

Manipulative Therapy in the European Theatre of Operations*

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The record of the progress of manipulative therapy is open for all to read. However, the fact that this record has been published chiefly in *THE JOURNAL OF THE AMERICAN OSTEOPATHIC ASSOCIATION* has had the effect of by-passing the largest group of physicians, namely, those who are Doctors of Medicine. This has been a dominant factor in their misunderstanding concerning the proper use of manipulative therapy, and thereby, its normal application has been seriously limited. Although distribution may still be confined largely to the osteopathic profession it is important to record the facts relative to the use of manipulative therapy by myself and associates in the U.S. Army Medical Corps.

I went to England on the Queen Elizabeth, in April, 1943, a first lieutenant in the Medical Corps, attached as Squadron Surgeon to the 35th Air Depot Group, Army Air Forces, which became part of the 8th Air Force upon reaching England.

We were located at little Staughton, an army air base near Bedford, and we joined the 5th Air Depot Group on our arrival and used the same medical facilities, which consisted of a twenty-bed infirmary, pharmacy, laboratory, and dispensaries.

Sick call was held by all medical officers. Many patients with problem back disorders were examined in consultation and manipulated without anesthesia. The technic was explained and the doctors present exhibited intense interest in the patients' comfort after treatment. This program resulted in the use of cautious manipulation on the next suitable case seen by these doctors, and, I am pleased to report, with good result.

Fresh paravertebral sprains were a daily occurrence. They usually required only one manipulative treatment, with immediate return to full duty. This was quite a contrast to usual practice which consisted of strapping, infra-red therapy when available, bed rest for several days, with eventual return to light duty for several more days, during which the patient turned up at sick call each day complaining of his aching back.

Two months after landing in England, I received a letter¹ concerning the project, "Manipulative Therapy Experiment." The letter was from the second in command in the European Theatre, Lt. General John C. H. Lee, who asked if I would be interested in the manipulative treatment of exhausted fliers. My reply² resulted in a request that I come to London³ for a conference on the problem. Accordingly, orders were cut at my own headquarters so that I could proceed to the Commanding Generals' office which was located at Grosvenor Square adjacent to the United States Embassy.

I had heard that General Lee was a soldier 24 hours of each day, exactly efficient, self-disciplined, and equally firm with his troops. I was soon able to vouch for the veracity of these opinions, but I feel that the greatest factor in his successful command was his intense idealism which was so contagious that it spread to the ranks. His graciousness was well demonstrated when I reported to him; he addressed me as

"Doctor." Incidentally, I heard Major General Paul Hawley, at a recent Industrial Surgeons' Conference, say that he too appreciated being called "Doctor."

General Lee made arrangements with General Hawley for a conference on manipulative therapy, at which time General Hawley asked me to conduct a manipulative therapy experiment at a Convalescent Hospital. He wanted me to demonstrate the effectiveness of manipulative therapy in skeletal back disease, insofar as my own capabilities would permit, since he felt that the Army should use only methods of therapy that had been proved effective.

Two weeks later my orders of transfer came through from 8th Air Force Headquarters to the Chief Surgeons Office, Services of Supply, where I was assigned temporarily⁴ as Medical Aide to the Deputy Field Commander, Major General W. G. Weaver, to accompany his field inspection team in a survey of the entire Services of Supply troops in England, Scotland, and Northern Ireland.

While on this trip we inspected the 16th Station Hospital, Bromsgrove, where I was to originate the Manipulative Therapy Experiment at a later date. I was most interested to find that there was also conducted here the officers' convalescent hospital experiment which served as a pilot model for future convalescent hospitals. The commander, Major Frank Stinchfield, M.C., later promoted to Colonel, was one of the most progressive orthopedic surgeons in the Theatre, and had been selected to work out the "bugs" in a reconditioning program which was opposed in principle by some doctors who still felt that complete rest was desirable in all conditions and that active exercise would be harmful.

Colonel Stinchfield's excellent results were the basis for a program which saved many hospital bed days and resulted in a much better record of return to duty. I emphasize this achievement because I feel that it was one of the major medical advances of World War II.

