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Les lettres faisant allusion à un article récent du *Journal* doivent nous parvenir dans les six semaines suivant la publication dudit article. Nous ne sommes pas en mesure de fournir d'épreuves de préimpression. Tout envoi non publié ne sera retourné aux auteurs que s'il est accompagné d'une enveloppe affranchie, portant l'adresse de l'envoyeur.

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Keating JC. Introducing the Neurocalometer: a view from the Fountain Head. *JCCA* 1991; 35(3):165-178.

To the Editor:

In preparing his treatise on the Neurocalometer (NCM) Dr. Keating admits that "little effort was made to appreciate BJ and NCM's introduction within the context of the profession's ongoing legal and interprofessional struggle for survival and legitimacy". I would consider this a serious and most relevant omission on his part.

I am not clear as to which of chiropractic's past or present shortcomings most offend Keating in the buckshot criticisms

registered in this paper. Is it what he perceives as unrestrained clinical empiricism, unethical marketing schemes, or the political, financial and academic bullying by followers of one dogma versus another?

If it is the clinical empiricism, I would point out that this scientific shortcoming runs rampant in all clinical sciences including medicine, in spite of its comparatively limitless public resources and legislative co-operation. Says Eugene Robin, M.D., former president of the American Thoracic Society and professor of medicine at Harvard and Stanford Universities: "For many or most diagnostic and therapeutic procedures, the data needed for a rational decision are simply not available. Much of medical care is based on a limited and often distorted data base and limited experience".¹

Given that this is the order of the day in both medicine and chiropractic let alone sixty-seven years ago when the NCM was introduced with limited resources and technology, I feel it is a bit strong for Keating to single it out in stating "... the claims made for NCM were not scientifically substantiated and may be seen as a breach of trust which patients give to doctors".

In criticising the marketing, academic and financial practices of BJ as well as modern day chiropractors, I would suggest Keating should keep these in perspective relative to the ongoing illegal practices of the AMA as revealed in the Wilk/AMA antitrust suit. Perhaps these actions, tried in court and found in violation of U.S. law, rather than the NCM would be better suited to provide a more recent and substantial "model of unethical promotions in healthcare".

I find Keating's perspective in this paper to be insular and narrowly focused. In spite of the carnival atmosphere surrounding the NCM, to argue that chiropractic limit clinical procedure to only that which has been unequivocally proven scientifically is untenable. Sick people have, and always will continue to seek treatment from healers who utilize a highly biased knowledge base, philosophy, and strong zeal to apply their craft.

As unpalatable as it may be to Dr. Keating's ultra conservative mindset, I feel that while simultaneously pursuing scientific verification of what we empirically believe is true, we have every right to advise the public of what we honestly think we can successfully treat. This does not constitute "extraordinary and unsubstantiated claims". Chiropractic works Dr. Keating. Trust us. We're Doctors.

Patrick G. Bickert, DC
Kelowna, British Columbia

1 Robin ED. Matters of life and death: risks versus benefits of medical care. New York: WH Freeman and Company, 1984: 6-8.

To the Editor in reply:

There is buckshot criticism and buckshot criticism. Dr. Bickert considers omission of the political context within which BJ introduced the NCM "a serious and most relevant omission," but fails to specify why this is so important. For my part, I would have to understand a good deal more about the politics of the 1920s before I described the NCM's introduction within that context. For instance, I'd like to understand more about the many battles for licensure, for standardization of the chiropractic curriculum and for defeat of the Basic Science laws which were being introduced in many U.S. states in the mid-1920s. My knee-jerk reaction is to see the style of NCM marketing as an extraordinary error on BJ's part, for it could only serve to undermine efforts to raise the profession's credibility in the court of public opinion and in legislative halls. If Dr. Bickert has another or different perspective, I strongly recommend that he offer it to our readers. This is a fertile area for historical scholarship, since so little has been written about this period. In the meantime, I believe my paper does a fair job of telling the story of NCM's introduction from Palmer's perspective.

The paper says little about unrestrained clinical empiricism, and, in fact, I have absolutely no objections to private empiricism as a source of clinical hypotheses. The difficulty, it seems to me, is when we confuse private, uncontrolled, uncritical empiricism as a source of validation for our clinical hypotheses.

