

Morgan LG. Pertussis immunization: an update.
JCCA 1997; 41(2):86-90.

To the Editor:

I thought for a moment that I was mistakenly reading a pharmaceutical advertisement when I read the pertussis article last month. The summer months must be dry months indeed for professional submissions. Your editorial team has surely lost it's way. Dr. Morgan's acknowledgement of the division in chiropractic on issues of immunization is quite correct. However, his implication that those who oppose it lack scientific support for their logic is both arrogant and short-sighted. Does he think he is the only chiropractor alive who takes the time to become informed on this controversial health issue? Dr. Vera Scheibner PhD, has published 90 scientific papers in refereed journals in Australia and Europe. She has produced the most comprehensive scientific search on the subject. The basic conclusion of this search is that inoculations are *dangerous* and *ineffective*, moreover, that proponents of vaccination often misrepresent the results of trials and tests. There is serious and widespread underreporting of serious complications. For example, Dr. Morgan claims pertussis epidemics occurred in countries that discontinued inoculations. What he failed to inform the reader of is that pertussis occurs cyclically (4-5 years) regardless of inoculation and that those who contracted pertussis in Japan, England and Sweden were older children and a great percentage of them were fully immunized. In the case of sudden infant death syndrome (SIDS), one only has to look to Japan who has moved DPT injections to 2 years of age and wiped out SIDS in that country. This health issue grows more controversial yearly and a growing body of scientific research is seriously questioning the risk/benefit ratio of vaccines. Our first duty to our patients is to inform them of this controversy. Dr. Morgan's advice that chiropractors "encourage patient participation in this worthwhile public health service" is naive, dogmatic at best and dangerous at worst. Shame on you and your editorial staff for wasting good paper on such biased rubbish.

RC Whitney-Douglas, BA, DC
Guelph, Ontario

To the Editor:

It is said that the worst enemy is the enemy from within. Dr. Morgan has certainly spent a lot of time and effort on research to reach his opinion supporting the pertussis vaccine and to criticize the chiropractic profession. He seems to have missed or ignored information contrary to his opinion.

He states that "whole cell vaccines do not cause infant deaths or neurologic disease" and that "permanent injury" is rare. Dr. Vera Scheibner PhD, an independent researcher found that breathing stress in infants occurred on a 7 day cycle after receiving the DPT vaccine, with the maximum reaction occurring at day 4. In her book "Vaccination", she noted that subsequent injections caused higher responses, and made the recipient more sensitive to the disease itself and a large number of other unrelated bacterial and viral infections and allergies. She observed a relationship between the DPT vaccine and conditions such as leukemia, diabetes, asthma and SIDS. Her opinion is that 100 years of orthodox research shows that vaccines represent a medical assault on the immune system.

How can Dr. Morgan compare the safety records of the chiropractic adjustment and immunization? He reports that the "risk of a serious neurologic disorder occurring within seven days after DPT immunization is one in 110,000 immunizations". Dr. Paul Carey of the Canadian Chiropractic Protective Association, in an article printed in the June '93 issue of JCCA, estimates the frequency of a CVA occurring after a cervical adjustment could be as low as one in 3 million. A Guide for Ontario Physicians - Immunization: Benefits, Risks, and Reportable Events published by the College of Physicians and Surgeons of Ontario states severe reactions occurring within 48-72 hours of vaccination for pertussis include convulsions (1 in 1750 doses), hypotonic-hyporesponsive state (1 in 1750 cases), and reports of encephalopathy and permanent brain damage.

If the safety record of vaccines is so good, why is there a National Vaccine Injury Commission, but nothing similar for chiropractic induced injuries?

Chiropractic's anti-immunization attitude is not based on a rejection of everything medical, rather on the basic

principles of the profession. The human body is a "self regulating" and "self healing" mechanism and needs no outside influences to function properly. This is Chiropractic Philosophy. It becomes real when a brain damaged child is brought to you for help by distraught parents who reported the onset of symptoms occurred after the routine childhood "shots" were given. Parents deserve to hear both sides of the vaccine story. Unfortunately, it is only the information supported by the pharmaceutical industry and the medical establishment that is publicized.

Dr. Morgan would do his chosen profession better by researching studies that support the benefits of the chiropractic adjustment instead of tearing chiropractic apart from inside.