Fortunately, it was in a completely orthodox orthopedic atmosphere in which the manipulative therapy research was begun, and this policy prevailed until the end of the European phase of the war, when the entire Hospital was shipped back to the United States. Manipulative Therapy Experiment became the stepchild of Colonel Rex L. Diveley since he was then the chief orthopedic consultant, ETO, and I attempted to work with him. I realized only too well the imminent professional danger of being way out on an experimental manipulative limb of an orthodox orthopedic tree. It was obvious that the final analysis of the curative value of this therapy might well have an effect on its future use in the Army, in the Veterans Administration, and in general medicine. A failure would result in the Army pointing to the record and proudly stating, "Oh yes, we tried manipulative therapy in skeletal back disease and not a single back was helped."

While I knew the effectiveness of this therapy, none of my orthopedic friends were enthusiastic; one visiting colonel stating that he manipulated thirty-five backs under anesthesia with thirty of his series becoming increasingly disabled. Another orthopedic surgeon

*This report does not reflect usual Army Medical Corps procedures as this work was a manipulative therapy research project. A complete list of reports to which reference is made is appended to this paper.

who attended our manipulative training course asked if he could bring a "ringer" whom he had made worse by manipulation under anesthesia; the aching back still ached. I assured the orthopedist that it would be an excellent plan to add this back to the long string of problem backs that had been sent to us. The patient came to our clinic and I asked the orthopedist to show me his method of manipulation. He very cautiously demonstrated flexion, extension, and sidebending of the lumbar spine, which was quite limited by muscle spasm and apprehension. Then I asked the orthopedist to do a careful anterior torsion of the right lumbar spine, which he accomplished with good completion of facet motion. The patient was asked to stand up, and when he did so, he voluntarily tested the motion of his lower back, turned to his doctor and said, "Major, why didn't you do this before? See, I can bend my back now." The orthopedist was impressed more by this experience than he could have been by anything else.

I had explained to General Hawley at our first conference that I considered fresh paravertebral sprains to be most suitable for manipulation; therefore, you can appreciate my amazement when the chief orthopedist at the 16th Station Hospital started to select for me patients with chronic back disorders which he assured me were hopeless. Later, all patients with back disorders sent to the hospital were under my care, and all fresh sprains incurred at the hospital were allocated to me for treatment.

Each week end I held a manipulative clinic at the Headquarters, Services of Supply, located in London and Cheltenham, where many of the Chiefs of Service and their assistants and also many Line Officers, including the late General Patton, were patients. On several occasions I was requested to see patients with back disorders at other U.S. Army hospitals.⁵

July 12, 1944, our section, with the rest of the 307th Hospital, was asked to submit a report⁶ of the department, which is recorded here in complete form:

HISTORICAL DATA REGARDING MANIPULATIVE THERAPY

In September, 1943, at the request of the Chief Surgeon, ETOUSA, an experiment in manipulative therapy was instituted to evaluate the advantages in forced passive motion of spinal joints in cases of acute and chronic strains, with special emphasis on low back conditions.

The experiment was started by Captain Francis E. LeBaron, M.C., and one EM as clerk. One month later Captain Everett E. Walcher and Lt. Careem N. Moured joined the group. Later, two more enlisted men were added to the experimental staff, which facilitated note-taking and general upkeep of the department.

A report on the first series of 50 cases, all receiving manipulative therapy, recommended dispositions; 40% were returned to full field duty, 34% were sent to restricted duty and 26% were returned to general hospitals. A check on the final dispositions of this series made at the replacement depot showed 56% were sent to full field duty, 18% to restricted duty and 26% returned to general hospitals.

The second phase of the experiment consisted of 200 cases, 100 being treated with manipulative therapy plus the regular rehabilitation program, and 100 being treated as controls, receiving only the regular rehabilitation program. Of the 100 cases receiving manipulative therapy, 59 were recommended for full field duty, 30 for restricted duty, and 11 were returned to general hospitals. Figures obtained on these cases from the replacement depot showed that 70 had been returned to full field duty, 18 to be restricted duty, and 12 to general hospitals.

In the control group, 50 were recommended for full field duty, 32 for restricted duty, and 18 were returned to general hospitals. Replacement depot figures showed that 55 cases had been sent to full field duty, 26 to restricted duty, and 19 to general hospitals.

After both these phases were completed, a conference composed of the Deputy Theater Commander, Lt. General John C. H. Lee; Chief Surgeon, Major General Paul R. Hawley; Colonel Rex L. Diveley; Lt. Colonel Frank E. Stinchfield; and Captain Francis E. LeBaron; evaluated the results. This conference was held on the 24th of April, 1944, at which time it was decided that manipulative therapy was to be used in the treatment of back strains and sprains.

