

Chiropractic: From rejection to acceptance 1900–1980

Donald C Sutherland, DC, LLD, FICC*

This paper presents some of the significant milestones that were reached in the long struggle from rejection to acceptance. While it does not attempt to include all of the historical events which contributed to this evolutionary process, it does identify some of the key elements in the laying of a sound foundation upon which the profession could continue to build. It is hoped that other papers will be written to add to our understanding of this important era in chiropractic's early development. The years from 1917-1958 deal mainly with medicine's intransigent opposition; then the tide began to turn in chiropractic's favour. Governments appointed commissions of enquiry to bring some order into the health care field. Our profession's brief to the Royal Commission on Health Services was described by the Minister of National Health and Welfare as "a very powerful document". The government enquiries, in addition to identifying professional weaknesses, also made favourable recommendations which encouraged the further growth and development of chiropractic. Commenting on his work as a Royal Commissioner, Mr. Justice Gerard Lacroix said that the medical opposition to chiropractic was:

"... based on bias and prejudice, ignorance and refusal to learn about chiropraxy. I thought it safer to know and understand before judging" (p. 13).⁸
(JCCA 1998; 42(3):163–170)

KEY WORDS : chiropractic, legislation.

Cet article fait état des jalons importants franchis par la chiropratique durant la longue lutte qu'elle a dû mener pour passer du rejet à l'acceptation. Bien qu'il ne traite pas tous les événements qui ont contribué à cette évolution, il expose certains des éléments clés qui ont contribué à ériger les solides fondations sur lesquelles la profession peut s'appuyer pour continuer à évoluer. Nous espérons que d'autres écrits seront publiés afin que nous en apprenions davantage sur cette époque importante au cours de laquelle la chiropratique a connu son essor. La période comprise entre 1917 et 1958 fut caractérisée principalement par l'opposition intransigeante de la profession médicale. Puis le vent a commencé à tourner en faveur de la chiropratique. Les gouvernements mirent sur pied des commissions d'enquête dans le but de mettre de l'ordre dans le domaine des soins de santé. Le dossier que notre profession avait présenté à la Commission royale sur les services de santé fut qualifié par le ministre de la Santé nationale et du Bien-être social de « document très important ». En plus d'établir les faiblesses des professions médicales, les enquêtes gouvernementales firent des recommandations qui ont favorisé le développement de la chiropratique. Alors qu'il faisait état de son travail de commissaire royal, le ministre de la Justice, Gérard Lacroix, a déclaré que l'opposition des médecins à la chiropratique était

« fondée sur les préjugés, l'ignorance et le refus d'acquiescer des connaissances sur la chiropratique. Je pense qu'il vaudrait mieux connaître et comprendre avant de juger. » (p. 13).⁸
(JACC 1998; 42(3):163–170)

MOTS CLÉS : chiropratique, législation.

* Professor Emeritus. Past President, Canadian Memorial Chiropractic College.
© JCCA 1998.

Introduction

At the turn of the century when those new practitioners, the chiropractors, began to open offices in Ontario and to lobby for legislative control, there were no sound research findings to document the validity of their claims and no other province in Canada had yet adopted legislation to govern the practice. In addition they experienced the hostile opposition of organized medicine. To attempt to obtain legal recognition of the profession under such circumstances was a formidable challenge indeed.

1900–1917

Their early attempt to obtain a regulatory statute was an unmitigated disaster. Chiropractors and osteopaths had begun entering Ontario around 1900 and although the College of Physicians and Surgeons of Ontario (CPSO) attempted to control or eliminate these new professions under the authority of the Medical Act, their efforts were unsuccessful (p. 3).¹ As the numbers of new practitioners increased and their practices grew, chiropractors began lobbying the government for legislative recognition and regulation.

