

**COMMISSION ROYALE D'ENQUÊTE
SUR LA
CHIROPRAxie ET L'OSTÉOPATHIE**

“ L'OSTÉOPATHIE ”

**RAPPORT DE
L'HONORABLE JUGE GÉRARD LACROIX
Commissaire**

**Me Bertrand Marcotte, c.r.
Secrétaire**

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AVANT-PROPOS

Par arrêté en conseil, numéro 201, en date du 30 janvier 1964, notre Commission d'enquête sur la chiropraxie, créée par l'arrêté en conseil, numéro 279, du 21 février 1963, a reçu le mandat additionnel suivant:-

" Concernant l'extension de l'enquête sur la chiropraxie dans le Québec.

IL EST ORDONNE, sur la proposition du Premier ministre:-

QUE la Commission d'enquête sur la chiropraxie dans le Québec, instituée par l'arrêté en conseil numéro 279 du 21 février 1963, soit chargée de faire également enquête et rapport sur l'exercice de la profession d'ostéopathe.

/S/ JACQUES PREMONT

Greffier Adjoint du Conseil Exécutif . "

Comme le nombre des ostéopathes, dans le Québec, est très limité, et que selon nos informations, ils exercent tous dans la ville ou la région de Montréal, sauf un seul dans la ville de Québec, notre enquête a forcément nécessité moins de travail et de recherches que dans le cas de la chiropraxie.

Après avoir donné les avis requis par la loi, nous avons tenu une séance publique d'audition, à Montréal, le 29 juin,

1964.

A part les avis publics dans les journaux,
nous avons avisé et convoqué personnellement:

Le docteur Jean-Baptiste Jobin, président du
Collège des Médecins et Chirurgiens de la
province de Québec;

M. H. Larratt Smith, c. r. , aviseur d'une as-
sociation d'aide à l'ostéopathie;

Le docteur Gérard LaSalle, registraire du
Collège des Médecins et Chirurgiens;

Les membres de la " Province of Quebec Osteo-
pathic Association ";

Le " National Health Clinic ";

Les doyens des facultés de Médecine des Uni-
versités de Montréal, McGill et Laval.

Nous nous sommes, à deux reprises, rendus
à Montréal où nous avons eu des entrevues, avec des représentants des
parties intéressées, pour étudier différents aspects du problème qui
avaient été soulevés lors de l'audition publique et dans les mémoires.

En effet, à la séance du 29 juin 1964, au Palais
de Justice, de Montréal, les membres de la profession ostéopathique du
Québec, par leur procureur, et le Collège des Médecins et Chirurgiens
de la province de Québec, représenté par le docteur Roger Dufresne,
ont soumis à la Commission des mémoires très élaborés, qu'ils ont

d'ailleurs accompagnés de commentaires qui sont consignés dans les rapports sténographiques de cette séance. - On nous a, de plus, fourni une volumineuse documentation sur les principes de l'ostéopathie, les écoles, l'organisation de l'enseignement, de même que différents rapports faits à la suite d'enquêtes qui ont été tenues particulièrement sur les écoles et les hôpitaux ostéopathiques.

Après les avis publics donnés dans les journaux et la séance d'audition qui a suivi, nous avons reçu une communication des procureurs d'une association se désignant comme " Association of Osteopathic Physicians and Surgeons (Quebec) Inc. ", qu'on disait grouper neuf (9) ostéopathes et quatre (4) médecins. - On demandait la permission de soumettre à la Commission les représentations que ce groupe voulait faire relativement à l'ostéopathie.

Le 9 septembre 1964, nous avons, par écrit, informé les procureurs de ce groupe qu'une audition publique avait déjà eu lieu, mais que, néanmoins, ils pouvaient en tout temps nous soumettre un mémoire et que, de plus, nous serions heureux de les recevoir au Palais de Justice, à Québec, s'ils jugeaient à propos de nous rencontrer. Nous n'avons reçu aucune réponse à cette invitation et aucun mémoire ne nous a été soumis de leur part.

Il convient d'ajouter que, durant toute notre

enquête sur la chiropraxie, nous avons volontairement recherché et recueilli beaucoup de renseignements et d'informations sur l'ostéopathie, car notre mandat nous autorisait à le faire et, de plus, nous désirions essayer de faire un travail de comparaison entre ces deux méthodes thérapeutiques.

Nous avons consulté, sur ce sujet, plusieurs auteurs français et anglais qui ont traité de cette question et nous avons eu l'avantage de rencontrer à Paris et à Genève des médecins qui étaient venus aux Etats-Unis étudier le traitement par manipulation et dont l'un avait suivi le cours d'ostéopathie au " Des Moines Still College of Osteopathy and Surgery ", à Des Moines, Iowa.

Nos entrevues, avec ces messieurs, ont été très instructives et très enrichissantes pour les fins de notre travail.

Ceci explique pourquoi nous n'avons pas jugé à propos de refaire encore une fois, mais pour les fins seulement de l'ostéopathie, des démarches aussi élaborées que celles faites pour la chiropraxie, puisqu'une partie considérable du travail fait pour la chiropraxie servait très bien pour les fins de notre mandat relatif à l'ostéopathie.

Nous avons divisé notre travail de la manière suivante:

Chapitre 1er - Historique et aspect technique de l'ostéopathie;

Chapitre 2e - L'éducation professionnelle ostéopathique;

Chapitre 3e - La législation;

Chapitre 4e - La situation de l'ostéopathie au Québec;

Chapitre 5e - Opinions et recommandations.

CHAPITRE Ier

HISTORIQUE ET ASPECT TECHNIQUE DE L'OSTEOPATHIE

L'histoire de l'ostéopathie est maintenant trop connue pour qu'il soit nécessaire de dissenter longuement sur ses origines.

Disons que, dans la dernière partie du 19^e siècle, Andrew Taylor Still, un médecin du Missouri, " enregistré comme médecin et chirurgien pour les comtés de Ader et Macon, au Missouri ", déçu de la valeur des agents thérapeutiques de la médecine de cette époque, en vint, à la suite d'études fouillées d'anatomie, à voir le corps dans le contexte d'un tout ou d'une structure musculo-squelettique. - Des troubles possibles ou des perturbations dans cette charpente osseuse lui apparurent comme la cause la plus probable d'une fonction altérée et diminuée de l'organisme.

