

# Oswald Hall, PhD: Chiropractic advocate; 1971 to 1998

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*Oswald Hall is one of the “outsiders” who has profoundly impacted Canadian chiropractic and by extension, its various constituencies. The purpose of this paper is to document how Dr. Hall used the depth and breadth of knowledge and experience assimilated in his career, to interact with the chiropractic profession and the Canadian Memorial Chiropractic College (CMCC). Dr. Hall’s main achievement for chiropractic was to quietly, firmly, yet politely, open doors for the acceptance by and of chiropractic and CMCC into the arena of graduate level professional education. He did this in three ways: Dr. Hall’s first step took place in 1973, when as Chair of the Task Force on Chiropractic for the OCH, he assisted the committee to make positive recommendations regarding our education and practice. Dr. Hall’s second step was his contribution to the sociological study culminating in the book, “Chiropractors: Do They Help.” His third, and most complex initiative began in 1982 when he joined the CMCC Board. His stamina and affability were tested during his sixteen year tenure on the University Affiliation Committee as the College endured protracted, failed attempts to unite with the University of Victoria, BC (1988–1992) and York University, Toronto, ON (1995–2001). (JCCA 2005; 49(4):301–311)*

KEY WORDS: chiropractic, history, university affiliation.

*Oswald Hall est un de ses ‘indépendants’ qui a profondément marqué la chiropractie canadienne et par prolongation, ses différentes clientèles. L’objectif de cet article est de documenter la façon, dont le Dr. Hall a mis en pratique la profondeur et l’étendue de ses connaissances assimilées, au cours de sa carrière pour interagir avec la profession de la chiropractie et le Canadian Memorial Chiropractic College (CMCC). L’accomplissement principal du Dr. Hall pour la chiropractie a été d’ouvrir les portes, de façon calme, ferme, mais polie pour que la chiropractie et le CMCC, soient acceptés et accèdent au niveau d’éducation d’un deuxième cycle universitaire. Il a réalisé cet accomplissement de trois façons: En 1973, le Dr. Hall, en tant que président de la commission d’étude de la chiropractie pour l’OCH, a franchi le premier pas lorsqu’il a secondé le comité pour soumettre des recommandations positives, reliées à notre formation et à l’exercice de notre profession. Le Dr Hall a franchi la deuxième étape lorsqu’il a collaboré à l’étude sociologique culminée dans le livre ‘Chiropractors: Do they help.’ La troisième initiative du Dr. Hall et la plus complexe, a débuté en 1982 lorsqu’il s’est joint au comité du CMCC. Son endurance et sa courtoisie ont été mises à l’épreuve, au cours de son mandat d’une durée de 16 années sur le comité d’affiliation de l’université, lorsque le collège échouait dans des tentatives, prolongées indéfiniment pour s’affilier avec les universités suivantes : University of Victoria, BC (1988–1992) et York University, Toronto, Ontario (1995–2001). (JACC 2005; 49(4):301–311)*

MOTS CLÉS : chiropractie, historique, affiliation universitaire.

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Oswald Hall, PhD

### *Introduction*

Oswald Hall has long been recognized by his peers for his pervasive and enduring influence on the emergence and direction of sociology in Canada.<sup>1</sup> However, his persistent advocacy of chiropractic is not well known.

Since our inception in 1895, chiropractic has endured relentless opposition, shrill criticism, professional isolation and perhaps worst of all, indifference. It is understandable that we sometimes feel as though the whole world is against us. Actually this is not the case; at least not in Ontario, where we have had outside support almost since chiropractors first arrived here in 1902. For example, in 1925 chiropractors were first legislated in Ontario under the Drugless Practitioners Act and in 1937 legitimized by inclusion under the Worker's Compensation Act. In both instances much of chiropractic's successful lobbying has been attributed to public support we received from organized labour. In 1945, a variety of labour groups began petitioning government bodies to add chiropractic coverage to national and provincial health in-

surance plans. Other proponents were members of the legislature. These external pressures culminated in 1970 when the Honourable Thomas L. Wells, Minister of Health, described as being "much more sympathetic to chiropractors," announced the inclusion of chiropractic services under what is now the Ontario Hospital Insurance Plan (OHIP).<sup>2</sup>

Oswald Hall is one of the "outsiders" who has profoundly impacted Canadian chiropractic and by extension, its various constituencies. The purpose of this paper is to document how Dr. Hall used the depth and breadth of knowledge and experience assimilated in his career, to interact with the chiropractic profession and the Canadian Memorial Chiropractic College (CMCC).

