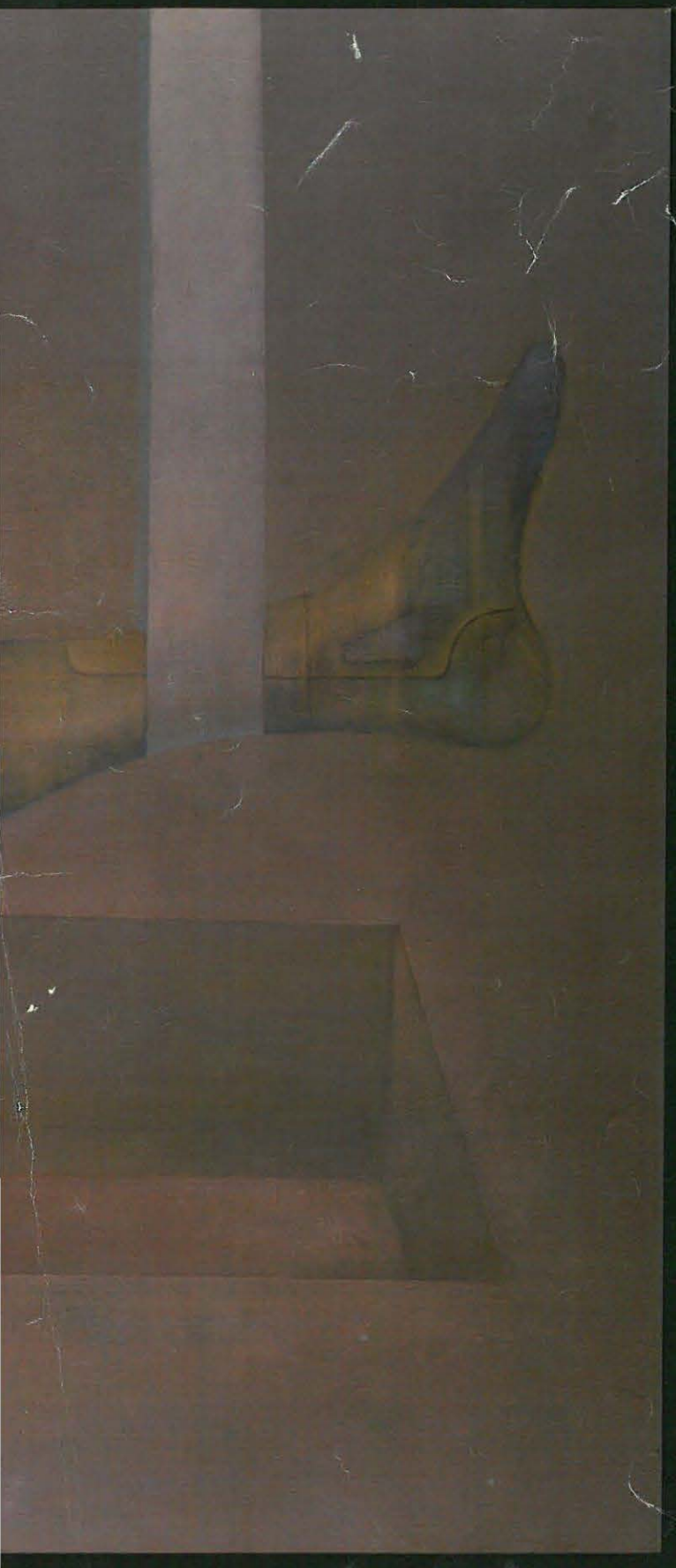

MEDICAL GENOCIDE

PART THREE

The American medical establishment's total war against chiropractic has left millions of suffering patients as casualties.

