

The development of chiropractic in the Canadian health care system

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The history of the chiropractic profession is, to a large extent, the story of its long struggle to establish chiropractic spinal adjustments, or spinal manipulative therapy, as a valid system of health care against the strongest opposition.

The conflict is one that has gone on from before the year 1900 to the present time.

In 1979 the Minister of National Health and Welfare, following consultation with the Provincial Ministers of Health, appointed the Honourable Emmett M. Hall, formerly Chief Justice of the Province of Saskatchewan, the "Father of Medicare" in Canada, as a Special Commissioner to review the state of Canada's health services.

In his report he said:

I agree with Mr. Justice Lacroix (of the Province of Quebec) that chiropractic has established itself as a valid health service in certain areas. It is time the discriminations against it were removed and forgotten.¹

An overall understanding of the nature of this conflict can best be grasped by referring to two authoritative decisions; one by the Province of Ontario's Committee on the Healing Arts in 1970; and the second by the United States District Court in 1987, which was upheld by the United States Court of Appeals in 1990.

First, the Committee on the Healing Arts, after an extensive investigation, and after hearing all of the evidence in opposition, made the following recommendation:

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 toward chiropractic, to ensure that physicians do not discriminate against chiropractors and patients of chiropractors, or inhibit physicians from teaching chiropractic students.²

Second, Judge Susan Getzendanner of the United States District Court, in the case of *Wilk et al. v. AMA et al.*,³ which had been before the courts for eleven years, found the American Medical Association guilty of:

systematic long-term wrongdoing and the long-term intent to destroy a licensed profession.

The AMA was also found guilty of leading a boycott:

to contain and eliminate the chiropractic profession:

Here we have the decisions, in chronological order, from two of Canada's most esteemed jurists, from the Government of Ontario's Committee on the Healing Arts, and from both the District Court and the Court of Appeals in the United States, all saying substantially the same thing.

Now as we dip back into history to try to understand how all of this started, we will see how the attitudes of both physicians and chiropractors have changed. Of course attitudes change very slowly but the following two references will provide an understanding of how extensively medical thinking has been altered.

The Ontario Medical Association's official stand was expressed in 1921 through its Committee on Legislation as follows:

The Ontario Medical Association feels impelled to urge that chiropractic should be given no consideration in law. It is founded on a complete negation of all medical science and progress. If it is anything at all, it only is a system of gross and pitiable ignorance.⁴

Now you can't start much lower than that!

By contrast, in 1966, 45 years later, an editorial appeared in the *Journal of the College of General Practice of Canada*, written by Dr. W.B. Parsons, entitled: *Manipulative Medicine - What is its Status?* Parsons wrote:

When they (physicians) discover the ease with which many conditions that previously they could not relieve, respond to manipulation,

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they almost feel cheated by their medical schools . . . As for the future, some pessimists feel that the medical profession on this continent has lost, by default to the chiropractors and osteopaths, its opportunity to serve in this field.⁵

It is important that these few references give us a general idea of the level at which our profession finds itself today because as we review our historical roots we will see that there was a rather more humble beginning.

One should not be expected to remember all of the detail contained in this presentation, however, the following three elements are ones about which we should have a good understanding:

- 1 – the important differences in the political evolution of the profession in the United States and Canada;
- 2 – the important role that diagnosis has played in the development of the profession and in chiropractic practice;
- 3 – the part played by Royal Commissions and committees of enquiry in the evolution of chiropractic in Canada.

Struggle for legislation: 1900–1937

We begin our study of the history of Canadian chiropractic by referring to Daniel David Palmer, not just because he was the founder of the profession – and a Canadian – but also because his son, Bartlett Joshua Palmer, exerted considerable influence over the type of chiropractic legislation first adopted in Ontario in 1925.

D.D. Palmer was born in Port Perry, Ontario. He moved at an early age to the United States and opened the Palmer School of Chiropractic in Davenport, Iowa, in 1897. His early graduates included both men and women and a number were members of the medical profession. Before very long different points of view were being expressed about how chiropractic should be practised and taught. This resulted in new colleges springing up, some headed by physicians, and each with its own concept of what chiropractic was. These points of view were very strongly held, were taught in a dogmatic fashion and were referred to as "chiropractic philosophy".

The profession has not yet fully recovered from the divisions that were created in those early days. Does diagnosis have a role to play in chiropractic? Should nutrition or electrotherapy be included in chiropractic practice? Such questions can still be heard on the convention floor in some locations.

As the numbers of graduates from the early schools gradually increased in the United States, they tended to join with others who held similar points of view – so was born the anomaly of having multiple state associations in one state, and even more than one at the national level – promoting different policies!

This has been a serious impediment to the profession's progress over the years and although it is not measurable, it is nevertheless very obvious.

"Straights" and "Mixers"

As there was no legislation governing chiropractic practice,

early practitioners were thrown into jail for practising medicine without a licence. Diagnosis was included within the practice of medicine; therefore, any chiropractor who diagnosed a patient's condition could be found guilty. In searching for a suitable defense some presented the argument that chiropractors did not "diagnose" a patient's condition, but rather "analysed" spinal mechanics. This was sufficiently successful in the courts that it became incorporated into the teaching of chiropractic in some colleges and resulted in a serious division within the profession.

Other colleges continued to emphasize the importance of diagnosis and many a debate arose around this issue. The resulting confusion had a serious impact upon the type of regulatory legislation passed in the United States and it was probably the most important factor in dividing the profession into two camps known as "straights" and "mixers".

The "straights" were the purists who strove to prevent the identity of chiropractic from being diluted through the addition of such procedures as vitamin therapy, electrotherapy and diagnosis. Spinal adjustments were to be synonymous with chiropractic care.

