

A Survey of Sets of Principles of Chiropractic

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ABSTRACT: The author conducted a hand search of the RMIT University general collection, its Historical Chiropractic collection, and the author's own collection, to purposefully select texts reporting or discussing principles of chiropractic. A search of the Index to Chiropractic Literature was also conducted to extract articles which contained evidence-based comment relevant to the principles of chiropractic. Early copies of the *Journal of the Australian Chiropractors' Association* were also hand-searched. A contemporary context was found from a critical review of the Conference on Philosophy in Chiropractic Education sponsored by the World Federation of Chiropractic (WFC) and held in Florida in November 2000. This review is published elsewhere (Ebrall PS. Philosophy in chiropractic education—the importance of globalisation as opposed to Americanisation [guest editorial]. *Chiropr J Aust* 2001; 31:1-7). Review of the selected literature in the contemporary context allowed the synthesis of the theme of consistency over time and congruence with the founding premise, providing a framework into which the published understandings of chiropractic principles could be placed. This survey documents the major contributions to the development of understanding of the principles of chiropractic and leads to the synthesis of three contemporary principles of chiropractic which encapsulates the historical principles and related critical comment in the literature base of the chiropractic profession.

INDEX TERMS: (MeSH) CHIROPRACTIC; VITALISM; HUMANISM. (OTHER) CHIROPRACTIC PRINCIPLES; CHIROPRACTIC PHILOSOPHY; HOLISM; NATURALISM; CONSERVATISM; RATIONALISM.

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INTRODUCTION

Chiropractic's contemporary intraprofessional argument is about the profession's intellectual credibility in terms of whether the subluxation is accepted as a belief or remains an entity which can be critically questioned. This is the essence of philosophical debate and is similar to that in many fields of human pursuit. In this regard the underlying dichotomy of the philosophy of chiropractic may be seen as the tension between two schools of thought: *vitalism* and *mechanism*.

Vitalism is a miscellany of beliefs united by the contention that living processes are not to be explained in terms of the material composition and physico-chemical performances of living bodies. In contrast, mechanism is the system of beliefs or lack of beliefs to which modern biology and medicine owe their triumphs, and which consists, methodologically, of behaving as if all vital activities could be adequately explained in terms of material composition and physico-chemical performance. The mechanistic view of life dates back to the scientific revolution of the seventeenth century and derives from Descartes' theory of the universe as a machine¹ which can be understood by reduction to individual parts.

Tensions between the two are evident from the earliest chiropractic writings and still require there to be two

professional associations for United States chiropractors, the more mechanistic American Chiropractic Association and the more vitalistic International Chiropractors' Association. The fact that two professional associations co-existed in Australia until the formation of the Chiropractors' Association of Australia in the early 1990s was not so much a divide on mechanistic *versus* vitalistic issues, but rather Australian-trained *versus* overseas-trained practitioners.

A balanced viewpoint is attempted in this paper which suggests that no matter whether one comes from a mechanistic or vitalistic perspective, the reality is rarely a position at either extreme. The differences between the two can be seen as sliding imperceptibly into each other, allowing multiple positions of compromise along the continuum of thought between the two extremes of vitalism and mechanism, or belief and science (Figure 1).

Below this common continuum are three essential areas which feature in this survey of sets of principles. The first is homeostasis, which is the in-built regulatory system of the body. Whether we take the mechanistic viewpoint that the body self-relates because of physico-chemical checks and balances required to maintain life, or the vitalistic viewpoint that this balance is controlled by our innate intelligence as an extension of the greater universal intelligence, is our own concern. Either position is an *a priori* position, meaning we have assumed a position based on observations which have yet to be tested and is not known as a set of facts.