PAINFUL TREATMENT

BY GARY NULL

To millions of Americans, chiropractic adjustments are the only reasonable way of relieving chronic pain. But, as pointed out in last month's story, "The War On Chiropractic," if it were left to the American Medical Association, chiropractic would have ceased to exist many years ago. Claiming chiropractic to be a cult with no scientific validity, the AMA, in 1963, formed a special investigative unit which had as its assigned task the isolation and elimination of chiropractic. A plan for this was drawn up by an attorney named Robert Throckmorton, who worked for the AMA as its general counsel. His plan involved insurance companies, hospitals, state medical-licensing boards, public and private colleges, and lobbying efforts.

The legality of the AMA's actions was finally challenged in 1975, when five chiropractors filed an antitrust suit against the AMA and ten other medical organizations. The suit went to trial in federal district court in Chicago in late 1980, and the jury found the defendants not guilty. But in 1983, a federal circuit court judge ruled that the case must be retried.

The case is still pending, but the evidence that has so far been presented demonstrates the power that has been

PAINTING BY MICHEL HENRICOT

wielded to manipulate and control health care in the United States.

The AMA was willing to go to great lengths to carry out its antichiropractic campaign. Nowhere is this better illustrated than in its "containment" of physicians' studies on chiropractic that were conducted for workmen's compensation boards.

The Oregon Workmen's Compensation Board once scheduled a seminar for all providers of health care to industrial-accident victims. These providers included osteopaths, medical physicians, company doctors, and others involved in workmen's compensation programs. A chiropractor was invited to address the group.

When the session was first proposed, the Multnomah County Medical Society and the Oregon State Medical Society, without the knowledge that a chiropractor was to be involved, planned to cosponsor the meeting in order to help build interest in it. Medical physicians who attended it, they announced, would receive continuing medical-education credit toward their license-renewal program. But when it became known that a chiropractor was going to address the session, the medical societies immediately withdrew their sponsorship, and notified prospective attendees that they would *not* receive education credit for attending. In fact, some of the medical panel members then backed out, and the program went forward with a much reduced attendance.

What a tragedy—that skilled physicians would refuse to listen to another licensed health-care provider explain how to treat injured industrial workers, when evidence indicated that his profession got markedly superior results in reducing human pain and agony and in reducing the costs of industrial accidents.

It is ironic that one of the AMA's major arguments against chiropractic is that chiropractors do not do research in their field. This has been largely true until recently, because chiropractic was a profession struggling with limited resources, and was not able to support a cadre of researchers. The graduates of chiropractic colleges went out and practiced; they relied on clinical results rather than formal research. The AMA criticized their failure to publish.

But in academic parlance, to "publish" a paper often means to read it to one's peers at a conference, where the work is subject to colleagues' questions and criticism. Yet, in the case of the Oregon seminar—when medical physicians had the opportunity to examine and criticize the ideas of a chiropractor—they decided instead to boycott the session, effectively preventing the chiropractor from sharing his findings.

The individual doctors cannot be entirely blamed: They were under terrific pressure from their medical societies. But, collectively, they are responsible for the policies of their elected medical-society and AMA leaders, who put them in such a position.

Another example of the AMA's attempting to sabotage chiropractic education in a manner that was directly damaging to its own membership and their patients is the case of Dr. Philip R. Weinstein, a California neurologist. Dr. Weinstein had given many lectures to chiropractors on diagnosing illnesses of the spine before he learned of the extent of the AMA's opposition to interprofessional exchanges with chiropractors. He testified at the trial that chiropractors—who often serve as portals of entry to the health-care delivery system—ought to be better able to recognize several, more exotic physical conditions. They would thus know when to refer their patients to their medical colleagues (thereby benefiting medical doctors as well as patients).

But pressure was brought to bear on Dr. Weinstein, and he canceled his lectures. His letter to a chiropractic group reads, "Please accept our sincerest apologies for this late cancellation due to circumstances beyond our control. We were unaware that delivering medical lectures to your [organization] was prohibited." But the AMA's efforts went far beyond canceling or undermining a few professional seminars.

> The most insidious and indefensible activities exposed at the trial were the efforts by medical groups to prevent chiropractors from improving their educational base.

