

There are reasons why even after 100 years



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It is good to ponder on occasion. It is also good to allow your mind to question for a few moments your purpose of life. The challenge is to send your mind drifting into a future time when your children have completed college and your investments have performed beyond your greatest expectations. The resulting feel good dreams often become the seeds that develop into our future goals. To accomplish the highest goals, additional realities and considerations are required. These thoughts can complement and balance the feel good movement by providing a his-

torical based foundation upon which to build your future. These thoughts all center around the reasons for the events that shaped one's life and why each occurrence unfolded the way it did. This article explores some of the reasons for these happenings that shaped your life as a chiropractor. Why did our profession take the pathway it did?

*Two roads diverged in a wood, and
I took the one less traveled by,
And that has made all the difference.*

Robert Frost

It is extremely healthy and very permissible to have questions about chiropractic. Imagine where our profession would be today had it not been continually harnessed by financial impediments or imagine where the profession would have been had there not been the continuous unrelenting pressures of medicine. Thinking provides the vital answers to the questions of our own identity. Are we: healers or facilitators of health, physicians or technicians, scientists or philosophers? Do our ethics shape us in any way into what we are today? Ethics can simply mean how do we behave and how do we treat people. Stated another way, ethics enhances human welfare and focuses on problems of access. Do our ethics have any influence on our profession?

In our time, science, philosophy and religion have come to represent three quite distinct intellectual enterprises. Each appeals for allegiance.¹ Can chiropractic or chiropractors identify to which one of these three enterprises we pledge our allegiance?

Upon entering the second century of chiropractic it is timely for us to become involved in an inventory to re-evaluate how we have **changed/matured** because of our knowledge, experiences and advancements in education. The revisiting of the chiropractic paradigm during a time when the entire Canadian Health Care System is undergoing extensive reorganization provides chiropractic with

a new expanded window of opportunity for our services for the health care consumers at every level.

The difficult and most painful task for chiropractic as well as other systems is determining what we discard because it has outlived its usefulness. These castoffs may include premises, terms, thoughts and behaviors that were part of our infancy and adolescence. Today society demands academic honesty. There are some so bold as to suggest that even the term "innate" is becoming embarrassing to us and should be laid to rest. "As doctors mature to the professionalism of the scientific literature, they come to recognize the scientific poverty, and intellectual dishonesty, of the Innate theology dispensed through schools, seminars, and trade publications."²

Whatever else Innate is, it is a label for our ignorance. It is a fallacy of the worst order to presume to explain something (life) by merely naming something (Innate). Naming our ignorance is a poor substitute for scientific explanation.³

Years ago at a time many of today's chiropractors had not even considered chiropractic as a career we spoke of caring for patients and being bound by only one rule, "The Eleventh Commandment: "Thou shall not take advantage of the sick". This simplistic, meaningful commandment is as appropriate today as anytime in the past. Chiropractic principles do not change. The true principles are found only by searching for truth. This requires a committed allegiance to science.

It is my hope that by providing you with a quick glimpse of our history in this article that it will provide a better understanding of the events that shaped us. Characteristically today's chiropractor is comprised of many very positive and admirable traits. To his/her debt he/she insists on holding onto a few negative attributes as well. For some it is not always easy to reach beyond the pack of "like individuals" they run with and become professionally responsible and intellectually honest.

The severe divisiveness of Innate within chiropractic has been profound. By instilling in doctors the notion that nothing else is needed, the concept of Innate discourages thoughtful analysis, serious scholarship and research. It further impedes our professional development and societal acceptance.⁴

There remains some old unresolved internal issues/obstacles which challenge professional unity but more importantly continue to threaten the future role and function

of the chiropractic profession. The greatest of these is our failure to define ourselves in an acceptable manner. Failing this we remain undefined.

