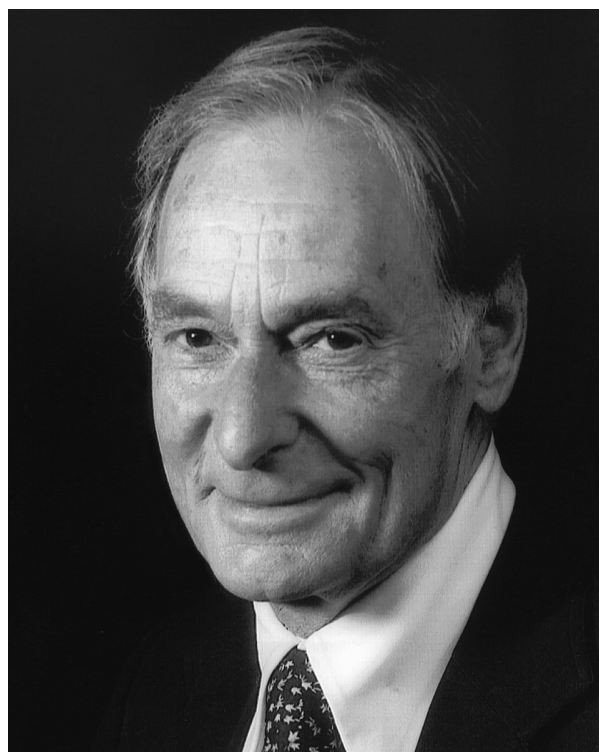


### Orthopaedics and chiropractic, a close relationship



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I'm writing now, just before my 90th birthday, to chiropractic friends in many countries, some of which, alas, I've never visited. My wife and I have only paid one short visit to Australia and we've never been able to visit Chile, Norway or Singapore in spite of the most welcoming invitations. A special word is due for the chiropractors of Finland. Twenty years ago in London we talked to one of them and all ten turned up for dinner. Fortunately the hotel in London was owned by Irish people for whom nothing is impossible and we spent the happiest evening together.

Thanks more to chiropractors than to anyone else in

medical circles that we have had an extremely happy and we like to think useful life. In writing to thank you we'd like to tell you something about the ways in which this has come about. Some of the things that have happened to us have been so remarkable that it is tempting to attribute them to the action of God. For those of you who don't go along with that we'd say there is somewhere a wise and powerful designer who uses our help a little bit from time to time in his creative work.

I was first introduced to manipulation of the spine in Medical School by a burly orthopaedic surgeon who treated patients with low back pain by manipulation under a general anaesthetic, forcing the back into the extremes of flexion and extension in a most alarming way. He then ordered their return to the ward. I never saw any of the patients again and wondered if they were cured so that they did not need to return, or whether they were so much worse that they determined never to seek that orthopod's assistance again. Yes, there is one other possibility!

It was in 1933 that I entered Trinity Hall in Cambridge to begin my medical education. Walking through the main gate from Trinity Lane I stepped across the main court to enter the three years that were to influence the whole of the rest of my life. It seemed curious to this freshman that so much emphasis was put on attendance at Evening Hall. Undergraduates sat at long oak tables, clad in short black gowns. The grace was in Latin, read by a scholar. Young men who failed to dine in Hall three or four times a week were summoned to the senior tutor's presence and reprimanded for lack of interest in college life, a serious crime! Eating these dinners and drinking college beer were an important part of college life and of the student's education. Fellows, senior members of the college, entered the hall in solemn procession when the students were present and sat around the high table, the Master at the head. It was some time before I discovered whence these learned gentleman in their long black

gowns disappeared after hall – to the Senior Combination Room, an area well hidden from the common herd of undergraduates. The earliest Combination Room for the whole university, situated near the Senate House, was opened about 1327 AD. It served the purpose of common room, sitting room and reading room for members of the teaching staff. Over the centuries one college after another have built their own combination room, known as the S.C.R. for short. It became a meeting place for fellows, who met there to drink college port after evening hall and above all a place for individual and group discussion, week by week. Many an important new idea or new discovery in arts or science first saw the light of day during these informal discussions and this became each college's main contribution to the life of the college, the university and the world. Through these activities fellows of one college and another exerted a very wide realm of influence. In my own case what we could call the "Combination Room Idea" developed to influence much of what I was able to do in Africa and in Canada. And that for me has been its great importance,

A Mini-Combination Room meeting of undergraduates in the 'thirties' led to a summer camp for East London boys for several years before the Second World War. In Kenya in the 'forties' race relations were at a low ebb. Using the Combination Room idea 20–25 Nairobi citizens of the three main races formed a discussion group that led to the building of the United Kenya Club which has flourished without any major hitch until the present time. Lunch time informal lunches provided the setting for mutual discussion of our nation's problems. A few of us met on Saturdays to redecorate the walls of the old building where our first meetings were held. We painted these walls a light green. We were by no means expert in this task. Each week the black man, the brown man and the white proceeded to paint each other green! The problem of colour disappeared as we worked, ate and drank together. Doing things together was more important than anything else.