Perhaps the most insidious and indefensible activities exposed at the trial were the efforts by medical groups to prevent chiropractors from expanding or improving their educational base. While the only issue in the court case is whether or not this was in violation of antitrust statues, the question for the public is much larger: whether a private organization hindered learning, study, and expression of ideas. In effect, the AMA sought to establish absolute control over the dissemination of medical and health information in the United States.

In its zeal to destroy chiropractic, the AMA had committed itself, through Robert Throckmorton's master plan, to contain chiropractic schools: "To the extent that [the schools'] financial problems continue to multiply, and to the extent that the schools are unsuccessful in their recruiting programs, the chiropractic menace of the future will be reduced and possibly eliminated."

The AMA maneuvered on many fronts. In order that "the [schools'] financial problems" should "continue to multiply," the AMA tried to prevent the government from granting chiropractic students guaranteed student loans. More successfully, it also tried to put a stop to government grants for research and teaching at chiropractic colleges.

The AMA also sought to keep chiropractic schools from gaining accredited status, thereby discouraging the better students. For a long time, chiropractic colleges were accredited only by the chiropractors themselves. There were two accrediting groups: one sponsored by the International Chiropractors' Association (representing "straight" chiropractors, who offer only spinal manipulation), the other sponsored by the American Chiropractic Association (the "mixers," who provide additional modalities of therapy, such as nutrition counseling).

In the sixties, the AMA argued that chiropractic education did not meet minimal standards because the two accrediting organizations were not, in turn, accredited by any nationally recognized accreditation agency, such as the North Central Group or the New York Board of Regents. But at that time the chiropractic accrediting organizations had not been government-certified.

The AMA had publicly shed crocodile tears at what it said was the poor state of chiropractic education. Now it went into high gear to see that the status quo didn't change. In every state, it lobbied to oppose the creation of a government-approved accreditation body. Accreditation is a quantum leap forward in status for any school, and the AMA feared that the designation of a national accreditation body for chiropractic colleges would make it hard to continue to criticize those schools. And it was right.

To the credit of HEW's Office of Education, which was made up of educators rather than medical doctors, the AMA's pressure was resisted. The educators' response to the AMA was to insist that their job was to see that the proposed accreditation body met formal standards—not to become mired in a petty conflict between competing health-care systems. In 1974, the HEW Office of Education sanctioned the Council on Chiropractic Education as the national accreditation body for chiropractic schools.

This had a tremendous impact on improving educational standards at the chiropractic colleges. Whereas at one time faculty-student ratios were poor, there are now 129 professors for 1,800 students, for example, at the Palmer College of Chiropractic in Davenport, Iowa.

Chiropractors across the United States cooperated in asking legislatures to pass laws that would require two years of pre-

professional education before students matriculated into a chiropractic college. In other words, a total of six years of post–high school education would be required for the Doctor of Chiropractic degree. The chiropractic organizations supported that upgrading of their profession, even though they feared that young people contemplating a chiropractic career, perhaps already intimidated by the AMA attacks, might be reluctant to submit to a six-year program. The chiropractic groups, nevertheless, took the risk of losing some less highly motivated students, because their commitment to serving the public and upgrading their profession demanded high educational standards.

LEANING ON THE UNIVERSITIES

The results caught the AMA and the state medical societies by surprise. As state legislatures endorsed preprofessional courses for chiropractors, educational institutions began to make arrangements to offer high-quality undergraduate chiropractic programs.

In New York State, C.W. Post College, a division of Long Island University, was asked by Indiana's Lincoln College of Chiropractic to cooperate in establishing a preprofessional course, and indicated it would do so.

The AMA decided to try to scuttle the program. A doctor on the AMA's Committee on Quackery published a series of articles in the medical-society newsletters sent to physicians all over New York State.

With exaggerated bombast, the doctor intoned that "the lights of the Empire State have gone out," because one New York school was contemplating teaching courses to chiropractic students. He implored medical physicians to pressure the academic officials at C.W. Post to drop their plans.