Having lost the battle to control these new groups through the Medical Act, the CPSO “persuaded the Government to make an application to the Court of Appeal to determine the true meaning of the scope of the words ‘practice of medicine’” (p. 3).¹ The Court “resented this application” and held, in 1906, that “the proper remedy lay in amending the Act to contain a definition that was considered satisfactory” (p. 3).¹ Eventually the College requested the Premier to amend the Act by redefining the practice of medicine. Instead, the Premier undertook, in 1913, to appoint a Royal Commission to consider the whole question of medical education (p. 4).¹

The outbreak of war in Europe in 1914 delayed these plans but in 1915 the Premier, Sir James Whitney, appointed the Honourable Frank E. Hodgins, a Justice of the Court of Appeal, as a Commissioner to enquire into all phases of medical education and practice in Ontario. (p. 4).¹

For the assistance of the Commissioner, a definition of the practice of medicine was set out that extended to every form of diagnosis or treatment. The enquiry specifically included ‘the present position, status and practice of osteopaths, dentists, nurses, opticians,

optometrists, chiropractors, Christian Scientists and others practising or professing medicine’ (p. 4).¹

It was the intention of the CPSO to convince the Commissioner that legislative recognition should not be granted to chiropractors. Our own profession’s submission to the Commission guaranteed that outcome.

Ernst DuVal, D.C., representing the Canadian Chiropractic College in Hamilton, declared in his presentation that:

Chiropractors have no earthly use for diagnosis, as such, for the practice of chiropractic is unlike the majority of the other healing professions, to whom diagnosis is a necessity... (p. 125).²

This opinion was strongly reinforced by B.J. Palmer, who had come to Toronto from Davenport as an expert witness. He is reported by Mr. Justice Hodgins to have said in respect to bacteriology, that:

... the chiropractor did 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, he considered it of no value. (p. 126).²

After hearing the chiropractors’ submissions and weighing all the evidence, the Commissioner reported:

Those who appeared before me saw no necessity for preparatory qualifications, ridiculed and repudiated diagnosis, bacteriology and chemistry; admitted that a chiropractor acts in all cases upon his cardinal principle, without examination (p. 33).²

Mr. Justice Hodgins, in announcing his decision, stated that he could not accept:

... a system which denies the need of diagnosis, refers 95 per cent of disease to one and the same cause, and turns its back resolutely upon all modern scientific methods as being founded on nothing and unworthy even to be discussed (p. 33).²

Not only was there no recommendation for the future

registration or licensing of chiropractors, but the Commission proposed in its report in 1917, that the then existing chiropractic colleges in Ontario be closed. However, the Commission did recognize that there was some value in the new physical methods of treatment (including spinal manipulation) and that this should become a part of medical education and training.

Premier Whitney had no opportunity to act upon the Commission's recommendations as his government was defeated at the next election. "The report went into the proverbial 'pigeon hole' where it remained until 1923" (p. 5).¹ However, the three chiropractic colleges in Ontario closed their doors within a few years of the report's publication. The profession had to wait until 1925 before regulatory legislation was adopted. It would prove to be a form of legislation that did not have the chiropractors' endorsement, but then the struggle was just beginning.

1917–1946

Although the chiropractors had failed to convince the Hodgins Commission to make a favourable recommendation with respect to the regulating of chiropractors, medicine too had suffered a serious set back. The Commission had been advised of the value of the new methods of physical therapy that had been demonstrated on the battlefields of Europe during World War I, yet medicine failed to act on the Commission's recommendation that these new physical methods of therapy, including "forms of manipulative cure", be incorporated into the medical curriculum and made available through institutions of "physical therapy" (p. 71).² This delay provided the chiropractors with another eighteen years in which to develop their new profession before the first physiotherapists were registered in Ontario.

In the interval between 1917 and 1923 it was recognized by the medical profession that "the number of osteopaths and chiropractors in the province increased substantially as did the public acceptance of their forms of treatment." (p. 5).¹ A second attempt by the CPSO to contain this growth through a redefining of the practice of medicine in 1923 was as unsuccessful as the attempt in 1917. According to Biggs in her paper on this early period in our history there were 92 letters and telegrams sent to the Premier and members of Parliament supporting the allopaths' position while there were 171 in favour of the

chiropractors plus a petition signed by 95 persons. Biggs makes the following observation:

It is clear that there was strong support by the public, including labour unions ... Furthermore, those who opposed the chiropractors overwhelmingly represented the interests of the medical profession – not the public as the allopaths claimed (p. 15).³

The chiropractors added further emphasis to their demands for legislation by organizing a march on the Legislative Buildings at Queen's Park.