Unfortunately, many DCs, disturbed by the religious connotations associated with "chiropractic philosophy," have rejected the value of "philosophy" in chiropractic (e.g. Dallas 1988). Even Watkins (1946), who might be considered a "philosopher of the science of chiropractic", saw philosophy against science (see Table 1). Sadly, too many doctors have confused the value of philosophy with the hazards of theosophy (Keating, 1989), and in so doing risk losing much of the value in their chiropractic heritage.⁵

C.O. Watkins saw philosophy pitted against science as an obstacle for the professions healthy development. Amazingly the descriptive characteristics of these differences are as true today as they were when published in 1946. (Table 1)

There were many other events or forces both internal and external that shaped Canadian chiropractic. The two greatest external forces were the medical profession and the government. Medicine certainly held a great influence over the second power brokers, the government. Chiropractic has yet to pass it's first piece of legislation on it's merits. Though worthy legislation has been enacted it was enacted either due to human rights issues or political pressure.

The converse activities of the medical profession are very apparent in the archives. As a constant challenger, medicine, not by intent, assisted greatly in stimulating the chiropractic foundational roots which today offers security to the profession.

The posturing of medicine regarding chiropractic was made quite clear in early submissions from a number of official medical organizations. The Canadian Medical Association asserted that it would support any program of medical services insurance recommended by the Hall Commission only if "all persons rendering services (were) legally qualified physicians or surgeons".⁶ The Faculty of Medicine of McGill University in Montreal stated that "the theory which underlies chiropractic is false, and no consistently successful practice can be expected to result from false theory".⁷ *The College of Physicians and Surgeons* in Quebec announced that it had "no intention whatever, in the eyes of the public or of history, of sharing the responsibility of a legal recognition of chiropractic in the province of Quebec".⁸ *The College of Physicians and*

Table 1

Scientific movement	Philosophical movement
<p>Fundamental Basis Has as its basis the fundamental principles, attitudes and methods of science</p>	<p>Has as its basis a teaching, a doctrine, dogma or creed. Disregards the principles, attitudes and methodology of science</p>
<p>Ultimate objective Endeavors to establish itself as an accepted branch of science</p>	<p>Endeavors to establish itself as a separate and distinct movement in society.</p>
<p>Attitude toward education In science, education is paramount. The success of the scientific movement is dependent upon its membership's knowledge and will to search for new knowledge. Education is a continuous endeavor to the scientist.</p>	<p>Unimportant. Once the student is thoroughly indoctrinated with the basic doctrine and methods, his education is complete. He then becomes an evangelist to indoctrinate others with his concept.</p>
<p>Attitude toward research The search for new knowledge and better methods is the strongest motivating force in science. The search is broad in scope and new facts are sought and evaluated wherever found in the field of science. The useful knowledge and methods are incorporated into this scientific endeavor. Accepts only facts which have been demonstrated by scientific methods.</p>	<p>Cares little for research since he is not going to change his concept or methods anyway. If any research is done, it is only for the purpose of proving what he already believes. It is always within the scope of the basic doctrine. He regards as facts anything which is contained in the original doctrine.</p>
<p>Public approach Publishes and explains demonstrated facts. (Cinema, press, or radio may then dramatize them.) Does not advertise in the trade sense of the word or evangelize in the religious sense of the word. Aggressive within the movement: humble towards the public. Makes no claims.</p>	<p>Publishes, evangelizes, and often advertises its creed, doctrine, or dogma in an effort to convert the public to its concept. Ignores or belittles demonstrated facts if in conflict with its doctrine. Aggressive toward public. Claims everything contained in its doctrine.</p>
<p>Cohesiveness of movement Membership drawn closer together to exchange knowledge. May divide to form new branches covering specialized endeavor, but always maintaining close liaison with main body.</p>	<p>Membership tends to break up into cults around new teachings or doctrines. Once separated, they never reunite on basic differences. May cooperate on matters in which the doctrines do not conflict.</p>

