

STOKES: This is Ray Stokes, Curator of the Special Collections Library of the Texas College of Osteopathic Medicine. This is August 8, 1990. We are here in the studios of the Biomedical Communications Department. Today it is my pleasure to visit with a very dear friend of mine that I've known since about 1972. He was in practice at that particular time in Dallas is when I first met him. I've followed his career ever since and he joined the college at TCOM in January, 1974, so he was even here when we became a state institution in 1975. I'd like to welcome and recognize my good friend Profession Dr. John Harakal of the Manipulative Medicine Department and we are glad to have you here today to pick your brain, Dr. John. I'm going to call you Dr. John now as much as possible. So, we'd like to start by letting you know that you've had a great career in the osteopathic profession, and I'm going to say what you are now. You are now, of course you are a fellow in the Academy of Applied Osteopathy. You are also the president of the Sutherland (now the word Sutherland will mean something we'll refer to in a moment) Cranial Teaching Foundation. You're the president of that. And I'd like for you to be thinking about these matters and we'll touch on them in a minute. I'd like to have some sort of what is the connection, if any, between the Teaching Foundation and the Academy of Applied Osteopathy, any relationships that there might be there. So, Dr. John, you got out of school in 1957 at Kirksville.

HARAKAL: Right.

STOKES: Tell me something about your experience at that time and how you came to Texas. Where did you grow up? Give me a little bit of

biography of your youth and your early life.

HARAKAL: It started back in Pennsylvania, Ray.

STOKES: Pennsylvania.

HARAKAL: The western part. A small community, Steeltown. And it was the goal of my mother that one of her kids was going to go to college and they had just instituted a new law in Pennsylvania that if your grades were up to a certain level that you could go on to college the second semester of your senior year, so I had the privilege of being the first one in Pennsylvania to take care of that, at least in our area.

STOKES; Oh, is that right?

HARAKAL: And went to Gross City College to be an engineer. And about that time came the war.

STOKES: What specialty of engineering?

HARAKAL: I was thinking in terms of civil engineering. And with the war came a lot of the young people decided that they would try to do their bit. After I came back things looked different and I decided I really wanted to be a dentist. So I went to the University of Pittsburg and made the first two to three cuts. We had something like 1400 trying to get into 88 slots and I imagine all today our schools would like to have that kind of a pool to choose from. But after you

made next to the last cut then you had to demonstrate ability to pay and so I had to change careers again, and decided I wanted to teach and graduated from Bowling Green State University in Ohio, taught for part of a year in a part of Ohio in a consolidated school where we had kids from all walks of life, and I guess I realized then that there must be something else you could do as well. About that time I met my wife and our then brother-in-law was an osteopath in Lima, Ohio.

STOKES: Was that your first introduction to osteopathy?

HARAKAL: My first introduction, Ray, was when I was helping paint the family home and I reached the ladder over a fence and it was a heavy old wooden ladder and it started to go one way so I jerked it and I jerked it too hard and I just couldn't breathe. My friend of many years said "I'd go to an osteopath" and of course I didn't know what that was so we went over to see his doctor.

STOKES: Now were you still in Pennsylvania at that time?

HARAKAL; Yes sir. And the man treated me, the standard treatment of that time, and the next day I was back up on the ladder painting and then I thought "Gosh, that's great." In the meantime my friend had told Dr. Reznick of the grades I had in school and of my interest in dentistry and he said "If you were interested in dentistry, you'll be interested in osteopathy." He didn't talk long, 10 or 15 minutes, but between what he said and the fact that I was back up on the ladder in one day said there must be something to it. So when we married and my brother-in-law was, if there is such a thing as a devout osteopath,

Dr. Berry is a devout osteopathy.

STOKES: You say "is" in the present. Is he still living?

HARAKAL: Yeah.

STOKES: Where is he practicing?

HARAKAL: He practices still in Lima, Ohio.

STOKES: Lima, Ohio?

HARAKAL: Ohio, and has two sons who have graduated in osteopathy, both from Kirksville. So he said that he would help Jane and I if we could get in to the school. Well at that time Kirksville was the founding school, still is, and has always been a fine institution. We were blessed with being accepted and as sometimes the Lord works, one chance in a million, my wife was a music teacher and she would have to work if we were going to get through school. A job opened up, she interviewed the superintendent out in the pasture because he was a farmer, and he accepted her on the spot and then we were able to go ahead with the plans to get into Kirksville.