The manuscript does, however, distinguish between the disgruntlement chiropractors felt because of BJ's heavy-handed, hard-sell of the NCM vs. the breach of patients' trust inherent in the NCM marketing-program. Palmer published no experimental evidence to support (nevermind substantiate) the extraordinary claims he made for the device, and he offered his claims in order to make money. The NCM's marketing is a clear and simple example of quackery, as defined by Jarvis;¹ the promotion of health schemes known to be false, unsafe or unproven for financial gain. I hasten to note that it is quite a different matter to use unproven methods (which all doctors do) versus to sell unproven methods. Moreover, when one sells unproven methods as "proven" methods, this borders on fraud.

The only mitigation for the American Chiropractic Association's (ACA's) unsubstantiated claims (for the supposed value of chiropractic care in improving athletic performance) is that the ACA leadership is probably sincere in its naivete. I suspect that the organization's leadership genuinely cannot tell the difference between a scientifically valid claim and the run of the mill marketing slogan. Like many in the profession, they have no scientific crap-detector, and therefore cannot restrain themselves. They have accepted Palmer's marketing strategies unwittingly, that is, because they do not know any better. There is much that ACA could learn by example from our neighbors to the north; I cannot recall reading any comparable marketing rhetoric in the *Journal of the Canadian Chiropractic Association*.

I cannot see how the unethical and self-serving behavior of the American Medical Association (AMA) and its attempts to

contain and eliminate the chiropractic profession in any way justifies quackery by DCs. Dr. Bickert may wish to offer the AMA's behavior as a model of unethical promotions in health care; I would welcome his contribution. However, the fact that we can find gobbledygook in both professions is not a meaningful criticism of the NCM paper. Is Dr. Bickert suggesting that we shouldn't take a critical look at the history of chiropractic because other professions have behaved in less than ethical ways?

Dr. Bickert has misunderstood my message; nowhere have I ever suggested that doctors should limit their methods to those which have been scientifically validated. As a clinical psychologist I am keenly aware of the limits of scientific knowledge, and that we will never have sufficient data to base all of our clinical interventions on experimentally validated procedures. However, there is quite a difference between the use of unproven methods (which all health care schools teach) versus making unsubstantiated claims for unproven methods. As healers we are licensed in the various jurisdictions to exercise our best judgement, based on our knowledge of the basic and clinical sciences, in order to meet the idiosyncratic needs of our patients. This license does not, however, justify wild claims for our methods.

Let me clarify just a bit further. In my opinion, THERE ARE NO QUACK TECHNIQUES, only quack promotions.² I agree with Dr. Bickert that chiropractors should advise the public of "what we honestly think we can successfully treat." However, such public education should, I believe, involve a healthy dose of humility. We must be cautious in what we claim for chiropractic care. Moreover, to the extent that the chiropractic profession aspires to be a legitimate science, we should adopt the reluctance of the scientist in our public education efforts; we should claim nothing more than has been scientifically proven. Since we offer more than we have proven, we should qualify our public relations/marketing assertions so as not to suggest validity where such has not been established. Painful as such honesty may be in the increasingly competitive healthcare market of the 1990s it is the mark of a true profession.

I thank Dr. Bickert for the comedic relief he offers: "Chiropractic works . . . trust us . . . we're doctors!" Would that it were so simple.

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References

- 1 Jarvis W. What constitutes quackery? National Council Against Health Fraud Newsletter 1989; July/August: 4-5.
- 2 Keating JC, Hansen DT. Quackery vs. accountability in the marketing of chiropractic. *Journal of Manipulative & Physiological Therapeutics*, accepted for publication, 6/91.

**Keating JC. Introducing the Neurocalometer:
a view from the Fountain Head.
JCCA 1991; 35(3):165-178.**

To the Editor:

We read your article "Introducing the Neurocalometer: a view from the Fountain Head" by Joseph C. Keating, Jr. I doubt very seriously this is a view from the Fountain Head. The Fountain Head is in Davenport, Iowa and no where else. This is a slanted article and an insult to Dr. B.J. Palmer. This instrument that was developed is still being used today, and I might add no one has really improved on it because it was so right.