### *Ontario Council of Health*

Oswald Hall "first learned of chiropractic during the Second World War. In the Harvard library I encountered some medical journals and discovered the prolonged feud between chiropractic and medicine in North America. When I came to the University of Toronto in 1956 I was given an office at 273 Bloor Street, and discovered that CMCC was across the street. I had planned to study its development, but it moved (thanks to the subway) to its present location. About that time I met Don Sutherland, the president, and soon thereafter Jean Moss. We became friends." [Letter Hall to Brown, Oct. 5, 2001]

In 1965 the Ontario Council of Health (OCH), the major advisory body to the Ontario Department of Health was created and Dr. Hall was named one of its original members. He remained there until 1971, helping to reorganize health services, developing community health centres and building the frameworks of health discipline boards. In 1971, shortly after leaving the OCH, Hall was named chair of the Committee on Human Resources' newly created Task Force on Education and Practice of Chiropractors in Ontario. This committee served under the auspices of the OCH. Its terms of reference were: "To identify the area of practice for chiropractors and to study the implications with respect to regulation and education in chiropractic. With respect to regulation, attention should be given to the area of practice in which chiropractors may receive and treat patients directly."<sup>3</sup> Its objectives were twofold: to make recommendations regarding: "Scope of Practice;" and "Educational Requirements." In addition to Dr. Hall the other task force

members were: George E. Connell, PhD, Professor, Department of Biochemistry, Faculty of Medicine, University of Toronto; Cameron C. Gray, MD, Executive Medical Director, Ontario Thoracic Society; Donald C. Sutherland, DC, Executive Secretary, CMCC; and Robert M. Wingfield, DC, chiropractic practitioner, and Immediate Past-President of the Ontario Chiropractic Association.

The task force received extensive background documentation and held four meetings between February 1 and 24, 1972, which included a visit to CMCC. It studied the function of the chiropractor, methods of diagnosis and treatment, and possible chiropractic practice arrangements. In its first report to the OCH, the task force outlined two assumptions: that chiropractic is regarded as a recognized health service in Ontario; and that it is directly accessible to the public. Under Part 1: C) Scope of Practice, Recommendation 1 (as amended by the OCH) was, in part: "THAT the scope of practice for chiropractors be defined as follows: 'Chiropractors may undertake the care of the spine and immediately related anatomical structures with respect both to the maintenance of health, and the differential diagnosis and treatment of mechanical disorders of spinal origin. The method of practice is to advise and treat persons for such disorders by the adjustment or manipulation of the spine and related structures ... Chiropractors may use X-rays for diagnostic purposes ... It is not the intention that chiropractors treat non-mechanical disorders of the spine, nor diseases in organs and symptoms anatomically remote to the spine; nor is it intended to exempt a chiropractor from his duty to recommend that the patient consult a medical practitioner if medical treatment is appropriate.'" Recommendation 2 reads: "THAT chiropractors be regulated through licensing by a regulatory body under the Health Disciplines Board."<sup>4</sup>

In its appearance before the OHC, March 14, 1972, the task force reported that, "The assignment had been both complicated and controversial." Dr. Hall affirmed that the "scope of practice developed by the task force ... represented a kind of compromise, a statement that would be acceptable to both the physicians and the chiropractors. Certain boundaries had been established, while allowing for flexibility and future development. Dr. Hall hoped that this type of recommendation would assist chiropractors to regulate their members, lead to changes with respect to chiropractic education, and leave room for

development as chiropractic establishes a convincing research base for the profession." At this time, the urgency of a quick response had prevented the task force from making recommendations regarding chiropractic educational needs. However, Part I: Scope of Practice; E) Education, observed that CMCC was hampered by too few faculty and limited clinical training. "If expensive facilities are not to be duplicated and if chiropractors are to become integrated into the health care delivery system, a working relationship with a health sciences complex is imperative."