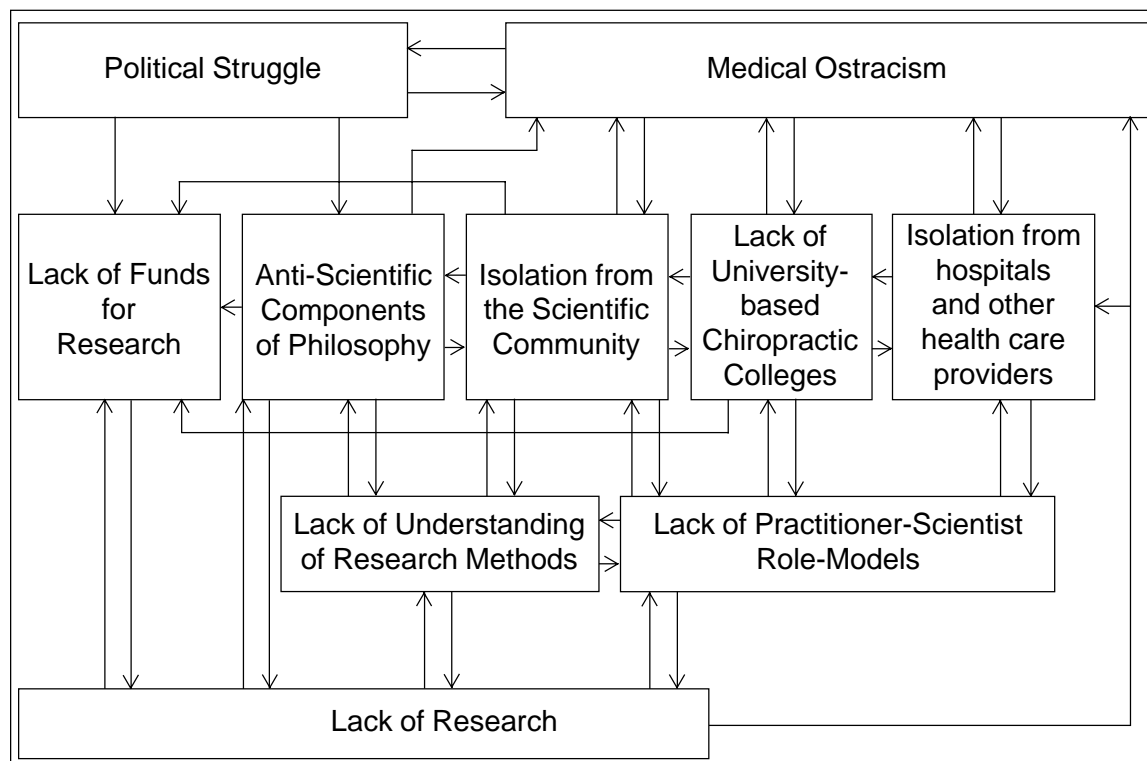
Reprinted from Watkins CO. Is chiropractic unity possible? National Chiropractic Journal 1946 (Dec); 16(12):29-30.

Surgeons of Ontario stated that chiropractors constitute a distinct threat to life and limb".⁹

The literature cites numerous examples of opposition to

chiropractic by the medical establishment.

It is reasonable to expect continued opposition to chiropractic by medicine in the future even though some gains



Pattern of inter-locking impediments to the development of chiropractic science. Redrawn from Keating et al., 1986 (Research Forum)

have been made towards an integration. Optimistically opposition will diminish in those areas where reasonable evidence for chiropractic care can be provided. Evidence based decision making is becoming the criteria for all provider services in the future. Joseph Keating, the noted chiropractic historian of the 90's, does not view chiropractic as having totally arrived. "Organized medicine's continuing efforts to denigrate, contain and/or eliminate chiropractic will likely continue (I don't doubt it, anyway) no matter what chiropractors do, since this hundred year war has as much to do with economic competition and the control of health care as it does with any legitimate concerns about the safety and effectiveness of chiropractic care. And, so long as big brother wages a war of annihilation, chiropractors no doubt will (and should) resist."¹⁰

There were patterns of impediments to the development of chiropractic science. Medicine utilized commission studies as strategies of impediments to chiropractic in Canada. "The appointment of ten Royal commissions of

inquiry within a ten-year period to study the health field in general and chiropractic in particular had a powerful impact. The objective appraisal carried out through such investigations proved to be a beneficial experience for chiropractic. Equally important was the revelation that many of the opposition arguments were based upon a lack of knowledge and serious prior investigation."¹¹

The continual pressure of these external forces for testing and inquiry provided chiropractic an opportunity for constant self-assessment and opportunities for new strategies. It also provided chiropractic a cause which provided strength.