STOKES: I see.

HARAKAL: Graduated as you mentioned there in 1957.

STOKES; Where did you do your internship?

HARAKAL: At the Kirksville College Hospital.

STOKES: What is the name of that..?

HARAKAL: It was then just the Kirksville Osteopathic Hospital.

STOKES: Oh, it was. They have dedicated it to some name now. Isn't it Laughlin or something?

HARAKAL: Laughlin is the one across the street.

STOKES: Oh, I see.

HARAKAL: There were two hospitals, both osteopathic, across the street from each other. And in the process of looking for a place to practice, we went through Colorado and through southern Texas to different people that we had gotten to know through our schooling, and we had a very special way. It was going to be very easy to figure out where we were going to be, because we would allot so many points if it was say 50,000 or less, we wanted a smaller community, so many points if it had our church, so many points if the school system was good, and so on down. And after we made the circuit on borrowed money, we came back through Dallas because a man over there we had known in school. Interestingly enough when we needed a place to stay overnight, it was Dr. Charlie Haws.

STOKES: Dr. Charlie. He's Dr. Gene's uncle, isn't he? Gene Zachary.

HARAKAL: Gene Zachary, yeah. And he is just retiring I believe as of the end of this month.

STOKES: He's been almost retired, hasn't he? He's just been working part-time. I think he brought us a bunch of books here recently, donated them. He sure did.

HARAKAL; That's right. So we came back through Texas and a friend of his had an apartment that we knew and he let us sleep on the floor. It was a one bedroom apartment and of course Texas, Dallas and Fort Worth weren't for us, it was much to big a city, and we wanted a small town and so we went back home, sat around and talked for a couple of days.

STOKES: Back home?

HARAKAL: Back to Jane's home in Ohio. And neither of us wanted to make up our mind and one morning it just said "Go down and see what you can find, " so I borrowed some more money and came down to Texas and in a period of about three weeks put on a thousand miles and never left the metroplex. I went to see everybody who would talk to me.

STOKES: Of couse, there weren't as many to talk to in those days as there are now.

HARAKAL: Not at all. And we ended up practicing in Mesquite where we were the health care service at that time. So fresh out of school I

worked at least every other night if not every night there would be somebody doing something and we did the typical chase ambulances and was a doctor for the rodeo and some for the jail and for the fire department.

STOKES: There in Mesquite?

HARAKAL: In Mesquite.

STOKES: Is that the same rodeo then as they have now. You know, they have a continuous rodeo performance during certain seasons of the year, even now it's becoming world known.

HARAKAL: It is. It's the same group, some of the same people who at that time were our patients. I had the privilege of knowing them and sewing them.

STOKES: When did you move from Mesquite into, close ... I don't know the name of the street where I first visited you, it was close to the Dallas Memorial Hospital.

HARAKAL: That's right. That was down on Fitzhugh. We moved there about three years later. The first place I went to was Snyder Plaza which is right near SMU, practiced there for a couple of years and made the friendship of a wonderful, wonderful woman osteopath by the name of Dr. Laura Lowell. Laura, I think, is now passed on.

STOKES: Yeah, she was the executive director of the Academy at the

time I came to work at the college in 1969.

HARAKAL: And also a psychologist, Dr. Erie Darnell, and we formed our little group and built out little building and that's where we first met each other.

STOKES: Well I know when I first met you, no inference against anybody, but you certainly weren't a pill pusher in those days, you were doing a lot of manipulation, you really were.

HARAKAL: Yeah, I've always believed in that, Ray, and I think part of that goes again back to my mother who believed in a lot of natural healing is just by intuition because she was not a schooled person.

STOKES: I mentioned at the beginning, the reference to the name of Dr Sutherland, of course who was the discoverer and developer of the cranial portion of osteopathy. I guess it was the first time that osteopathy is introduced into the cranial field so to speak. So, tell me a little bit about. Of course he died when, 1957?

HARAKAL: 1954.