Between April 11, 1972, and January 11, 1973, the task force held thirteen meetings on the second phase of its investigation; "defining educational objectives and relating these to an appropriate educational program." In approaching this job it was decided to seek advice from two consultants; Herbert J. Vear, DC, Dean, CMCC, and Arthur I. Rothman, PhD, Director of Studies in Medical Education, Faculty of Medicine, University of Toronto. "Following discussion, the Task Force agreed on one basic assumption:— that the provincial government would accept some obligation for financial support for chiropractic education. If it was decided that additional educational content was required, then the chiropractic profession should not be expected to pay for this." [Report of a meeting of the Task Force on Chiropractic, April 11, 1972]

Next two modest studies were conducted: an analysis of 40 percent of the Ontario Health Insurance Plan claims of chiropractors for April 1972; and an analysis of 590 office records of eight Metro Toronto chiropractors indicating the complaints for which patients sought help. On May 2, 1972, Drs. Connell, Sutherland and Wingfield toured the Humber College of Applied Arts and Technology. The purpose of this visit was to determine the feasibility of educating chiropractors in a community college. After exploring Humber's health sciences programs, "Connell concluded that the College offered only technical as opposed to academic skills, and therefore was inappropriate for a full scale professional program. However, they did explore the idea that the College might be appropriate for the training of chiropractic assistants." [Minutes, Task Force Meeting, May 2, 1972]

"The Task Force noted the vigorous opposition to chiropractic voiced by medical spokesmen in Quebec, and the related critical resolutions of the General Council

of the Canadian Medical Association of June 1972 ... Finally, it noted the apparently increasing demand in Ontario for chiropractic services.”<sup>5</sup>

During its deliberations the task force reached consensus in a number of areas: “In developing an educational program, one should keep in mind that the body of knowledge a professional needs must be beyond the practical requirements for the job ... Chiropractic education should complement, but not attempt to parallel medical education ... CMCC should be maintained as a separate and identifiable institution ... Chiropractors would welcome a requirement for a pre-professional period in university to help achieve a more uniform preparation of students entering the CMCC ... Chiropractors see active treatment hospital experience as important but feel their students would benefit even more from ambulatory clinic experience ... As a first step toward defining educational objectives, a statement of clinical competencies which chiropractors must possess to function within their defined scope of practice was developed.” [Summary of Task Force Activities, April–June, 1972] Following this first step the task force wrote general objectives of chiropractic education and specific guidelines for teaching the basic sciences, and clinical chiropractic.<sup>6</sup>

By December 1972 the task force had completed Phase II of its investigation. In its final report to the OCH, under Educational Objectives, the committee listed eight recommendations. Although recommendation 1, states that CMCC should be maintained as a distinctive identifiable institution, because of the benefits that accrue to it through recognition, support and morale, recommendation 2 concedes that ultimately, CMCC should be brought within the public educational system and to accomplish this, “It is desirable that the College be joined to a university.” Secondary suggestions involved replacing CMCC’s basic sciences courses with those of a university, maintaining CMCC’s existing facilities for clinical training, and augmenting that instruction with programs in hospitals and community health centres.<sup>7</sup>

Dr. Robert Wingfield has made some interesting observations of Dr. Hall as chairman of these deliberations. “Dr. Oswald Hall was impressive, impartial, very fair and broad minded. Our profession never had that kind of experience before. Enquiries prior to that had always been adversarial. Dr. Hall changed that attitude right away. For example, Dr. Hall was very collegial, preferring to sit at

the centre of the table rather than the end where chairmen usually sat. Dr. George Connell was as collegial and impartial as Dr. Hall.

“I think Dr. Hall was selected as chairman because of his forward thinking views. He saw a need for cooperation between the professions and believed chiropractors knew when to intervene and when not to intervene. He wanted to make recommendations that would encourage growth. In fact, at our first meeting Dr. Hall stated that ‘We would have to stop thinking in terms of independent disciplines and rather accept the concept of interdependent professions that would all fit into a legislative framework.’

“The task force was seen by some chiropractors as a huge threat to the profession. As the work progressed there was definitely a feeling that the OCH wanted to create a role for chiropractors as manipulative technicians educated in a community college. Later, when the issues involving the scope of practice had been resolved, the ministry proposed sets of instructional guidelines that would form the basis of defining what chiropractors do, in order to create educational requirements that would satisfy the needs of the act. At times like these Dr. Hall would say, ‘This is very interesting. Of course if this is done and that is done, it is going to restrict the growth of the profession.’ On numerous occasions Dr. Hall supported the concept of developing the profession rather than restricting it.

“In the second stage of meetings we began to develop educational requirements. The first idea presented was that we should be in a community college. Drs. Connell, Sutherland and I visited Humber College where it became immediately clear that they could not provide the type of education we envisioned for ourselves. Dr. Connell agreed and offered to write the report for the task force. Following Dr. Connell’s report, the idea of a community college did not come up again ...