A lot of this material was taken from the *Fountain Head News* and were simply views of writers and editors then. How can we judge a product with an article that was written from other people's opinions, not from the facts. We have been using the neurocalometer for over 30 years, and we understand it thoroughly. I think this article is less than factual, and since the author is not a D.C. and has never been on the front lines with the instrument as I have for 30 years, I feel he is stepping out of his expertise. Universal degrees are of course hostile to geniuses who saying and using ways of their own discredit routine and common sense. However, without the name of Dr. B.J. Palmer, Dr. Keating would not have a job.

Michael U. Kale, D.C., F.I.C.A., F.K.C.S.
South Carolina

To the Editor in reply:

Dr. Kale asks "how can we judge a product with an article that was written from other people's opinions, not from the facts"? His question suggests that he believes that my manuscript¹ was critical of the neurocalometer (NCM); it was not. I have made no claims for or against the clinical value of the NCM, nor should any reader attempt to evaluate the instrument's usefulness based on the disgraceful manner in which B.J. Palmer introduced and marketed it. (Indeed, this was the perspective offered by C.O. Watkins, D.C. some eight years after the NCM's introduction in his critique² of the device: the NCM's merit or lack of merit is orthogonal to the method by which it is marketed.) For a contemporary review of the NCM, derivative instruments and available scientific data may I recommend Kyneur and Bolton's³ recent article?

Although my manuscript was not a critique of the clinical utility of the NCM, I wish to respond to Dr. Kales *ad hominem* criticism. I certainly do not feel that my lack of training as a chiropractor prohibits my offering either scientific or historical information. If we were to accept and extend Dr. Kale's reasoning, then no non-chiropractor should ever comment on chiropractic, and no chiropractor should ever criticize allopathic methods until after graduation from medical school. I think that would be absurd. More importantly, the notion of disputing

information based on an author's credentials is antithetical to scientific and scholarly inquiry. I suggest that facts and their interpretations should be debated on their own merits, and not based on the identity of their sources.

I certainly agree with Dr. Kale's perception that the paper puts B.J. in a very bad light. However, since most of the information in the paper was originally published in the *Fountain Head News* (i.e., "by B.J. himself"), I feel it is safe to suggest that the image portrayed was the one B.J. intended. In any case, as an investigator and instructor in chiropractic history, I am operating within my area of expertise, and expect that Palmer College/West will continue to afford its faculty the academic freedom so necessary to scholarly inquiry (even when the results may not be flattering to our institutional ancestors). In fact, I believe there are many lessons to be learned (positive and negative) from the life and times of B.J. Palmer.

Dr. Kale suggests that "this article is less than factual," but does not specify which facts may be incorrect. If he wishes to claim that I have erred in presenting the facts of the NCM's introduction, I believe he has an obligation to point out where those errors occur and how they should be corrected. A great deal of work went into reviewing and coordinating the many historical details presented in my paper, and there may well be errors. I cannot object to being corrected when I have made a factual error, but my critic has yet to indicate any specific error. I suspect that my sin (in his eyes) is that I have blasphemed against an idol and spoken some of the holy words in vain.

Parenthetically (a bit of historical trivia), I must agree with Dr. Kale that the Fountain Head of Chiropractic is in Davenport, more particularly, at the Oakdale Cemetery.⁴ I used the phrase "a view from the Fountain Head" in the sense in which B.J. Palmer intended, that is, the "Fountain Head" meaning the Palmer school (as exemplified by B.J.'s writings in the *Fountain Head News*). D.D. Palmer, however, insisted that he personally, rather than the school he founded or B.J. or Davenport, was the Fountain Head of chiropractic:

FOUNTAIN HEAD

"I am the Fountain Head of Chiropractic; it originated with me; it was my ingenious brain which discovered its first principle; I was its source; I gave it birth; to me all Chiropractors trace their Chiropractic lineage.

"Pseudos have drunk from the fountain of knowledge which flowed from this source . . . They parade themselves before the public with deceit, falsehood and self-egotism, proclaiming that they are the fountain heads, or that they have captured the fountain head school.