William C Werner, BSc, DC
Hagersville, Ontario

To the Editor:

I am writing in reaction to the article that appeared in the recent JCCA regarding pertussis vaccination. I am definitely anti-vaccination. I don't believe they are effective and in fact know that they damage the health of not only the individuals that receive the vaccinations but also future generations as well.

This individual has the right to express his views but he must be made aware that there is much scientific evidence that shows the harmful effects of vaccines and their ineffectiveness.

Chiropractors must also be informed regarding vaccination. The ICA Review had an article by Dr. Vera Scheibner in response to an article written by chiropractors similar to the article that appeared in the JCCA. I'm sure she would be more than happy to allow reproduction of that article for the JCCA or perhaps write a response to that particular article. At any rate, a response article must appear in the JCCA for the Journal to at least appear balanced.

Pertussis has been linked to many health problems including asthma and diabetes. Lederle currently produces pertussis and perhaps Connaught but other manufacturers have had to cease production due to expensive court battles and cash settlements to pertussis vaccine damaged people.

Although I am not a CCA or OCA member I am a Canadian chiropractor and the public should know that a number of Canadian chiropractors are anti-vaccination.

MC Mitchell, BSc, DC
Cambridge, Ontario

To the Editor:

The following is a response to Dr. Morgan's article entitled "Pertussis immunization: an update". I feel that the article was very biased and did not tell the whole truth about the subject. As you will read in my letter, there are many scientific articles printed in peer reviewed journals throughout the world stating just the opposite of what Dr. Morgan has stated. I respectfully ask that this letter, or one like it be printed in the next issue to give your readers the other side of the story.

Reading Dr. Morgan's article entitled "Pertussis immunization: an update" left a very bad taste in my mouth. I found it very one sided in that it did not report on any studies that were against vaccination of children. I also feel that the CCA is irresponsible for allowing the printing of such an article. Sure there are studies reporting that DTP vaccination is safe and effective just as there are studies reporting the same for aspartame. Finding out who funded these studies may shed some light into the results. I also have a problem with the article on a chiropractic level. Chiropractic, in principle, understands the body to be self-healing and self-regulating with all things being controlled by the brain through the nervous system. The foundation of our profession is based on the fact that we are a drugless healing art, yet here we have a "chiropractor" recommending vaccinations. One final point before I get to the heart of the matter is the difference between the terms immunization and vaccination. Immunity is an innate or inborn process that occurs naturally within the body, whereas vaccines are artificially prepared and introduced into the body. A vaccination can never produce immunity, only desensitization. Now, let's start with the bible of the pharmaceutical industry, the CPS. Under contraindications, it states that "the presence of an evolving or changing neurologic disorder is a contraindication", does this not imply that the vaccine causes a stress to the nervous system. Adverse effects include; fever,

anorexia, vomiting, collapse with recovery, collapse followed with shock-like state, convulsions, encephalopathy with changes in levels of consciousness, focal neurologic signs and convulsions with or without permanent neurological and/or mental deficit, and thrombocytopenia purpura". Keep in mind that this is published by the Canadian Pharmaceutical Association. The acellular vaccine produced in Japan and used routinely starting in late 1981 lead to the following statement from Noble et al., in JAMA 1987, that "the overall reported incidence of pertussis was higher in 1984 than in the early 1970s, in spite of higher reported coverage levels with vaccine". Miller et al. reported in Vaccine in 1995 that "although the change to whole cell DTP vaccine at school entry (booster shots) would result in good pertussis antibody titre, the 2-3 fold increase in reactogenicity that would be caused may be unacceptable". Ducloux et al. showed in 1993 in the Canadian Family Physician that the rate of adverse events per 100 000 doses of pertussis vaccine increased from 77.7 in 1988 to 104.8 in 1989 and 120.6 in 1990. The 1990 statistic reported is probably low as the Ontario Ministry of Health's computers were down and did not contribute to the study. An interesting point about this study is that all provinces with the exception of Ontario are not required to report their cases. For every study speaking of the benefits of DTP there is a study speaking of the problems. This statistical reporting could go on forever so I will close with a few simple thoughts. The great microbiologist Rene Dubos observed that microbial diseases have their own natural history, independent of drugs and vaccines, in which asymptomatic infection and symbiosis are far more common than overt disease. Epidemiologist C.C. Dauer stated in 1943 that "if mortality from pertussis continues to decline at the same rate during the next 15 years, it will be extremely difficult to show statistically that pertussis immunization had any effect in reducing mortality from whooping cough". According to the statistics from the Centers for Disease Control in the U.S., pertussis was in substantial decline for more than 30 years before the organism was found and more than 50 years before the vaccine was introduced. Another interesting point is that of insurance. In 1986 in the U.S., the Childhood Vaccine Injury Act was passed to compensate vaccine recipients for adverse effects. This fund was set up by the government because private insurance companies would no longer accept the risk for insuring the manufacturing com-