The second area relates to how the subluxation is understood. To some it is a fact that a bone moves out of

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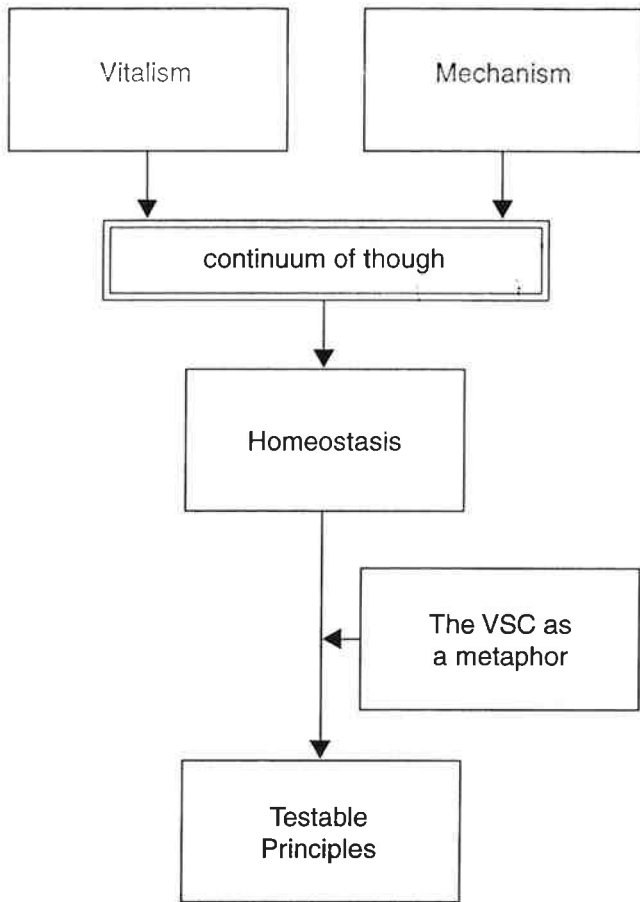


Fig. 1. A scheme of relationships.

place and impinges on neural structures. To others this is not possible except in extreme circumstances, usually traumatic, and their *fact* becomes, perhaps, a neural facilitation secondary to altered stimulus such that only the movement pattern of a functional spinal unit (FSU) is altered.

Chiropractic's founder, Daniel David Palmer, considered the subluxation as a metaphor,² yet this was lost to history until its revival towards the end of the last century.³ There is value in viewing the subluxation as a metaphor. This paper applies this concept as it surveys the various sets of principles which were published throughout chiropractic's first century.

Perhaps the more interesting understanding is that the approach which considers the subluxation as a complex involving a number of dimensions (the vertebral subluxation complex or VSC), actually facilitates a matrix of many 'types' of subluxation, which in turn represents a multiplicity of causes and effects. Some of the earlier sets of principles and their related theories attempted to document this and now, with more advanced instrumentation to explore the anatomy and physiology of the living body, it may well be that the 'century of the VSC' is just beginning.

The third essential consideration depicted in Figure 1 is that any principle of chiropractic should be testable. This means it should derive from a reasonable process of scientific inquiry, typically in the sequence from being a premise to

Table 1

D.D. PALMER'S FOUNDING PRINCIPLE
1910⁴

The subluxated vertebra causes nerve interference which can be corrected by using the spinous process to restore normal vertebra position.

becoming a hypothesis which represents the level at which testing occurs, leading to an evidence-based theory and finally, a principle.

THE ORIGINS OF THE PRINCIPLES OF
CHIROPRACTIC

The founder of chiropractic, D.D. Palmer, collected his many thoughts about the fledgling clinical concepts of chiropractic into a text published in 1910.⁴ Palmer was assertive of the concept of tone, so much so that the title page stated that chiropractic is "Founded on Tone." Palmer himself said, "I founded the science of chiropractic upon the basic principle of tone" (p. 878).⁴

Palmer's writings emphasise the importance of appropriate tone for optimal human functioning, and the principle of "too much or too little" tone can be accepted as the extension of the founding principle of chiropractic (Table 1). Palmer vigorously recommended the spinous process of a subluxated vertebra be used to restore its position and correct the hypothetical cause of presumed nerve interference, thus normalising neural tone.

Palmer considered tone to be the neurally-mediated health of individual cells and body parts.² His notion of tone provided a theoretical bridge between vitalism and subluxation, and allowed the dual concepts of either an increase or a decrease in the tension in the nerve.² Either would alter the vibrational rate of impulse transmission, reflecting a variation of the flow of life force or Innate Intelligence.