Il en arriva à concevoir que le corps humain avait, innés en lui, tous les moyens propres à assurer sa défense contre les maladies, mais, comme l'a écrit le docteur Henri Probst, de Genève, " à condition que sa structure, dans un sens général, ne soit pas perturbée. " - Or, souvent, cette structure lui apparaissait dérégulée, et c'était,

avant tout, les vertèbres qui semblaient en faute, entraînant ainsi des troubles de flux nerveux et sanguin vers les organes.

Il y a trois principes qui furent retenus par le docteur Still, comme base de son système:-

1. - Le corps peut et doit produire ses propres antidotes quand ses divers systèmes fonctionnent normalement;

2. - Dans l'organisme humain, la structure détermine la fonction;

3. - Le rôle de l'artère est primordial.

(Mémoire des ostéopathes, page 20)

Ces perturbations ou dérangements de la structure sont donc devenus des lésions (ostéopathiques) qu'il fallait corriger pour normaliser la structure et, par voie de conséquence, la fonction.

C'est cette méthode ou cette technique thérapeutique que Still appela ostéopathie. - La pathologie étant la science des causes et des symptômes des maladies, il est donc compréhensible que Still ait accolé à ce mot, celui de " ostéo " dérivé de " osteon ", c'est-à-dire " os ".

Cette étymologie nous ramène donc à la maladie ou mieux aux défauts de la structure osseuse du corps humain.

Cette " lésion ostéopathique ", comme l'indique le docteur Probst, lui-même médecin et ostéopathe, et que nous avons eu l'avantage de consulter, est donc à la base de l'édifice ostéopathique, mais, comme il le dit: " les ostéopathes eux-mêmes ne parlent plus de subluxation mais plutôt d'un blocage des vertèbres dans les limites physiologiques de l'excursion articulaire (tiroir coincé), de compression des surfaces, des petites articulations vertébrales, de tension exercée sur les disques, ligaments et muscles, ayant pour cause l'irritation d'un segment de la moelle épinière. "

Ces perturbations ou dérangements ou, en d'autres termes, ces lésions, Still apprit à les corriger par des manipulations qui, dans bien des cas, donnèrent des résultats remarquables.

A la page 3, du mémoire du Collège des Médecins et Chirurgiens de la province de Québec, présenté à notre Commission, on résume ainsi les prétentions de l'ostéopathie quant à l'action et à l'effet de ces manipulations:

" La lésion ostéopathique, c'est d'abord l'anomalie de structure de la région vertébrale et paravertébrale responsable du trouble viscéral, c'est aussi l'aliénation des tissus paravertébraux provoquée par la projection du trouble viscéral dans les régions spinales. "

Il faudrait toutefois ajouter ici que même si les lésions vertébrales et paravertébrales semblent représenter l'anomalie de structure de beaucoup la plus importante aux yeux des ostéopathes, elles ne l'empêchent pas de s'intéresser à tous les désordres et affections des tissus qui constituent le corps humain. L'ostéopathe visera donc, dans ses manipulations, à corriger certaines lésions osseuses, les déplacements articulaires, les atteintes ligamentaires, les contractures musculaires, les stases dans le réseau circulatoire et lymphatique, les ptôses viscérales, etc.

Ce qu'on a appelé la conception médico-philosophique de la maladie par Still, se manifesta vers 1874, c'est-à-dire à une époque où commençait l'ère des grandes découvertes médicales. - Les idées et les théories de Still furent ignorées ou simplement rejetées par la médecine traditionnelle, plus préoccupée par les découvertes de Pasteur, Koch, Lister et autres que par ces idées révolutionnaires préconisées par un médecin pratiquement inconnu.

Pendant près de 20 ans, Still persévéra, il connut des succès et fut recherché par un nombre considérable de patients enthousiastes. - Ce n'est qu'en 1892 qu'un médecin, formé à Edinbourg, le docteur William Smith, qui avait entendu parler des " excentricités " de Still, vint faire une enquête dans le but de dénoncer ce qu'il appela une fraude médicale.

L'issue de ses entrevues et de ses conversations avec Still fut tout autre que celle prévue et, apparemment, comme conséquence de ces rencontres, le docteur Still ouvrit son école d'ostéopathie qui obtint sa charte en 1894.

Voici d'ailleurs ce que rapporte à ce sujet, le docteur Maigne, dans son volume " Les Manipulations vertébrales " (Expansion Scientifique Française, 1961.)

" En 1892, Still fonda une école de médecine dans laquelle il voulut qu'à côté des sciences de base soient enseignées ses théories et ses techniques manuelles, mais il ne voulut pas que le diplôme délivré soit celui de " M. D. " (docteur en médecine,) mais celui de " D. O. " (docteur en ostéopathie) pour bien marquer la différence de conception de base. Il voulait toutefois que ces " D. O. " soient des médecins complets, à pleins droits. "

Comme on peut le constater, on présente donc l'ostéopathie, non pas comme un système thérapeutique qui se dissocie de la médecine, mais, pour citer le mémoire des ostéopathes (page 2) " comme une science médicale qui embrasse tout le champ de la médecine," mais à laquelle, évidemment, s'ajoute le traitement par manipulation, qui devient ici l'expression même de cette philosophie ou de ces principes que nous avons énumérés plus haut et qui résument la théorie ou la doctrine ostéopathique, relativement au rôle de la structure par rapport à la fonction.

Cette manière de voir ne nous semble pas contestée par les tenants de ce système et c'est évidemment en cela que l'ostéopathie se distingue radicalement de la chiropraxie.