panies. To put this in other terms, if you are a driver who cannot find a company to insure you, you must be a very high risk i.e., a bad driver. Finally, it is clear that there is much information to support either side of the story. However, the role of the doctor is to teach and provide information, all of the information, to allow their patients to make educated decisions. Our patients have the right to hear of books by Dr. Mendelsohn, Vera Scheibner PhD and Barbara Loe Fisher to name a few. Mahatma Gandhi stated, "every action that is dictated by fear or by coercion of any kind ceases to be moral". Let's respect our patients freedom of choice and give them the necessary information to make educated choices.

Paul H Dixon, DC
Hamilton, Ontario

To the Editor:

The article by Morgan on pertussis immunization is shocking!

Don't you have anything else to share about helping people be more resistant to disease without adding something to them?

Hani Karout, DC
Montréal, Québec

To the Editor:

I wish to take this opportunity to congratulate you on your recent publication. Not only is it informative but it is also precise, concise advice. This is very timely and I congratulate you on your courage to attempt to draw some of the chiropractors into the twentieth century before we hit the twenty-first century.

The one exception I would take is in your conclusion that "chiropractic's anti-immunization attitude has been based not on objective..." Let me assure you that there are many chiropractors who do not hold a position of anti-immunization, therefore I believe this sentence should read "some chiropractors' anti-immunization attitude has been based..." The vast majority of the chiropractors that I know do not hold a position of anti-immunization. They

are well informed, intelligent, responsible individuals who approach their patients from a scientific perspective. These chiropractors also have an intense sense of social responsibility and recognize the significance of the natural immunity that is conferred by the immunization process.

An interesting comment made to me by a colleague/friend of mine, who is a chiropractor as well as a microbiologist was that the immunization process fits extremely well with the chiropractic paradigm of natural health as the body's own immunological mechanisms are prompted to function at a heightened level of efficiency having been first exposed to a controlled dose of an antigen.

Let me suggest that the only chiropractors who are presently anti-immunization are the extremely loud, vocal, fundamentalistic subluxationists who do not necessarily represent this profession nor do they represent the vast majority of the quiet responsible, scientifically oriented chiropractors.

I would like to congratulate you for this extremely fine article and make you aware that you have far more support for this position than you are probably aware.

W. Reg Nicholson, MSc, DC
Midland, Ontario

To the Editor:

I have just finished reading the article on Pertussis Immunization by Lon G. Morgan, D.C. and I can hardly believe that someone who has gone through the trouble of compiling information on this subject has managed to ignore or omit all the studies and papers showing that the pertussis vaccine is not safe.

He has failed to look at Dr. Vera Scheibner's substantial work on the subject, he has failed to read "A Shot in the Dark" by Harris L. Coulter and Barbara Loe Fisher with its 30 plus references and obviously has not listened to mothers of children who have been severely damaged by this procedure.

If Dr. Morgan wants chiropractors to become evidence based where vaccination is concerned, he should look at his own compilation of 28 references and consider it as being a mere drop in the bucket of one side of the story. There is much more evidence out there, and unfortunately it doesn't paint the rosy picture on vaccination that Dr.

Morgan is suggesting. Continue your search for the truth Dr. Morgan.

Micheline J Côté, DC
Mississauga, Ontario

To the Editor in reply:

As editor of the JCCA you must have many tasks and responsibilities that tug away at your time. This is the conclusion I must arrive at, after reading the pertussis immunization article in June 97 vol. 41, no. 2.

It seems that you haven't had the time to read the other side of the story and therefore felt it was acceptable to publish the allopathic rationale for immunization.

I think I understand why the JCCA is always presenting an allopathic model of chiropractic, rather than the vitalistic model, but the inclusion of a pro-immunization article is going too far.

Enclosed please find a reading list that I suggest be on the shelves at the editorial offices of JCCA.