In 1915 Arthur L. Forster, an MD and DC, published the first edition of *Principles and Practice of Chiropractic*. Forster, a graduate of the Medical Department of the University of Illinois, was a Professor of Symptomatology and Diagnosis at the National School of Chiropractic and Editor-in-Chief of the *National Journal of Chiropractic*. An enlarged second edition of his text appeared in 1920.⁵ The preface to this volume claimed that the first edition had done much to present "chiropractic to the world on a basis that it carries conviction" and "it has placed chiropractic upon an unassailable scientific foundation." While not presenting a list of chiropractic principles *per se*, Forster included three chapters which specifically addressed the Theoretical Basis, Anatomical Basis and Physiological Basis of chiropractic (pp. 6-46). He continued with very detailed writing on the physiology and functioning of the nervous system and the manners in which it may be compromised, resulting in various clinical presentations.

The principles drawn from Forster can be summarised as "the supremacy of the nervous system," the "influence of subluxation," and the "role of spinal adjustment to correct subluxation and restore health." The depth of Forster's

Table 2

UNDERLYING THEMES DESCRIBED BY FORSTER
1920

1. The nervous system puts into connection all the other systems of the body (p. 40) and normal 'flow' is a condition of health (p. 163).
2. The conduction process is markedly changed by chemical and physical influences (p. 41).
3. The functional activities of all parts of the body are dependent on the amount or strength of the nerve-impulses received by them (p. 42).
4. Sufficient pressure may be applied to a nerve to prevent it from conducting impulses without destroying the nerve itself (p. 43).
5. A reduction in the blood supply to a nerve reduces the function of the nerve (pp. 44-5).
6. An obstruction to venous flow from a nerve impairs the nerve's conductivity (p. 45).
7. An obstruction to lymph flow to a nerve and/or a segment of the spinal cord diminishes the nerve function and conductivity (p. 46).
8. Nerve function may be disturbed by (a) fatigue, (b) malnutrition, (c) traumatism, (d) extremes of temperature, (e) chemicals and drugs, and (f) mechanical conditions (p. 165).
9. Vertebral mal-alignment is the most common mechanical condition to alter nerve function (p. 169).
10. Vertebral subluxation is a slight change in the relative position of a vertebra with the contiguous surfaces of the vertebra above and below it, resulting in an impingement of the structures in the intervertebral foramen by the displaced margins of the foramen (pp. 173-5).
11. Spinal adjustment is the correction of displaced vertebrae and (a) removes the factor which makes it possible for a disease to gain an entrance or foothold in the body, and (b) restores normal nerve impulses to parts deprived of them, thus preventing the continuance of the disease (p. 198).

Taken from Forster AL.⁵

writing, however, is greater than the simplistic "subluxation causes nerve pressure" concept. He had considered the importance of both arterial and venous blood, as well as lymph, to maintain balanced neural nutrition and function, and included a chapter in his book dealing with the internal causes of vertebral mal-alignment (Chapter IV, pp. 188-198), in which the various reflex arcs are discussed. Forster's underlying themes are given in Table 2 to demonstrate the breadth of thought which was evident in the development period of chiropractic.

These themes led Forster to publish a set of principles which are well thought out and carefully enunciate and emphasise the "supremacy of the nervous system." This is an extension of Palmer's original concept of tone and of his major principle that subluxation causes nerve interference.

Recently Coulter,⁶ a contemporary observer of chiropractic, claimed the Palmers (D.D. and B.J.) identified at least five basic principles which were articulated in 1923 by Forster.⁷ Forster listed these at the commencement of his third edition, in Section 1, Chapter 1: *The Origin of Chiropractic*. They are given in Table 3, and it appears these five principles represent a summary of the detailed concepts he had addressed in 1920.