In order to expand this type of therapy, it was agreed that Osteopathic Physicians and Orthopedic Surgeons should be teamed up in groups and sent to general hospitals, where they were to handle such back cases. Up to the present date there have been six (6) Orthopedists and five (5) Osteopathic Physicians who have attended this clinic for the purpose of observing the work, and becoming familiar with the special technique used in the manipulation of backs.

During the past ten (10) months, four hundred-forty (440) cases have been treated, three hundred-forty (340) with the use of manipulative therapy as an adjunct, with a total of approximately two thousand (2000) manipulations, all having been accomplished without the use of anaesthesia. Benefit was demonstrated in approximately eighty percent (80%) of the cases receiving manipulation.

FRANCIS E. LeBARON
Captain, Medical Corps.
Chief of Manipulative Therapy Dept.

Many accessory reports were made to the Chief Surgeon relative to:

The inadvisability of giving manipulative therapy training to qualified osteopathic physicians and orthopedists simultaneously.⁷

The training at our clinic of qualified osteopathic physicians in the ETO.⁸

The training and appointment of qualified osteopathic physicians.⁹

Preliminary report of statistics of Manipulative Therapy Experiment at the 307th Station Hospital.¹⁰

Second preliminary report on Manipulative Therapy Experiment.¹¹

Preliminary report of number of rehabilitation days of patients included in the Manipulative Therapy Experiment.¹²

Final statistical report on 250 cases of back disease.¹³

Manipulative therapy training program of orthopedists and osteopathic physicians.¹⁴

Common errors in the care of low-back sprain and strain.¹⁵

Report to the CG, SOS, Manipulative Therapy Progress.¹⁶

Report on acute paravertebral sprains.¹⁷

Early treatment of back sprains, mild or moderately severe, acute.¹⁸

Organizational chart, 307th Station Hospital.¹⁹

Commendation of officer assistants.²⁰

Manipulative Therapy Clinic Symposia.²¹

Brief summary of clinic services.²²

Letter from General Hawley which disapproved my request to discontinue the training of orthopedists and osteopathic physicians simultaneously.²³

Letter from the Office of the Surgeon General relative to publication.²⁴

Our clinic held frequent problem case and teaching sessions,²¹ and the best paper was given by T5 Richard C. Shannon, who was an assistant osteopathic physician.

On April 7, 1945, I sent a report²² to the Chief Surgeon which is of such importance that it is recorded below:

BRIEF SUMMARY OF CLINICAL SERVICES

1. The manipulative therapy clinic was established at this hospital, September, 1943.

2. The chief function of this clinic has been the care of low-back disability.

3. Phases:

- a. 50 cases—regular rehabilitation plus manipulative therapy*
- b. 200 cases*
 - (1) 100 cases—regular rehabilitation (control group)
 - (2) 100 cases—regular rehabilitation plus manipulative therapy
- c. 627 cases—regular rehabilitation plus manipulative therapy, which were one half of the total low-back cases at this hospital during the period, April, 1944, to April, 1945. The other half was a control group under the care of the orthopedic back clinic. Recommended disposition in the manipulative series was:
 - (1) Full duty—58.1%
 - (2) Restricted duty—33.6%
 - (3) Return to hospital—07.9% (mainly for psychiatric observation)

Note: An additional 74 cases were local out-patient and consultation requests, and were recommended for return to full duty.

4. 6,481 manipulative treatments have been given, with notable benefit in all cases in which motion was desirable but was restricted (approximately 75% of the cases in the total series). Manipulative treatment has not been used in those cases in which it was contraindicated, and there have been no bad results from its use.

5. Capt. E. E. Walcher has served very capably as chief of the clinic during my absence, with Lt. C. Moured as his assistant. A medical officer was assigned the duty of making final dispositions at such times.

FRANCIS E. LeBARON
Captain, Medical Corps
Chief of Manipulative Therapy Clinic

It should be noted that there was approximately a 20 per cent better disposition in those cases which were manipulated than in the control group which was not so treated.

Major General Paul Hawley, in a letter²⁵ to me dated April 13, 1945, stated, "After the experience of the past months, I am convinced of one thing: the only method of approach is through the medium of equally trained men in both professions. I think that the purpose is defeated by having men in one profession in close association with men in the other profession who are not equally well trained. It is too much to expect a man of the highest degree of training—in either profession—to accept as fact something that is offered by a man whom he knows to have had much less training and experience. This is a rather normal human reaction which, I think, we must accept."

This view is also my own. M.D. education must include skeletal diagnosis and specific manipulative therapy for complete medical service.