I also suggest you commission Barbara Loe Fisher, Harris Coulter or Vera Schiebner to present the other side of the immunization story.

A shot in the dark
Harris Coulter PhD
Barbara Loe Fisher

Immunization: the reality behind the myth.
Walene James

What about immunizations.
Cynthia Cournoyer

Vaccination, social violence and criminality – the medical assault on the American brain.
Harris Coulter PhD

Vaccinations: the rest of the story.
Mothering Magazine

Vaccination: the medical assault on the immune system.
Vera Schiebner PhD

Vaccines: are they really safe and effective? a parents guide to childhood shots.
Neil Miller

The immunization resource guide.

Diane Rozario

The controlled clinical trial.

Harris Coulter PhD

The personal guide to immunization exemptions

Grace Goodwin

CH Haitsma, DC

Lacombe, Alberta

To the Editor:

I have just finished reading the article on pertussis immunization in the JCCA and I must congratulate the author for such a well researched article, which comes at a time when irrationality and ignorance seem to be the modus operandi of the anti-vaccination chiropractors. I want him to know that he is not alone in a chiropractic world that sometimes seems to be dominated by pseudo-scientists.

I have been teaching part-time at the CMCC and I have noticed among some students and faculty a tendency to lean toward the chirovangelists in our midst who are trying to undermine evidence-based chiropractic, using the argument of a betrayal of chiropractic philosophy. (Of course they have no understanding of the word "philosophy" and should rather use the word "dogma"). I am afraid this scholarly review of the scientific literature will fail to convince them as they believe they are the only holders of the "chiropractic truth". Moreover, these believers adhere to a conspiracy theory, unfortunately common among some of our American compatriots. But in this case it is not their government being taken over by the U.N., but the evil drug companies, with their lackeys in the medical field, who are conspiring to kill us with their drugs and vaccines.

Nevertheless your article will be read by many, including chiropractic students who haven't yet fallen into the chirovangelists' trap, and it may help tip the balance to our side and keep them sane and reasonable.

Again, congratulations to Dr. Morgan for writing such a wonderful review of the science behind the pertussis vaccine and helping destroy another chiropractic myth.

Marcel J Reux, BSc, RPT, DC

Toronto, Ontario

To the Editor in reply:

I would like to thank those doctors who wrote expressing both support and opposition to my article in the JCCA on pertussis immunization.¹ I will attempt to collectively address the major points that were raised in opposition.

Several doctors opposing immunization cited the writings of Vera Scheibner and Harris Coulter to support their views. It thus seems reasonable to examine these writings for validity.

Contrary to Dr. Whitney-Douglas' claim that Ms. Scheibner "has published 90 scientific papers in refereed journals," a careful Medline search back to 1980 reveals that Ms. Scheibner has never published a single health study in a bonafide refereed health journal.

One of Ms. Scheibner's most famous claims, and biggest errors, is her claim that SIDS disappeared in Japan following a suspension of pertussis immunization. What Ms. Scheibner misunderstood was that only – claims – for SIDS compensation allegedly related to immunization stopped after suspension of pertussis immunization.

As numerous Japanese studies have since clearly demonstrated, the actual – incidence – of SIDS in Japan has continued unchanged, with or without pertussis immunization. No Japanese study has ever noted a drop in the incidence of SIDS associated with an interruption in pertussis immunization. The Japanese themselves clearly understand SIDS is associated with other known risk factors, and have not accepted Ms. Scheibner's conclusions.^{2,3,4}

Whether Ms. Scheibner discusses polio in France, statistical comparisons of vaccine groups, or measles immunization, her apparent lack of training in the health sciences (she is a paleontologist) continually reveals itself.

For those with Internet access an excellent detailed review, and thorough debunking, of Ms. Scheibner's book "Vaccination 100 Years of Orthodox Research shows that Vaccines Represent a Medical Assault on the Immune System" is available at:

<http://www.skeptics.au/journal/anti-immune.htm>.

Harris Coulter's materials fare no better. "Dr." Coulter has a degree in education, but has never been affiliated with any bonafide health research facility, and has never published in any accepted health journal, and has no standing in the scientific community.