Finally, following consultation with the Ontario Medical Association, the CPSO reached the following decision:

- 1 – To ask for repeal of the 1923 amendment (to the practice of medicine).
- 2 – To ask that the title 'doctor' be limited exclusively to those registered under the Ontario Medical Act.
- 3 – To ask the Government to formulate a Bill regulating the drugless practitioners and giving them only a limited right of practice (p. 7).¹

Legislation of the type requested was introduced at the 1925 session of the Legislature. It was entitled The Drugless Practitioners Act and received Royal Assent on April 11, 1925.

There is no evidence of the chiropractors having been consulted concerning the terms of this legislation and clearly it was not recommended by the CPSO out of a desire to provide a service but rather to restrict the growth and development of the profession.

As both chiropractors and osteopaths had become accustomed to using the title 'doctor', "they ignored the new law" (p. 8).¹ and charges were laid against them. "By the end of 1930, after the Inspector of the College had obtained about forty convictions for improper use of the title 'doctor', the drugless practitioners decided to toe the line in this regard" (p. 8).¹

In 1935 the regulations under the Act were changed to provide for the registration of physiotherapists in Ontario for the first time. The changes designated chiropractors, osteopaths and drugless therapists as major classifications responsible for diagnosis. The minor classifications of physiotherapist and masseur were not permitted to diagnose or prescribe. "The minor classifications of chiropo-

dist, physiotherapist and masseur, were forbidden to make or attempt to make any adjustment of any bony structure or structures of the human body” (p. 9, para. 32(f), (h)).⁴

In 1937, upon the recommendation of the Honourable the Attorney-General, new regulations were passed which “further emphasized the requirement ‘by diagnosis’ for chiropractors by inserting the words ‘(including all diagnostic methods)’” (p. 9, para. 33(a)).⁴ According to the College of Physicians and Surgeons this was an amendment:

... that was vicious from the standpoint of the College and certainly contrary to the intention of the Legislature that those under The Drugless Practitioners Act were to be limited to ‘treatment’ in the ordinary meaning of the term as something quite apart from diagnosis. These expanded definitions have been troublesome to the College ever since, making it almost impossible to successfully prosecute a drugless practitioner for illegal practice, and laying a base for the right to enjoy the facilities of the Provincial Laboratories as a diagnostic aid (pp. 9–10).¹

On September 18, 1945, the Canadian Memorial Chiropractic College (CMCC) opened its doors for the first time at 252 Bloor Street, West in Toronto. It welcomed a veritable flood of World War II veterans into its first two classes. This was followed in 1946 by a request from the College of Physicians and Surgeons to Premier George Drew, for the appointment of a Royal Commission to:

... report on all phases of medical education as Mr. Justice Hodgins had done. The Premier looked favourably upon the suggestion and promised to appoint a Commission. The following year he reiterated his promise and in 1948 again promised the appointment would be made ‘soon after the election’. He then left the Provincial political arena and the promise remained unfulfilled. His successor did not take kindly to Royal Commissions and the proposal has not been pressed since that time (p. 10).¹

It would be a considerable stretch of the imagination to think that a request for a Royal Commission to investigate all phases of medical education, just one year after the opening of CMCC, was merely a coincidence.

1946–1958

By the time the CMCC had been established, the chiropractors in Canada had already been struggling against entrenched medical opposition for almost half a century. No doubt, when the CPSO requested, in 1946, that a Royal Commission be established to study medical education, it was hoping for the same kind of negative report on chiropractic education that the Hodgins Commission had produced in 1917 (p. 10).¹ It must have been a severe disappointment when the commission was never appointed. There were between 400 and 500 chiropractors spread thinly across Canada at that time, but there was regulatory legislation in only five of the ten provinces – the profession was in desperate need of help.