The AMA had a lot of ammunition it could bring to bear, since any school with a premed program or any other preparatory program for health professionals has to worry about maintaining its friendships with medical organizations. If a school can't get its premed students admitted to medical schools, its program is worthless.

An example of the pressure tactics used on C.W. Post appeared in the July 1972 issue of the journal of the Medical Society of the State of New York, in an article headlined: LONG ISLAND UNIVERSITY SAYS IT WILL NOT TEACH PRE-CHIROPRACTIC STUDENTS. It reported that "the proposal was protested vigorously by the Medical Society of the State of New York in a letter which the Medical Society of the State of New York Executive Vice President . . . sent to medical and community leaders and the Deans of the State's medical schools. Ernest R. Jaffe, Acting Dean of Albert Einstein College of Medicine of Yeshiva University, also added his disapproval in a letter to L.I.U. Dr. Jaffe said: 'I urge you to take all appropriate measures to terminate any relationship with the Lincoln College of Chiropractic. It can only bring discredit to your university.' "

Sadly, C.W. Post capitulated to this pressure, terminating all discussions with the chiropractic college. Thus the medical societies succeeded. This conduct strikes at the very foundation on which our health-care systems—indeed, our democratic traditions—are based, and that is education. To this day, C.W. Post has not reversed itself.

Nor was C.W. Post College the only institution pressured by medical organizations. Morehead State University in Kentucky also decided to add a prechiropractic curriculum. Members of the Kentucky State Medical Society, including a doctor who was a member of the AMA Committee on Quackery, informed Morehead's president that the university's accreditation would be reviewed if the chiropractic program went forward. To his credit, the president stood firm. Morehead offered the program.

The medical establishment's concept of "ethics" apparently became so twisted that it no longer had any bearing on patients' welfare—only on its own economic welfare.

The same thing occurred in St. Paul, where the College of St. Thomas entered into a cooperative program with the Northwestern College of Chiropractic. The AMA and the Minnesota Medical Society, the trial evidence showed, took steps to try to terminate that relationship.

It is difficult to understand how medical physicians and their trade associations, who have received billions of dollars in public funds for their schools and their services, had the temerity to work to prevent educational improvement for other health-care professions. Their concept of "medical ethics" apparently became so twisted that it no longer had any bearing on patient welfare—only on their own economic welfare.

The New York Board of Regents also came under intense pressure from the AMA. Many years ago, the Board of Regents had approved graduates of the National College of Chiropractic in Lombard, Illinois, to practice in New York.

The New York State Medical Society, working at the behest of the AMA, tried to get the Board of Regents to revoke National's accreditation. The board asserted that its decision would not be influenced by partisan, competitive considerations. Its responsibility was to carry out the mandate of the state legislature to impose minimum standards for anyone practicing in the health-care field in New York State. National College met its criteria in all respects.

But National was not so lucky in its relations with Illinois institutions. The school was involved in a television program sponsored by a group related to the University of Illinois College of Medicine, and the Illinois State Medical Society. When the AMA found out about it, the chairman of the board of trustees of the Illinois State Medical Society wrote to the executive dean of the University of Illinois College of Medicine on January 11, 1974, as follows:

"I call this to your attention since the article implies that the University of Illinois College of Medicine is favorably disposed towards the National College of Chiropractic.

"Any time chiropractors can gain a foothold by reporting on collaboration with the Medical Center, it will give them status. It might be wise to prohibit any contact of any kind at any time by persons at the Medical Center with any chiropractor. You might wish to discuss this with . . . others who have been involved in this problem. I would appreciate knowing the disposition of this matter."

The University of Illinois is a tax-supported, public institution, and chiropractors and their patients pay taxes to support it. Yet the head of the Illinois State Medical Society asked the university to blatantly discriminate against members of a state-licensed health profession.

Placing this kind of pressure on academic institutions was central to the strategy of the AMA and the other medical organizations involved. If chiropractors had access to the same university privileges that the medical profession enjoyed—including internships and residencies in university medical-school hospitals—it would totally undercut the medical profession's arguments that chiropractors lack the education necessary to diagnose or treat human ailments.