Coulter's book, "DPT: A shot in the dark," is already 10 years old, and based on much older informa-

tion. Coulter noted several studies from the late 1970's that questioned whether pertussis immunization caused SIDS, but he failed to realize these studies did not make the actual conclusion that pertussis vaccine caused SIDS. By not understanding the definitional difference between "temporal" and "causal" associations, Coulter appears to have erroneously concluded pertussis immunization caused SIDS.

By 1988 sufficient scientific data had accumulated that the major Task Force on Pertussis and Pertussis Immunization was able to demonstrate that so-called "pertussis vaccine encephalopathy" did not exist, and there was no evidence to support a causal association between SIDS and immunization.⁵

Since 1988 numerous independent, worldwide studies, using much larger databases and much more sensitive techniques, have consistently reached the same conclusion: immunization does not cause SIDS. An example is the recent work by Mitchell, who designed a study specifically to examine for any SIDS/immunization connection.⁶

The Mitchell study is significant for several reasons:

- it directly compared vaccinated vs. unvaccinated children
- it incorporated a huge database of 78% of all live births over a three year period for the entire nation of New Zealand
- detailed autopsies were conducted on 97.7% of all SIDS cases
- careful control was done of potential confounders, including preexisting infant illness.

The results were emphatic: "... there was a significant increase in SIDS in infants not immunized at 6 weeks of age. There was an increased risk of SIDS for infants not immunised at 3 and 5 months ..."

And: "... we can confidently state that immunisation is not a significant factor in the occurrence of SIDS."

The Mitchell study supports the supposition of the article in question that immunization does not cause SIDS. It joins several other recent studies demonstrating that pertussis immunization in fact - lowers - the incidence of SIDS by removing one of the potential risk factors of SIDS - subclinical pertussis infection.⁷

A Medline search reveals that since 1990 well in excess of 7,000 studies have been done on the general topic of vaccine efficacy. These are independent studies conducted by the top universities, health agencies, and re-

search facilities in the world. They have involved many thousands of the best scientists and are published in dozens of the best peer-reviewed journals.

In contrast, those opposed to immunization can support their position with only a hand full of poorly written, poorly researched booklets produced by people with little or no training or experience in the health sciences. It appears that basing opposition to immunization on such suspect publications reflects poorly on the ability of some in the chiropractic profession to objectively assess or understand health care issues.

Vaccine safety is tracked in part by the VAERS (vaccine adverse event reporting system). The VAERS approach has potential limitations in both misreporting and underreporting of potential adverse vaccine events. Thus advanced case-series and computerized health record cross-linking test methods are used that allow much more accurate evaluation of vaccine safety issues. While no vaccine is 100% safe, nor 100% effective, immunization has dramatically reduced the incidence of numerous diseases with high childhood morbidity to less than 1% of former levels, and has saved countless millions of lives. Immunization has further eradicated smallpox, and holds the promise of eliminating polio within the next few years. The 1990's has brought an explosion of knowledge in immunology. New third and fourth generation vaccines using advanced recombinant and other technologies are being tested that promise increased safety and protection against presently uncontrolled diseases. While not a panacea, immunization is probably one of the most effective public health care measures available.

L.G. Morgan, DC, DABCO
Nampa, ID

References

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- 3 Fugita T. A record-linkage study on risk factors for cause-specific infant mortality. *Nippon Koshu Eisei Zasshi* 1994; 41:114-125.
- 4 Nishida H. Overview of sudden infant death syndrome in Japan. *Acta Paediatr Jpn* 1994; 36:301-303.
- 5 Cherry, et al. Report of the Task Force on Pertussis and

- Pertussis Immunization 1988. *Pediatrics* 1988(supplement).
- 6 Mitchell, et. al. Immunisation and the sudden infant death syndrome. *Arch Dis Childhood* 1995; 73:498-501.
- 7 Heininger U, et.al. Bordetella pertussis infections and sudden unexpected deaths in children. *Eur J Pediatr* 1996; 155:551-553.

Carey PF, Townsend GM.
Bias and ignorance in medical reporting.
JCCA 1997; 41(2):105-116.

To the Editor:

I read the article "Bias and Ignorance In Medical Reporting" in the June 1997 CCA Journal, with great interest. It makes me feel "not alone". I'm sure most practitioners in the field have had similar circumstances arise re: Medical/Legal Reports, patient care etc. The question is - what is the value of such a report? In the last paragraph, last line, Dr. Carey says "It is hoped that this article will inspire objectivity and fairness in all future legal reporting." How can this article do this? Has it been released in other professional journals?