The "mixers" were those who felt that diagnosis was essential, that spinal adjustments formed the foundation stone of chiropractic practice but that the use of such adjuncts as vitamins and electrotherapy could be of assistance.

Of course there were extremes on both sides of this divide. Some "straights" came to believe that subluxations could only occur at the level of the atlas vertebra and no adjustments were administered below that level. On the other hand, some "mixers" utilized adjunctive therapy to such an extent that they had little or no time for diagnosis or spinal analysis.

As the public demand for chiropractors' services increased, and state legislatures began adopting statutes to recognize and regulate the practice, they found themselves having to choose between a narrow scope of practice to satisfy the "straights" or a broader scope to satisfy the "mixers".

The result was a divided profession which:

- a) could not reach agreement on its scope of practice, and
- b) could not develop uniform standards or regulations at the state or national level because of the multiplicity of associations and points of view.

Fortunately, time is a great healer and over the years these divisions have gradually become less and less noticeable. However, it is important for us to have this information, because unless we know where our profession has been, it is a little difficult to see where it is going.

The first Chiropractic Act was passed by the State of Kansas in 1913.

Medicine was observing these developments with great concern and was particularly distressed by the degree of public support that this young upstart profession seemed to be generating. Chiropractors were charged with the practice of medicine and many spent time in jail. However, the extent of public support was sometimes evident even there.

In the United States one of the members of the profession who

was serving his time, arranged for his patients to call in at his office and bring his portable adjusting table to the jail cell. Patients were allowed to have their adjustments there!

In Canada, a few years later, Dr. Walter T. Sturdy, who was one of the founders of CMCC, was found guilty of practising medicine and was sentenced to spend time in jail in British Columbia. As the courtroom was emptying the judge leaned forward and said to Dr. Sturdy, "would you just wait in the corner of the room for a few minutes, I would like to speak with you". About 20 minutes later, when everyone had gone, he said, "why don't you just go home now, you've been here long enough".⁶ Unfortunately other victims didn't fare so well.

The Canadian approach

In Canada the first chiropractic legislation was passed in Alberta in 1923. For a couple of decades prior to that date graduates of the colleges in the United States had been moving into Canada. Many were Americans, but some were Canadians who had heard of this new profession and had gone to the United States to study.

They had all been exposed to the divisive issues that had become a part of the educational process. Many were graduates of the Palmer School of Chiropractic, which was a "straight" institution, therefore the Alberta statute was a "straight" piece of legislation.

The split in the profession which occurred in the United States never quite took root in Canada. This is an important point to remember. There was an initial trend in some provinces, notably Ontario and Quebec, to have more than one association, but as legislation was introduced this situation resolved itself and the provincial associations became divisions of the national organization. Although some provinces adopted narrow forms of legislation, while others passed broader statutes, we were spared the impediment of having to cope with multiple provincial and national associations promoting different scopes of practice.

What happened in Canada was the gradual evolution of a national forum where these issues could be debated within the profession, and a consensus reached, rather than having conflicting points of view presented to the government year after year. **This has been the single most important factor in the evolution of Canadian chiropractic.**

The Hodgins Commission

The role played by Royal Commissions or government committees of enquiry appointed to investigate the health care delivery system is another important element in our history. The first such study was the Hodgins Commission, appointed to report on Medical Education in Ontario in 1915.

Prior to that date there were about 40 chiropractors in Ontario. They and the osteopaths had been pressuring the government to adopt regulatory legislation. The College of Physicians and Surgeons of Ontario expressed dismay and declared that "here was charlatanism or at best cultism in our midst".⁷ The

College made overtures to the Premier to appoint a commission "to consider the whole question of medical education",⁸ including, of course, the problems being posed by chiropractors and osteopaths.

Influence of World War I

The Commission was duly appointed but an unexpected dimension was added to the enquiry by the outbreak of World War I in Europe in 1914. By the time the Commission began its hearings, reports were reaching the Department of Health from military hospitals in Europe on new methods of treating disabled soldiers. It was considered that these would have an impact on medical education and therefore fell within the terms of reference of the Commission's investigation.

The reports indicated that medical officers in military hospitals were actually taking Sir William Osler's advice⁹ to learn at the patient's bedside because large numbers of the injured were not being helped by the medical and surgical procedures traditionally available.

One of the many reports received on this subject was written by Major R. Tait McKenzie, M.D., of the Royal Army Medical Corps. A Canadian and a graduate of McGill University, he was the officer in charge of one of the Command Camps in England. During his brief time at Heaton Park Camp there were 1,200 men who were restored to active duty in the front lines who would otherwise have remained incapacitated. This was a direct outcome of the newly applied methods of physical therapy. "In April, 1917, there were sixteen such camps in operation in Great Britain and Ireland."¹⁰ Thousands of injured soldiers, unfit for active duty, who had not responded to customary medical care were being returned to the firing line, with all that this meant to the allied war effort.

Commissioner Hodgins reviewed many such reports and concluded that the results had been obtained through what he termed "new avenues of healing which had not previously been dreamed of".¹¹ These methods were identified in his report as "mechanotherapy", "thermotherapy", "kinesitherapy",¹² "bonesetter"¹³ and "manipulation".^{14,15} The results obtained were described as "startling".¹⁶

He was so impressed that he deemed this "to be of the most pressing character and of great importance to the public not only in this province but in the Dominion".¹⁷ His report also emphasized the significance of these new findings as they would apply in peacetime to the care of injured workers under the Workmen's Compensation Act.^{18,19}

Of course there were the skeptics who questioned the validity of these findings, but to them the Commissioner responded as follows:

There is no better answer to be made to those who still prefer to criticize and stand still than to recall Sir Arbuthnot Lane's remark that the bonesetter has profited from the inexperience of the (medical) profession, and by the tendency which exists among its members of 'adhering blindly to those creeds whose only claim to consideration is their antiquity'.²⁰

Ontario legislation

We can see that the groundwork for the adoption of legislation in Ontario had been laid. Not only were the chiropractors and osteopaths lobbying for statutory recognition at Queen's Park, but the merits of "bonesetters" and "manipulation" were being extolled in official reports from the war zone. Unfortunately neither the chiropractors nor the osteopaths would know of these military documents as they resided in the files of the Commission.