Given this history it should not be surprising to find that the primary purposes and objectives of chiropractic organizations have been defensive (Keating and Mootz, 1989). This defensiveness, coupled with the "separate and distinct" rhetoric that has been so successful when petitioning state legislature for chiropractic licensing laws and non-medical examining boards, has helped to produce an

isolationist attitude and paranoia (Baizer, 1983) among chiropractors. This isolation has been further reinforced by political medicine's actions to "contain and eliminate" chiropractic and by development of chiropractic education in schools separated from mainstream health care and the traditions of universities. While isolation is not the only barrier to meaningful scientific and professional development in chiropractic, it certainly seems central to many of the other barriers confronting chiropractors. The "separate and distinct" rhetoric which garnered licensing laws for the profession seems to have sequestered chiropractic not only from allopathic medicine, but from all other health care professions as well.¹²

There have been numerous monumental achievements for chiropractic in Canada. Major examples include becoming primary providers in five provincial health care programs, inclusion into WCB and insurance benefits which assure economic stability. University status in Quebec was a historical step in the evolution of the chiropractic profession. It now is followed in Ontario by CMCC affiliation with York University. These achievements demonstrate the quality of today's leadership both in the academic and political arenas.

Evidence strongly suggests that public perception of chiropractic was certainly influenced by the opinion of the medical profession. Additional evidence indicates that organized medicine stepped beyond the line of acceptable reason or cause to destroy or control chiropractic. "From an anthropological perspective, the rise of chiropractic is a story of medical pluralism and the quest for therapy. It shows what happens when there is a contradiction between what the public wants and what is being offered by a dominant institution. It illustrates the fact that societies make room for diverse ethno medical systems because diverse approaches are in demand. Human illness, even in a homogeneous culture, is a complex physical, psychological, and sociocultural phenomenon that defies a monolithic response. The history of chiropractic is also the story of groups in conflict: it shows what happens when authority is challenged and a group's economic and intellectual survival are threatened."¹³

Paul Starr in, *The Social Transformation of American Medicine*, explains the rise of a sovereign profession and the making of a vast industry: "The history of medicine has been written as an epic of progress, but it is also a tale of social and economic conflict over the emergence of

new hierarchies of power and authority, new markets, and new conditions of belief and experience ...". The historical success of a profession rests fundamentally on the growth of its particular source of wealth and status – its authority.¹⁴ Chiropractic, unlike medicine, has never benefited from large philanthropic sponsors. A Rockefeller, Carnegie or Hopkins has never emerged for the chiropractic profession.

In the 1940's basic science examination requirements were imposed on chiropractors before they were able to obtain a licence. This indirect action by medicine was to limit the growth of the chiropractic profession by imposing exceptionally high academic standards on students whose training was seen as inadequate to prepare them for that level of examination. This obstruction was only effective for a short period of time which resulted in chiropractic college curriculums adjusting to a basic science format. The chiropractic graduates of the 50's and 60's were extremely pleased with their education and many competed admirably in test results with the medical students of their day.

Publishing of good information by chiropractic was difficult, if not impossible. This issue still exists today where selected journals choose only to publish negative reporting of chiropractic. Scholarly studies were conducted but often ignored. American medical historians were somewhat elitist in their writings and chose not to write about alternative care. They were rigid in their stand that there was to be no objective writing to investigate this phenomenon of chiropractic. Medical sociologists, one might have assumed, should have been eager to collect and analyse data on this classic "outsider" group intruding onto the turf of the most respected and powerful profession in the country. Medicine very successfully made the rules for the acceptance of chiropractic and other alternative groups.

Modern medicine is one of those extraordinary works of reason: an elaborate system of specialized knowledge, technical procedures, and rules of behaviour. By no means are these all purely rational: our conceptions of disease and responses to it unquestionably show the imprint of our particular culture, especially its individualist and activist therapeutic mentality.¹⁵ Chiropractic faced a challenge with many untold difficulties from its inception.