“In the end, the task force helped us to define ourselves as a profession.” [Interview Wingfield by Brown, June 18, 2003]

Dr. Hall deserves the last word regarding the task force. “The newly formed Ontario Council of Health asked me to chair a committee of two chiropractors and two doctors to explore the question as to whether the study of Chiropractic belonged in a university setting. Both the committee and the Council announced a clear

‘Yes.’ However departments of Health and of Education were cool to the idea, and it remained in limbo.” [Letter Hall to Brown, Oct. 5, 2001]

*“Chiropractors, Do They Help?”*

In 1976 Dr. Hall, along with Merrijoy Kelner, PhD, and Ian D. Coulter, PhD, became a co-investigator in the largest empirical investigation of Canadian chiropractors ever undertaken. The results of this 1976–79 study, conducted under the auspices of the Department of Behavioural Science, University of Toronto, and funded by a \$460,000 grant from the National Health Research and Development Program, Health and Welfare Canada, were published in the 1980 book, *“Chiropractors: Do They Help?”*<sup>8</sup>

In the preface, Stephen Griew, PhD, Chair, Department of Behavioural Science, University of Toronto, explains that while universities do not structure their research programs with a view to achieving immediate results, immediate practical consequences frequently occur. “Such is the case with *Chiropractors: Do They Help?* Although firmly rooted in the strictest standards of social science research, it is a highly readable book which can only serve to inform the debate about chiropractic, a branch of health care long surrounded by prejudices and misconceptions ... *Chiropractors: Do They Help?* Contains no clinical evaluation of chiropractic. None of the researchers was equipped to make such evaluations, and this was not a goal of the research in the first place. The goals were, first, to learn from face-to-face interviews with chiropractors what they do in their work, what they know about healing, and how they learned their knowledge and skills. The second goal was to interview representative patients about their experience with chiropractic care. The third goal was to spend whole days in the offices of chiropractors to observe what they do to and for their patients, and to combine this information with what had been learned from chiropractors and patients.”

Dr. Hall described the book’s objective succinctly: “It is simply to discover who does what to whom, for what reasons, and in what ways is the chiropractor educated and trained to do this.” Dr. Coulter writes: “The study, therefore, involved an in-depth analysis of a single chiropractic college (Canada’s only such college) from the point of view of an organization, professional socialization and, more importantly, an analysis of the content of education from the perspective of the sociology of

knowledge. This analysis was then linked to a study of practitioners, their clinics and their patients. The latter involved both interviewing and observation of all aspects of the clinic including patient care. A total of 349 practitioners was interviewed, seventy clinics were observed, and 658 patients were interviewed. All the samples were randomly collected.

“The results of this study were in stark contrast to many of the earlier ones. It was clear that chiropractic had established itself very firmly within the health care system, that it had established various and extensive inter professional contacts, albeit some of which were done surreptitiously, that it attracted students of high educational attainment and that its patient population, with the exception of age, was a very close representation of the Canadian population at large.”<sup>9</sup>

The book closes with a set of recommendations designed to remove barriers in areas that prevent chiropractic from fully contributing to the health care system and public welfare. Those areas include: open referral; wider acceptance; institutional support; and inclusion in government health insurance schemes. Its postscript provides a brief summary: “This study began as an obstinate effort to take a genuinely fresh look at the place of chiropractic in an expanding health care system ... What became clear during the research, and was far from apparent when it began, is that chiropractic has evolved a distinctive model of health care, has developed a distinctive model of health education, has found a broad measure of social acceptance and appears to have a distinctive contribution to make to an overall system of health care.”<sup>10</sup>

Dr. Merrijoy Kelner enjoyed her collaboration with Dr. Hall during the chiropractic investigation. “To those of us who have had the privilege of working with Oswald Hall in the years since his official retirement, he has provided an inspiring role model of the ‘older’ professional ... Oswald has continued to work as enthusiastically and productively as ever as a colleague on our study of the chiropractic profession. His output was prodigious, setting the pace for the rest of us, and his experience and wisdom added significance and depth to all our efforts.

“While many people appear to grow more rigid with age, Oswald seems never to lose his openness to new insights and fresh perspectives. He retains his lifelong capacity to rethink issues and to change direction in the face of convincing new evidence.

“Far from standing on ceremony as the senior scholar on the project, Oswald insisted on being treated as ‘one of the gang.’ The younger, more junior people on the project were amazed to find that he related to them all as professional equals, never seeking privileges or pulling rank.”<sup>11</sup>

Dr. Coulter found the process stimulating and educational. Coulter first met Hall when he was hired to join the investigative team about a year after its inception. Hall soon assumed a dominant role. “In many ways Oswald’s work on chiropractic was a very natural extension of his work on health professions ... Much of Oswald’s work, and hence his contribution to sociology, consisted in expanding the application of sociological thinking and concepts to new areas ... Oswald combined two very crucial characteristics in his work. First a very deeply held curiosity about what people did, what they thought, how social structures were formed, or how they really worked ... The other great characteristic Oswald had was his ability to use sociological concepts to illuminate the findings ...

