numbers), so we try
I sat in the American Osteopathic Association’s House of Delegates, with many pros and cons.  “Facts” are dimmed by the passage of time.  I also realize that to answer adequately an article such as this would take long, extensive research—even longer than the broad research done by the author (although solely on Dorothy Marsh)—and I am not prepared to do that.  So I will simply point out some inconsistencies.

Although written in a learned form and style, Ms Ryan’s article contains pertinent errors and omissions, eschews any mention of the “merger’s” role in today’s osteopathic presence, and fails to show relevance to its title anywhere in its content.  Approach-wise, I feel that this was an attempt at defilement of Dorothy Marsh.

Among the errors and omissions are the following:

She wrote that Dr Marsh “won the merger a majority vote in California—296 to 63.” A vote of what?

She wrote that because the College of Osteopathic Physicians and Surgeons (COP&S) was “the first osteopathic medical school to require previous college work,” it set them off from the rest of the country.  In fact, at the time of the merger, and for many years before, all DO schools had such requirements.  When I matriculated to the Philadelphia College of Osteopathy in 1942, I needed 3 to 4 years of college work.

She failed to mention that it was not truly a merger, for to become an MD each DO had to pay a $65 fee.

She failed to mention that the 41st Medical Society, according to some California DOs, was where all DOs were placed, possibly to prevent their influence in other district societies of the California Medical Association (CMA).  (Ghettoized?)

She failed to mention that the pro-merger people sold the COP&S to the CMA for $1.

She failed to mention that 20% of the California DOs refused to buy the MD degree and continued to practice under their osteopathic licenses.

She failed to mention the walkout of the California delegation at the AOA House of Delegates.  Not straggling, or individually, but as though on a signal (which I think it was), everyone simultaneously arose and left the meeting room, never to return.

She failed to mention that there occurred after the “merger” no mass migration or exodus of DOs in other states to get the California MD degree, showing the lack of major support otherwise.

In her slant to defend Dr Marsh, Ms Ryan did not recognize the California politics.  To me, Dr Marsh was one of the leaders (for 1 year she was president of the California Osteopathic Association [COA]), but she was more of a lieutenant.  Glen Caylor, DO, was for years the real leader of the COA—almost a dictator, at least in the eyes of the rest of the country.  I remember that he led the California delegation in the AOA House of Delegates, even though he rarely spoke on the floor.  I think he held the title of executive director of the CMA.  According to Ethan Allen, DO, who became a leader in the resurrection of osteopathic medicine in California, Dr Caylor “was affronted by some of the AOA members in Chicago.  He vowed that he would lead California away from the rest of the nation.” Also not mentioned were Forest Grunigen, DO, and Vincent Carroll, DO, whom I viewed at the time as the real leaders of California in the AOA House of Delegates.  (There was always tension between California and the rest of the states in AOA matters and in the House of Delegates.)

One major failure of Ms Ryan’s article was the absence of any discussion of the relativity of the “merger” to today’s osteopathic profession—to put the “merger” in current perspective.  The osteopathic profession has gone, over a period of 70 years, from discrimination and rejection to a state of acceptance and recognition, such as complete acceptance in governmental circles, positions in allopathic medical schools, and allopathic hospital staff appointments including chairmanships.  Most of that, I feel, was due to actions of the AOA and state organizations, but especially the diligent work of hundreds—maybe thousands—of DOs who achieved individual recognition (by a hospital appointment here,
by a journal article there, by activity in public health spheres, and the like). None of our progress came from the "merger."

The osteopathic resurgence in California produced a vibrant membership, plus 2 thriving osteopathic colleges. And, from appearances, there seems to be very little movement to trade the DO degree for the MD degree, even though I recognize that there will always be a few who want to make that switch. To me, the only effect of the "merger" was to give 2000 DOs there the option to change their degrees for $65; good or bad depends on one's viewpoint. And it took quite a while, so the Medical Board of California had to extend the deadline for purchasing the degree several times.

Ms Ryan perhaps should have also consulted some other osteopathic literature, such as AOA publications of that time, state osteopathic publications, and minutes of the AOA House of Delegates, in order to provide balance to her research. Stressing 1 side or the other leaves readers with a skewed vision of the situation.

I commend Ms Ryan on her hard work and her article; it is a start, and I welcome her to the osteopathic medical profession.

Arnold Melnick, DO
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References


Response
I thank Drs Perrotta1 and Melnick2 for reading my May article3 and for their great interest in the subject. I appreciate Dr Melnick’s criticism2 and apologize for any errors or inconsistencies he may have come across based on his personal experiences during that period.

I constructed the article last fall to enter the annual history essay competition sponsored by the American Osteopathic Association’s Bureau of Osteopathic History and Identity. The essay was based on a small body of primary research (a collection of personal documents from Dorothy Marsh, DO, at the University of California, Los Angeles), and as such, it was meant to be an exploration of one person’s role in a complex political maneuver. It was by no means an exhaustive history of the California merger; it was intended to add to the body of historical work already written on the subject.

As to the question of bias, I want to assure Dr Melnick that I had no intention of deifying Dr Marsh. In fact, as a California native and proud DO student, my personal opinion of her actions is far from positive. I often wonder how many more osteopathic hospitals and residency programs we would have in my home state had this setback never occurred. Yet, whether you call it a setback, a “sellout,” or a merger, it was a major event in the history of our profession that warrants a nuanced analysis.

One of the most valuable lessons I learned while training in the History of Science and Medicine program at Yale University was to avoid “presentism” in the depiction of medical history. In order to make a valid historical argument, we were encouraged to look closely at the environment we were studying and to get inside the heads of the people involved. It is not appropriate to pass judgment or condemn the actions of historical actors based on subsequent events or current knowledge.

The more I read about the California merger, the more I wondered what psychological and political factors drove some 2000 osteopathic physicians to forgo their professional identity (for $65) in an attempt to assimilate into the MD world. While reading through the materials in Dr Marsh’s collection, I found numerous shades of gray in the decision of many DOs to support this proposition. My objective was simply to elucidate some of those gray areas.

Dr Marsh was no hero, but she was a dynamic speaker and a well-respected obstetrician-gynecologist who played a large role in garnering support for the merger. I felt that an analysis of her motivations (as reflected in the primary documents I consulted) would shed light on complex issues of equality and professional identity—issues that are still relevant to today’s osteopathic physicians and osteopathic medical students.

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References


Editor’s Note: Ms Ryan’s essay won first place in the 2010 history essay competition, which was held by the AOA’s Bureau of Osteopathic History and Identity. The submission deadline for this year’s competition is October 3, 2011. Visit http://www.do-online.org/TheDO/?p=66991 for more information.