In their formal submission to the Commission the chiropractors were represented by two special delegates; one was Dr. Ernst DuVal of the Canadian Chiropractic College in Hamilton, Ontario, the other was Dr. B.J. Palmer of the Palmer School of Chiropractic in Davenport, Iowa.

(There were three colleges in Ontario at this time, in Toronto, Hamilton and Sault Ste. Marie. All three closed a few years later.)

In describing chiropractic to the Commission, Dr. DuVal said:

Chiropractic is a unique science. It has nothing in common with any other method, class, school or cult, neither in its science, philosophy, art, doctrine or principle upon which it is based.²¹

He stated further that:

Chiropractic does not claim to treat, cure or heal anything or anybody of ailments or diseases²² . . . 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 . . .²³

Dr. B.J. Palmer reinforced these views and was reported by Mr. Justice Hodgins to have said, in respect to bacteriology:

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.²⁴

The Commission reacted as might have been expected. It recommended that the three chiropractic colleges then operating in Ontario be closed and that there be no provision made for the future registration or licensing of chiropractors. However, it did recognize the potential value in these new physical methods of treatment as well as the irreconcilable differences between medicine and chiropractic, as stated:

There is no reason why whatever good exists in their systems should be lost to the public²⁵ . . . The average regular practitioner has . . . generally shut his eyes to anything savouring of it, and so has declined knowledge and refused to progress along the lines of physical therapy.²⁶

The Commission also recommended that the value in these new methods of treatment be recognized and that it be taught within the medical curriculum.

Medicine had already been criticized before the Commission by one of its own members (Dr. C.R. Dickson) for not having taught the values of these new methods of treatment, with the result that, according to Dr. Dickson:

Very few appreciate the full extent of their usefulness, and the bulk of the profession know nothing whatever about them, nor how to employ them properly.²⁷

In 1970, over half a century later, it was evident that the medical profession had failed to respond adequately to the urging of Mr. Justice Hodgins, to incorporate these new treatment methods in the medical curriculum. In that year the Government of Ontario's Committee on the Healing Arts identified this continuing medical neglect in the following words:

The Committee is also concerned that the potential therapeutic benefits of manipulation have been neglected by the medical profession, and we detect in this neglect a direct relationship to the continuing controversy over the practice of chiropractic as well as the efficacy of manipulation therapy.²⁸

Physiotherapists were not registered to practise in Ontario for 18 years following the Hodgins Commission's recommendations. This failure to develop methods of physical therapy within medicine provided chiropractors with the time they needed to mature, and to organize their new profession.

In a report prepared by the College of Physicians and Surgeons of Ontario in 1958 it is stated that in the years following the Hodgins Commission investigation, the numbers of chiropractors and osteopaths in the province "increased substantially as did the public acceptance of their forms of treatment".²⁹

It was becoming steadily more difficult to deny legislative recognition to these two new professions who were now seen to be filling a public need. However, the attitude of the medical profession remained firmly opposed and we repeat for emphasis the stand announced by the OMA's Committee on Legislation in 1921:

The Ontario Medical Association feels impelled to urge that chiropractic should be given no consideration in law. It is founded on a complete negation of all medical science and progress. If it is anything at all, it only is a system of gross and pitiable ignorance.⁴

Nevertheless, public support became the deciding factor. Bowing to the inevitable, the College of Physicians and Surgeons, following consultations with the OMA in 1924, asked the Government to formulate a Bill regulating drugless practitioners but giving them only a limited right of practice. The most important restriction was the denial of the use of the title "doctor".

In the words of the College of Physicians and Surgeons:

If the public was willing to accept the ministrations of those with inferior qualifications it would only have itself to blame but it would at least have the protection of being able to distinguish the regular medical practitioner from the drugless practitioner by the former's exclusive right to use the title "doctor".³⁰

The Drugless Practitioners Act of Ontario became law on April 11, 1925.

In 1934 British Columbia became the third province to pass legislation regulating the practice of chiropractic.

In 1935, 18 years after the recommendations of the Hodgins Commission, Ontario adopted regulations providing for the practice of physiotherapy and added them to the Drugless Practitioners Act.

In 1937, as predicted by the Hodgins Commission, the Ontario Workmen's Compensation Board recognized the benefits of spinal adjustments or manipulation by adding chiropractic care to the services provided for injured workers. Once again, it was public pressure, largely through the labour unions, that was responsible for this development.

This was an early and important victory for chiropractic in Ontario – the first formal recognition of the value of chiropractic care by a government agency. It was also a testing ground. Chiropractors would be expected to recognize the importance of diagnosis in the examination and care of injured workers.

Organization: 1937–1953

It was the advent of World War II that served as the stimulus causing chiropractors to organize their profession under a national association.

In 1939, when war was declared, there were only three provinces that had adopted legislation regulating the practice of chiropractic (Alberta, Ontario and British Columbia) and there was no Canada-wide association to represent the profession nationally.

A matter of special concern was the appointment by the federal government of the Medical Procurement and Assignment Board, whose function was to conduct a survey of the medical services in both the military and civilian populations. It was anticipated that such a survey would not include any reference to chiropractic unless the profession became better organized. The fact that the government was also showing renewed interest in a national health insurance program added to the urgency of the situation if our profession hoped to be included.