On a, pendant de longues années, confondu les deux mais les ostéopathes ont combattu énergiquement cette attitude à leur égard et ont réussi à faire reconnaître, même par des milieux médicaux eux-mêmes, cette distinction qui les place dans un contexte et sur un palier absolument différents de ceux de la chiropraxie. - Comme le déclare le mémoire des ostéopathes (page 10):

" Il faut cependant retenir que l'ostéopathe n'offre pas au patient qu'un traitement manipulatoire mais bien toute la gamme de la thérapeutique médicale à laquelle il ajoute au besoin le traitement manipulatoire. "

Dans une étude faite en 1955, ce médecin genevois et aussi ostéopathe, le docteur Probst, que nous avons cité déjà, à quelques reprises, mettait en lumière les différences suivantes qui distinguent les deux disciplines:-

A. - L'ostéopathie a compris que les malades ne peuvent être traités sans une connaissance approfondie de la médecine, -(ce que n'admet pas la chiropraxie;)

B. - Même s'il n'existe pas de différences essentielles

entre les techniques manuelles des deux écoles, ce qui distingue l'une de l'autre, ce sont:

1. - Leurs hypothèses de travail (The basic principle);
2. - La sélection de leurs étudiants;
3. - Leur enseignement académique.

La chiropraxie, on l'a vu déjà dans notre rapport, déclare se distinguer de la médecine, et dans son diagnostic et dans son enseignement et ses techniques. - Elle se substitue à la médecine.

Les différents mémoires que les chiropraticiens ont soumis à notre Commission, ne laissent aucun doute sur ce point. - Voici, en effet, ce que le Collège des Chiropraticiens dit, à la page 8, de son mémoire:

" Ce qui s'enseigne de spécial en chiropratique, ne s'enseigne pas en médecine et vice versa. - Le chiropraticien qui étudierait la chiropratique à la faculté de Médecine ferait un bien piètre chiropraticien, de même que le médecin dans un collège de chiropratique ferait un bien piètre médecin. "

Et à la page 32, du même mémoire, on lit:

" Devant tout ceci, il devient évident que les différences entre la chiropratique et la médecine sont si marquées qu'il ne saurait jamais être ques-

"tion d'une intégration de la chiropratique dans aucun domaine médical. "

Dans le mémoire des chiropraticiens du Saguenay, du Lac St. Jean, on adopte la même attitude en des termes peut-être encore plus clairs:

" L'évolution aidant, nous croyons qu'en général le médecin constate que le chiropraticien a un champ d'action qui lui est propre, qu'il fait un travail que la médecine ne fait pas " (page 8).

Et à la page 9, on ne laisse aucun doute sur le fait que:

" la chiropratique n'appartient pas à la médecine. Elle a été fondée sans l'aide de la médecine. . . . "

L'ostéopathie, de son côté, ne prétend aucunement se substituer à la médecine ou s'en dissocier. - Au contraire, comme nous l'avons signalé plus haut, elle accepte la médecine, mais prétend y ajouter, par ses traitements de manipulation:

" Au diagnostic et à la thérapeutique conventionnels, il (l'ostéopathe) ajoute donc un nouveau moyen, lequel, joint aux autres moyens que lui fournit la science médicale conventionnelle, peut, dans certains cas et même souvent, fournir des résultats qui ne seraient pas autrement obtenus. "

C'est d'ailleurs dans cette optique que le

Collège des Médecins et Chirurgiens semble voir l'ostéopathie dans son mémoire soumis à notre Commission, le 29 juin 1964.

" L'ostéopathie moderne en est donc là. Elle n'a pas renié Still, au contraire; elle accorde encore à l'intégrité structurale du système musculo-squelettique un rôle prédominant à l'égard de la santé et de la maladie et elle compte toujours sur les techniques des manipulations pour influencer l'un ou l'autre de ces états. Mais elle a élargi la doctrine originelle du médecin du Kansas; elle l'a en quelque sorte insérée dans un contexte scientifique nouveau qui s'appuie sur des notions de physiologie et de physiopathologie qui sont à l'honneur depuis Claude Bernard et Cannon: constance du milieu inférieur, homéostase, etc. "

" Il faut surtout souligner qu'elle semble accepter maintenant tous les facteurs étiologiques auxquels nous croyons présentement. Elle insiste sur toutes les manifestations de la maladie auxquelles nous attachons de l'importance et elle reconnaît surtout l'utilité de tous les moyens de diagnostic et de traitement dont nous nous servons couramment. "

Nous ne citons pas ces passages dans le but de laisser entendre que le Collège des médecins acquiesce purement et simplement à la théorie ostéopathique, car le même mémoire dit le contraire à la page 9, mais nous le faisons uniquement pour confirmer ce que nous disions antérieurement à l'effet que l'ostéopathie accepte la médecine comme nécessaire, mais en prétendant y ajouter une thérapeutique qu'elle considère extrêmement importante et dont elle fait le fondement de son système médico-philosophique.

La preuve rapportée à notre Commission contient d'ailleurs plusieurs éléments qui nous semblent confirmer largement ce fait.

En effet, " l'American Medical Association ", en 1953, a constitué un comité présidé par le docteur Cline et composé de membres de facultés de médecine qui, avec l'autorisation de " l'American Osteopathic Association ", procéda à une enquête dans cinq (5) sur six (6) écoles d'ostéopathie. Le rapport de cette Commission, connu sous le nom de " Cline Report ", fut déposé en juin 1955. - On y lit ce qui suit: (page 12)

" In the absence of localized organic disease in the region, the symptom complex is treated by manipulative therapy. When not associated with other manifestations of disease immediate temporary, protracted or permanent relief is expected in a small percentage of cases. When relief is not obtained rest, physical support, mechanical traction, heat, diathermy, exercises, and pain relieving and muscle relaxing drugs are used according to indications in the individual case. The importance of avoiding overtreatment and application of manipulative treatment in the absence of indications for its use is stressed.

When the symptom complex occurs in conjunction with recognized disease elsewhere in the body manipulative therapy may or may not be employed. The decision rests upon the nature and stage of the disease and the degree of disturbance produced by the local process. Under these conditions it is used primarily to relieve symptoms and to contribute to the general well being of the patient.

"Under certain circumstances it is hoped that the blood supply to the affected parts may be improved by reflex action.