Coulter's statement that these principles were "outlined by the Palmers"⁶ confers an ownership which may not exist. It seems more likely that Forster synthesised these principles from what was generally known about chiropractic at that time, in association with his colleagues at the National School of Chiropractic and with the intent of "placing the subject upon a scientific basis."⁵ His previous two volumes are noted for the omission of any reference to either Palmer in the preface. In fact, Forster dedicated the second edition to William Charles Schulze, who was President of the National School at the time, and attributed a deep obligation to Schulze in the earlier, original preface.⁵

Keating⁸ described conflict between B.J. Palmer and the leadership of the National College, particularly Forster, and perhaps this reflected concern with Forster's publication of his perspective on the basic principles of chiropractic at that time. Howard, the founder of National, was a 1906 graduate of the Palmer School,⁹ and it would seem he understood and accepted Palmer's major founding principle to specifically use a spinous process to correct the cause of nerve interference.¹⁰ Forster's books include a section dealing with the practice of spinal adjusting along with his emphasis on subluxation and its supposed effects at each spinal level.⁵

Table 3

FORSTER'S CHIROPRACTIC PRINCIPLES
1923

1. Subluxations, of the vertebrae, do occur.
2. Such subluxations may cause impingement on the contents of the vertebral column.
3. As a result, the irritability of the corresponding segment of the spinal cord and its connecting spinal and autonomic nerves is reduced, and the conduction of the nerves is impaired.
4. Certain parts of the organism are deprived of their innervation and become either diseased or prone to disease.
5. Adjustment of a subluxation removes the impingement and restores innervation to the diseased parts, thereby rehabilitating them.

Taken from Forster AL.⁷

Notwithstanding Forster's sweeping expectation that it was the "contents of the vertebral column" which may be affected, these five statements can be encompassed in the one principle, "pathomechanical change in a functional spinal unit may affect related neurologic function which in turn may be restored by correction of that change."

If neurologic function equates to tone, then a certain congruence is found between "altered tone" and "altered spinal function" or subluxation, however the weakness of the argument is the *a priori* assumption that a clinical state (the subluxation) can occur which imparts a clinical effect on the patient. The remainder of the concept is deductive reasoning for causation and response to the intervention. Whilst a tenuous position, it is a starting point.

An early recipient of the PhC (Philosopher of Chiropractic) was Ralph W. Stephenson, DC, who, through the imprint of the Palmer School of Chiropractic, published the classic *Chiropractic Textbook*.¹¹ This work went well beyond the singular intent of Forster's expression of principles and specifically identified 33 principles of chiropractic (pp. xxxi-xxxiii). These have been referred to as chiropractic's "Sermon on the Mount"¹² and are repeated in the 1948 edition.¹³ They became entrenched as the "Stephensonian Philosophy"¹⁴ and are given in Table 4.

Stephenson's work is a clear move away from Forster's attempt to state succinctly a number of testable principles. Stephenson resorts to deductive argument from an untestable, *a priori*, initial major premise. This type of argument may appear credible, but its weakness lies in the realisation that each progression is dependent solely on the preceding statement being true. Any untrue or untestable statement thus breaks the flow of logic.

The inability to test the initial premise may not, on its own, be seen as a significant weakness, however when each of the 33 statements takes on the form of an assumption dependent on the truthfulness of that immediately preceding it, one is left with the almost impossible task of separating truth from wishful thinking.

By the 1930s, B.J. Palmer, the 'Developer of Chiropractic', was a little less dogmatic. He had acquired an extensive

clinical experience and had introduced plain spinal radiography and chiropractic's first scientific instrument, the Neurocalometer (NCM). Leaving his personality aside, it has been said that B.J. Palmer "stood staunchly for a principle—the chiropractic principle. No man ever questioned his sincerity toward chiropractic—as he conceived it from his father, and as he understood it."¹⁵ His understanding of chiropractic principles can be summarised by the quotation attributed to him¹⁶ given in Table 5.

Table 5

B.J. PALMER'S SUMMARY
1938

"The chiropractic principle and practice is to adjust, to open occlusion, to release pressure, to restore normal quantity flow between brain and body, that innate intelligence can, does and will rebuild normal rhythmic energy wave flow to re-establish normal rate of functional and sensibility tissue cell activity to a health level."