" . . . To say that the building in which he [DD] conceived the principles of Chiropractic is the Fountain Head Edifice, or that the school he founded several years after the discovery, is the 'Fountain Head School,' or that Davenport the city in which he first promulgated the science is The Fountain Head City, or that a lad of thirteen years of age when I began to publish, for the first time in the world's history, that pressure on nerves is the cause of disease, was the

primary source, the originator of the first principle which his father discovered, and, by years of close study, developed into a science, shows ignorance of the meaning of Fountain Head, or the innate desire of a rascal to rob his parental benefactor. This bare-faced falsehood reminds me of the obliging Turk who exhibited two skulls of St. Paul, one when he was a boy of thirteen and another when advanced in age.

"The head that was, yet remains the primary source, the originator of the principle from which was developed the science of Chiropractic. Its owner lives, and is the author of this volume. Even death cannot rob him of being The Fountain Head of Chiropractic; it is a well-earned honor which neither he nor any other can bestow upon any one"

"Can the Fountain Head, the primary source, the origin of the first principle, be transferred from me to the building, or school, or city, or to a child?"

"During the first few years of Chiropractic's existence, when B.J. was a lad, sometimes we had a student, or students, but often we had none. Where was The Fountain Head when we were minus a school? No school, no Fountain Head; no school, no primary source; no school, no origin of first principle; no school, no originator. If the teachings of Chiropractic constitutes the Fountain Head, then there are as many Fountain Heads as there are schools; as many primary sources as there are teachers; as many originators of first principle as there are students. With such misconception born of absurdity, B.J. Palmer and others assume the ownership of the Fountain Head. Registering stolen property does not create ownership.

"I am the Fountain Head of Chiropractic. I am the Discoverer, Developer and Founder"⁵

I hope Old Dad Chiro will not be too annoyed with me.

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References

- 1 Keating JC. Introducing the Neurocalometer: a view from the Fountain Head. *J Can Chiropr Assoc* 1991 (Sept); 35(3):165-178.
- 2 Watkins CO. Modalities: the neurocalometer. *Montana Chiropractic*. July 10, 1932, pp. 5-6.
- 3 Kyneur JS, Bolton SP. Chiropractic instrumentation - an update for the '90s. *Chiropractic Journal of Australia* 1991 (Sept); 21(3):82-94.
- 4 Gielow V. Old Dad Chiro: a biography of D.D. Palmer, founder of chiropractic. 1981, Bawden Brothers, Davenport IA.
- 5 Palmer DD. The chiropractor's adjuster: the science, art and philosophy of chiropractic. 1910, Portland Printing House, Portland OR; pp. 819-820.

**Keating JC. Introducing the Neurocalometer:
a view from the Fountain Head.
JCCA 1991; 35(3):165-178.**

To the Editor:

I read with great interest Dr. Joseph C. Keating's article published in the September edition of the JCCA. In the abstracted synopsis I NOTED. "It is suggested that the NCM's introduction provides a model of unethical promotion in health care." (sic)

The sincerity of Dr. Keating Ph.D. activated my memories about the effects of the NCM on the founding of the Lincoln Chiropractic College and the genesis by REACTION of the great historical academic tetralogy made of A. Henricks, S.J. Burich, Harry Vedder and James Firth.

Abusive behaviours always generate REACTIONS. We all remember the Flexner Reports and the article published in the Readers Digest of June 1946 entitled "Can Chiropractic Cure?"

This letter is a REACTION also to abuse, to publicity abuse by some chiropractors and to unethical abusive statements.

The purpose of this letter is to propose, in REACTION TO PUBLICITY ABUSE, the formation and its financing through the C.C.A., I.C.A. and the A.C.A. of a COMMITTEE or BOARD for ETHICAL PUBLICITY STANDARDS compatible with our scope of practice. This Committee like an Editorial Board would enjoy powers to evaluate, to analyse and would also enjoy rights to discipline, to reprehend, to publish, to react and to rectify abusive, false, distorted and poisonous propaganda.