The assistance came through a rapid transfusion of new members from the first graduating classes of CMCC. In the first three years (1949, 1950 and 1951) 239 new practitioners flowed out across Canada from the College to strengthen the ranks of the profession. Many assumed leadership roles in the provincial associations, regulatory boards and on the Board of Directors of CMCC. A large percentage of them were veterans of World War II and were able to bring their hard-earned maturity to their professional responsibilities.

Since 1925 the chiropractic profession has repeatedly expressed its disapproval of the Drugless Practitioners Act (DPA) – an “umbrella” piece of legislation – because it placed several health care provider groups under one Board (chiropractors, chiropodists, drugless therapists, masseurs and osteopaths) – a situation fraught with problems. In 1952 the Ontario government attempted to improve the situation by granting each profession its own board under the DPA – with the members appointed by the Minister. There was also a provision which permitted the government “to make regulations without reference to, or consultation with, Boards under the amended Act” (p. 9, para. 41).⁴ The view was expressed that this placed all professions under the DPA “in the precarious position of having their systems of treatment changed by the government without justification of any kind, notice or recourse” (pp. 9–10, para. 41).⁴

In 1955 the regulations were again changed by the government and the Board of Directors of Chiropractic was advised that it no longer had control over unethical advertising. This presented serious problems, not only for the Board, but also for the Ontario Chiropractic Associa-

tion (OCA) (p. 10, para. 56).⁴

Many in responsible positions in the profession wondered why enabling legislation was being thwarted, by whom, and if these continuing events were deliberate (p. 11, para. 68).⁴

This removal of control over advertising from a piece of so-called “regulatory legislation”, was the direct result of government action, and it was continued for an entire decade before the Department of Health could be convinced to restore the control. This was done simply by re-authorizing a regulation which had been in force from 1944 to 1955, and which the government itself had rescinded (p. 11, para. 69).⁴

Control was further weakened under the Drugless Practitioners Act by reason of the fact that the statute covered five classifications of practitioners and it provided:

... no restriction on the number of classifications under which a person (could) be qualified for registration. Many chiropractors (held) a dual registration both as chiropractors . . . and as drugless therapists. . . Overlapping in control and area of responsibility (created) problems and (hampered) disciplinary control (p. 12, para. 80).⁴

The increasing dissatisfaction over the regulations and other problems related to the statute, caused the OCA to appoint a Legislation Committee with instructions to study all chiropractic legislation in North America and to draft a new Chiropractic Act for Ontario.

The late Dr. H.W.R. Beasley, of St. Catharines, a CMCC graduate of the Class of '49, was appointed chairman of the committee - the other eleven members represented different professional points of view and geographic areas. Dr. Beasley was also chairman of the Board of Directors of Chiropractic.

Beasley's closest assistant in this task was Colin Greenshields, D.C., also of St. Catharines who, in an unpublished communication wrote that these two men had attended over 200 sessions during 1956 and 1957 for the purpose of studying all chiropractic legislation in North America and developing the ideas, proposals and recommendations for presentation to the Legislation Committee, and subsequently to the members of the OCA for approval.

This all resulted in a 129-page bound volume dated August, 1957, which contained a comprehensive review of all chiropractic legislation, with specific recommendations for a new Act for Ontario. Comparisons were made to legislation governing other professions including medicine and dentistry as well as to the Public Health Act. Emphasis was placed on the importance of diagnosis within the scope of practice in order to gain future access to the clinical laboratories in the province. The report was circulated to the members of the committee and to the officers of the OCA, the Board of Directors of Chiropractic and the CMCC.

In August, 1957 the OCA held an all-day meeting in Toronto, attended by its general membership plus representatives of the other concerned chiropractic organizations. Beasley and Greenshields spent the day presenting the full report in detail, and discussing the facts, the reasonings and the recommendations.