Taken from Palmer BJ.¹⁶

B.J. Palmer became increasingly reductionistic in his application of chiropractic principles and moved away from "symptom listing, nerve tracing and the palpation of the Meric system to the simplicity of subluxation-detection with the NCM."¹⁷ He moved towards the concept of one adjustment in one place and only on one occasion.¹⁸ This expression of reductionism led to his proclamation of the new theory of "Hole-in-One" around this time which typically resulted in intervention about the upper cervical complex, given the principle that the higher level of aberrant paraspinal heat findings was the preferred and only level to adjust.

On the other hand, B.J. Palmer vigorously applied what Keating has come to identify as a principle of chiropractic, namely "professional autonomy and responsibility which, more than allowing legal distinctiveness, results in a separate and distinct health discipline."¹⁹ His strong presence in the

Table 4

STEPHENSON'S 33 ORIGINAL PRINCIPLES OF CHIROPRACTIC
1927

1. The major premise: A universal intelligence is in all matter and gives to it all its properties and actions, thus maintaining its existence.
2. The chiropractic meaning of life: The expression of this intelligence through matter is the chiropractic meaning of life.
3. The union of intelligence and matter: Life is necessarily the union of intelligence and matter.
4. The triune of life: Life is a triunity having three necessary united factors, namely intelligence, force and matter.
5. The perfection of the triune: In order to have 100% life, there must be 100% intelligence, 100% force, 100% matter.
6. The principle of time: There is no process that does not require time.
7. The amount of intelligence in matter: The amount of intelligence for any given amount of matter is 100%, and is always proportional to its requirements.
8. The function of intelligence: The function of intelligence is to create force.
9. The amount of force created by intelligence: The amount of force created by intelligence is always 100%.
10. The function of force: The function of force is to unite intelligence and matter.
11. The character of universal forces: The forces of universal intelligence are manifested by physical laws; are unswerving and unadapted, and have no solicitude for the structure in which they work.
12. Interference with transmission of universal forces: There can be interference with transmission of universal forces.
13. The function of matter: The function of matter is to express force.
14. Universal life: Force is manifested by motion in matter; all matter has motion, therefore there is universal life in all matter.
15. No motion without the effort of force: Matter can have no motion without the application of force by intelligence.
16. Intelligence in both organic and inorganic matter: Universal intelligence gives force to both organic and inorganic matter.
17. Cause and effect: Everyday effect has a cause and every cause has effects.
18. Evidence of life: The signs of life are evidence of the intelligence of life.
19. Organic matter: The material of the body of a "living thing" is organised matter.
20. Innate intelligence: A "living thing" has an inborn intelligence within its body called Innate Intelligence.
21. The mission of innate intelligence: The mission of innate intelligence is to maintain the material of the body of a "living thing" in active organisation.
22. The amount of innate intelligence: There is 100% of innate intelligence in every "living thing," the requisite amount, proportional to its organisation.
23. The function of Innate intelligence: The function of innate intelligence is to adapt universal forces and matter for use in the body, so that all parts of the body will have coordinated action for mutual benefit.
24. The limits of adaptation: Innate intelligence adapts forces and matter for the body as long as it can do so without breaking a universal law, or innate intelligence is limited by the limitations of matter.
25. The character of innate forces: The forces of innate intelligence never injure or destroy the structures in which they work.
26. Comparison of universal and innate forces: In order to carry on the universal cycle of life, universal forces are destructive, and innate forces constructive, as regards structural matter.
27. The normality of innate intelligence: Innate intelligence is always normal and its function is always normal.
28. The conductors of innate forces. The forces of innate intelligence operate through or over the nervous system in animal bodies.
29. Interference with transmission of innate forces: There can be interference with the transmission of innate forces.
30. The causes of dis-ease: Interference with the transmission of innate forces causes incoordination of dis-ease.
31. Subluxations: Interference with transmission in the body is always directly or indirectly due to subluxations in the spinal column.
32. The principle of coordination: Coordination is the principle of harmonious action of all the parts of an organism, in fulfilling their offices and purposes.
33. The law of demand and supply: The law of demand and supply is existent in the body in its ideal state; wherein the "clearing house" is the brain; innate the virtuous "banker," brain cells "clerks," and nerve cells "messengers."