Why can't our associations go after practitioners of other professions who make these comments. They are obviously "practicing" chiropractic without a licence and because they affect the practitioners - patient relationship, can they not be held liable for slander?

Dr. Carey, in conclusion, what can be done by our profession and or individual practitioners to "stop" this type of conduct? I'm sure that every court in the land would laugh a chiropractor out of the room if he or she made comments on delicate brain surgery etc., and in all probability they would be called up for practicing a profession other than their own without a licence. Your comments please.

JC Mitchell, DC, FCCR(C), DACBR
Williams Lake, B.C.

To the Editor in reply:

I must thank Dr. Mitchell for taking the time to read and respond to the article. Our purpose in writing an article such as this was to expose the bias that we see in the reports

that are received at the CCPA. It was hoped that, by publishing, we were dealing with the issue in an open and forthright manner.

The best way to deal with this issue is to expose it for what it is! Fairness, accuracy and unbiased opinion are needed in these areas and are too often missing.

What can be done by our profession to stop this type of conduct? I think that publishing and discussing the issues, as well as showing that this problem still exists, helps us to address the issue very appropriately. The fact that we have gone to the trouble of publishing the article in the *Journal of the CCA*, allowing it to be indexed, at least enables the CCPA and others to reference this issue in any future cases and to show that this is an ongoing problem.

There is no doubt in our mind that we cannot stop all medical misinformation and bias by this article. However, by exposing it, we can establish that it exists and we can show it for the problem that it is.

Paul F. Carey DC.
Stratford, Ontario

Biggs L, Hay D, Mierau D.
Canadian chiropractors' attitudes towards chiropractic philosophy and scope of practice: implications for the implementation of clinical practice guidelines.
JCCA 1997; 41(3):145-154.

To the Editor:

With regard to the paper by Biggs, Hay and Mierau (Canadian chiropractors' attitudes towards chiropractic philosophy and scope of practice: implications for the implementation of clinical practice guidelines. *J Canadian Chiropr Assoc* 1997;41:145-154), I seek clarification. Two of the questions for which answers were sought are "I subscribe to the philosophy of D.D. Palmer" and "I subscribe the philosophy of B.J. Palmer." What, exactly, is the philosophy of D.D. Palmer or B.J. Palmer? How, for the purposes of this study, were these defined?

I surely have an idea of what their overall philosophy might be, but how do I "subscribe" to it? The question seems to be asking more than it is possible to answer. As a mind game, I substituted the names of several classical

philosophers to see how I might answer: "I subscribe to the philosophy of Nietzsche," "I subscribe to the philosophy of Derrida," "I subscribe to the philosophy of Popper," "I subscribe to the philosophy of Husserl." In each case, I find that I cannot give a yes or no answer, that I could not generally agree or disagree, since there are elements in all of the "philosophies" I note above that I agree with and elements I do not. To simply name the philosopher does not provide enough information to make a sensible answer.

I am afraid that the same might happen in this study.

One other minor point. I personally consider a chiropractor who does not subscribe to Palmer philosophy as being classically liberal; those that still do strictly follow Palmer philosophy as classically conservative. The latter groups sees no need for change, akin to standard conservative doctrine. Dr. Biggs names them in reverse of standard political meaning.

Oh, and please forgive me, for once an editor always an editor; there is no word "towards."

Dana J Lawrence, DC
Editor, JMPT

To the Editor:

L. Biggs et al. formulate a conclusion worth questioning in their article regarding practice philosophy. They conclude that currently chiropractic beliefs are resistant to change and hence implementation of National Clinical Practice Guidelines (CPG) for the practice of chiropractic in Canada is not reasonable. The authors' conclusions appears to be self-serving, instead of furthering the legitimacy and acceptance of the chiropractic profession.

When such a diverse range of practice philosophy exists between provincial organizations, as well as individual chiropractors, the establishment and acceptance of CPG's is actually the first step to creating a greater consistency of care and unity amongst chiropractors within our profession. Additionally, the existence of CPG's legitimizes a standard for chiropractic practice which both the third party payers and more importantly our patients deserve and demand.