My first three years in Kenya in general practice in a Mission hospital near Mombasa included treating people gored by a rhino, attacked by a buffalo, bitten by a crocodile and finally by a lion. Human bites, sustained during quarrels between man and wife were the worst of all, certain to become infected. Eventually I was offered a job as a Rehabilitation officer at a new centre in Nairobi. In fact,

with little knowledge or skill, I became the first orthopaedic surgeon to practice in Africa from East to West and between Cairo and Johannesburg.

My chief colleague was a gentleman with much more knowledge and wisdom than I had. Frank Keer-Keer, a product of St Paul's School in London, started his career as a non commissioned officer in the British Army in China. Later in some obscure way he became the only radiographer in Mombasa and graduated from there to become the first person to practice rehabilitation medicine in the new government centre in Nairobi. It was there in 1944 that I joined him, in theory the boss, but in practice his student and assistant! As we made our daily rounds I, knowing nothing, would ask "What would you suggest for this patient, Frank?" And on hearing his reply I would nod my head and say "An excellent idea, Frank, let's do that". We smiled at one another both well aware of my ignorance, and moved on to the next patient.

This new centre, a series of wooden army huts on stilts for the accommodation of in-patients with a large treatment room and gym, was sited in a pleasant garden of roses, bougainvilleas and jacarandas, developed under Frank's supervision, to provide exactly the right setting to encourage healing. We found ourselves working, unaware of what we were doing, on the development of a centre that was to offer a combination of traditional and complementary medicine. As the couturier Benjamin Franks said of his emporium in Singapore "The combination is the thing." We'd never, in darkest Africa, heard anyone talk about complementary medicine.

The first test came in a very practical way as we prepared to treat African patients suffering from bone and joint tuberculosis. Before coming to live in Nairobi I had been on a tedious three day journey by train from Mombasa to Kampala in Uganda, looking for possible work there. To pass the time during a three hour stop in Nairobi I visited the Church Missionary Society bookshop on the outskirts of the city. On an upper shelf in the midst of hundreds of religious texts and books for school children in Kenya. I spotted one book with a bright red cover. I reached for it to read the title "The Treatment of Bone and Joint Tuberculosis". Wondering how one book with such an esoteric title came to be there I bought the book to while away the tedium of the further two day journey to Kampala. Within three months I had accepted a job, not in Kampala but at the African Hospital and Rehabili-

tation Centre in Nairobi.

And there I discovered that there were many African men and women suffering from bone and joint tuberculosis, especially of the spine. We, Frank and I, talked to the Director of Medical Services who said "You have to let these people die and hope that the next generation will have more resistance to the disease". With some trepidation we disregarded this advice and set out to do something to help these unfortunate people. I was able to do this using the help and advice given in that Red Book on Tuberculosis. It is a great mystery how that one book came to be on the top shelf in the Christian Bookshop. Did the great Designer and Creator of the Universe put it there for me, an ignorant novice to find it and learn how to treat Bone and Joint Tuberculosis in pre-antibiotic days?

Frank and I put our heads together and decided to start by an attack on tuberculosis of the spine, to be a combination of three different approaches: (1) To put the patient's spine at rest with the individual in a plaster of Paris shell, (2) When the general condition of the patient was satisfactory, to undertake a bone grafting operation to immobilize the affected part of the spine and so prevent deformity and promote healing, and (3) Frank's idea, to give each patient several periods of exercises to arms and legs every day to stimulate the overall health and well being of the patient. We hoped to make the patient ambulant again after about three months. Frank was a master at doing this. We thought that the pleasant environment of a garden of flowers and trees would be a valuable addition to the other methods. It was only later on looking back that we realized that this regime was in fact a combination of traditional and complementary medicine. Years later an unbiased observer reviewed 200 patients with spinal tuberculosis treated in this way. The results were very good or excellent in 80% of patients. We made what for us was an exciting discovery, that much better results could be obtained by combining orthodox traditional and complementary methods and that the overall general health of the patient was almost as important as the local treatment of disease in the spine.