Dr. Walter T. Sturdy, President of the British Columbia Chiropractic Association, decided to take action. He dispatched Mr. John Burton, lawyer for the BCCA, across Canada to roundup support within the profession for a national organization that would have representation from each province, regardless of whether a province's members favoured the "straight" or "mixer" point of view. It was an important difference from the way in which the national organizations had been formed in the

United States for the purpose of supporting two different philosophies.

The first meeting of the provincial delegates was held on January 10, 1943, in the Chateau Laurier Hotel, in Ottawa. The name chosen for the new association was The Dominion Council of Canadian Chiropractors. Its first officers were:

President: Dr. Walter T. Sturdy of Vancouver,
Vice-President: Dr. John A. Schnick of Hamilton,
Secretary-Treasurer: Dr. John S. Clubine of Toronto,
General Secretary and Solicitor: Mr. John S. Burton of Vancouver who was also Dominion Organizer.

The second meeting of this Board took place in October of the same year. The principal topic on the agenda was chiropractic manpower. The number of practitioners in each province was reported as follows:³¹

* British Columbia	70
* Alberta	35
* Saskatchewan	33
Manitoba	37
* Ontario	200
Quebec	28
Maritimes	15

This was a total of 418 in Canada. An asterisk (*) appears beside the names of those provinces which had chiropractic legislation in force at the time. Saskatchewan had obtained its Chiropractic Act during 1943.

The founding of CMCC

The results of the manpower study convinced the Board that the profession's numbers would decline in Canada unless a strong college could be established to ensure a continuing flow of new graduates. Dr. Sturdy appointed a College Committee under the chairmanship of Dr. J.S. Clubine and on September 18, 1945, the Canadian Memorial Chiropractic College (CMCC) opened its doors at 252 Bloor Street West, in Toronto. It was 50 years to the day since D.D. Palmer had performed his first chiropractic adjustment.

In the same year, 1945, the Government of Manitoba passed its Chiropractic Act. This brought to five the number of provinces having regulatory legislation.

The Dominion Council had set three goals for the profession:

- establishing a strong national organization,
- founding a college in Canada,
- having legislation in force from coast to coast.

In two years it had made significant progress in all three areas.

In 1944, one year before the College opened, the Board of Directors of Chiropractic, responsible for administering the chiropractic regulations under the Drugless Practitioners Act, had succeeded in obtaining an amendment to the regulations

without the knowledge of the College of Physicians and Surgeons. It provided chiropractors with the right to make a diagnosis using "all diagnostic methods".

The College of Physicians and Surgeons was alarmed at this development and described it as:

a change that was vicious from the standpoint of the CPSO and contrary to the intentions of the Drugless Practitioners Act.³²

The new regulation greatly strengthened the CMCC's position as it struggled with the design of its new curriculum but it came perilously close to splitting the profession on the question of "diagnosis".

CMCC included the study of diagnosis in its curriculum from the very beginning. This was disturbing to practitioners in Alberta, most of whom had been taught that diagnosis formed no part of chiropractic practice. Several years passed by before the Province of Alberta agreed to recognize CMCC. It was accomplished through a compromise: Alberta would accept diagnosis in the course of study if CMCC would ensure that the subject of "auxiliary therapy" (electrotherapy and nutrition) would be considered optional and therefore not a requirement for Alberta students. It is not likely that such objections would be raised today, but in 1945 they caused Board meetings to be filled with emotion and to last until 2:00 a.m.

The Dominion Council established CMCC under a separate Board of Directors who applied for and received a charter for the institution from the Province of Ontario. The Board comprised directors from all provinces so that it became a forum for the settling of differences. This was one of the most significant factors in maintaining the unity of the profession across Canada and was one of the elements missing in the United States.

On its journey toward becoming the Canadian Chiropractic Association, the Dominion Council of Canadian Chiropractors made a critical political decision at its eighth annual meeting in Toronto in 1950. In order to prevent the type of division in the profession in Canada that had occurred in the United States, it adopted the following resolution as a matter of policy:

that the Dominion Council have no affiliation with the NCA or the ICA – that the Dominion Council remain open for the advancement of the welfare of chiropractors in Canada.³³

Affiliation with these American organizations was discontinued.

It was a weakness of the Dominion Council that, although its Board represented all regions of Canada, the general membership was on a voluntary basis with the result that its numbers were not as great as had been hoped, nor were its financial resources.

Therefore, in 1951, Dr. L.D. McPhail of Winnipeg, President, proposed that the Council apply for a change of name and for incorporation under the Dominion Companies Act. This was accomplished in December, 1953, with the issuing of a Domin-

ion Charter which changed the name to the Canadian Chiropractic Association and provided for each provincial association across Canada to be a formal division of the new national organization.

Membership in the CCA became synonymous with the combined membership of its provincial divisions. Each division elected its representative(s) to the National Board of the CCA where they would participate in the determination of national policy.

The CCA was launched as an organization that could speak with authority, and with one national voice, on behalf of the profession – an offspring of the Dominion Council.

(The most recent effort to merge the two national associations in the United States failed to receive the required number of votes in 1989 to change the constitution of the ICA. Without a doubt, the fact that there is still more than one national association in the USA and several state associations in individual states, is our profession's single greatest weakness. It acts as an impediment to all forms of progress from standards of practice to educational accreditation.)

Validation: 1950–1990

Validation of the effectiveness of chiropractic care by a government agency occurred first in 1950. A Royal Commission was appointed in Ontario to study the operation of the Workmen's Compensation Act, under which chiropractors had now been providing services for thirteen years. The College of Physicians and Surgeons, mindful of its success before the Hodgins Commission, recommended that chiropractic care be deleted from the provisions of the Act. However, the Commissioner, the Honourable Mr. Justice W.D. Roach, after hearing from the recipients of the care and from chiropractic's representatives, ruled that:

The Board is not concerned with any jealousies or conflict in opinion or technique that may exist between physicians and drugless practitioners. The welfare of the injured workman is its main concern.³⁴

Chiropractic care was retained as a provision under the statute and, subsequently, the utilization of chiropractors services increased by well over 300%. This successful submission, while it may have demonstrated to the College of Physicians and Surgeons that they were up against stronger opposition than formerly, proved to be simply a dress rehearsal for the real test which would begin in 1961.