CHIROPRACTORS AND HOSPITALS

The AMA realized in the early 1960s that chiropractors would soon turn their attention to gaining hospital privileges. At the trial, one of the defendants' attorneys told the jury that patients go to hospitals "for medical care." The chiropractors' lawyer, George P. McAndrews, replied—and the difference is more than semantic—that patients don't go to hospitals for medical care, they go to hospitals "to get well." The hospital is not supposed to be a low-overhead business office for medical physicians.

Hospitals take care of both acute and chronic cases. There are many people in hospitals who have difficulties with their neck or back. They may be in the or-

thopedic wards in traction. They may be in the general medical-care wards, where they are just obtaining bed rest. They may be in the presurgery wards, where, in all probability, they would benefit from a second opinion before undergoing surgery from a doctor highly skilled in musculoskeletal mechanics, such as a chiropractor.

Among the hospital patients most likely to be in need of chiropractic care are women in the maternity wards. This issue was raised at the trial during the testimony of the late Irvin Hendryson, M.D., a distinguished orthopedic surgeon who had been a professor of surgery at the University of Colorado and a member of the board of trustees of the AMA.

Dr. Hendryson had first become aware of chiropractic in the Army as a combat surgeon during World War II at Guadalcanal. A chiropractor serving as his orderly seemed to have very good results in relieving back and neck pain, at least comparable to those of the orthopedic surgeons in nonsurgical cases. Subsequent to his wartime experience, Dr. Hendryson made further observations about the value of chiropractic adjustments in other situations. He submitted a report detailing these observations to the AMA, which refused to publish it. In his testimony, Dr. Hendryson noted that women in pregnancy, particularly during the final trimester, have all sorts of mechanical problems involving the back and neck. This is the result of human evolution: Instead of the womb being suspended gracefully from the midpoint of a horizontal spine, its weight centered between the sturdy pillars of two pairs of legs—as it is in four-legged animals—the human womb is carried awkwardly during pregnancy, in front of a vertical spine. The dislocation of the spinal vertebrae caused by this off-center weight can cause tremendous pain and discomfort as the fetus's weight increases.

His trial testimony illuminated the AMA's attitude toward women. Literally tens of millions of women have had to suffer unrelenting back pain during their pregnancies, or risk the adverse effects of drugs on themselves or their babies, because they were not informed of the benefits of chiropractic care during pregnancy and labor. To quote Dr. Hendryson:

"It is commonly known that in the third trimester of pregnancy, unrelenting, unmitigated back pain is one of the prices that is paid for perpetuation of the race. I have learned from personal experience that general manipulations of backs in this particular condition has given these women a great deal of physical relief, and has permitted them to go on to term and deliver without having to be bedfast during the latter term of pregnancy.

"I would not for an instant indicate that it is manipulation alone that permits these women to go on and carry on normally, for at the present time we are giving them manipulation to relieve them of their acute symptoms and also fitting them with support, which is well recognized in medical practice. However, I must say that I am impressed by the many cases who are able to go on to term, to manage their households, to lead a comparatively comfortable third trimester without having to be hospitalized or given traction, heat, support and all the rest of it."

This information, in the normal course of events, should have been published and made available to gynecologists and obstetricians. If it relieved back pain for five minutes in every woman who has delivered a baby in the 20 years since then, that would have been a significant contribution to health care in this country.

But if asked, few obstetricians would say that they have heard that chiropractic adjustments, either during the third trimester or during labor and delivery, would be helpful. They will most likely respond by saying, "No, and I don't believe it would help, otherwise I would have read about it in the medical journals."

> The AMA's actions are a classic illustration of a powerful special-interest group imposing self-serving rules on public institutions.

The reason they have not read it in the medical journals becomes clear from the minutes of an AMA Committee on Quackery meeting, at which it was decided to suppress Dr. Hendryson's report: "[One committee member] stated that many orthopedic surgeons have manipulated for years, and they probably learned these procedures on their own and not from chiropractors. He commented that there would be a strong likelihood of Dr. Hendryson's report being misconstrued if his position were made public."