“Oswald also possessed one other characteristic which I have never encountered in any other academic. Most of us in academia develop frameworks in terms of which we conduct our analyses and particularly our writings ... Sometimes we stick with these for a lifetime, sometimes they last no longer than the particular project we are working on. Oswald could literally change his from one day to the next. We would be shaping one of the chapters for the book dealing with education and/or the college and he would suggest that we might construe this chapter as the making of a chiropractor looked at from the point of view of what we had learnt about the practice. I would then go away and write up the material along these lines. The very next day Oswald would say something like, ‘seen in the cold light of day that framework looks less compelling; why don’t we look at it as a socialization into the principles and philosophy of chiropractic.’ While this used to drive me to distraction, and in some cases lead not to just 10 distinct revisions of a single chapter but 10 distinct versions of a chapter, I used to be amazed he could do this ...

“This was actually superb training in how to write, how to polish a manuscript. Oswald wrote very well himself. His articles read well and they often seem like basic common sense. There is no sense of the work he put in to get them to read this way ...

“One of the really intriguing things for me about Oswald is that having put a tremendous amount of effort into the book he never published another thing off the project. We had masses of data which did not make it into the book but he did not show the slightest interest in any of it. Once he had told the story the way he thought it should be told in the book that was it for him ...

“I recall how gentle and patient Oswald was with me when I was learning to write. In some ways I had an apprenticeship under Oswald that lasted about 5 years. Although I am sure if you asked him, and probably me, we would not say he mentored me. When I look back, that is exactly what he was doing. But in typical Oswald fashion, he would never say, “you should do this,” but simply, “I wonder if you have thought of doing it this way.” In the long run, this is probably a very effective method for influencing someone.” [E-mail Coulter to Brown, June 4, 2003]

#### *Oswald Hall and CMCC*

The earliest mention of Dr. Hall in the CMCC archives is October 3, 1976, when the Minutes of a CMCC Board of Governors meeting record Dr. Sutherland, then President/Administrative Dean, recommending a modest honorarium to Dr. Hall for his assistance with College matters. At that time Hall was spending a lot of time at CMCC gathering information for “Chiropractors: Do They Help?” On October 29, 1977, at the CMCC Board Annual General Membership Meeting, Hall reviewed the progress of this University of Toronto study, and on August 20, 1978, David Churchill, DC, Chairman of the CMCC Senate, remarked that Dr. Hall understood the unique relationship between the Canadian chiropractic profession and the College, with the Board acting as its surrogate owner.

In October 1982, Dr. Hall was nominated to serve as a public member on the CMCC Board and appointed to its reorganized University Affiliation Committee.<sup>12</sup> At its inaugural meeting, December 8, 1982, three distinguished educators from outside the profession were listed among its ten members: Oswald Hall, PhD, Professor Emeritus, Department of Sociology, University of Toronto; Donald G. Ivey, PhD, Vice-President University Relations, University of Toronto; and David Steinhauer, retired Director of Educational and Cultural Exchange, Ontario Department of Education. “These men gave the University Affiliation Committee guidance, impetus and credibility.”<sup>13</sup>

Although this committee was euphemistically termed “ad hoc,” Hall remained there until his retirement from the College Board in 1998. In 1983 he also became a long-standing member of the Academic Affairs Committee.

Coulter had already discovered Hall’s writing skills and they were quickly utilized. The first part of the CMCC 1983–84 strategic university affiliation plan, approved in December 1982, called for the creation of a clear, concise description of the College’s current status and its vision for the future. This document was aimed at distribution to universities and government agencies. In July 1983, with considerable input from Hall, the “Canadian Memorial Chiropractic College Prospectus” was finalized.

In the foreword, three phases of CMCC’s historic development are briefly outlined before stating: “The College envisages its next phase as one of definite incorporation into the large health care system. In part this has been already accomplished through the appointment of other health care practitioners to the faculty of the College and through informal liaison with other teaching institutions. As the next step the College seeks formal affiliation with an established university ...”

The summary of the Prospectus explains that, “In many ways CMCC provides a model for what can be achieved in private professional education ... However, as both law and optometry found before them, it has isolated chiropractic from the mainstream of professional education which in Canada, is now largely synonymous with university education ... It is therefore an appropriate time for chiropractic to take its place amongst the full range of the disciplines that comprise the health science faculties of the universities in Canada.”