The report and the recommendations were adopted unanimously by the OCA membership. Its comprehensive review of so many statutes coupled with legal opinions on various aspects of legislation made it a rich resource available as a benchmark for future legislative endeavours in Ontario and elsewhere. The Board of Directors of Chiropractic, in response to a request from the OCA, instructed Dr. Beasley and Dr. Greenshields to draft a new Chiropractic Act, with Regulations. It was approved and formally presented to the Minister of Health. However, the Minister at no time discussed these proposals with either the Board or representatives of the OCA. “They (the proposed Act and Regulations) dropped from sight and were never acted upon on our behalf” (p. 10).⁴

However, the suggested legislative changes were not completely ignored. Through some means or other the chiropractors' request to the Minister of Health found its way to the offices of the College of Physicians and Surgeons of Ontario. The Council of the College instructed its solicitor, Mr. Warwick H. Noble, Q.C.:

to prepare a statement of the problem which can serve as a basis of decision by the College on its policy with respect to the rights and privileges of osteopaths and chiropractors (preface).¹

In his 107-page report, entitled “A Study of Osteopathy and Chiropractic”, dated December 1, 1958, Mr. Noble

describes the situation as follows:

The problem to be considered ... is that both osteopaths and chiropractors have presented to the Minister of Health of Ontario, briefs requesting certain statutory extensions or enlargements of the rights and privileges that they at present enjoy under the Drugless Practitioners Act ... It is necessary that the College take a stand regarding this proposed legislation. This current problem is really only a part of the larger problem that has been a chronic one since osteopaths and chiropractors invaded this province some fifty years ago (p. 1).¹

The author of the report describes seven separate efforts by the CPSO to eliminate or restrict chiropractors in Ontario. The report itself brings this number to eight. In describing one of these endeavours Mr. Noble refers to it as “another plan of attack” (p. 3).¹ These occurred over a period of more than half a century.

Organized medical opposition had been successful in restricting the development of the chiropractic profession in Ontario until 1958 – but due to the maturing of the profession and the steady increase in public support, circumstances were about change.

In his report, under “Final Comment”, Mr. Noble presented what he called a logical prophecy in the following words:

... like all institutions built upon a foundation of sand, osteopathy and chiropractic as distinct schools of healing will disintegrate and collapse, but leaving as their contribution to the science of medicine a measure of greater emphasis upon the therapeutic values of physical therapy in its various forms. (p. 59).¹

1959–1980

In 1959 a copy of this report was delivered to the new full-time administrative offices of the OCA and CCA which had been established in 1956. The report’s potential significance was immediately recognized. It was referred to at first as the “Noble Report”, but as we became more familiar with its contents it was frequently described as the “ignoble document”. We had no way of knowing how or when it might be used; therefore we gathered information in preparation for a rebuttal – and waited.

Three years later the “Noble Report” re-surfaced at an

early hearing of the Royal Commission on Health Services. The Government of Canada had recognized the need for a study of all health services across the country and appointed the Commission under the chairmanship of the Honourable Emmett M. Hall, Chief Justice of Saskatchewan.

During the Canadian Medical Association’s presentation to the Hall Commission in Ottawa in 1962, its spokesman inadvertently referred to a study that the medical profession had done on chiropractors and osteopaths. The chairman immediately asked that a copy of the study be filed with the Commission. The CMA had no choice but to respond to his request.

Although it would be difficult to find a document so poorly researched and so misleading as the “Noble Report”, it was nevertheless submitted in evidence before the Commission. Our rebuttal had already been half written.

The tide of events at last had begun to turn in chiropractic’s favour. Our profession’s united presentations to the Hall Commission⁵ were described by the Minister of National Health and Welfare, the Honourable Judy LaMarsh, as “a very powerful document”. Ironically, the “Noble Report” had formed the cornerstone of our rebuttal submission.