Associations' permanent office

The administrative workload of the Dominion Council, and of the CCA during its first three years, had been carried by volunteer members of the profession who were also in private practice. The need for a permanent office with full-time staff was obvious but funding was in short supply.

The solution was to open a joint office representing the CCA, the OCA and the public relations office of CMCC, with funds

contributed by all three organizations. This took place in 1956. An Executive Director was hired to work in these three capacities and this co-operative arrangement continued until 1968 when there was sufficient financial support to begin establishing separate offices. No one provided the Executive Director with the three hats he would need to wear to fulfill these various roles.

Communication with the recently enlarged membership was given a high priority. The CCA's journal was founded in 1957 under the name of the *Canadian Chiropractic Journal*. Four years later the name was changed to the *Journal of the Canadian Chiropractic Association*.

New legislation proposed

Also in 1957, the profession's regulatory board in Ontario, the Board of Directors of Chiropractic, publicly expressed its frustration with the Drugless Practitioners Act which had been designed to restrict the profession rather than to provide a public service. The Board had studied all of the chiropractic legislation in North America, selected the best from each statute, drafted and proposed a new "Chiropractic Act"³⁵ for Ontario and presented it to the Minister of Health. The Minister declined to meet with the Board's representatives to discuss any new legislation and the proposal seemed to drop out of sight. However, the subject would surface unexpectedly later, but we had no way of knowing when or where.

The first legislation obtained in Atlantic Canada was in 1958 with the passing of the Chiropractic Act in New Brunswick. Regulatory statutes were then in force in six provinces.

An ignoble document

In 1959 a document entitled, *A Report on Osteopathy and Chiropractic*, was brought to our attention. It had been prepared for the College of Physicians and Surgeons of Ontario by its solicitor, Mr. Warwick H. Noble, Q.C. In its 105 pages this report included a complete review of eight plans of attack, which the College had designed, to eliminate chiropractors and osteopaths from the Province of Ontario and to interfere with their rights as professions. It was hoped, in the words of the author, to cause them "to fold their tents and steal quietly away". It is no wonder that it came to be referred to as the "ignoble document". This report referred specifically to our new proposed legislation submitted to the Minister by the Board of Directors of Chiropractic – it had apparently been "leaked" to the College of Physicians and Surgeons even though the Minister had refused to discuss the draft with our representatives. Our proposed legislation was evidently the trigger which prompted the College to have its solicitor, Mr. Noble, prepare the report, describing its several plans of attack against our profession.

These plans had been evolved throughout more than half a century, from 1906 to 1958. In elaborating on these several nefarious schemes, the solicitor, in an attempt to defeat our proposed new legislation, described one which offered more advantages and fewer disadvantages than the others. He ex-

plained it would require that:

the College adopt an 'all-out offensive' policy and seize the opportunity to give chiropractic in Ontario a 'knock-out' blow.³⁶

It was reasoned that this:

... approach (could) take either of two forms – firstly, attempt to debase chiropractic to its proper level (to the status of physiotherapists) or, secondly, attempt to elevate it to a status that (would) ensure its eventual destruction. Either of these forms of attack would concentrate on the question of diagnostic rights.³⁷

In the first case, chiropractors would be denied the right to diagnose and be forced to practice under medical prescription, as did physiotherapists; in the second case, it would be the intent to grant diagnostic responsibilities and then have the legislature "amend the Drugless Practitioners Act to require chiropractors to meet standards equivalent to those met by medical students. If so," said the solicitor, "chiropractic in Ontario is doomed".

In his preface to the report, Mr. Noble stated that:

Although authorized to obtain assistance of others in the preparation of this report, I found that it was impracticable to do so, other than by way of clerical assistance, and I have myself assembled, analyzed and organized the material and prepared the text of this report.³⁸

He then went on to express his great indebtedness "to Mr. Joseph C. Stetler, Director of the Law Department of the American Medical Association . . . for much valuable material, statistics, reprints and reports of research done by their office in connection with the past and present status of osteopaths and chiropractors in the United States of America".³⁹

So he did contact the AMA in Chicago for information and assistance but he failed to request information, although "authorized to do so", from the Ontario Chiropractic Association, the Canadian Chiropractic Association, the Board of Directors of Chiropractic and the Canadian Memorial Chiropractic College, all of whom had offices within a few blocks of his own in Toronto.

We had then, in our possession, copies of an official report which described half a century of opposition to our profession and which contained proposals for defeating our current legislative program, but we had no idea what distribution had been given to this report or where or when it might surface.

We contented ourselves with studying its contents and waiting for the "second shoe to fall".

Decade of Royal Commissions

Investigations by several Royal Commissions or committees of enquiry, carried out over more than a decade, served to validate the efficacy of chiropractic care and resulted in the profession being confirmed as a primary health care provider in Canada. These studies began in 1961.⁴⁰

Fortunately, the newly-formed CCA (1953) had been granted a few years of grace in which to organize itself, open its full-time office and create an effective system of communication with its provincial divisions before having to meet this challenge.

The Right Honourable John Diefenbaker, Prime Minister of Canada, appointed Chief Justice Emmett M. Hall of the Province of Saskatchewan, as Chairman of the *Royal Commission on Health Services in 1961*. The Commission had six other members: two physicians, a dentist, a nurse, an economist and an industrialist. Public hearings were held in all major cities across the country. Over 400 submissions were received from such groups as insurance companies, professional organizations, labour unions, churches, senior citizens, government departments and others, including private citizens.