Manipulative therapy is used as an adjunct to and not as a substitute for accepted measures of treatment. "

Ce qui nous semble être un évènement significatif quant à l'acceptation par l'ostéopathie de l'allopathie ou de la médecine usuelle, de même que de la valeur de la formation médicale que l'ostéopathe reçoit dans les écoles reconnues et accréditées, c'est le fait qu'en février 1962, l'école d'ostéopathie de Los Angeles, Californie, fut acceptée comme Faculté de Médecine par " l'American Medical Association " et par " l'Association of American Medical Colleges ", et cela, apparemment, eu égard à la qualité satisfaisante de son enseignement médical. - La nouvelle école de médecine put même décerner des diplômes de " Docteur en médecine " aux étudiants qui avaient poursuivi plus que les trois quarts de leurs études dans cette école qui, jusque-là, était une école d'ostéopathie.

Les ostéopathes (D. O. ,) qui exerçaient en Californie jusqu'à cette date, devenaient, apparemment, sans autre forme de procès, des " M. D. " ou " Docteur en médecine . "

"When the first D. O. degree is " exchanged " for an M. D. , organized medicine has in fact affirmed what they have long denied -- a D. O . degree represents training at least equivalent

"to that represented by an M. D. degree. Never again can organized medicine with any semblance of authority state that a D. O. degree represents inferior medical training. The facts just will not support such a statement, nor will the action being taken by the A. M. A. and the C. M. A.

This is important. It is important to state legislatures which in the future may consider unlimited practice rights. It is important to those seeking recognition at any level.

It is apparent that the California College of Medicine (formerly the College of Osteopathic Physicians and Surgeons) is to be an " approved medical school " with a speed which must be amazing, particularly to medical educators."

(Editorial, The Journal of the American Osteopathic Association, March 1962).

Ceci autorise, croyons-nous, à retenir

la preuve que:

1. - Tel que déjà affirmé, l'ostéopathie doit être différenciée de la chiropraxie;

2. - La formation médicale donnée à l'ostéopathe, aux dires mêmes, apparemment, de la voie officielle de la médecine aux Etats-Unis, semblerait donc être une équivalence à celle donnée dans une faculté de médecine, puisque, dans un état américain (Californie), on l'a reconnue suffisante pour permettre d'octroyer à qui l'avait reçue le titre de " M. D. " ou " Docteur en médecine. "

3. - La preuve ne nous autorise pas, cependant, à dire que ce même fait d'octroyer à un ostéopathe le titre de " M. D. " ou " Docteur en médecine ", comportait implicitement par l'American Medical Association, une acceptation de la doctrine ostéopathique elle-même quant à la manipulation.

Sur ce dernier point, cependant, il y a lieu d'attacher une importance particulière au rapport de la Commission Cline (cité supra) qui enquêtait, nous l'avons dit, sous l'autorité et à la demande de l'American Medical Association.

" The faint aura of cultism which clings to osteopathic teaching arises out of the past. It persists because of efforts by some members of the profession to explain the results claimed by manipulative therapy on the basis of unproven physiological concepts, a tendency to use confused and ambiguous terminology and a fairly widespread failure to apply critical evaluation to results. It does not result from the present beliefs, teaching and practices of the vast majority of faculty members of the colleges of osteopathy.

The Principles of Ethics of the American Medical Association (December, 1954, pp. 13-14) defines a cultist as follows: " A sectarian or cultist as applied to medicine is one who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience. "

As a result of its investigation of five colleges of osteopathy the Committee is convinced that the teaching in these colleges does not fall into that category.

"The sole fundamental difference in principle in the teaching of medicine in colleges of osteopathy and schools of medicine lies in the degree of emphasis placed upon study of the musculoskeletal system and the application of manipulative therapy."

Enfin, en ce qui nous intéresse directement ici, au Québec, notons que le 26 août 1935, le Collège des Médecins et Chirurgiens de la province de Québec, autorisait les ostéopathes qui exerçaient à cette époque dans la province, à continuer leur pratique.

Voici le texte de cette autorisation qui est produit comme annexe 16 au Mémoire des ostéopathes soumis à notre Commission:

" Le Collège des Médecins et Chirurgiens
de la province de Québec

Montreal 26th August, 1935

Mr. E. I. Millay,
Medical Arts Bldg.,
Montreal.

Dear Sir,

In answer to your communication of August 21st, concerning Mr Ball I may say that I referred your letter to the Chairman of the Board, and I have to state that the only thirteen peoples mentioned in your agreement to the College, will be considered as authorized to practice in this Province.

Yours truly,

The Registrar:
/S/ J. E. LABERGE, M. D.
Dr. J. E. LABERGE. "

On peut donc retenir de tout ceci que l'ostéopathie est aussi une réalité pratique en ce sens qu'elle est un système thérapeutique qui accepte et utilise l'allopathie, mais qui a recours en plus au traitement par manipulation, non seulement de la colonne vertébrale, mais de toutes les anormalités musculo-squelettiques et ceci, en application d'une théorie axée sur la nécessité de l'intégrité structurale conditionnant la fonction.

Les mêmes observations que nous avons faites relativement au traitement par manipulation, quand nous avons étudié le cas de la chiropraxie, doivent être ici renouvelées, c'est-à-dire que ce traitement par manipulation ne saurait être utilisé que dans les cas correctement indiqués par un valable diagnostic différentiel, et ensuite que seule une personne ayant subi un entraînement spécialisé devrait être admise à faire l'application de ce traitement.

Le problème du diagnostic s'aborde ici avec plus de facilité, si l'on accepte la preuve que:

1. - Les conditions d'admission à l'étude de l'ostéopathie sont les mêmes que celles requises pour l'admission à une faculté de médecine, et ensuite,

2. - que le programme de l'enseignement comprend toutes les matières que l'on retrouve présentement dans le curriculum des écoles de médecine, et enfin,

3. - que les étudiants en ostéopathie reçoivent une formation médicale qui a été jugée satisfaisante.

Voici, à ce sujet, ce que comporte le rapport de la Commission Cline:

" Educational requirements for admission to colleges of osteopathy are identical to those of medical schools. Review of admission records would indicate a somewhat lower scholastic average but practically all students would be eligible to admission to medical schools if it were not for the high level of competitive standards in medical schools. "

Ce même rapport Cline déclare , de plus, ce qui suit:

" L'ostéopathie moderne tient compte maintenant de tous les facteurs étiologiques et de toutes les manifestations pathologiques dont nous parlons en médecine. L'on y préconise l'emploi de tous les moyens de diagnostic et de traitement que les écoles de médecine recommandent. Elle tient cependant à souligner la présence au niveau des articulations et particulièrement au niveau des articulations de la colonne vertébrale des lésions de l'appareil musculo- squelettique qui peuvent exister indépendamment de toutes autres manifestations pathologiques ou en rapport avec celles-ci.