STOKES: '54. Tell me a little bit about Dr. Sutherland. Now you know we have and I'd like for you to also relate to me, if you will, the circumstances under which our archives here at TCOM became the repository of some of a great deal of his collection. So if you would kind of tell the story as you remember it about Dr. Sutherland.

HARAKAL: Dr. Sutherland was probably one of the most unique physicians that we've ever had. He was an original thinker. He was not swayed by opinion. He was a searcher for truth and a very ardent worker after truth and the story has it, and I believe it's true, that as he was walking through one of the buildings at Kirksville one day he saw a mounted skeleton in which all the pieces had been separated and put into their relative positions and we have 29 bones in our head including the one that fits across here, without that one we're down to 28, and we've got three little ones in each ear so if you take those out we're down to 22, but the other 22 make up the head. He was the first one to say that the sacroiliac joints moved and had clinical significance when they didn't. Sutherland was the first to say the bones of the cranium had to move. Now no one had ever felt this or had even thought of this. It had not even been hypothesized, but his rationale said, when he saw this articulated skull, and he looked at the way the bone on the side of the head fits with the bone of the vault or top part, and the thought came to him that they were beveled like the gills of a fish and if so they must have something to do with respiration and as you might guess this was a crazy idea because to some people it's still a crazy idea. But this thought, it sometimes happens to searchers and those who eventually develop very new things like Alexander Graham Bell, he had an idea. Einstein had an idea and it would not let them go. So he pursued this and he took a penknife and whittled if you will a human skull apart which must have taken him weeks and weeks and weeks because it is an extremely intricate mechanism. But as he did this he also then began to sense on other people to see if he could feel motion and sure as luck and work would have it, he did, and he found out that not only the cranium

moved but then he went down and he said the sacrum moves and not only that they move in synchrony with each other and he began to reason further based on anatomy and physiology which is the foundation of our profession, Ray.

STOKES: Yes, I believe I remember having reading something about A. T. Still, what he said about what osteopathy, that defining osteopathy, there has been a lot of definitions, but he said that it's anatomy, anatomy, anatomy. Is that correct?

HARAKAL: Exactly. And the only, if there is an evolutionary development if you will for osteopathy it was when people like Korner began to investigate the physiologic changes that are associated with anatomic changes.

STOKES: Are you talking about Dr. Irwin Korner?

HARAKAL: Yes. Dr. Korner who just retired. He was my professor in physiology.

STOKES: Oh I see, there at Kirksville?

HARAKAL: At Kirksville.

STOKES: And after having quite a distinguished career there he came here and had an even greater distinguished career if that is possible.

HARAKAL: And he still works with us. We have a study group and he meets with us once a month and we still keep looking for things. But Sutherland's persistence began to pay off not only professionally in his practice but with some of the profession, and the crazy idea which the success almost says, Ray, that if you're going to be successful you must be ostracized first. Sima Weis, who discovered childbed fever which changed the entire course of obstetrics in the world, I understand died in a mental institution because his profession would not listen to him and he knew he was right and it drove him mad.

STOKES: I see.

HARAKAL: Sutherland fortunately didn't have to go through that, and he published some little articles and finally one of the AOA people allowed him a part on a program.

STOKES: Now AOA, that's...?

HARAKAL: Americal Osteopathic Association. Thank you, Ray. And a few, I think as few as five or six, said "There may be some truth to this," and I believe George Northup's father was one of these people. George Northup being the former editor of our Osteopathic National Journal, and Tom being his father. And Tom, being the founder of the American Academy of Osteopathy which is what it is known as now, it is the old Academy of Applied Osteopathy and is now the American Academy of Osteopathy.

STOKES: I see.