The difficulties of starting a new profession are almost insurmountable, especially when it starts with the teaching

of a clinical skill to persons who, for the most part, were not university trained, where facilities were makeshift and where both theory and practice had not yet evolved beyond ideas and techniques learned by apprenticeship.¹⁶

Chiropractic's physical approach to health was an old idea with a new twist. "Reaching at least two and a half millennia into the past, Western physicians and surgeons also practised spinal manipulation. In the century or two before chiropractic was born, however, orthodox medical practitioners abandoned this form of manual therapy, leaving spinal manipulation to persist as a folk speciality of uneducated bonesetters. For a time, only books and papers gathering dust on library shelves survived to document manipulative techniques considered quite orthodox from antiquity until the 17th century."¹⁷

Dependence on medicine provides the public with a very narrow concept of health and the possibility for only one cure, that of medicine. Exclusive privilege to treat every and all conditions was assumed and taken by medicine. The false assumption that medicine was scientific and held a cure for all conditions was bought by the public. Suppression of all groups threatening their power became the victim of their assaults. An example: The logical conclusion was that if Palmer's concepts were totally excluded from serious consideration, then Palmer himself would be equally consigned to the ash can of medical limbo. According to medical literature, Palmer was never anything other than an upstart charlatan, a "fish peddler" or an "Iowa grocer." Even within chiropractic itself, pre-occupied with its survival and consumed with judicial and legislative assaults as well as the condemnation of opinion makers in the media, the university and the community in general, there was little occasion to probe the forces which influenced their profession's founder.¹⁸

Chiropractic cannot be like medicine any more than medicine can be like chiropractic. Neither discipline can replace the other. The health care consumer may on occasion choose between alternative chiropractic procedures and those offered by medicine. More frequently the protocols should be complementary and the best case scenario is where care is integrated. Chiropractic was never an unscientific cult, only a different science. Chiropractic should be approached as an answer to the deficiencies in the medical concepts that exist.

Rigidity, intolerance and closed mindedness was the posture in the past of medicine on the topic of chiropractic.

Some of their own attempted to carry their own observations to the medical leadership. They fared no better in gaining some insights than any other alternative group. Dr. James B. Mennell stated: "There is no magic about joint manipulation. When a cure of symptoms occurs it must be in accordance with the laws of anatomy, physiology, pathology and psychology. If the existing knowledge of these laws does not cover proved facts, it must be extended ... Doubtless there is still a good deal of prejudice to be overcome".¹⁹ Dr. John Mennell followed with: "The public soon came to realize that they would find greater relief more quickly and more economically from osteopathic and chiropractic treatment of their backs than they would from orthodox medical treatment."²⁰ In the *Journal of the College of General Practice of Canada*, October, 1966, Dr. W. B. Parsons, in an editorial entitled: *Manipulative Medicine – What is its Status?* said: "When they (physicians) discover the ease with which many conditions that previously they could not relieve, respond to manipulation, they almost feel cheated by their medical schools ... As for the future some pessimists feel that the medical profession on this continent has lost, by default to the chiropractors and osteopaths, its opportunity to serve this field."²¹

Now the shaping and development of this new profession chiropractic was not only influenced by medicine and governments but nurtured and moulded by chiropractors themselves often under the most difficult situations.

Chiropractic had a humble beginning. Its fundamental premise was propounded and sustained by a very sincere and earnest person. The integrity and worthiness of D.D. Palmer cannot be challenged by anyone. Those who have read his works will have to acknowledge the inherent brilliance of this great man. His knowledge about the human body was surprisingly extensive, yet it had been acquired through individual study rather than through scholastic and academic measures.²²

In my limited review of the available literature, a strong historical rationale for manipulation and documents its use reaching back for two and a half millennia into the past. This evidence combined with a niche in society for an alternative to the often threatening procedures of medicine of that day provided an opportunity for the birth of chiropractic. D.D. Palmer claimed this birth did not happen by accident but was designed by him.