Le programme d'enseignement comprend donc

"toutes les matières que l'on retrouve présentement dans le curriculum des écoles de médecine; on y ajoute des cours qui sont consacrés au système musculo-squelettique et aux techniques de manipulation. L'importance que l'on accorde à ces derniers cours est très variable et semble diminuer dans l'ensemble. Ce dernier enseignement ne semble empêcher les étudiants de recevoir une formation médicale satisfaisante."

(Ceci est une traduction qui est reproduite à la page 12 du Mémoire du Collège des médecins.)

Si donc ces connaissances et cette formation sont données à l'école d'ostéopathie, il nous semble rationnel de croire qu'elles sont susceptibles de permettre à l'élève qui les a reçues de faire ce diagnostic différentiel que nous jugeons toujours indispensable. Il y a, cependant, une réserve qui s'impose ici et c'est celle qui peut résulter de la législation canadienne ou américaine, qui ne permet pas la pratique illimitée de l'ostéopathie, c'est-à-dire que l'ostéopathe ne peut, dans certains cas, comme dans la province d'Ontario où il est soumis aux prescriptions de la Drugless Practitioners Act, se servir de drogues et des moyens que la médecine utilise pour le diagnostic, comme les biopsies par exemple. Ces restrictions sont évidemment de nature à limiter ses moyens quant au diagnostic.

Par ailleurs, nous maintenons ici encore ce que nous avons affirmé en parlant de la chiropraxie, à savoir, qu'il s'agisse d'un médecin parfaitement formé à faire correctement un dia-

gnostic, qu'il s'agisse d'un chiropraticien, d'un ostéopathe ou d'un physiothérapeute, aucune de ces personnes ne saurait utiliser elle-même et appliquer le traitement par manipulation que si elle a reçu un enseignement et un entraînement clinique réellement spécialisés à cette fin.

Voici, d'ailleurs, ce que dit à ce sujet un médecin qui, nous l'avons dit, est aussi ostéopathe, le docteur Probst qui est venu étudier cette technique aux Etats-Unis et qui l'emploie journellement dans sa pratique:

" Cet art de déceler les lésions ne s'acquiert qu'au cours d'années d'expérience pendant lesquelles l'opérateur exerce son sens du toucher et la cinesthésie de ses doigts. "

L'enseignement clinique spécialisé donné dans les écoles d'ostéopathie relativement à la technique manipulative elle-même, cet enseignement que sont venus apprendre, aux Etats Unis, des médecins français, suisses ou allemands, nous semble être d'excellente qualité et, tout comme dans le cas de la chiropraxie, nous en rapportant au rapport du docteur Berlinguet, (voir annexe G.), nous avons raison de penser qu'il habilite l'étudiant à utiliser adéquatement, plus tard, dans sa pratique, cette thérapeutique dans les cas où elle peut être indiquée.

CHAPITRE 2e

L'EDUCATION PROFESSIONNELLE OSTEOPATHIQUE

Lorsque le docteur Still fonda son école d'ostéopathie, en 1892, sous le nom de " American School of Osteopathy ", il obtint une charte qui stipulait spécialement à l'article 5:-

" That said Board of Trustee and their successors.... shall have the full power and authority to appoint a faculty to teach such sciences and arts as are usually taught in medical colleges; and in addition thereto, the science of osteopathy. "

Il semble, d'après la preuve, qu'on a voulu, dans les écoles d'ostéopathie, respecter et appliquer ces dispositions de la charte originelle .

Il y a, évidemment, pour apprécier la valeur de cet enseignement, à considérer les conditions d'admission à l'étude, les programmes, la durée des cours, etc.

Il est certain que les conditions d'admission aux collèges d'ostéopathie sont beaucoup plus rigoureuses que celles que nous avons étudiées pour les écoles de chiropraxie. - Ainsi, dans l'un des annuaires produits comme exhibit à notre enquête, on trouve,

entre autres, sous le titre " Requirements for admission ", les exigences suivantes:

" Applicants for admission to the first-year class in the college must meet the following requirements prior to matriculation:

1. - Applicants must have completed a four-year high school course, or its equivalent, acceptable for matriculation in a college or university accredited by a regional educational association.

2. - Applicants must have completed three years of college training in a college or university accredited by a regional educational association. This represents a minimum of 90 semester hours or three-fourths of the required credit for a baccalaureate degree.

4. - In addition to the basic course requirements, it is recommended that applicants complete courses in physical chemistry and comparative anatomy. Other elective subjects should afford a broad educational and cultural background.

5. - Applicants are requested to submit scores on the Medical College Admissions Test. "

(Kirksville College of Osteopathy and Surgery.)

Cette préparation au secondaire et ce mode de sélection des étudiants rendent évidemment plus aptes à recevoir un enseignement supérieur.

Il y a peut-être lieu de répéter ici les conclusions du rapport de l'enquête Cline, sur ses conditions d'admission:

" Educational requirements for admission to colleges of osteopathy are identical to those of medical schools. Review of admission records would indicate a somewhat lower scholastic average but practically all students would be eligible to admission to medical schools if it were not for the high level of competitive standards in medical schools. "

Quant aux programmes eux-mêmes de l'enseignement médical et ostéopathique, nous n'avons pas fait faire une vérification particulière, comme celle que nous avons confiée au docteur Berlinguet, dans le cas de la chiropraxie, et cela, pour la raison bien compréhensible que des enquêtes très sérieuses avaient été faites déjà en 1955, d'abord, et ensuite, en 1963 et 1964 dans les écoles d'ostéopathie. Ces enquêtes faites par des comités de médecins canadiens et américains eurent lieu de concert avec " l'American Osteopathic Association ". - Ce sont ces enquêtes qui ont produit le " Cline Report ", aux Etats-Unis, et un rapport fait au Collège des Médecins et Chirurgiens d'Ontario, par un comité de médecins créé par cet organisme, de même qu'un rapport fait au Minnesota State Board of Medical Examiners.