Up to this date neither the medical nor chiropractic professions had published any serious research to support their conflicting points of view. Nevertheless, the stage had been set for a decade of government investigations, both federal and provincial, whose findings would place the chiropractic profession on a new and higher plateau.

The Hall Commission, after reviewing all of the evidence, decided that the sociological study of chiropractic which they were conducting would not be sufficient – “an independent scientific study” was required (Vol. 2, p. 79).⁶ However, since the Commission did not have time to launch another study and still meet the deadline for the presentation of its report, it recommended, on an interim basis, that any government health insurance plan should provide for chiropractors’ services “when prescribed by a physician” (Vol. 1, pp. 32–33, Rec. 30(m)).⁶ The Commission determined that it would accept the investigation being done by the Royal Commission on Chiropraxy and Osteopathy in Quebec as filling the need for an independent study and stated:

“We do not wish to make any recommendation to in-

clude chiropractic treatment as a health service under our programme beyond this until the Quebec Report is available” (Vol. 2, p. 79).⁶

A tentative yet crucial forward step had been taken.

It was in 1965 that the Quebec Commission’s report was published. The Commissioner, Mr. Justice Gerard Lacroix, expressed his general opinions as follows:

- A. – Chiropractic: – is an accepted reality as a treatment by manipulation;
- B. – Should be used only after a sound, accurate and valid differential diagnosis;
- C. – At present, this diagnosis can only be made by a person who has received a far more complete training in this field than that presently given to chiropractors (p. 153).⁷

The Commission also stated that:

Only specialists in the treatment of the spinal column by manipulation and trained in this manual technique should use this method, and chiropractors, in accordance with the present standards of their clinical instruction, in an accredited school, do receive an adequate training for this purpose (p. 76).⁷

The Hall Commission, in anticipation of the Lacroix Commission’s findings, had earlier expressed its view that:

... if the claims of chiropractors are found to be valid, they then should be incorporated into and integrated with the teaching of the health sciences in universities (Vol. 2, p. 79).⁶

The findings of these two Commissions, interlocked as they are, represent a tremendous victory over the opposition of organized medicine which Lacroix described as being:

... based on bias and prejudice, ignorance and refusal to learn about chiropraxy. I thought it safer to know and understand before judging (p. 13).⁸

It was not until eight years following the release of the

Lacroix report that the Chiropractic Act became law in Quebec.

In spite of the profession’s obvious success in facing the challenges inherent in such detailed investigations over a period of several years, the Ontario government was not prepared to accept these findings without a study of its own. Consequently the profession was subjected to yet another close scrutiny by Ontario’s Committee on the Healing Arts (CHA), appointed in 1966 with a mandate to study all health care providers in the province.

In its report, published in 1970, the CHA expressed concern over the chiropractors’ scope of practice and diagnostic ability, as had the previous commissions (p. 470).⁹ It was proposed that prior to the commencement of chiropractic treatment a differential diagnosis should be made by a qualified physician. It was further recommended that if chiropractic care were to be covered by the Ontario Health Services Insurance Plan (OHSIP) there must be evidence that a medical diagnosis had been made. (p. 475, Rec. 282).⁹ Shortly after the report was published chiropractic care was included as a benefit under the Ontario Health Insurance Plan (OHIP) without requiring a medical diagnosis.

In respect to relations between medicine and chiropractic and to protect the rights of chiropractic patients, recommendations 283 and 284 certainly broke new ground:

283 – That the Ontario Council of Health and the Department of Health undertake a continuing surveillance of relations between medicine and chiropractic to ensure that physicians do not interfere with the right of patients to seek chiropractic treatment.

284 – That it be declared contrary to public policy for medical bodies to attempt, either officially or unofficially, to prevent members of the medical profession from teaching students of other health disciplines including chiropractic and that the medical profession reassess its attitude towards chiropractic, to ensure that physicians do not discriminate against chiropractors and patients of chiropractors, or inhibit physicians from teaching chiropractic students (p. 475).⁹

Recommendations such as these could not fail to have had a strong impact upon all interested parties. They called for a complete reversal of the position which had been

adopted by medicine early in the century and which had been continued for decades.