Although initially dismissed as an "unlearned healer," D.D. Palmer has proven to be a literate if self-taught

writer, editor, author and teacher who utilized the medical literature of his day in a surprising manner in his many publications. An examination of his work in *The Chiropractor's Adjustor* demonstrates the exactness of his thought. Very few medical practitioners at his time in America could claim to be so well read as was Palmer. He was competent in the use of medical literature and not at all the uneducated healer he was alleged to be. A project, related to this study, is underway to reassemble D.D.'s library to permit further examination of Palmer's scholarship.²³

D.D. Palmer possessed a knowledge of the medical science of the day and his statements were accurate enough to appear in most contemporary chiropractic textbooks. He treasured his library which included the current medical textbooks as well as an extensive selection of varied material on many topics. It is noteworthy that among the first fifteen graduates from the Palmer School of Chiropractic, five were medical doctors or osteopaths. Many of the early instructors at the Palmer School were medical physicians.

With the deep historical roots of manipulation and bone setting being supported with significant and acceptable references of the day and with instruction being provided by physicians it could be expected that this new profession would receive immediate acceptance and flourish. This was not the story. Orthodox medical partisans in the 19th century expressed ambivalence toward and disdain for the practice of manipulation is probably the reason why chiropractic was forced to develop outside of the mainstream of medical specialities.²⁴ There were many social and cultural barriers which would challenge Palmer. These challenges would not only come from outside but many of his greatest battles would come from his earliest students.

Traditionally manipulation was taught as a trade for centuries and was often passed on from a father to a son. Medicine followed the university pathway. "Anthropological research into the history of Europe identifies two highly differentiated cultural traditions that coexisted for centuries – those of unlettered villagers and their so-called "Little Traditions," and those of literate urban elites with their "Great Tradition." Clearly these cultures interacted in a dialectic of acculturation and differentiation. Over time, the Little Traditions' unschooled healers and the Great Tradition's learned physicians each practised their own versions of spinal manipulation. In a complex and fluctuating give-

and-take of imitation and differentiation, one curative tradition undoubtedly borrowed and modified what existed in the other in a process of mutual influence. ...²⁵

Canadian chiropractic history is very special starting with the birth of Daniel David Palmer, the founder of chiropractic which took place on March 7, 1845, at Port Perry, Ontario. During his teen years he left Canada for the mid-states. The first chiropractor in Canada is believed to have been Amelda Jane Haldeman in 1907. This date is considered the birth of chiropractic in Canada.

Although there is evidence that a few chiropractic colleges existed outside of Ontario between 1910 and 1920, there is no record of their activities. Prior to the opening of the CMCC [Canadian Memorial Chiropractic College] in Toronto in 1945, five colleges are known to have existed in the province.²⁶

Chiropractic's hand in shaping its own future was sometimes done in a most costly way. One such incidence happened in Canada with B.J. Palmer during the time of the Royal Commission on Medical Education (1915–1918), also known as the Hodgins report. There were 82 chiropractors in practice in Ontario at that time and this first look at chiropractic had an impact which, for years to come, would determine the direction that chiropractic would take in Canada.

In 1915 the premiers established the Royal Commission on Medical Education in Ontario under the Honourable Mr. Justice Hodgins. In attempting to reply to those who remained sceptical of new services, Mr. Justice Hodgins stated: "There is no better answer to be made to those who still prefer to criticize and stand still than to recall Sir Arbuthnot Lane's remark, 'that the bonesetter has profited from the inexperience of the (medical) profession,' and by the tendency which exists among its members of 'adhering blindly to those creeds whose only claim to consideration is their antiquity.'²⁷ The chiropractors, in their presentation to the Commission, were enthusiastic about the successes achieved through the application of spinal adjustments; however, they expressed themselves in language which did not make a favourable impression upon Mr. Justice Hodgins. Of course, the profession itself was only about twenty-one at the time and its educational program was in its infancy.²⁸ Dr. Ernst DuVal, President of the Canadian Chiropractic College in Hamilton, Ontario and B.J. Palmer (the developer of chiropractic) appeared before Justice Hodgins.