Disons, tout d'abord, que les ostéopathes soumettent que, dans leurs écoles:

" l'étudiant reçoit une formation médicale complète où l'on dispense les connaissances de plus en plus vastes que la science met à

"la disposition du médecin et du chirurgien de notre époque.

Au surplus, cette science médicale est enseignée tout en accentuant l'importance de l'unité du corps humain ainsi que celle du système neuro-musculo-squelettique. "

A l'appui de cette proposition, on soumet le détail des cours, qui peut ainsi se résumer :

" Pour ne donner qu'un exemple, prenons celui que nous fournit le " Chicago College of Osteopathy.

La durée des études professionnelles est de trente-six mois répartis sur une période de quatre années au cours desquelles plus de six mille heures de cours didactiques et pratiques sont fournies à l'étudiant.

La première année est consacrée aux sciences de base, soit l'anatomie, l'histologie, la physiologie, la microbiologie, l'embryologie, la biochimie, etc. On y donne plus de 1140 heures de cours didactiques et pratiques.

En deuxième année, le candidat ostéopathe continue de progresser en sciences, i. e. en pathologie, parasitologie et virologie. Il enrichit ses connaissances de base en vue de la médecine clinique. Il commence l'étude intensive du diagnostic ostéopatique ainsi que de la thérapeutique ostéopathique.

Il commence ses études en neuro-anatomie, en neurologie, en psychiatrie, en pharmacologie et en diagnostic physique. On y donne plus de 1236 heures de cours didactiques et pratiques.

En troisième année, l'étudiant commence d'assumer son rôle médical sous la surveillance attentive de professeurs qui sont eux-mêmes des praticiens en ostéopathie.

" Les études didactiques en radiologie, en médecine interne , en pédiatrie sont complétées par ces cours cliniques que l'étudiant suit auprès des malades. Il apprend en principe et par la pratique la médecine ostéopathique, la médecine interne, la chirurgie, l'obstétrique, la gynécologie. Il apprend à reconnaître et à diagnostiquer et traiter la maladie.

On y donne plus de 1404 heures de cours didactiques et pratiques.

La quatrième année est employée au soin des patients hospitalisés ainsi que des malades venant à la consultation externe et aux soins dans les salles d'urgence. L'étudiant continue ses études en chirurgie, en oto-rhino-laryngologie et en orthopédie. Il doit préparer des travaux sur les sciences de base et sur les sciences cliniques. Cette dernière année offre plus de 2220 heures de cours didactiques et pratiques.

A la fin de cette quatrième année, l'étudiant qui subit ses examens avec succès peut porter le titre de docteur en ostéopathie, D. O. . "

Il y a, jusqu'ici, des éléments qui établissent une différence assez marquée entre l'enseignement donné dans les écoles de chiropraxie et celui donné dans les écoles d'ostéopathie.

En premier lieu, la preuve nous autorise à dire que la sélection des étudiants se fait certainement avec plus de soin et plus de rigueur dans les écoles d'ostéopathie. - Ensuite, l'étudiant en ostéopathie reçoit une formation médicale qui n'est pas donnée à l'étudiant en chiropraxie; enfin, il existe, pour la formation ostéopathique,

quelque chose qu'on ne trouve pas en chiropraxie: la spécialité, qui exige un cours complémentaire de trois à cinq (3 à 5) ans après l'obtention d'un diplôme de D. O.

Nous extrayons du Mémoire soumis par les ostéopathes, les détails suivants relativement à cette spécialisation:

" La spécialisation en médecine ostéopathique.

Nous avons déjà vu que l'ostéopathie couvre le domaine entier de la science médicale. Aussi n'est-il pas surprenant d'y voir de nombreux spécialistes dans les diverses disciplines médicales. Ces diverses spécialisations couvrent la chirurgie, la radiologie, l'anesthésie, l'obstétrique et la gynécologie, la pédiatrie ainsi que les autres spécialisations que l'on retrouve dans la médecine ordinaire.

Pour obtenir un diplôme de spécialiste, l'ostéopathe doit subir une préparation de trois à cinq années subséquentes à l'obtention de son diplôme en ostéopathie. Pendant cette durée de trois à cinq ans, il subit une éducation professionnelle comprenant résidence dans un hôpital reconnu à cette fin et où ses études sont étroitement surveillées par des spécialistes en la matière.

Pour fins de spécialisation, les ostéopathes sont soumis à un comité spécial de la profession connu sous le nom de Advisory Board for Osteopathic Specialists. Nous incluons avec les présentes, comme annexe 12, les règlements détaillés de ce comité dans chacune des spécialités de la pratique. "

Il faut aussi ajouter, et ceci, comme

facilité additionnelle d'enseignement, l'existence d'hôpitaux où l'étudiant complète sa formation.

L'enquête personnelle que nous avons faite auprès du State Education Department de l'Etat de New York, établit que certaines restrictions qui existaient relativement à l'admission d'ostéopathes dans les hôpitaux sous contrôle médical, disparaissent et que ces ostéopathes sont, de plus en plus, admis à l'accès libre à ces hôpitaux, comme les élèves des écoles de médecine.

Voici, d'ailleurs, ce que nous déclare à ce sujet, le docteur Donald C. Walker, secrétaire du Bureau des Examineurs:

" The University of the State of New York
The State Education Department
Division of Professional Education
Albany, New York 12224

Donald C. Walker, M. D.
Secretary, Board of
Medical Examiners
GR 4-3841

June 1, 1965.

Hon. Gerard Lacroix, Justice
Supreme Court
Court House
Quebec City
Canada.

" Dear Justice Lacroix:

In confirmation of our telephone conversation today, I can state that when a doctor of Osteopathy passes the New York State medical licensing examination he is now allowed to do an unlimited practice of medicine in this state.

Although there has been a time when Osteopathic physicians were generally excluded from accredited and approved hospitals, there is now a general movement to draw the Osteopathic physician closer to the M. D. 's in this state and accredited hospitals are now allowed individually to add doctors of Osteopathy to their staffs without prejudice.