HARAKAL: Anyhow there were just enough people that would listen so that he began to teach just first of all in his home and then he went to Des Moines. Des Moines was the first place that gave him audience as a college, and Dr. Paul Kimberly who had an extremely distinguished career as a teacher and profession as well as clinician in our profession, now retired in Florida. Paul took hold immediately and began to teach the anatomy for Dr. Sutherland and the first course was two weeks, 8 hours a day, of nothing but, guess what? Anatomy, anatomy, anatomy. And it was after this then that the physiologic portion of the cranial field began to be worked in to the teaching and of course in osteopathy the total body, if you will, of osteopathy has got to hinge on this reciprocal relationship between the two, whether it be in the head or the arm or the leg or where it is, so in this regard, as Dr. John Goodridge in a town north of which is an honorary lecture given each year at the National Academy meeting, once said "Probably the most unique contribution of the profession was the development of osteopathy in the cranial field." So, it's a momentous kind of a thing. It's still new. He first presented it to the profession in the very early 40s, latter part of the 30s, so it's roughly 50 years old which in the field of science and medicine is very new, and we now have several hundred people who have been trained in colleges. It has become part of every college. Every college now has some phase of osteopathy in the cranial field. It may simply be a little introduction, it may be a full 40 hour course, which is what the foundation believes it takes to learn the material.

STOKES: Let me digress just a minute, when we were talking about titles and defining names. Since I've been involved with osteopathy, when I first learned about the various departments there was OTT, OP&P and now we're manipulative medicine now here at TCOM, but is there any move on to reach a common decision on the same name in all the 15 colleges of osteopathy.

HARAKAL: Not overtly.

STOKES: I see.

HARAKAL: Partly this is due to the difference in the way that it is taught at each of the schools. Some places it's part of the general family practice department, some, as here, is a separate department that hopefully will pervade all other departments, not just general family practice.

STOKES: Well, correct if I'm wrong, but now as of since about 1980 or 1981 in our curriculum, aren't we now teaching osteopathy all four years.

HARAKAL: We've got the first three, but it is optional in the fourth year, as a matter of fact even into the resident years, and as of just this past year the residents do come and study with the departments on a regular basis.

STOKES; Now let's get back on the main track. I didn't mean to switch you off. Back to Dr. Sutherland. Finish the story on him.

HARAKAL: Let's see. We were saying that he.. We had just gone through the development of the way of teaching. A man and woman by the name of Lippencott from New Jersey seemed to have been taken completely with the thought. They then devoted the rest of their lives which were long. They both lived to be in their 80s, as Dr. Sutherland lived to be 81, and they then developed on paper a lot of what is still used for treatment of the rest of the body utilizing what Dr. Sutherland called the primary respiratory mechanism. And just a word on that because that is the foundation or the central unit about which osteopathy in the cranial field evolved. He found that the bones of the head, all 22, 26 or 27, however, you want to count them, but all the bones of the cranium needed to move and they needed to move in a fashion that was free for them the same as an arm or leg or anything else has a certain motion. The arm can extend and it can come back, and if it cannot do all of those things, something is going to have to be compensated for. So this being one of the principals of the osteopathy; we only have four and of those four, osteopathy in the cranial field manifests probably as much as any other method of treatment, all of these principals. He then went on to say that the brain and spinal cord; as the brain expands and contracts in a convoluted fashion like a ram's horn and this is evident in surgery and we've now had somebody who has found that on magnetic resonance imaging has seen the movement, how subtle it is, we're talking now in terms of movement, Ray, at the most of maybe 2 mm. That's not even a 16th of an inch, I don't believe. But if you get a piece of celery between two close teeth, it doesn't take much to make you miserable.

STOKES: That's right.

HARAKAL: And that's the most common way of explaining or understanding how so little can mean so much. And this is one of the phrases Sutherland used and still did, that it's the little things in osteopathy that mean so much. He then utilized the coverings of the brain and spinal cord as one element or component, the bones of the cranium, the cerebral spinal fluid which fluctuates back and forth, not circulates this way but just expands and contracts, the central nervous system which tends to expand and contract we said more in a ram's horn fashion; as it expands the spinal cord tends to raise, tends to go down when it comes internally, and then the attachment to the sacrum, and that's why some call it the craniosacral mechanism, or as is called for short by nickname and that's no more than that is the cranial. A lot of people call it cranial osteopathy. But Sutherland did reach acceptance and in 1953, just a year before his death, wisdom seemed to dictate to him and some others, especially Dr. H.I. McGoon, Sr., who was a Harvard graduate and President and Mamie Eisenhower's osteopath in Colorado, a very distinguished man and a very ardent osteopathic physician, very dedicated to this concept and who authored the book, the only textbook we have on osteopathy in the cranial field. So it was Dr. McGoon, Dr. Sutherland, and Dr. Handy, whose wife Ann Wales still lives and is now writing what will be the authoritative text, it will be the reference work of Sutherland's writings, and it was through Dr. Wales who, when she was preparing to close out her practice in her home and retire; Ann is now 85 and we have been engaged now for 3 years in writing this book.