As for standards of practice, those presented by Dr. Ernst Duval [*sic*] were typical for the era: Chiropractic does not claim to treat, cure or heal anything or anybody of ailments or disease. Chiropractors have no earthly use for diagnosis, as such, for the practice is unlike the majority of other healing professions, to whom diagnosis is a necessity. B.J. Palmer compounded the felony and Justice Hodgins interpreted his testimony in the following statement, from the report: The chiropractor did (*sic*) not believe in bacteria, and that bacteriology was the greatest of all gigantic farces ever invented for ignorance and incompetency and as to analysis of blood and urine it had no value.²⁹

The struggle to legitimize chiropractic was set back for years as a result of this appearance before Justice Hodgins who put a social Hex sign on chiropractic.

Although congruence with social context was a necessary component of this success it is not sufficient by itself. Key additional distinguishing characteristics of chiropractic that insured its success include its emphasis on drugless healing – a contrast to the patent medicine vendors, homeopaths and botanic healers – and its aspirations of profession status. Chiropractors organized professional organizations, created educational institutions, established codes of ethics and argued that they applied a specialized body of knowledge towards an altruistic goal, all attributes of a profession. Although the chiropractic version of professionalism differed from the traditional professions because it embraced financial rewards – with aggressive use of advertising the most prominent manifestation of this – it is clear that by the 1920's chiropractors sought to portray themselves as professionals. Most other alternative healers lacked this cohesive vision, instead preferring short term lucrative gains based on individual entrepreneurship.³⁰

The chiropractic profession has experienced many gains and setbacks in its history. Does history repeat itself? Many believe it does and those who know their past are more likely to succeed in the future. There are stories on record of how we beat ourselves up and other stories where we were beaten to near submission by others. There is a history of pain and self inflicted trauma with the introduction of the neurocalometer by B.J. Palmer. A particularly painful time for the profession was the 1920's. In 1921 there were 769 chiropractic colleges and by 1932 there were only 21. Student enrollment experienced dras-

tic reductions from 5,000 to 2,000 students. Palmer College, for example, went from 2100 to 300 students between 1923 to 1930.

When reviewing the path chiropractic took in Canada, there are three unique factors present that influenced the Canadian profession which were absent in the United States. This heritage is notably appreciated by many and provides Canada with a strong profession.

- 1 Canada maintained only one national association, with each province being a single member of the Canadian Chiropractic Association. The United States has numerous representatives at state and national levels.
- 2 The “diagnosis” played an important role in the development of the profession. From the beginning, the study of diagnosis was part of the CMCC curriculum.
- 3 The various studies: Royal Commissions, Committees of Enquiry and Independent Studies played a large role in the evolution of chiropractic. It is suggested that the Canadian health care system has been influenced by research whereas the United States systems are influenced by outcome studies.

While medicine's thinking on the subject of chiropractic has tended to be preponderantly adverse, we do not believe that such opinion has, in main, been viciously motivated, nor that it has been dishonestly promulgated. There are many reasons to account for both scepticism and the hostility often generated in doctors of medicine whenever chiropractic is mentioned and some of these reasons are well justified. ... For the present, however, let us keep in mind that medical thinking on the cause and treatment of disease is quite naturally a reflection of medical education and that medical education suffers from certain serious gaps which, to an ever increasing extent, are coming to be realized by those most concerned. It is important in the task of trying to find the common ground between medicine and chiropractic to be aware of these defects, because it is precisely these which have, of necessity, coloured the opinions of the severest critics of chiropractic. (In all fairness, let it be said also, that a parallel situation exists in reverse within the ranks of chiropractic and tends to create some unjustified hostility towards medicine.)³¹

Family feuds, like professional conflicts, can run from one generation through the next. The cycle is broken only when someone realizes the senselessness of fighting and extends an “olive branch” and rational thoughts begin to

prevail. The wisdom of two chiropractic educators summarizes this conflict well and extends that olive branch.

The need for one national voice was vital and important in the past and is vitally as important today. There are attempts to establish additional associations to represent those with different philosophies in chiropractic. These are often smaller or “splinter” groups that also have struggling membership in the United States. Any success these groups will enjoy will certainly weaken the profession and the membership of the CCA should question the action of the proponents of such schemes.

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