Examples of Dr. Hall’s editorial contributions to the Academic Affairs Committee can be found in CMCC’s 1990 “Chiropractic Paradigm of Health and Health Care,” and its 1991 “CMCC Mission Statement.” The paradigm statement is brief: “Chiropractic articulates a philosophy of health. The chiropractic model of health and health care includes the art and science of prevention, diagnosis and treatment of abnormalities of structure and function of the neuromusculoskeletal system for the purpose of enhancing the health of the whole person, primarily, but not only, through the use of the chiropractic adjustment.” CMCC’s mission “is to benefit society through the pursuit of knowledge and the education of

chiropractors so that they may acquire the understanding and skills necessary to apply this knowledge and contribute effectively to the health care team.”

Back in 1981, the Commission on Accreditation of the Council on Chiropractic Education (Canada) was harshly critical of the CMCC Board of Governors.<sup>14</sup> But by 1986, when the College achieved Accredited Status it had been transformed from a board “deeply involved in administrative matters,” into one, “mainly concerned with policy formation, accountability and fund raising.”<sup>15</sup> The vehicle for this transformation was education. It began in 1981 when the Board became a member of the Association of Governing Boards of Universities and Colleges in Washington, DC, and expanded in 1982 when the Board began hosting instructional seminars following its annual and semi-annual meetings, holding annual retreats during the summer months and developing an orientation manual and informative sessions for new members.

Dr. Hall was a strong proponent of this process. He attended almost all these events, where his unassuming manner and keen intellect made lasting impressions on the other participants. For instance, on October 22, 1994, the CMCC Board held an educational seminar on the “Roles and Responsibilities of the Board of Governors.” The main focus of Board discussion on this day was a memo, “Responsibility of Board Members,” prepared by the Board’s Legal Counsel, Allan M. Freedman, LLB. This article “deals with the obligations of the members of the Board of Governors to report to is membership and to participate in the ongoing affairs of the profession while maintaining their obligations as a member of the Board of Governors.” It goes on to describe the history of CMCC’s move to a “presidential model of governance” and explains that this “form of governance implies and sets out, as a fact, that the operation of the College is centred around the President.” These remarks were intended to “provide some understanding to ‘new’ members of the Board as to the model of organization which was established by the Board of Governors of CMCC, namely ‘the Presidential Model.’ In understanding that the Board of Governors chose to adhere to such a model, the interaction of the President and her/his Board might be better understood and appreciated.”

Excerpts from a letter to the CMCC Board Chair from Dr. Hall, commenting on Mr. Freedman’s memo, show the depth of Hall’s understanding of both its need and

usefulness: “May I comment on the September 19 letter by our eminent solicitor. The item is long, but well organized and cogently presented. It seems to be most appropriate as a guide to new members coming on the Board ... This document provides some very sharp guidance to the newcomer. It is also useful to current members who, in the hurly burly of pressing problems, may lose sight of the essential guidance of his letter. It lets us sharpen our understanding of the really complex obligations of a trustee ... It is very helpful to have a document that not only gives us an anchor in a time of turmoil, but also signals the road we must follow if we are trustworthy trustees. (We must continually earn that trust!)”

Dr. Ian Coulter became President of CMCC in 1983, a year after Dr. Hall arrived on the scene, and they were close collaborators until Coulter left the College in 1990. Coulter remembers that when Hall joined the Board, “He brought his great knowledge of education generally, his knowledge of what professions were about (or should be about), a tremendous tolerance and willingness to help those on the Board who were struggling to understand their responsibilities and obligations, and just down right common good sense.” Coulter also saw Hall as a moderator. “While many of the conflicts we got into upset him, he always did his best to see the other side and try to work out a compromise. I think he felt very strongly about the goodness of chiropractic and it was really upsetting to him to see some members acting unprofessionally and hell bent on hurting the profession.” [E-mail Coulter to Brown, June 4, 2003]

Many of us who had the good fortune to work with Dr. Hall thought of him as a father-figure and mentor. Peter G. Magee, DC, was on the Board from 1982 to 1996. He recalls: “At Board meetings, Oswald did not speak very often but he listened to everything. When he did participate he brought a larger frame of reference to our discussions without making anyone feel small. He had no trouble speaking to people of all generations ... His keen mind, energy and sense of self are something to be admired.” [E-mail Magee to Brown, June 6, 2005]