Yours very truly,

/S/ D. C. Walker,

Donald C. Walker, M. D. "

Il y a, enfin, toujours d'après la preuve, des donations substantielles que les collèges d'ostéopathie reçoivent pour des fins de recherches, ce qui différencie encore l'ostéopathie de la chiropraxie, bien que les donations pour fins de recherches ne correspondent pas aux octrois ou aux subventions que reçoivent les facultés de médecine.

L'analyse de cet enseignement ostéopathique et l'appréciation de sa valeur et de sa qualité ont été faites de diverses façons.

Ainsi, dans les conclusions de son rapport,

le comité Cline, qui avait été chargé d'enquêter par " l'American Medical Association ", après avoir mentionné certaines déficiences provenant en large partie de l'insuffisance de support financier dans les écoles d'ostéopathie, s'exprime en ces termes:

7. - " The teaching in present day colleges of osteopathy does not constitute the teaching of " cultist " healing.
8. - " Postgraduate educational opportunities for doctors of osteopathy are extremely limited. If better postgraduate education were available the level of patient care would be improved.
9. - " The American Medical Association is dedicated to the purpose of improving the health and medical welfare of the American people. The osteopathic profession supplies medical care to millions of Americans. In many areas the only immediately available medical care is rendered by osteopaths.

The American Medical Association must decide whether it will assist in improving the medical care rendered by doctors of osteopathy. The Committee believes that the only constructive course which can be followed is to enlarge the medical educational opportunities of the students and graduates of schools of osteopathy by elimination of the classification of teaching in colleges of osteopathy as the teaching of " cultist " healing.

The past osteopathy is unimportant. Its present, and particularly its future, are important to the medical care of the American people. "

Le même rapport avait, d'ailleurs, dans ses considérations et son analyse du problème, mentionné ce qui suit:

" The sole fundamental difference in principle in the teaching of medicine in colleges of osteopathy and schools of medicine lies in the degree of emphasis placed upon study of the musculo-skeletal system and the application of manipulative therapy. The use of manipulation therapy is decreasing in colleges of osteopathy and is increasing in the orthopedic and physiatry departments of medical schools. "

Par contre, dans la province d'Ontario, le Collège des Médecins et Chirurgiens de cette province n'a pas adopté exactement la même attitude. Les ostéopathes d'Ontario sont assujettis aux dispositions de la Drugless Practitioners Act (S. R. O. 1950, ch. 110 et amendements) qui impose forcément une pratique beaucoup plus limitée que celle permise à la médecine traditionnelle.

En 1957, " The Ontario Osteopathic Association " soumit un mémoire au Ministère de la Santé par lequel l'association demandait que les ostéopathes ne soient plus soumis à cette loi, et exprimait son désir qu'ils soient, à l'avenir, enregistrés sous " The Medical Act ", d'Ontario, et régis par cette dernière loi.

Le ministre requit alors l'avis du Collège des Médecins et Chirurgiens sur cette demande, ce qui entraîna la formation d'un comité composé de:

G. H. Ettinger, M. B. E., M. D., C. M., F. R. S. C.,
Dean Emeritus, Faculty of Medicine, Queen's University

J. A. Macfarlane,
Dean Emeritus, Faculty of Medicine, Un. of Toronto.
R. I. Harris.

Une enquête fut entreprise par ce comité et elle dura six ans. Le rapport des inspecteurs ou membres de ce comité fut soumis au Collège en novembre 1964.

Les conclusions ne sont pas favorables, quoique des réserves surprenantes tout de même aient été faites relativement à la qualité de l'enseignement théorique et clinique donné à l'école de Kirksville qui est, en vérité, le pionnier, c'est-à-dire la première école où a commencé l'enseignement ostéopathique.

Nous croyons, cependant, qu'il convient, en toute honnêteté, de faire connaître ici les conclusions de ce rapport:

" In their report the Special Committee summarized their conclusions as follows:

1. - This Committee has been impressed by the whole-hearted co-operation shown by the Osteopathic Association of Ontario in facilitating the work of the Committee and the Survey Team; by the four osteopathic schools in submitting extensive information in reply to elaborate questionnaires sent them; and by the members of the staffs of the two schools inspected in readily making available to the Survey Team a complete disclosure and explanation of their teaching facilities, courses and methods in these schools, as well as gratefully acknowledging the many kindnesses shown personally to the College's representatives.

2. - The Committee believes that the information

"provided by the questionnaires completed and returned by four of the five osteopathic schools, and from the inspection of the schools in Chicago and Kirksville is completely adequate for the purposes of this Committee.

3. - This Committee accepts and confirms the finding of the Survey Team that the quality of the osteopathic schools inspected does not reach the standards that are obtained in Canadian medical schools, and must express the opinion that the conclusion contained in the submission of the Osteopathic Association of Ontario to the Minister of Health prior to April 1958 and which read as follows:

" The basis for this claim to full practice rights is the fact - which as set forth in this brief should speak for itself - that the training of osteopathic physicians is as broad and complete as that of any other school of the healing arts and that equal training merits equal recognition. "

4. - That it is evident from the Report of the Survey Team and confirmed by discussion with its members that there is no clinical field in which the students of osteopathic schools are receiving adequate training by medical standards of this province, and this Committee considers that the College could not properly sanction acceptance of the graduates of osteopathic schools for a limited or restricted licence.

Nous devons tout de même rapprocher ces conclusions de la dernière phrase contenue dans la résolution adoptée par le Collège des médecins, à la réunion du conseil de novembre 1964:

" In view of the conclusions of the Special Committee on Osteopaths which are based upon the findings arrived at in their previous meetings, and upon

"the findings of an inspection of the osteopathic schools carried out by the specially appointed inspectors, which indicates that the quality of medical education offered in the osteopathic schools in the United States does not reach the standards that are obtained in Canadian medical schools; and in view of the fact that it would be highly undesirable for the College to countenance two standards of medical education in this province:

BE IT RESOLVED that the College is opposed to any provision being made for registration of osteopaths under the Ontario Medical Act."

Le Collège veut manifestement contrôler l'enseignement médical et ne veut pas accepter qu'une autre école existe et puisse aussi enseigner la médecine, mais en y ajoutant un contexte axé sur la théorie ostéopathique prônant le traitement manipulateur.