*Complete statistical data has been reported to the Chief Surgeon previously.

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REFERENCES

1. Letter from General Lee, 30 June 1943, relative to the use of osteopathy to rehabilitate exhausted fliers.
2. Letter to General Lee, 3 July 1943, an affirmation to do research as requested.
3. Letter from General Lee, 9 July 1943, requesting me to come to London.
4. Report on installations in Western Base Section, 21 August 1943.
5. Consultation report, 17 June 1944.
6. Historical data regarding manipulative therapy.
7. The inadvisability of giving manipulative training to qualified osteopathic physicians and orthopedists simultaneously, 28 June 1944.
8. The training at our clinic of qualified osteopathic physicians in the ETO.
9. The training and appointment of qualified osteopathic physicians, 24 May 1944.
10. Preliminary report on statistics of Manipulative Therapy Experiment at the 307th Station Hospital, 8 Jan. 1944.
11. Second preliminary report on Manipulative Experiment, 15 Feb. 1944.
12. Preliminary report of number of rehabilitation days of patients included in the Manipulative Therapy Experiment, 12 Jan. 1944.
13. Final statistical report on 250 cases of skeletal back disease, 26 July 1944.
14. Manipulative therapy training program of orthopedists and osteopathic physicians, 6 July 1944.
15. Common errors in the care of low-back sprain and strain, 13 March 1945.
16. Report to the CG, SOS, Manipulative Therapy Progress, 1 April 1944.
17. Report on acute paravertebral sprains, 29 July 1944.
18. Early treatment of back sprains, mild or moderately severe, acute, 1 Jan. 1945.
19. Organizational chart, 307th Station Hospital.
20. Commendation of officer assistants, 7 April 1945.
21. Manipulative Therapy Clinic Symposia.
22. Brief summary of clinic services, 7 April 1945.
23. Letter from General Hawley which disapproves my request to discontinue the training of orthopedists and osteopathic physicians simultaneously, 5 July 1944.
24. Letter from the Office of the Surgeon General relative to publication, 10 July 1946.
25. Letter from General Hawley relative to his observations regarding manipulative therapy, 13 April 1945.

H.R. 483 BECOMES LAW

President Eisenhower on July 24, 1956, signed H.R. 483 providing for the appointment of doctors of osteopathy as commissioned officers in the Medical Corps of the Army, Navy, and Air Force. H.R. 483 was originally introduced in the House of Representatives on January 5, 1955, by Representative Dewey Short of Missouri and had active consideration by both Houses of Congress prior to becoming law. *THE JOURNAL* has reported from time to time the actions of the House and Senate and their committees as the bill progressed toward final passage.

H.R. 483 as signed by President Eisenhower is printed in full on page 746 of this issue of *THE JOURNAL*. The law amends the Army-Navy-Public Health Service Medical Officer Procurement Act of 1947, as amended, by specifically recognizing the eligibility of doctors of osteopathy to be appointed by the President, by and with the advice and consent of the Senate, as commissioned medical officers. Doctors of medicine and doctors of osteopathy are the two groups of physicians eligible for such appointments under Section 201 of the amended law. Subsection (g) of Section 201 enumerates the qualifications which a doctor of osteopathy must possess in order to be eligible for appointment, and it is of particular significance that Subparagraph (2) accords equal recognition to the licensing laws of all the states by requiring that a doctor of osteopathy seeking appointment "... be licensed to practice medicine, surgery, or osteopathy in one of the states or territories of the United States or in the District of Columbia." Subparagraph (3) makes the appointments subject to the qualifications prescribed by the Secretaries of the Army, Navy or Air Force "... after considering recommendation for such appointment by the Surgeon General of the Army or the Air Force or the Chief of the Bureau of Medicine and Surgery of the Navy." The report of the Committee of Conference on H.R. 483 which is officially interpretative of the legislation states, "... the ultimate decision of the Secretary will prevail and not be subject to veto by any military officer." The law thus retains the pre-eminent position of authority which each of the service Secretaries exercises over his respective department.

The enactment into law by the United States Congress and the President of the United States of H.R. 483 has been a subject of interest to the osteopathic profession and its supporters everywhere. It has been estimated that some 6 months will be required under optimum conditions to implement the legislation. A grateful profession will recognize the need for time in the implementation of the law and can best express its appreciation to the Congress, the President, and the Military Departments by awaiting with confidence and patience the reports pertaining to the implementation of the law which will be carried in the official osteopathic publications.

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