The Canadian Medical Association's (CMA) brief was presented during the Ottawa hearings in March, 1962, and representatives of the Canadian Chiropractic Association (CCA) were present as observers. Our submission was to be heard two months later in Toronto and we were in attendance to familiarize ourselves with the Commission's procedures.

To our surprise the CMA spokesman made no reference to other health care professions. They appeared to be withholding such comments until the rebuttal hearings which were scheduled for a later date.

Toward the end of the presentation the Chairman of the Commission asked what would be the attitude of the CMA if the Commission were to recommend the inclusion of such professions as the optometrists, chiropractors and osteopaths in a national health insurance program. Dr. Wodehouse replied:

Well, sir, we did a study of those professions a few years ago, and ---

Interrupting, the Chairman asked if the Commission could have a copy of the study. Dr. Wodehouse agreed.

About two weeks later we called the Commission office from Toronto to request a copy of that study since it dealt with our profession. We were advised that the Commission could not distribute copies of material it had received from others; we would have to request it from the source. However, the secretary did agree to read the title page of the report so that we would know what document to request. It read:

College of Physicians and Surgeons of Ontario
Report on Osteopaths and Chiropractors
by
Warwick H. Noble, Q.C.
December 1958

It was the title page of the report we had received three years before, showing eight plans of attack. The second shoe had fallen!

Our rebuttal submission was slated to be presented in October, therefore we had ample time to prepare our response. It

proved to be most effective. A copy is in the CMCC library for those who may be interested in reading it.⁴¹

The Hall Commission, as it came to be called, published its report in 1964-1965 and included the following comments in respect to the controversy between medicine and chiropractic:

This divergence of opinion can readily be seen as a fundamental scientific one, beyond the competence of this Commission to resolve.

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 co-operation.⁴²

The report was hailed as the most intensive study of health care ever carried out in Canada and we will get to its specific recommendation on chiropractic in a moment.

Major enquiries

Following the Hall Commission, the major enquiries during this twelve year period were:

In 1963 the Royal Commission on Chiropraxy (Chiropractic) and Osteopathy in Quebec, chaired by the Honourable Mr. Justice Gerard Lacroix;

In 1964 the Medical Services Insurance Committee in Ontario, chaired by Dr. J.G. Hagey, President of the University of Waterloo;

In 1966 the Committee on the Healing Arts in Ontario, under the chairmanship of Mr. I.R. Dowie,

In 1973 the Ontario Council of Health's Task Force on Chiropractors in Ontario chaired by Dr. Oswald Hall.

The scope of this presentation does not allow for a detailed review of the submissions made to each of these enquiries. Rather we shall present a general overview of the positions adopted by the medical and chiropractic professions, followed by the principal findings in each of the investigations.

Medical viewpoints

The position adopted by the medical profession was made clear quite early in submissions from a number of official medical organizations.

The *Canadian Medical Association* asserted that it would support any program of medical services insurance recommended by the Hall Commission only if "all persons rendering services (were) legally qualified physicians or surgeons".⁴³

The *Faculty of Medicine of McGill University* in Montreal stated that "the theory which underlies chiropractic is false, and no consistently successful practice can be expected to result from false theory".⁴⁴

The *College of Physicians and Surgeons* in Quebec announced that it had "no intention whatever, in the eyes of the public or of history, of sharing the responsibility of a legal recognition of chiropractic in the Province of Quebec".⁴⁵

The College of Physicians and Surgeons of Ontario stated that chiropractors "constitute a distinct threat to life and limb".⁴⁶

All of these statements and plans were announced by official spokesmen for the political arm, the educational arm and the regulatory arm of organized medicine. Never before had our profession faced such a concentrated attack or such a series of probing investigations.

Chiropractic response

During the hearings of the Committee on the Healing Arts, our representatives were presented with a display of pamphlets which, it was claimed, were being distributed by chiropractors as a form of practice building or public relations. Many of these publications made claims which were clinically unsupportable and were questioned by the Commission. In most cases the source was in the United States.

Our representatives were asked if we could identify the source and whether we supported the use of such pamphlets, and the claims they contained, by some of our members.

Contact with a source in the United States produced an unsatisfactory response. The CCA then arranged for all provincial divisions to tighten controls on advertising material and to require that any pamphlets to be so used must first have the approval of the regulatory board – an example of a nationwide policy being established in the public interest.

In view of the obvious difficulty in exercising control over activities in another country, which were considered unethical, the CCA's National Board with the approval of its provincial divisions, adopted a policy formally disassociating Canadian chiropractic from:

activities and policies attributed to chiropractic organizations in the United States (which) are not necessarily endorsed by the chiropractic profession in Canada.^{47,48}

This policy was made known to the Committee on the Healing Arts and was published in the Journal of the Canadian Chiropractic Association for the information of the entire membership and other interested parties. The pamphlets caused little further concern.

In the various medical submissions there had been little or no reference to the results of scientific studies which would have justified their stance in opposition to chiropractic. In fact, those individual physicians who had devoted their time to studying the clinical value of spinal manipulative therapy had come to conclusions which strongly contradicted medicine's official position.

Neither had there been scientific studies done by the chiropractors to support their own position or to refute medicine's statements.

When faced with opposing forces that threaten to be overwhelming, one of the most ancient and frequently successful strategies is to divide the ranks of the opposition, reducing its effectiveness. The CCA studied these medical contradictions

and made them the central theme of its presentations.