Our quest to the academic top has a price. One of the premisses is ETHICAL PUBLICITY with professionalism, scientific accuracy and a marketing philosophy excluding tribalism and excessive pragmatism.

I hope that this proposition receives approbation as did "The Archives". A mature profession should claim with decent claims within the scope of our field of practice.

Will we again show wisdom, competence, clairvoyance and ethical maturity to act at once. Thank you Dr. Joseph C. Keating.

J.O. Edgar Houle, BA, DC, FCCS
Montreal, P.Q.

To the Editor in reply:

My thanks to Dr. Houle for his kind feedback. I agree in spirit with his recommendations. However, I suspect that it would be extremely difficult, if at all possible, to reach the needed consensus among the Canadian Chiropractic Association, the International Chiropractors' Association and the American Chiropractic Association. Further, I suspect that a more fruitful first step might be some form of intra-professional self-education

about the nature of quackery. It has been my observation that even among many chiropractors who are sincerely committed to high ethical standards in marketing there may be little appreciation/recognition of even blatant breaches in propriety. (As the history of chiropractic reveals, unjustified claims-making has a long tradition, and may be so ubiquitous as to be invisible to many doctors.) An important component of the problem, as I see it, is that many (perhaps a majority) do not adhere to a scientific epistemology, and therefore accept very weak information as scientific "proof" or substantiation.^{1,2} If we are unable to recognize unjustified, unsubstantiated claims for the value of chiropractic care, then we will not be able to guide, let alone police ourselves.

Accordingly, a more appropriate first step might be some form of educational campaign to raise awareness about scientific standards of evidence and the relationship between these and the ethical basis of professional communications. In this area I would be pleased to assist.

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References

- 1 Keating JC. Traditional barriers to standards of knowledge production in chiropractic. *Chiropractic Technique* 1990 (Sept); 2(3):78-85.
- 2 Keating JC. Rationalism, empiricism and the philosophy of science in chiropractic. *Chiropractic History* 1990 (Dec); 10(2):23-30.

Côté P, Mior S, Fitz-Ritson D.
Cervicogenic vertigo: a report of three cases.
JCCA 1991; 35(2):89-94.

To the Editor:

I would like to congratulate Drs Côté, Mior and Fitz-Ritson for their article entitled *Cervicogenic Vertigo: a report of three cases* (*JCCA* 1991; 35(2)). The cases are well explained and there is an adequate emphasis on differential diagnosis of peripheral vs central etiologies of vertigo that is very pertinent for clinicians dealing with the spine and otoneurological manifestations that might be related to it.

Vertigo is often frustrating for the health practitioner because of the complexity of the etiologies that can be multifactorial which complicate the management and therefore favors a multidisciplinary approach. Vertigo is regularly found with other concomitant complaints such as headaches, tinnitus, impaired hearing and/or hyperacusis/hypoacusis.

Many others have related cervicogenic vertigo to a facilitation of vestibulospinal pathways by the influence of upper cervical proprioceptive afferent input. However, since vertigo sometimes occurs intermingled with other otological manifestations, it might suggest a neurovascular participation related to a spondylogenic reflex mechanism referred by many authors as being a proprio-autonomic reflex. Still, it remains that facilitation of spino-vestibular pathways is regularly documented as a neurophysiologic mechanism explaining cervicogenic vertigo.

An interesting fact is that we have seen three cases of cervicogenic vertigo at the Center of Audiology of Quebec and that in all three cases, a cinefluorographic study revealed paradoxal movements at C0-C1-C2-C3.

This tends to agree with your findings in your reported cases. The excellent work you have done should be commended.

Robert Larose, D.C.
Private practice, Co investigator,
Centre d'Audiologie du Québec

To the Editor in reply:

Thank you for your interesting letter. We appreciate your interest in cervicogenic vertigo and are pleased to know that your team is currently investigating the upper cervical movements of patients with this syndrome. We therefore encourage you to pursue your work and to publish it so that the profession at large benefits from it.

Pierre Côté, D.C.
Silvano Mior, D.C., F.C.C.S.
Don Fitz-Ritson, B.Sc., DC

Make your move.

Badminton's easy and exciting!
After work or on the weekend,
make it part of your game plan!