The AMA, in effect, denied women knowledge of this conservative, noninvasive, nontoxic approach to relief of back pain during pregnancy because they didn't want other medical physicians following Dr. Hendryson's example of learning from a chiropractor.

AMA CONTROL OVER HOSPITALS

The Hendryson report indicated that chiropractic could be of use in the orthopedic wards, in the general wards, and certainly in the maternity wards. Yet, instead of trying to meet that need for the sake of patients, the AMA moved to prevent chiropractors from gaining access to hospital wards.

It did it primarily through an organization called the Joint Commission on Accreditation of Hospitals (JCAH), which is sponsored by the AMA, the American College of Surgeons, the American College of Physicians, and the American Hospital Association (all of which are defendants in the five chiropractors' suit). It is the JCAH—a private group—which accredits, and thereby controls, hospitals in the United States.

From accreditation, many benefits flow. From lack of accreditation, many problems can arise. Any hospital that loses its accreditation faces the loss of its internship and residency programs, its nursing affiliations, and its automatic checkoff for direct insurance payments. Its malpractice-insurance rates would soar, and the interest on its financial bonds for building would probably increase. The JCAH also apportions work (and hence, income) among medical specialists. For instance, the JCAH can require that all hospital X rays be read by a radiologist, even though, in many cases, a family practitioner could do it at a savings to the patient.

In the late 1960s, the AMA asked the JCAH to add a new standard as a condition for accreditation. The new standard sounded innocent enough. It simply required all members of the medical staff in an accredited hospital to adhere to the ethics of their profession. The footnote to the standard referred to the AMA's Principles of Medical Ethics, which prohibited its members from all forms of exchange with chiropractors.

This was the barricade that the medical societies used to keep chiropractors out of hospitals.

Most medical physicians need hospital privileges. They must have access to a hospital when their patients' conditions require it. Years ago, a sole medical practitioner could ordinarily survive without worrying about the AMA. But that changed dramatically when the JCAH made hospitals agree to enforce the AMA's Principles of Medical Ethics on all its attending physicians.

This put a tremendous burden on the individual M.D. who might want to consult with or refer a patient to a chiropractor, even in his private practice. The fact that he didn't associate with the chiropractor at the hospital would be immaterial. He would still be considered an unethical practitioner. The ethics committee at the hospital would then be required to call him in and say something like the following: "Because you are dealing with a chiropractor, you are unethical. Our choices are to dismiss you from the medical staff, or to run the risk of losing accreditation for the hospital."

When doctors were faced with this threat—that association with chiropractors would mean committing profes-

sional suicide—the outcome was predictable.

When the AMA was able to get that standard instituted, chiropractors' efforts to obtain consultative or support services were dealt a staggering blow. The JCAH aided and abetted the AMA, as the following letter, dated August 13, 1974, from the commission to a hospital administrator, shows: "Any arrangement you would make with chiropractors and your hospital would be unacceptable to the Joint Commission. This would be in violation of the *Principles of Medical Ethics* published by the American Medical Association that is also a requirement of the Joint Commission on Accreditation of Hospitals."

Since most legislators feel uncomfortable dealing with medical matters, the medical profession has been allowed to grab almost complete power in regulating the health-care industry. That this private power can then be turned back to thwart the will of the people is demonstrated by another letter, dated January 9, 1973, from the JCAH to a hospital in Silver City, New Mexico: "This is an answer to your letter of December 18 referring to a bill which may be passed in New Mexico that hospitals must accept chiropractors as members of the medical staff. You are absolutely correct—the unfortunate results of this most ill-advised legislation would be that the Joint Commission could withdraw and refuse accreditation of the hospital that had chiropractors on its medical staff."