Our brief referred to the words of Dr. Morris Fishbein, a former editor of the Journal of the American Medical Association, who wrote that the chiropractic concept of a spinal subluxation was:

simply a complete misrepresentation of the demonstrable facts.⁴⁹

We followed this with quotations from twenty-two medical authorities which refuted Dr. Fishbein's point of view. Not only did they describe spinal subluxations, but they also referred to their clinical effects and were shown to be supportive of the five principles of chiropractic as enunciated by Dr. Joseph Janse of the National College of Chiropractic.

Next, reference was made to the writings of Dr. James B. Mennell, the physician largely responsible for arousing the interest of the medical profession in Britain to the value of what he called "joint manipulation". In his book, published in 1952, he wrote:

Doubtless there is still a good deal of prejudice to be overcome.⁵⁰

Dr. Mennell's son, Dr. John McM. Mennell, following in his father's field of interest, wrote in his book, *Back Pain*, in 1960, that:

The public soon came to realize that they would find greater relief more quickly and more economically from osteopathic and chiropractic treatment of their backs than they would from orthodox medical treatment.⁵¹

In each of these publications Dr's. James and John Mennell had included drawings or photographs which illustrated a number of techniques of spinal manipulation used by them in their practices. These were reproduced in the CCA's presentation, side by side with photographs of the same techniques from a chiropractic publication printed forty-one years earlier.

A particularly important paper by R.A. Leeman which was first published in the German medical publication, *Schweizerische medizinische Wochenschrift* in 1957, was certainly known to the CMA because it was reviewed in the *Canadian Medical Association Journal* in April of 1958. The title of the paper in English was shown as *Pain Syndromes Originating in the Vertebral Column and their Amenability to Manipulative Treatment*. It was perhaps significant to note that the words "manipulative treatment" had not appeared in the original German version. The original wording had been "chiropraktischen behandlung" – chiropractic treatment.

In his paper, Leeman's professional opinion is expressed as follows:

It is increasingly obvious that many painful conditions of the back as well as of more peripheral parts are caused by functional or organic derangements of the spine. With this newer awareness has come

improvement in diagnosis and treatment of many painful syndromes . . . The addition of "chiropractic" maneuvers to general management permits treatment of the cause rather than the effect.⁵²

Further evidence of the efficacy of chiropractic care as recognized and reported by respected members of the medical profession was presented to the government enquiries through quotations from other reputable medical publications. The following selected references will serve to demonstrate further the degree to which evolving medical opinion was in conflict with medicine's official policies expressed to these investigating bodies.

In the *Journal of the Canadian Association of Medical Students and Interns*, December, 1963, Mr. Claude-Armand Sheppard, member of the Quebec Bar, authored a paper entitled *Chiropractic and the Law*, in which he wrote:

The medical profession appears to be waging a losing battle. It may have to accommodate itself to the recognition of chiropractic in the few states and provinces which have so far resisted what seems to be an extremely powerful trend.⁵³

In addressing the *College of General Practice of Canada*, Ontario Chapter, in September, 1964, Dr. Hoyle Campbell, associate professor of surgery at the University of Toronto, and a member of St. Michael's Hospital staff, said:

Pain referred from neck muscles to the chest may even be diagnosed as angina, so that the patient goes in fear of his life and becomes ill from the stress of his fears. Such a man may then go to a manipulator and be cured . . .⁵⁴

In the journal, *Applied Therapeutics*, November, 1966, Dr. W.B. Parsons and Dr. H.K. Boake, in a paper entitled *Manipulation for Backache and Sciatica*, wrote:

These things are not taught in medical schools. Usually the concept is condemned so that new doctors go out into the world with no knowledge, or even worse, an antipathy toward this most useful method.⁵⁵

In the *Canadian Medical Association Journal*, May, 1964, under the title of *The London Letter*, Dr. S.S.B. Gilder, wrote of the recent inaugural meeting of the *Association of Manipulative Medicine* in Britain as follows:

Teachers of medical students know little of indications for, or contraindication to, manipulation or its technique, and therefore cannot teach it. Thus the young practitioner may be irritated to find that his un-manipulated patients have sought relief from a layman and may project his irritation on to manipulation rather than his ignorance.⁵⁶

One must, of course, recognize that these statements may not have resulted from sound research studies into the efficacy of spinal manipulative therapy but were opinions based upon years

of observation, knowledge and clinical experience. They were, nevertheless, a compelling indictment of organized medicine's failure to investigate what had come to be seen as a valuable new system of health care.

Findings of the Commissions

The extent of the predicament which this ongoing debate created is seen in the fact that the three major enquiries each proposed different solutions.

The Hall Commission had intended to conduct a sociological study of chiropractic but after hearing the evidence on both sides decided that a scientific study would be required. However, by the time this was realized it was too late to begin another investigation and still meet the Commission's deadline for completion of its report. To overcome this problem the Commission decided to make a recommendation that would keep chiropractic under consideration until further studies had been completed by another government enquiry.

Accordingly, the Hall Commission recommended that any government health insurance plan should provide for chiropractors' services to be included "when prescribed by a physician"⁵⁷ until such time as the validity of chiropractors' claims could be determined by the Royal Commission on Chiropraxy and Osteopathy in Quebec.

The findings of this Commission, chaired by Mr. Justice Gerard Lacroix, were of particular significance. It was not studying the entire health care system as had the Hall Commission, but was focusing on chiropractors and osteopaths. The investigation was much more comprehensive and was designed to determine whether chiropractic was:

- a valid health service and
- whether it should be regulated under a chiropractic statute in the Province of Quebec.

The Commissioner expressed concern over what he termed the "perilous" situation which had evolved in Quebec during several decades of unregulated chiropractic practice.