STOKES: Yes, I want you to say a little bit about that. You are coauthoring a book.

HARAKAL: I serve as one of the editors.

STOKES: Give us a little more detail on that.

HARAKAL: What Ann has done is to take all of the works that were either written or spoken and then recorded by Dr. Sutherland and from people's notes and all the major topics that have to do with osteopathy in the cranial field were then taken and for instance maybe there was one lecture on let's say the cranial vault at the top of the head, maybe he did a little better job in one city than in another or someone added something. She took the best of all that we had and she is now putting this in a book and we are on our fourth draft and we hope to have this published in the spring. And what predicated this, Ray, was that, like so many things, as the concept became more and more accepted it went from absolutely nothing and five people, so to speak, in the early 40s, to now it is the foundation, for instance, of a college of osteopathic medicine being proposed by five medical physicians in Paris, France.

STOKES: Is that right?

HARAKAL: It is that profound. It actually transcends some of the other earlier forms of manipulation. We have many forms, at least seven which we teach here at this college. We are very privileged to have people here who have been trained in multiple methods because it

really gives osteopathy a chance to flourish and gives our graduates a much better chance in the public as far as doing better work.

STOKES: Can you add anything further, as I alluded to earlier, our archives is a repository of some of Dr. Sutherland's collections. Is there anything we've got in our repository that we haven't discussed?

HARAKAL: Not really, we have the bulk of all that he left because Dr. Wales, when I spoke with you and said could this college and yourself as curator, could you accept this material, and you agreed that you would make space for it, and this then became a focal point and some of the work from the Lippencotts we have.

STOKES: I'm familiar with that name.

HARAKAL: Well, they published the chapter on what are call the peripheral techniques. Most people think in terms of just the head and sacrum, but it applies to all part, and they published an article in one of the American Academy of Osteopathy yearbooks and we have the original glass, if you will, slides before we had the paper slides like we have today. The repository has these original glass slides. We have the original negatives from which the pages were printed. I just came by those within the last week which you received. We have some of the memorabilia, the honorary cape and whatever the name is for the other part that we wear at graduation ceremonies.

STOKES: Is that called a hood?

HARAKAL: It may be part of the hood. But anyhow we have that and secretly I have, through Dr. Becker who is retired who was one of Dr. Sutherland's very closest friends and was with him at the time of death, I have his old merhum pipe, and as soon as I find a place for that I need to do this also. But we have here the bulk of what he left to us through himself and through these other people. We have old diploma, honorary citations, you have a lot of those of your own up in your office. We have the bulk of it. When Ann needed a place to store these things it was fortuitous that you could make room for us here. Oh, I wanted to finish one part. The three of these men then formed the Sutherland Cranial Teaching Foundation in 1953, just a year preceding his passing, he passed on in 1954. And in the time from 1953 to this day there have been only four presidents of the Cranial Teaching Foundation.

STOKES: So you're the fourth president?

HARAKAL: I'm the fourth. So, Dr. Becker preceded me, Rollin Becker, who was president for 17 years; Dr. Lippencott was president for a number of years; and of course Dr. Sutherland got to serve one year.

STOKES: Well I gather from what you are telling me that it is a very active organization rather than passive.

HARAKAL: Very. We have an annual course which is one week, 40 solid hours. It is termed an introductory course and it is offered to fully licensed physicians and dentists. Some of the dental textbooks now have a chapter on osteopathy in the cranial field.

STOKES: I didn't know that.

HARAKAL: And before they closed the college at Georgetown Dr. Volla Frieman would go there each year to present a course to the dental students. We have recognition in the cranial journal. Cranio is the name of it, which is the world's leading journal for temporomandibular joint, so called TMJ problems, and I'm privileged to serve as the editor of the osteopathic section of that journal, so they've recognized us.