Vincent K. Sinclair, DC, Board Chair, 1994 to 1996, sought Hall’s advice: “As Board Chair, I soon learned to count on Oswald’s wisdom and often consulted with him on matters that were beyond my scope. Interestingly, he would never give you a direct response but he had the ability to make you seek the answer within his usual ar-

ticulate and metaphorically oratorical style.” [E-mail Sinclair to Brown, May 12, 2005]

Jean A. Moss, DC, President, CMCC, has fond memories: “Oswald Hall is one of those people who has great impact on one’s life, if only for the clarity of thought he brought to everything he did. I recall having him read a paper I was writing and he gave very valuable input into producing a much better paper. But he was not just interested in academic matters; he had a wide range of interests and views on the events in the world around him ... Oswald had the knack of taking a wide range of ideas and distilling them into succinct points ... he added tremendously to the Board discussions. It was during this time that CMCC was dealing with some difficult issues including University Affiliation. His advice and insight were invaluable.” [E-mail Moss to Brown, June 1, 2005]

The author has benefited from knowing Dr. Hall since 1982. In the 1990s Hall and Coulter helped me produce a triad of historical papers on CMCC’s attempts at university affiliation. Hall’s most effusive comment on my writing was, “You appear to be making some progress Douglas. Carry on! Margaret McCallen, who has been the Board’s Recording Secretary since 1991 writes: “Interaction with Oswald is always pleasant because he has a cheerful disposition, always a kind thing to say and an interesting story to tell.” [E-mail, McCallen to Brown, May 12, 2005] Hall also has an original sense of humour. At one event, it was the author’s pleasure to present him to the audience. Dr. Hall stepped to the podium and announced, “Over the years I have received numerous introductions, but tonight, Dr. Brown’s was the most recent.” On another occasion Hall informed me that, “Retirement is alright, as long as it doesn’t interfere with your work.”

#### *Major Accomplishment*

Dr. Hall’s main achievement for chiropractic was to quietly, firmly, yet politely, open doors for the acceptance by and of chiropractic and CMCC into the arena of graduate level professional education.

He did this in three ways: Dr. Hall’s first step took place in 1973, when as Chair of the Task Force on Chiropractic for the OCH, he assisted the committee to make positive recommendations regarding our education and practice. In outlining a fairly broad scope for chiropractors, the committee endorsed chiropractic as a viable, primary contact health profession. Among its educational



objectives were recommendations that CMCC be maintained as a distinctive, identifiable institution, that it be funded as part of the public educational system and, if possible, eventually joined to a university. These bold proposals flew in the face of a 1970 report by the Ontario Committee on the Healing Arts which advised placing chiropractic education within a college of applied arts and technology, as well as requiring patients to obtain a differential diagnosis from a physician, prior to commencing chiropractic care. Had these restrictive policies been implemented they would have reduced us to the level of technicians, under direct supervision by the medical profession.<sup>16</sup>

Dr. Hall's second step was his contribution to the sociological study culminating in the book, "Chiropractors: Do They Help." The inquiry, like Dr. Hall, was uniquely different. It varied from previous sociological investigations in that chiropractic was approached with a minimum of sociological "rhetoric." Its purpose was to gather as much factual information as possible and to let the sociological interpretation and conceptualization be based on this data. The results were also at variance from former probes in that chiropractic was seen as complementary and mainstream rather than marginal. This study and the book that followed, helped to alter the way social scientists view chiropractic. Coulter believes the implications of these changes are important. "Sociological writings are influential. They are frequently referred to and, in some instances, relied upon by legislative bodies. To this extent they have a political life often distinct from, and independent of, their authors. Furthermore, in academic institutions they are the source works used to introduce other health professionals, particularly health planners, to chiropractic."<sup>17</sup>

Dr. Hall's third, and most complex initiative began in 1982 when he joined the CMCC Board. His stamina and affability were tested during his sixteen year tenure on the University Affiliation Committee as the College endured protracted, failed attempts to unite with the University of Victoria, BC (1988–1992)<sup>18</sup> and York University, Toronto, ON (1995–2001). Fortunately Hall has a rare gift which gave him an advantage. That gift was perception. Coulter noted Hall's farsightedness when they were gathering research for the book, "Chiropractors: Do They Help?" "Oswald had this incredible store house of knowledge by the time I met him (he would have been in his