He also expressed concern over the attitude of the medical profession. In addressing a convention of the California Chiropractic Association in 1967, Mr. Justice Lacroix said:

When I first started this study, it came as a surprise to me to learn that much of the opposition by traditional medicine was based on bias and prejudice, ignorance and refusal to learn about chiropraxy (chiropractic). I thought it safer to know and understand before judging.⁵⁸

In order to reach as full an understanding as possible he visited chiropractic colleges, spoke with the presidents of the institutions as well as members of their faculties, visited and communicated with medical practitioners and representatives of governments.

In some of the chiropractic submissions to this Commission reference had been made to the importance of a "primary spinal diagnosis", which was, in essence, a spinal analysis. The Commissioner determined that this was not sufficient to protect the

public interest and that a differential diagnosis was "absolutely necessary and indispensable".⁵⁹

The Chiropractic Act, which was adopted in Quebec in 1973, requires that a chiropractor determine, by clinical and radiological examination, whether a patient's condition falls within the scope of practice of chiropractic or whether the patient should be referred for appropriate care.

The findings of the Lacroix Commission were:

- a) the technique of manipulation used by chiropractors is to be retained;
- b) it is to be applied "only in cases indicated by a sound and complete differential diagnosis;
- c) chiropractic education must encompass a four-year course of study plus one year of internship that would "provide the knowledge required in order to make a differential diagnosis".⁶⁰

The Commission also found that "treatment by manipulation is difficult and dangerous" and may only be applied by persons "with long and adequate specialized training in this technique". It further found that such training did not form part of the curriculum in the education of either medical practitioners or physiotherapists. In contrast, the report stated that "chiropractors, in accordance with the present standards of their clinical instruction, in an accredited school, do receive an adequate training for this purpose".⁶¹

Ontario's Committee on the Healing Arts commenced its investigation about three years after the Lacroix Commission. Its findings were generally quite positive and recommendation number 284 was quoted at the beginning of this presentation.

Recommendation 281, however, was a different matter, and it was challenged in a minority report by the Chairman of the Committee, Mr. I.R. Dowie. The Ministry of Health acted in accordance with the minority report and this recommendation was never put into effect. It was worded as follows:

That the public continue to be free to consult chiropractors directly and without medical referral, but that before chiropractic treatment is commenced a differential diagnosis by a qualified physician be required to ensure that manipulative therapy is not contra-indicated; however, a physician should not in any way prevent a patient from resorting to chiropractic treatment if the patient so desires.⁶²

The minority report objected as follows:

Since it is acknowledged in Chapter 21 that we know of no real evidence that people are harmed by chiropractic treatment, I am unable to reconcile this recommendation with our views on the rights of individuals . . . the competence of the chiropractor to diagnose is adequate for the protection of his patients and there is no justification for interfering with the patient's right to receive such treatment as the chiropractor prescribes.⁶³

Chiropractic care was then added to the Ontario Health Insur-

ance Plan in 1970 without requiring referral or examination.

Recommendation 283 dealt with the subject of patients' rights in the following words:

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.⁶⁴

The neglect by the medical profession of the benefits of physical methods of treatment, which was expressed in the Hodgins Commission's report in 1917, was re-emphasized in 1970 as follows, by the Committee on the Healing Arts:

The Committee is also concerned that the potential therapeutic benefits of manipulation have been neglected by the medical profession, and we detect in this neglect a direct relationship to the continuing controversy over the practice of chiropractic as well as the efficacy of manipulation therapy.⁶⁵

While all of this activity was going on, the CCA had been working quietly in the background, helping its provincial divisions to obtain regulatory legislation. After the passing of Manitoba's Act in 1945, the following jurisdictions were added to the list:

Yukon Territory	1955
New Brunswick	1958
Prince Edward Island	1968
Quebec	1973
Nova Scotia	1974
Newfoundland	1992

The only outstanding jurisdiction is the Northwest Territories.

Recent significant developments

In 1990 it was announced that her Royal Highness the Princess of Wales had graciously agreed to serve as patron for the Anglo-European College of Chiropractic in Bournemouth, England.

Also in 1990, in Seattle, the Consensus Conference on the Validation of Chiropractic Methods⁶⁶ resulted in an agreement to subject chiropractic methods and devices to scientific evaluation and standardization.

In the same year the *British Medical Journal*⁶⁷ published a study carried out by the Medical Research Council, which found that patients suffering from back pain gained greater benefit from chiropractors than from conventional treatment in National Health Service hospitals. The finding was welcomed by the British Chiropractic Association which said it would seek acceptance by the National Health Service for its members and their methods.

Harvard University published a report on this British study in the *Harvard Medical School Health Letter* and Canada's *Medical Post* advised physicians across this country of the

efficacy of chiropractic care, as reported in the *British Medical Journal*.

In 1991 the newly formed World Federation of Chiropractic held its first scientific congress, in conjunction with the American Back Society, in Toronto. Its second scientific congress took place in London, England, in 1993, and was co-sponsored by the World Health Organization. The international gathering was officially opened by Her Royal Highness, Diana, Princess of Wales.⁶⁸

Finally, the long standing restriction against chiropractors in Ontario using the title "doctor" was removed. The original restriction had been recommended to the Minister by the College of Physicians and Surgeons when the Drugless Practitioners Act of 1925 was being drafted. The restriction was in effect for 66 years in spite of the profession's progress. In 1991, however, with the passing into law of the Regulated Health Professions Act and the Chiropractic Act,⁶⁹ chiropractors came under new statute which authorized the use of the title by the five professions given the ability and the right to diagnose; chiropractic, dentistry, medicine, optometry and psychology. Currently this legislation is awaiting proclamation in December.

Our profession has indeed come a long way from the day, in 1921, when the Ontario Medical Association said, "it only is a system of gross and pitiable ignorance"; or from that day in 1958, when the solicitor for the College of Physicians and Surgeons wrote:

like all institutions built upon a foundation of sand . . . chiropractic . . . will disintegrate and collapse.⁷⁰

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