Taken from Stephenson RW.¹¹

politics of chiropractic, while perhaps admirable for the survival and development of chiropractic as a profession, is a less valid expression of this principle than his establishment of a chiropractic research clinic (1935). The B.J. Palmer Clinic used regular medical methods on one side, and "any and all scientific equipment which would prove the chiropractic principle" on the other. All patients were "put through both divisions," and an enormous amount of clinical chiropractic data was gathered. Palmer's commitment to clinical record-keeping and case review can be seen as a contribution to establishing chiropractic as "a separate and distinct health discipline," notwithstanding Keating's observation that while the Research Clinic was "visually impressive," it was "unproductive scientifically."¹⁷

During the 1940s, Dr C.O. Watkins placed the science of chiropractic on a sound footing with respect to how it could identify and describe the profession's clinical practice. Watkins first proposed the resolution to create the Committee on Education in 1935, and subsequently demonstrated a deep understanding of the fundamental role of chiropractic professional associations in scientific development. He specifically urged them to take charge of the scientific development of chiropractic.²⁰

Meanwhile, Janse, Houser and Wells of the National College of Chiropractic published *Chiropractic Principles and Technic*, first in 1939 and then as a revised and expanded second edition in 1947.²¹ These authors restated chiropractic's original premise in their preface (Table 6).

Janse and his co-authors specifically stated that "so fundamental" were the intuitions and conclusions of those who "first discovered the principles on which chiropractic is based" that "during the passing years the basic principles have changed but little."²¹ They noted that the advances had been in the supportive science, particularly the measures of analysis and the technics of application, due, in part, to the expanding base of clinical experience.²¹

Table 7

THE THEORETICAL BASIS OF CHIROPRACTIC
BY JANSE, HOUSER AND WELLS
1947

1. That a vertebra may become subluxated
 2. That this subluxation leads to impingement of the structures (nerves, blood vessels, and lymphatics) passing through the intervertebral foramen
 3. That as a result of such impingement, the function of the corresponding segment of the spinal cord and its connecting spinal and autonomic nerves is interfered with and the conduction of the nerve impulses impaired
 4. That, as a result thereof, the innervation to certain parts of the organism is abnormally altered and such parts become functionally or organically diseased or predisposed to disease
 5. That adjustment of a subluxated vertebra removes the impingement of the structures passing through the intervertebral foramen, thus restoring to diseased parts their normal innervation and rehabilitating them functionally and organically
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Taken from Janse J *et al.*²¹

Table 6

JANSE'S RESTATEMENT OF THE
ORIGINAL PREMISE
1947

"Disturbed nerve function is responsible for a major portion of man's ills, and that efforts to normalize nerve function through structural adjustment, principally spinal adjustment, is the greatest single agent in restoring and maintaining health."

Taken from Janse J *et al.*²¹

These comments must be taken as evidence that, during chiropractic's first 50 years, the founding principles changed little from the major premise of D.D. Palmer, the specific elements enumerated by Forster, the intent of the 'principles' set out by Stephenson, and the summary principle of B.J. Palmer.

Janse and his associates took a structured approach to 'principles' and presented thoughtful discussion on the theoretical anatomical, physiological, physical, clinical, and neurological bases of chiropractic, somewhat in the style of Forster. Perhaps the most important point of the authors is that the principles of chiropractic were known long before being systematised by Palmer, a point made again in the contemporary literature.²² This was not meant to take anything away from Palmer: indeed Janse refers to the founders of 'chiropractic' as 'inspired',²¹ saying it emphasised the timelessness of the founding premise and original principles.

Janse stated the five essential principles seen earlier and presented them as forming the theoretical basis of chiropractic (Table 7).

He continued by giving a detailed description of the facts, as he knew them, of how a vertebra could subluxate and the resultant mechanisms by which nerve impingement occurred. This process illustrates the difference addressed some 45 years later by Keating between a principle being a testable hypothesis as opposed to an untestable metaphor (p. 45).¹⁹

While Janse engaged in critical reasoning more than hypothesis-testing, he demonstrated an appreciation of anatomical and physiological facts, as did Forster, whose work the Janse structure reflects. Both books commence with chapters titled *The Origin of Chiropractic*, *The Theoretical basis of Chiropractic*, *The Anatomical Basis of Chiropractic*, and *The Physiological Basis of Chiropractic*. Janse used these chapters to explore the science underpinning the theoretical 'principles' which form the basis of chiropractic (Table 7).