At this point we received a new challenge. The treatment of European patients in Kenya with backache was another problem that we had to face. In the 1940s the accepted treatment was to immobilise the patient's back in a plaster of Paris jacket which extended from the upper

sternum to the pubis for 3, 4 or 5 weeks, a challenge for the surgeon and devastating for the patient in conditions of tropical heat. A visiting practitioner of traditional medicine with experience in manipulative techniques offered to give us some instruction. He did so briefly and then left us to our own devices. I saw the patient first and usually referred him or her to Frank for treatment that often included manipulation of the spine. It was a pleasant surprise that with practice Frank was able to help the majority of patients. Europeans with a more sedentary lifestyle were more prone to low back pain than Africans. Later on we learnt that our attempts to manipulate the back were much inferior to those of fully trained chiropractors or osteopaths. There was only one such practitioner in Nairobi at the time. The active treatment we could give was vastly superior to immobilisation in a plaster of Paris jacket. This experience in Nairobi confirmed for me the value of complementary medicine and, very importantly, alerted me to the possibility of cooperation with chiropractors when I arrived in Saskatoon in 1966.

When independence came to Kenya in 1964 it seemed right for me to move on to Saskatoon on the Canadian prairies. The change in lifestyle was well described by my wife as a move "out of the frying pan into the frig"! For two years in the Royal University Hospital in Saskatoon I worked both in the orthopaedic and in the rehabilitation departments. Then I became head of a new orthopaedic department where I quickly realized that the emphasis on rest and exercises alone on the one hand and on a rush to operate on the patient with low back pain on the other were both quite inadequate. I saw clearly that a chiropractic approach with emphasis on manipulation would be far more effective. Physiotherapists at that time were most reluctant to become involved in manipulation. Fortunately there was a medical practitioner in Saskatoon, Dr Gordon Potter, a chiropractor trained at the college in Toronto who some years later moved to Brisbane to study for a medical degree. It was rumoured that he supported himself in this financially by manipulating the backs of his instructors. The two of us persuaded chiropractors and medical practitioners alike to work together with great benefit to our patients. We achieved this without too much ruffling of feathers or mudding of waters, and referred our patients, the one to the other, as seemed best for them, and with results satisfactory to both of us. Dr Potter introduced another chiropractor Dr David Cas-

sidy to the practice with great benefit to research, and for which he obtained his PhD. The Memorial College of Chiropractic in Toronto soon got into the act, sending recently qualified chiropractors for further experience in Chiropractic and for exposure to traditional methods of treatment. This, one of the first ventures of its kind, grew step by step, first under Dr Cassidy and then under Dr Dale Mierau to include medical and surgical specialists, physiotherapists, psychologists, exercise specialists and nutritionists. Other similar centres have developed throughout North America. There is now a similar kind of cooperation in a number of different countries. It has been an exhilarating experience to be on the act at the start of this exciting experiment.

There is little doubt in my mind that many different streams have converged to form the river that sweeps on towards the sea of health. For me the idea of such a kind of cooperation came from the Senior Combination Room at my Cambridge College. It is no more than one of many plans and discoveries that come to fruition when men and women of ability come together to dine, to sample good wines and then sit down together to discuss innumerable different topics as the spirit moves them, maybe over the port, maybe over the single malt Scotch or in other equivalent ways.

The Combination Idea can have expression in many different ways. We have mentioned a number of different ways of going about this during the course of the present discourse. (1) A group of three or four men planning summer camps for East London boys. (2) The building of the United Kenya Club, the brain child of a group of 15 to 20 men from the three main races in that country, a club that has grown steadily over 40 years. (3) Two men, neither it would seem qualified for the job, cooperating to develop a centre that combined orthodox traditional medicine and complementary medicine to produce a rational form of treatment for bone and joint tuberculosis, for the development of more efficient and more pleasant treatment for low back pain and to pave the way for the application of this in other countries. (4) Spread of the concept that we call the "Combination Idea" to other centres regardless of climate or stage of development.

The writer is humbled and excited to look back over 60 years and contemplate the way he has been able to take part in the activities he has described. He records his good wishes to all those who are prepared to carry on from this starting point, struggling not just to enhance the status of chiropractic but equally to strengthen the exciting combination of orthodox and complementary medicine throughout the world.

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