The medical trade associations were able to enhance their members' incomes by restricting the use of publicly subscribed facilities and equipment to their members only. The radiologists and orthopedic surgeons, for example, have free access to all of the facilities of a hospital for the care of their patients. They invest nothing in the purchase of hospital equipment. The cost of X-ray equipment does not have to be added to the costs of doing business.

On the other hand, the chiropractor down the street, who may be taking care of a patient with the same type of back or neck problems, has to invest $5,000 to $25,000 in X-ray equipment and add that amount to his overhead. It should be obvious that the medical physicians, with less overhead, realize a substantial profit from having their costs covered by a tax-supported or publicly subscribed hospital.

Moreover, since most hospitals pride themselves on their status as community health-care centers, it seems anomalous that patients can seek health care at such facilities only if they choose health-care providers whose trade associations have gained control of the facility.

Here is a reason given by one medical physician for keeping chiropractors and their patients from using hospital facilities: "Once chiropractors can freely send their outpatients to our hospitals, they'll soon be able to admit inpatients. Once they can get all the scientific studies they order, it will be hard to refuse them medical staff membership on the ground that their practice is unscientific."

Note that the doctor made reference to the hospitals as though they belonged to the medical physicians. He referred to "our" hospitals. If this viewpoint is widely held, then it would seem that the time has come for state legislators to reclaim hospitals for their owners and for the patients who rely on them for health care.

It is not only state legislatures that have been bamboozled by the AMA through the JCAH. Congress, and even another powerful lobby, the veterans' associations, have not been immune to the AMA's arm-twisting.

Many veterans, victims of trauma resulting in disabling neck and back injuries, seek care from chiropractors. These veterans and their organizations have repeatedly asked Congress either to allow chiropractic care in the VA hospitals or to reimburse hospitalized veterans for outpatient chiropractic services.

Medical trade associations have been able to thwart veterans' organizations and even Congress on the chiropractic issue.

Yet the medical trade associations have been able to thwart the veterans' organizations and even Congress on the chiropractic issue. They have been able to do this by simply stonewalling congressional suggestions that the veterans' hospitals authorize increased use of chiropractic care, and by threatening Congress with a potential disaffiliation of all medical schools from veterans' hospitals. This unelected "government," composed of medical physicians, can intimidate even the Congress of the United States with letters such as that sent to a congressional committee as recently as June 12, 1979, which states: "The fact that the Federal Government now pays for chiropractic services in a variety of programs including Medicare does not persuade this Association [of American Medical Colleges] that the practice should be extended to the programs of the VA. Previous decisions to include chiropractic services among those that are paid for by the Federal Government were improper; to now make them available to beneficiaries of the VA would simply compound the original mistake.

"Once this Pandora's box is opened, there would seem no logical basis for refusing to include chiropractic 'physicians' on the medical staffs of the VA or the house staffs. Should this happen the medical schools of the nation might well reconsider the propriety of continuing the mutually beneficial affiliations of the last three decades."

It is very unlikely, at this juncture—with the five chiropractors' case still pending and the Illinois State Medical Society, the third largest state medical society in the country, no longer backing the AMA position—that the AMA would be willing to risk the veterans' and the public's wrath by boycotting the VA hospitals. The AMA would stand exposed of making veterans the unwitting hostages of its crude machinations. After all, no one is suggesting that veterans be forced to seek chiropractic care; all that is asked is that they be allowed to do so if they believe they can obtain more effective care from a chiropractor than from a medical physician.

One may ask if the time has come for either the state or federal government to seriously consider whether an accreditation body like the JCAH should be allowed to continue to function. It represents only one licensed-provider group (medical physicians) and excludes from its deliberations consumers and patient representatives, in addition to all other licensed-provider groups (podiatrists, clinical psychologists, optometrists, and chiropractors). At least the accreditation group should have to sever its ties with private trade associations that seek to control its functions, or be opened to broader influences in the public interest.

THE FUTURE: COOPERATION

The recent decision by the Illinois State Medical Society not to back the AMA's position on chiropractic is heartening evidence that the future will bring increasing cooperation and communication between M.D.s and chiropractors, and that chiropractors will eventually be welcome in hospitals. Of course, the transition will demand goodwill on both sides.