North America has unquestionably been the crucible for the founding and development of chiropractic as a profession, however there are three important considerations:

- The principles on which chiropractic was founded towards the end of the 19th century were applied in British medical practice as early as the end of the 18th century,²² and the ancient art of 'bone-setting' is still practised by traditional folk healers, for example in Finland.²³
- There was rapid global dissemination of chiropractic after it was founded, with practitioners returning to Australia to practise after being trained at Palmer college less than ten years after that first school commenced in 1897,²⁴ and with chiropractors being registered as such in Hokkaido, Japan prior to World War Two (Yoshihiro Murakami, personal communication, 2001).
- There are now more chiropractic colleges outside the United States than within, thus globalising chiropractic education as well as its practice.

Such rapid and wide expansion of a new clinical science within a unique philosophical context could reasonably be expected to give rise to an increasing diversity of principles and concepts, however the evidence suggests chiropractic, as a global discipline, has retained a rather remarkable unity of acceptance of the basic principles.

One contributing factor could have been the locus of chiropractic education residing for so long in North America. The noted chiropractic researcher Fred Illi, a graduate of the Universal Chiropractic College in Pittsburgh,²⁵ travelled on a number of occasions from his clinic in Europe to National College to study further with Janse.^{25,26} Similarly, the Belgian Henri Gillet gained his chiropractic education in the United States, but generated his significant contribution to chiropractic research in his home country.

The research focus of both Illi and Gillet in the 1950s was guided by the desire to understand the fundamental chiropractic principles. Illi was a prolific investigator of orthopaedic mechanisms associated with the subluxation which he felt was an effect more than a cause,²⁵ while Gillet made strong gains towards understanding the association between the fundamental principles and the vertebral subluxation.²⁷ In some respects this could be seen as a very mechanical approach in contrast to both the 'vitalism' of B.J. Palmer and others in North America, and the neuro-

physiological understanding of Janse and Homewood, to name but two. Any attempt to dichotomise chiropractic in this manner, however, would not be reflective of the situation as seen by one of the players, Dr Henri Gillet.

In 1973 Gillet commented²⁸ on what he considered was the first real attempt to define the entity around which the whole basis of chiropractic revolved. A definition of subluxation was fashioned by a group of chiropractors representative of the American Chiropractic Association's Governor's Council, the Council of Chiropractic Roentgenologists, and the (American) Council of Chiropractic Orthopedists. Gillet made the point that earlier attempts to define the chiropractic lesion were narrow and restrictive and at times, imaginative. He considered the importance of this 'new' definition lay in its efforts to define *subluxation* in terms of scientific investigation. Most important, Gillet expressed happiness to see the definition included some effect of the years of research of his own Belgian group; an expression of international unity rather than of dichotomy.

A third European chiropractor, Pierre-Louis Peslherbe, has made an equally strong contribution to the humanities dimension of chiropractic through his scholarly analysis of the early concepts in their historical setting.²⁹ His work clearly established D.D. Palmer as a learned man in his own times, a view echoed by this writer.³⁰ Gaucher provided a rich perspective on the development of the founding principles of chiropractic and a recognition of the contributions made by others to understanding the original principles.

The most significant work from the 1960s is that of Homewood.³¹ Originally published in 1963, his volume ran over 20 years to a third edition with a third printing to meet demand as a text recommended by at least nine chiropractic colleges.

Table 8

THE COMMONLY ACCEPTED MECHANISM OF NERVE INTERFERENCE

"The vertebral subluxation causes pressure on the spinal nerve, thus shutting off the flow of energy, or Innate Intelligence, from the brain and spinal cord to the peripheral structures and organs."

**HOMEWOOD'S CLARIFICATION
1963**

Palmer stated:

"TOO MUCH OR NOT ENOUGH ENERGY IS DISEASE," hence the reduction of nerve impulses by pressure on a nerve is only half the original premise, the missing half being an excess of nerve impulses.

Taken from Homewood AE.³¹