STOKES: How long have you been doing that?

HARAKAL: I guess probably about 10 years, since it started. It is just so exciting, Ray, because we've been going and working with the British School of Osteopathy in London, the former Maidstone School, now the European School of Osteopathy in Maidstone, England. We've spent a considerable time working with people and talking with them several times there and here and in Belgium.

STOKES: I remember I met, I don't know just exactly what his title was, but I guess it would be equivalent to a D.O., but he was from Italy that came by here about a year or so ago. In other words, you were involved in it and he came over and did quite a bit of research in the archives.

HARAKAL: Right, and we now have the potential for a very elementary, small as you might guess, school in Italy. There is a group of D.O.s

want to start one there. As is currently planned, a year from this October, October of 1991, we hope to share as a faculty going to Australia.

STOKES: Australia?

HARAKAL: Australia has an osteopathic college now that is recognized by the government and by the accrediting groups in the academic arena. This has just come on. We've been working with them for, oh I don't know, 10-12 years. So it's marvelous that osteopathy is spreading but it is interesting that much of it is spreading through osteopathy in the cranial field which is not the most prevalently taught or understood of the various kinds of osteopathic medicine.

STOKES: Well now you know I appreciate that general information that you're giving me. Now let's be a little more personal, a little more specific in what John Harakal's contribution has been. Now you came with TCOM on a part-time basis in 1974.

HARAKAL: 1975, January 1st.

STOKES; Oh, 1975, that's right, and we became a state institution in September of 1975, so you were with us as an independent school for nearly a year.

HARAKAL: Right.

STOKES; Right. And you started on part-time but that didn't last

long, you became full-time. So you were head of the OPP&P or whatever department we called it at that particular time, Manipulative Medicine now. And you were chairman. I guess you were, well I wouldn't say you were the founding chairman, because I guess Katheryn Carlton was in there somewhere, wasn't she. Did you replace Katheryn?

HARAKAL: Yes.

STOKES: Of course, she never was, although she still continued her practice here in Fort Worth, I never did see much of her, you know, except during special times.

HARAKAL: Back then everybody who came were volunteers.

STOKES: That's right. And she was certainly a volunteer.

HARAKAL: She couldn't volunteer full-time.

STOKES: That's right. You're so correct. Well, anyhow, then you became the department head and were in that capacity when you had your own near-fatal heart attack. Thank God you didn't, and that was in what year?

HARAKAL: 1983.

STOKES: 83, and then you stepped down from being the department chairman shortly after that, but you still are doing full-time duties as a full professor in the department.

HARAKAL: Yes sir.

STOKES: What observation do you have as to the progress that has been made? Now you know that we've had the goal statement and we've grown from a bowling alley institution to a 15 acre spread and three large multiple story buildings and just dedicated, not dedicated but broke the ground for another one just yesterday or day before, and the future looks very, very strong and good. What do you think about where we stand? Are we still osteopathy; anatomy, anatomy, anatomy? Where are we in the thinking of the average student that becomes a D.O.?

HARAKAL: That's an excellent question. I wish I had an excellent answer for you. It has been a real sincere privilege to share in the growth of the college, and you have shared longer than I have. And we have grown materially. We're dealing now with students who come to us out of a very scientific background. They come from an area many times that they have never experienced osteopathy and they are coming strictly on the basis of either the philosophy. By the way, the OPPMP is still my choice for the name of the department; it's Osteopathic Philosophy, Principles In Practice. And they still use these terms. I didn't originate those.

STOKES: Dr. Still did.

