

against incompetence of its medical advisers, regular or irregular, to deal with the everyday emergencies of medical practice. It is reasonable, I submit, to insist that the osteopaths (to take a concrete example of the most vocal of the irregular practitioners), if they wish to be admitted to a Register, should have a minimal knowledge of medicine, surgery, and midwifery before embarking upon the practice of osteopathy, which claims to be a branch of the "healing art." It is unreasonable and no longer really a practicable proposition to insist that the osteopaths should go through the present medical curriculum leading to registration, entailing as it does on an average from six to seven years' preparation. A qualifying examination after four years' study would, I submit, meet all the requirements of the public, who are the final arbiters of such a question, and who clearly desire to experiment with irregular cults.

I therefore welcome "A Layman's" suggestion of a single qualifying examination; but I am afraid I do not think that his aim could be achieved "by agreement between the universities and corporations concerned," if such an agreement ever became possible, which I doubt. I believe there are too many clashing interests to make such an agreement at all probable. The Medical Curriculum Committee which I have cited is limited by its reference to a consideration of medical education in London alone; it has sat for two years and has produced no report, probably because agreement even on that restricted reference has not been reached.

This change in the requirements for registration would, I think, have to be imposed upon the medical profession by some supreme authority outside it, such as Parliament itself. University degrees in medicine would, of course, be completely untouched by such a change. They would not *per se* be qualifications to practise, but they would doubtless be essential requirements for appointments on the staffs of hospitals or in the higher public services. Their academic distinction would be in no way impaired, and might even conceivably be heightened, as "A Layman" clearly sees.—I am, etc.,

London, W.1, Jan. 26th.

E. GRAHAM-LITTLE.

### Registration of Osteopaths

SIR,—I have been interested in the work of the osteopath for some years, and have therefore carefully read the references to, and correspondence about, the registration of osteopaths in the *Journal*.

It is undoubtedly the duty of the medical profession to oppose this Bill, for the duly registered medical practitioner has ample scope to practise any form of therapy that he chooses, and no bar, so far as I know, precludes any osteopath from obtaining his medical degree. This, I think, has already been made clear in these columns. Wilfrid A. Streeter, in his book *The New Healing*, opposes this solution for the osteopath in the following extract from his osteopathic catechism (p. 246):

Q.—Is an osteopath a better osteopath when he has had a medical training?

A.—No, he is usually only half and half.

It is difficult for us, with our scientific approach to disease, to be able to comprehend this argument—namely, that the more we know about illness the less efficiently we can treat it; but we must not lose sight of the fact that it may have an appeal to the public. It is the public who ultimately make our laws, and public opinion which we have to obey as far as we feel a compromise can be made. In view of this I urge that all medical practitioners should make themselves conversant with the work of the osteopath, and discover why he has gained the public confidence, so that they may be in a position to oppose

the legal separation of osteopathy as a method of treatment from the practice of medicine, and be able to defend this attitude. Osteopathy will stand or fall by its results, and by the opinion which the public forms about it, and it is idle for the medical profession to state dogmatically that it has no successes—for any form of treatment will in some cases produce a satisfactory result for the patient.

The important thing in any illness is not necessarily the pathological condition itself, but the patient's attitude towards it, and these two entities are very frequently regarded by the general public as one and the same thing—that is, *the illness*. There is a large physiological reserve with regard to the function of most organs of the body in carrying out the normal routine daily life. People can live quite happily with one kidney, a collapsed lung, or an incompetent cardiac valve, or, on the other hand, they may be chronic invalids. The essential difference, however, between being well and being ill is often to be found in the patient's attitude towards his illness. If by appropriate treatment a bed-ridden patient were enabled to return to his work the public would say he had been "cured," but we should know quite well that the fundamental lesion had not been cured, but that something else had happened within the patient. Re-education methods in *tabes dorsalis* and after cerebral haemorrhage have from time to time in certain patients enabled them again to take up their former occupations, but we do not believe that the damaged nerve fibres have regenerated. Every illness has for every patient some psychic significance, and where this element is large then the scope for "cure" of this illness for this particular patient is equally large. I think it is here that often the non-medical practitioner succeeds where the doctor has failed; for he, not realizing the unalterable basis of the illness, assumes the attitude that he can cure, applies his treatment, and the patient gets better; but I conclude that in a large number of cases he has only succeeded in changing the patient's attitude towards the illness. There are, on the other hand, a number of illnesses which are purely psychogenic, such as some gastro-intestinal disorders, some forms of asthma, and cardiac irregularity, which may in some people respond better to the influence of one person than to that of another, whatever his therapy may be.

It is the importance of this functional element of illness that makes me wonder which it is the osteopath cures, especially in view of Mr. Streeter's catechism; for if the faith-healer loses his faith in his power to heal, then all is indeed lost. The scientific approach to treatment will always attempt to distinguish between the illness itself and the patient's attitude towards it, and the appropriate means of dealing with these two entities. It is the evaluation of this functional element that makes evaluation of cure so difficult.—I am, etc.,

London, N.W.3, Jan. 27th.

D. N. HARDCASTLE.

SIR,—Mr. Paul Bernard Roth's letter (January 19th, p. 131) appears to be very pertinent, in spite of it being recognized that it is not possible to prove a negative. The following case is not without interest in explaining how error can arise.

About eight years ago the father of a young diabetic patient said: "Have you any objection to my daughter being treated by an osteopath?" I replied, "What has led to your asking me?" He then told me that he had heard that Miss V. H., only slightly older than his daughter, had been cured of diabetes mellitus by an osteopath living in a large town on the south coast. I told him that if I could find out the name of the doctor who looked after Miss V. H., and learnt that what he had been told was true, my advice would be that he should take his daughter to the osteopath without delay. The doctor under whose care Miss V. H. had been replied