It was in the following year (1971) that the Ontario Council of Health appointed its Task Force on Chiropractic whose mandate was to study the "Scope of Practice and Educational Requirements for Chiropractors in Ontario." In Part II of its 1973 report the Council recommended that the Canadian Memorial Chiropractic College "be joined to a university." (p. 19, Rec. 2).¹⁰

Of course the journey has not ended. The years that lie ahead will be filled with opportunities and challenges. It is to be hoped that they can be met in the spirit expressed by the Hall Commission in its report on chiropractors. Referring to future relations between medicine and chiropractic the Commission advised:

No good can come from warring factions being competitors in the health care field. It is, in our view, fundamental to good health care, that all who labour legitimately in the field should do so in harmonious cooperation (Vol. 2, p. 79).⁶

In 1979 Mr. Justice Hall was again appointed by the Minister of National Health and Welfare to review the state of health services in Canada. The national health insurance program having then been in place for many years, it provided an excellent opportunity for comparative analysis. As a Special Commissioner he held public hearings in every Province and the North West Territories.

In his report to the Minister the Commissioner begins the section on chiropractors as follows:

I received a number of submissions from Chiropractic Associations all dealing in various ways with the disabilities which it is said discriminates against chiropractors (p. 98).¹¹

After commenting on some of the concerns that were expressed, the Commissioner presented this opinion in his concluding statement:

Reverting to what was said in the Royal Commission report, I agree with Mr. Justice Lacroix that chiropractic has established itself as a valid health service in certain areas. It is time the discriminations against it were removed and forgotten (p. 99).¹¹

These progressive steps from rejection to acceptance, achieved over many years, were not accomplished without great cost. They would not have been attained without the personal dedication and sacrifice of many individuals and the teamwork and co-operation exhibited by chiropractic organizations across Canada working closely together and speaking with one voice for the profession. Against great odds and in spite of powerful opposition, a sound foundation was put in place upon which the chiropractors of today have continued to build.

References

- 1 Noble, WH. A Study of Osteopathy and Chiropractic, College of Physicians and Surgeons of Ontario, 1958.
- 2 Report of the Royal Commission on Medical Education in Ontario, 1917, Mr. Justice Hodgins, (Legislative Assembly of Ontario, King's Printer, 1918).
- 3 Biggs L. "Hands Off Chiropractic: Organized Medicine's Attempts to Restrict Chiropractic in Ontario, 1900-1925," Chiropractic History - The Archives and Journal of the Association for the History of Chiropractic, 1985; (5).
- 4 Brief to the Committee on the Healing Arts by the Board of Directors of Chiropractic of Ontario, May 1967. J Can Chiropr Assoc 1967; XI(4) April/May.
- 5 Submissions of the Canadian and Ontario Chiropractic Associations to the Royal Commission on Health Services. J Can Chiro Assoc 1962; VI(3) August and J Can Chiropr Assoc 1963; VII(1) Jan/Feb.
- 6 Report of the Royal Commission on Health Services, Vol. 1 1964, and Vol. 2 1965; The Honourable Mr. Justice Emmett M. Hall, Commissioner; (Queen's Printer and Controller of Stationery, Ottawa)
- 7 Report of the Royal Commission on Chiropraxy and Osteopathy, the Honourable Mr. Justice Gerard Lacroix, Commissioner; French version 1965; English version 1966, Government of Quebec 1965.
- 8 Summary of Address to the California Chiropractic Association by Commissioner Gerard Lacroix. J Can Chiropr Assoc 1967; XII(1).
- 9 Report of Ontario's Committee on the Healing Arts, 1970, Queen's Printer, Toronto 1970.
- 10 Report of the Ontario Council of Health Task Force on Chiropractic, 1973, Ontario Council of Health, 1973.
- 11 Canada's National-Provincial Health Program for the 1980's - a report on the "Health Services Review '79" by Commissioner Emmett Hall.