70s I think). This knowledge also made Oswald very wise. I recall when we were at the College, the students organized a protest strike which resulted in the Dean being fired and a fairly major disruption at the College. A member of the research team wrote us this piece about the six major crises at the College which virtually concluded that the College might not survive. At our meeting to discuss this, Oswald sat back and said, 'Look, this College was founded at a very difficult time during the war; it has suffered incredible hardships along the way; much conflict, in fighting and court actions; this is simply a tempest in a tea cup. Institutions are much harder than you are giving them credit for. Next year they will not even remember what this was about.' The amazing thing is that by the time we finished the project, many of those who were at the College at the time did not remember the six crises, and as history has shown, the College has survived very nicely." [E-mail, Coulter to Brown, June 4, 2003]

In 1983 Dr. Hall wrote an unpublished article, "The Future History of the Canadian Memorial Chiropractic College," in which he poses the question, "How will university affiliation affect CMCC?" Hall had no difficulty imagining what would happen to students and faculty, but was less certain how the Board of Governors and CMCC members would fare. Hall believed the Board would no longer be responsible for educational policy, and that public funding would lift much of the financial burden from the members' shoulders. He saw this as an opportunity for CMCC "to pursue more effectively the objectives which the founding fathers glimpsed so perceptively."

Dr. Hall lists three ambitious objectives of CMCC's founders: "To promote the development of the science of chiropractic ... To improve the professional standing of the members ... To establish schools for the study of chiropractic." [Minutes of the Organization Meeting of the Dominion Council of Canadian Chiropractors (now Canadian Chiropractic Association) January 10, 1943] Hall felt that university affiliation would emancipate CMCC financially, allowing its members to "actually pinpoint their resources at the cutting edge of the advance of chiropractic science." Sometimes foresight can be clouded by unpredictable events and of course, hindsight is always perfect. Hall could not know that over the next two decades, federal and provincial governments would drastically curtail the funding of higher education in Canada.

Actually, while Hall was convinced that chiropractic training belonged in the arena of graduate professional education, he was ambivalent about how this should be accomplished. And he was not alone. Wingfield records: "Arguments against going into a university were strong, as demonstrated by the minutes of our April 11, 1972 meeting. 'Mr. Sutherland said the profession probably would prefer to retain its College as an identifiable institution and preferably have the basis sciences program taught in their own institution ... It was noted that there may be certain advantages to having the independent College (e.g., bequests, endowments). Also, Dr. Hall said, the Chiropractic College had been able to maximize, through its isolation, a higher degree of enthusiasm among students than is usually generated in university professional schools.'" [Interview Wingfield by Brown, June 18, 2003]

Still, it looked as though joining a university could ease the debt load of chiropractic students until deregulation of fees for professional programs dashed those hopes. By 1999–2000 tuition at CMCC was over \$12,000 while medical students at the University of Western Ontario were paying \$10,000.<sup>19</sup> Ironically, in 2003–2004 the tide reversed. Tuition for first year students at CMCC was \$17,317 while the cost for first year University of Toronto dental students rose to \$17,950. [University of Toronto Undergraduate Admission Guidelines (DDS), 2003–2004] Suddenly CMCC's fees became competitive with those of other health professions.

On March 1, 2001, after six years of apparently harmonious efforts to formalize an agreement of affiliation, York University abruptly cancelled all negotiations with CMCC. Dr. Moss recalls: "Dr. Hall was deeply disappointed with the decision by York University and by the way in which we were treated by York. I remember him saying to me after the decision was finalized that for the first time he felt that CMCC would be better off if it remained independent and that it did not deserve to be treated in this manner." Thankfully, on April 4, 2005, there was a dramatic improvement in our fortunes: The Ontario Ministry of Training, Colleges and Universities honoured CMCC by awarding it degree granting status. When the author informed Dr. Hall of this momentous decision, he was jubilant. "At last, CMCC has been formally inducted into the realm of higher education. We no longer need university affiliation!" [Phone call Brown to Hall, April 14, 2005]

When last we talked (June 16, 2005), Dr. Hall's insight was as penetrating as it had been in 1983, when he typed the last paragraph of his "Future History of CMCC." "The astute founders of CMCC foresaw clearly two abiding problems of the chiropractic profession. They alerted their following to the dangers of traditional dogmas and simplistic catch words by pushing vigorously the development of their science. Moreover, they emphasized the need for an unending struggle to improve the professional standing of the members of the profession, realizing that competing professions would not be resting on their oars. In this context they bequeathed to their followers a sturdy teaching institution, which in their eyes was an essential first tool for tackling these problems. The challenge which they left this generation of chiropractors is to build on the legacy which they left, and on the vision which inspired those ancestors. If they could speak again they would say "The past is not Epilogue, it is Prologue."

#### *Acknowledgement*

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