HARAKAL: Yes. And without the principles and the philosophy, of course, we have nothing. We become just another medical school. That is our uniqueness, our difference. That, as it is expressed through

osteopathy in the cranial field, is probably the most unique contribution of our profession. Our students come because they've been very successful in testology. They have been able to learn how to take tests, how to get through exams. The competition is very keen. The technology is so well-developed that it is very difficult for most, if not many of the students, if not all of them, to make the transition from the field of logical, sequential, especially with the computers, the either/or, on/off, 0-1 kind of mindset and thought process, to go back to the fact that man is not a machine. He is and he isn't. He has many things. Dr. Still used to refer to the Grand Architect and the Grand Engineer, because the creator did make us to operate by some of the principals of engineering and machinery, but then the thing that is still said and it is not complete, but part of it is that after all is considered, man is a triune being. Man is body, mind, and spirit. Our students are body, mind, and spirit. But in order to get here and because of the current trend in training with television and the absolutely utter explosion of data they come prepared more for what might be called traditional medicine. It is the only one. You don't have a program that features osteopaths on any television network. Many have never experienced osteopathy so the job has always been for the department to give them enough of the history and the philosophy and hopefully enough information and training that they will then experience for themselves what they can do for others and in some cases what can be done for them. And I feel as others do, and we have not been able to accomplish this here yet, that when we get a real osteopathic health service for our students it will make a tremendous difference. For whatever reason it has not been able to be accomplished as yet. I think this will be a big, big

point. I might say, Ray, that the truths will always prevail, always. And the truths that are inherent in the osteopathic profession and the osteopathic concept. The osteopathic concept, by the way, that is currently in the glossary of the profession was developed right here at TCOM in response to a need by the Air Force because we had so many osteopaths going in. They formed an association and they needed a definition for who and what they were. We have modified it, the most recently will be going into this fall's glossary, but for all purposes it is the same one that was developed here originally and without this concept we're ordinary. We are just like everybody else. So if and how we can impress our students, and I might add our faculty. Our faculty have come from other colleges where they did not have the privilege of either the contemporary teaching or the breadth of teaching that we offer here at TCOM. Whatever it is, when the time comes, the truth of osteopathy will prevail and I would like to see it in the United States, but Ray, it is a lot more exciting abroad. The medical physicians, many of them are specialists, and they have reached the ultimate in their particular specialty. I am thinking of a French oral facial surgeon. When he heard about osteopathic medicine he became so enthralled (I had the privilege of being in his office last fall). He has a treatment table outside his operative suite.

STOKES: Now where is he located?

HARAKAL: He is in Paris. And when the patient comes out of the operative suite if it is to be an office procedure, there is a treatment table before they get to the waiting room. Every patient gets an osteopathic treatment by a medical physician. And one of our

board members for the teaching foundation, when she opened her office for practice, on her announcement card it said "So and so, board eligible physiatrist announces the opening of her office for the practice of osteopathic medicine." She had studied with Ann Wales for many years, with Rollin Becker. She had taken several courses with the Teaching Foundation. It is like one of our pathologists. Everyone is invited to sit in on the first lecture of osteopathy in the cranial field, and our pathologist sat in the first year. He is no longer with us, but a wonderful man. And after the lecture he came down and he said you know, "I've been more of an osteopath than I have an allopath", which is the current term used for M.D.'s. He said, "I think more like you do." And we're in a state now where there are those who are carrying M.D. degrees thinking like a D.O. and those who carry D.O.s thinking like an M.D. and as one of the goals at Kirksville many years ago. It was a decade of purpose similar to our goal statement, and it is the hope that eventually the truth of osteopathy will find itself into the health care field across the board, and I think that can happen, Ray.

STOKES: Good, good. You mentioned a moment ago about the growth in Europe of osteopathy. It reminded me of a mutual friend of ours that we've mentioned a few times in the past, Dr. Clint Burns, you know, and he was interning down in New Orleans. You've probably heard the story of his purchasing a picture of A. T. Still in his 1904 pose, you know, and he bought it from the merchant who was interested in selling only the frame. He didn't even know who the person was in the picture and he sold it to Clint for \$10 but Clint recognized who the picture was, that is of Dr. Still. And of course after he bought it he asked

the fellow if he knew who it was and of course he didn't. And he asked him where he got it. And he said, well it came on an assignment from Amsterdam you see. So in 1904, back at that particular time, the turn of the century, actually Dr. Still, wasn't he pretty well more accepted to some degree in Europe than he was in his own country?

HARAKAL: That I really don't know.

STOKES: I've heard that, that's all I know.