The medical organizations have spent decades indoctrinating their members to believe that chiropractors should not be allowed to participate in the delivery of health care—particularly when that health care is delivered in an institutional setting. Efforts will have to be made by all parties to break through this legacy of suspicion. Trust requires communication. Good communication requires understanding. There will be a period when medical physicians and chiropractors size each other up and learn the particular terminology used by the other profession. But in the long run, medical physicians who are concerned for their patients' well-being will be pleased to re-

fer cases they can't treat to chiropractors competent to do so. And vice versa, of course.

There are signs from widely varied sources that a rapprochement will come about either voluntarily or, if the medical organizations resist that course, through the courts and legislatures.

In October 1979, the New Zealand government issued a report prepared by a Royal Commission of Inquiry investigating the subject of chiropractic. The study was conducted over a period of 18 months in five countries (New Zealand, Australia, Canada, the United States, and England). The Commission of Inquiry concluded:

"The hospital boards should, under suitable conditions, allow chiropractors access to hospitals: (a) to treat patients who wish to have such treatment and would benefit from it; (b) to assist with general health care by providing spinal manual therapy in appropriate cases; (c) to further their clinical education and training."

The commission was very specific in analyzing the limitations that stemmed from the isolation imposed on chiropractors by the medical organizations: "In the public interest and in the interest of patients, there must be no impediment to full professional cooperation between chiropractors and medical practitioners.

"Chiropractors should, in the public interest, be accepted as partners in the general health care system. No other health professional is as well qualified by his general training to carry out a diagnosis for spinal mechanical dysfunction or to perform spinal manual therapy."

In the United States, the physician members of the American Academy of Physical Medicine and Rehabilitation, the American Osteopathic Association, and now the Illinois State Medical Society have announced that they will impose no ethical or collective impediments to chiropractors seeking to achieve those goals here.

Moreover, medical physicians in the United States have long recognized that vital health-care functions performed by chiropractors are not otherwise available. Dr. John McMillan Mennell, a distinguished orthopedist and expert in pain control, sent a letter dated October 28, 1968, to the HEW panel on Medicare coverage for chiropractic in which he participated, which reflected his respect for the capabilities of chiropractors: "Manipulative therapy relieves symptoms of pain arising from mechanical joint dysfunction and restores lost joint function. No other modality of physical treatment can do this as effectively. This is clear from personal experience, from assessing the value of manipulative therapy in my practice, from experiences related by intelligent well-educated people in all walks of life including other doctors. . . . From the best figures available to me I would suspect that nearly 20 million Americans today could be spared suffering and be returned to normal pain-free life were manipulation therapy as readily available to them as empirical nonspecific drug treatment is."

The role we, the public, play in upcoming legislative battles, and in bringing political pressure to bear on the AMA to revise its Principles of Medical Ethics and settle with the chiropractors, is a crucial one. Power groups such as trade associations often attempt to become lawmakers by creating private rules that extend their control and influence far beyond that intended by legislatures.

The AMA's actions in the health-care field are a classic illustration of a powerful special-interest group imposing self-serving rules on supposedly public institutions. When such groups go so far in their arrogance as to severely cripple an important health-care profession, suppress valid scientific studies, override educational institutions, state legislatures, and even Congress, serious damage is done to the public interest, and we must respond. And even when this damage is finally rectified, we must remember how much power we allowed one group to amass, and be vigilant to prevent it from happening again.

Meanwhile, let us hope for an early resolution of the case, so that doctors and chiropractors can begin the challenging task of learning to work together for the mutual benefit of both groups' patients.

Editor's note: Reprints of Gary Null's Penthouse *articles on America's health crisis are available to readers free of cost. Please send a stamped, self-addressed, envelope to: Editorial Department,* Penthouse *Magazine, 1965 Broadway, New York, N.Y. 10023-5965.*

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