Could not the conclusions to this valuable research have been the exact opposite had the authors so chosen? They

may just as easily have concluded that this research reinforces the need for underlying Clinical Practice Guidelines. If the authors were not influenced by the conservative nature of chiropractic in Saskatchewan they may have even gone on to speculate that because the Chiropractic Association of Saskatchewan has not yet accepted CPG's that this is why this association remains so conservative in its dogmatic approach to provincial politics.

For those who are unaware, Dr. Mierau, who is the chiropractic consultant for this research, practices in Saskatchewan, which, as he states, holds the most "conservative" practice philosophy in Canada. Dr. Mierau's practice history includes having been a member of the now disbanded Orthopractic Association, and he is currently a chiropractic consultant for the government automobile insurance company. Insurance companies are typically in favor of a "conservative" chiropractic approach, and Dr. Mierau apparently shares this "conservative" chiropractic philosophy. It is difficult to believe that Dr. Mierau has not allowed his personal philosophy to influence the speculative conclusions of this research. To take it one step further, if the Chiropractic Association of Saskatchewan were to accept National Clinical Practice Guidelines, contrary to the opinion stated by the authors, the conservative chiropractors governing the association in the province would not be able to prevent the liberalization of chiropractic practice, consistent with National Standards.

The authors state that, "embedded in the CPG's are the values and interests of the developers of the CPG's." It is apparent that embedded in the conclusions to this research are the values and interests of the authors themselves.

Michael D Hornick HBSc, DC
Saskatoon, Saskatchewan

To the Editor in reply:

Thank you for your letter musing on the definition of D.D. Palmer and B.J. Palmer's philosophies of chiropractic. You are right to raise these questions. Indeed the chiropractic profession has grappled with these questions for the past one hundred years but alas with no agreement.

With respect to your question regarding "how one subscribes to a philosophy", I turn to the Webster's English Dictionary for clarification. Literally, subscribe means "to

write beneath" or to sign one's name to a document. In the context of this research, we understood the definition of subscribe to mean "to be favourably disposed" (also the Webster's definition). In this study it is clear that a number of chiropractors felt favourably disposed to D.D. Palmer and B.J. Palmer's philosophies while others did not.

How one can subscribe to a philosophy raises, as you so rightly point out, the much larger question over the definition of those philosophies. As was apparent from the questionnaire, we did not define D.D. Palmer or B.J. Palmer's philosophy. We simply asked the question do you subscribe to the philosophy of D.D. Palmer and B.J. Palmer. Perhaps what is remarkable about this exercise is that many chiropractors felt that they can answer this question and that some chiropractors on both sides of the divide feel strongly about this issue. This is not to say that we know what subscribing to D.D. Palmer or B.J. Palmer's philosophy means precisely but our study moves the debate along from simply rhetorical positions to teasing out some (but perhaps not all) of the elements. In particular, our study points to conflicting visions about the role and type of knowledge that constitutes chiropractic practice. Further indepth research would provide clarification about the definition of these philosophies, and equally important how these definitions of philosophy function as political positions within the chiropractic profession.

Finally, with respect to our use of liberal and conservative terminology, we decided the term, "conservative", best captured the narrower knowledge claims of those working within a rationalist approach; while the term, "liberal" captured the broad knowledge claims of those chiropractors working within an empiricist tradition. These terms refer to different knowledge styles rather than political positions.

Lesley Biggs, PhD
University of Saskatchewan

To the Editor in reply:

Thank you for your letter commenting on our recent article appearing in the JCCA. Our conclusion that it would be difficult to implement national clinical practice guidelines (NCPGs) given the diversity of practice philosophies was based on our assessment of the current political make-up of the chiropractic profession in Canada rather than a future ideal. It may be that national clinical practice guidelines could provide a unifying mechanism for the Canadian chiropractic profession, but we were merely pointing out that there are significant differences of opinion about practice philosophy. Moreover, these differences are reflected in and reinforced by provincial legislation and regulations. At the present time, we do not have one model of chiropractic practice in Canada but ten. We did not say that the implementation of NCPGs is "not reasonable" as you state. Rather if national practice guidelines (i.e. one unified model of chiropractic practice) are to be implemented, then significant political obstacles would have to be overcome.

With respect to Dr. Mierau's political influence on the interpretation of the study results, all I can say is that the other two members of the team (myself and Professor David Hay) are sociologists, we both have Ph.D.s and we are quite capable of independent thinking.

Lesley Biggs, PhD
University of Saskatchewan