HARAKAL: But an interesting thing how things will go. His first anatomist was in M.D. professor from Scotland and within the last few years in serving on faculty at the British School for Osteopathy in the Cranial Field, a man came in who was the former Dean of Medicine of the school in Edinburgh, Scotland and now he came to study with us a little over 100 years later. So those who, I think the expression goes "Those who have ears will hear" and I think the profession is absolutely marvelous. It's part of my reason for being here and I raised a family on it.

STOKES: If you had an opportunity to say what you'd like to be best remembered for, what would you say, as far as your association with TCOM? Or the profession in general?

HARAKAL: I guess it would be just that I helped.

STOKES: That you helped.

HARAKAL: I really would be proud of that.

STOKES: Well you made quite a contribution to TCOM, that I know. Can you think of anything else that we haven't touched on in our little chit-chat we've had here today? You've had a great career. You've been now in practice since 1957, so that's how many years?

HARAKAL: More than a few. I guess the only other thing I'd like to just touch on a moment and just briefly, is the privilege that I now have and the school has afforded me this by allowing me academic time, is that the profession is about to publish the first osteopathic textbook in our history.

STOKES: I'm glad you mentioned that. I had forgotten it.

HARAKAL: And again, TCOM played a part in this in that J.J. Jones who graduated here a few years ago.

STOKES: Yes, he's out in Pomona now.

HARAKAL: Yeah, he's Acting Chairman of the Department of Osteopathic Philosophy and Principles.

STOKES: Yeah, at Pacific College.

HARAKAL: Pacific College. And about two years ago J.J. got the idea that we needed a textbook and he wrote to the AOA and said he would do it. And then in part of this he was going to use the information

provided by ECOP which is the Educational Counsel on Osteopathic Principals made up of representatives of each of the 15 colleges. This didn't sit well with some who had spent nine years developing this material. Plus the fact that J.J. had not been in practice perhaps as long as some felt would be well for an editor to be. But he did serve as the catalyst and the ball was then picked up by the Department of Research, a man of by the name of Dr. Levine in the Bureau of Research, because this had been part of what he believed is that we must have a textbook. It then was put up and each college recommended somebody from their faculty to represent them and when it was all over Dr. Bob Ward from Michigan will be the general editor. It will have seven sections. The book will be 1000 pages, approximately a Gray's Anatomy size book. The first 500 will be divided into seven sections, one of which will be the history of course, the osteopathic philosophy and principles, and it is really a privilege to be granted; I've been granted authorship of this section of the book, and then the last 500 will be the ECOP document that we've all shared in developing over the last really 10 or 15 years, but deliberately the last 9, and this will be then transformed into the Anatomy and Physiology in Practice of Osteopathic Medicine, and the last thing would be the revision of the Osteopathic in the Cranial Field textbook that Dr. McGoon edited and I'm sort of spearheading that and looking for lots of workers and if I'm privileged by the grace of the Lord to do these things, Ray, then I will truly feel satisfied.

STOKES: Well, you'll certainly be remembers, no question about that.

HARAKAL: That's what I said, I'd just like to be remembered that maybe

I did some part.

STOKES: Dr. John it's been a pleasure to visit with you this afternoon and it's been a great thrill to have seen your career here at TCOM for the last 15 years or so and I was just thinking a moment ago when you were talking that I've been doing this now off and on for about 10 years since I joined the Library and Special Collections and the Oral History portion of that. You're my 40th and I guess final narrator. You see, I've got a countdown now down to 23 days. I'll be retiring the 1st of September. So, it's been a thrill to have visited with you and to know you and I look forward to seeing you as long as I can. It's been good to have you with us this afternoon. As I stated in the beginning I believe this is about the 8th day of August, 1990. It's been 15 years since you came to work here.

HARAKAL: Right. I guess I would just add sort of an Amen that says we've all been privileged to know you, Ray, because you've been...

STOKES: You're too kind to say that.

HARAKAL: Because you've been an inspiration to a lot of people because you've carried the banner for a long time when we didn't have all of this beautiful...

STOKES: We had a bowling alley.

HARAKAL: We had a bowling alley, that's right, and a dream. And you carried that banner, so if this is in fact your last attempt at this, we finish our careers together in a sense and I give you my thanks and I am privileged to be asked to do this, Ray, and I thank you.

STOKES: You're more than welcome, Dr. John. Thank you very much.