Nous trouvons une contrepartie à ce rapport fait à la demande du Collège des Médecins et Chirurgiens d'Ontario, dans le rapport Cline que nous avons cité à plusieurs reprises antérieurement et aussi dans un rapport beaucoup plus récent fait par des médecins, les docteurs James C. Cain de la Clinique Mayo à Rochester, J. P. Medelman, professeur de radiologie à la Faculté de Médecine à Minnesota et par le docteur Howard Horns, aussi professeur de médecine à l'Université de Minnesota.

Ce comité de trois médecins a, de son côté, fait une étude de la valeur de l'enseignement et de l'organisation matérielle dans les collèges d'ostéopathie de Kirksville, de Chicago et de Des Moines, Iowa.

Leur enquête a porté entre autres sur la sélection des étudiants, l'enseignement des sciences de base, l'enseignement clinique, la qualité des enseignants, les bibliothèques, l'organisation des laboratoires cliniques, le département des Rayons-X et les recherches.

Une remarque à retenir dans le rapport est la suivante:

" In the overall program of training in basic sciences and clinical medicine, osteopathy does not seem to differ appreciably from physical medicine as taught in other medical schools.

Voici maintenant quelles sont les conclusions de ce rapport:

" Conclusions

It is the conclusion of the Committee that these schools are teaching standard medical principles and practices. In doing this, accepted medical methods, text-books and publications are employed. The place of osteopathic theory corresponds roughly

" to that of physical medicine and is being subjected to scientific evaluation. There are limitations of physical facilities and of clinical teaching material. Teaching is strongly oriented toward general practice.

It is the recommendation of the Committee that the three schools mentioned in this report be approved by the Minnesota State Board of Medical Examiners and that graduates of these schools be admitted to the licensing examinations. "

Ici, au Québec, nous l'avons souligné déjà, le Collège des Médecins et Chirurgiens de 1935 a permis aux ostéopathes de continuer leur pratique, ce qui impliquait nécessairement que ces activités n' étaient pas considérées comme une pratique illégale de la médecine.

Dans le mémoire soumis à notre Commission, le même Collège des Médecins fit indubitablement des réserves importantes quant à l'ostéopathie, mais il faut reconnaître qu'il les présente avec une objectivité et un sens remarquables de probité intellectuelle.

Voici ce que nous lisons aux pages 13 et 16 du mémoire:

" Tout le monde s'accorde à reconnaître que depuis les deux dernières décennies au moins, les écoles d'ostéopathie ont fait un remarquable

"effort pour améliorer leur enseignement. Comme ces écoles n'ont pas d'affiliation universitaire, la profession ostéopathique, semble-t-il, a contribué généreusement pour améliorer la situation financière et permettre ainsi à ces institutions de remonter le niveau de leur enseignement."

" L'ostéopathie semble donc avoir évolué d'une façon importante depuis un quart de siècle, sur tous les plans, théorie, enseignement et pratique. Elle s'est rapprochée de la médecine à plusieurs points de vue que nous avons signalés au cours de cet exposé. Mais la théorie qu'elle préconise manque de fondement scientifique, la valeur de l'enseignement médical qu'elle donne reste discutable et discutée et la pratique à laquelle se livrent présentement les ostéopathes et l'importance qu'ils accordent aux manipulations, semblent varier d'un extrême à l'autre. Le tableau d'ensemble laisse donc une impression un peu confuse. Mais une chose reste certaine à nos yeux. Pour la sauvegarde de la santé publique, tous ceux qui s'offrent à donner des soins à leurs semblables doivent avoir bénéficié d'une formation professionnelle qui leur permette d'abord de poser un diagnostic exact de la maladie ou des maladies à propos desquelles on les consultera. N'importe quel clinicien d'expérience conviendra aisément des embûches que cette étape essentielle du diagnostic peut comporter, des connaissances théoriques qu'elle exige, de la discipline intellectuelle qu'elle requiert et de l'utilisation éclairée et rationnelle qu'elle suppose d'un certain nombre d'examen complémentaires: analyses de laboratoire, enquête radiologique, etc. "

Les conclusions contraires auxquelles sont arrivées trois Commissions d'enquête composées de médecins

éminents, agissant sous l'autorité de groupements scientifiques réputés, l'attitude adoptée en 1935 par le Collège des Médecins et Chirurgiens de la province de Québec et les réserves que ce Collège fait en 1965, dans son mémoire, rendent quelque peu difficile, il faut l'admettre, l'appréciation de l'enseignement ostéopathique.

Nous ne pouvons pas, par ailleurs, ignorer le fait que dans trente-neuf (39) états américains, l'enseignement donné aux ostéopathes leur a fait octroyer le droit à une pratique sans restriction, c'est-à-dire qu'ils soignent au même titre que les médecins, sauf en général, en ce qui a trait à la chirurgie pour laquelle on requiert des examens particuliers et une licence spéciale.

Ici même, au Canada, dans quatre (4) provinces sur les six (6) où l'ostéopathie est acceptée et légalisée, il n'y a pas de loi particulière à l'ostéopathie dans le sens que les ostéopathes sont enregistrés suivant les dispositions du " Medical Act " de ces provinces. - Ceci est vrai pour l'Alberta, la Colombie Britannique, le Nouveau Brunswick et la Nouvelle Ecosse.

Nous croyons, cependant, à la suite des enquêtes particulières que nous avons faites dans chacune de ces provinces auprès des autorités des Ministères de la Santé, que, nonobstant le fait que l'enregistrement des ostéopathes se fasse sous le " Medical

Act ", il y a, néanmoins, certaines restrictions qui leur sont imposées et qui ne semblent pas exister dans les trente-neuf (39) états américains où la pratique est apparemment admise librement.

Dans les provinces du Manitoba et de la Saskatchewan, il y a des lois particulières régissant spécifiquement l'ostéopathie, quoique les limitations de la pratique ne soient pas clairement définies et indiquées.

Sur l'ensemble, il nous paraît que les conditions requises pour l'admission à l'étude de l'ostéopathie, les études des sciences de base et du " *materia medica* ", donnent une formation que l'on considère, dans plusieurs milieux, même médicaux, être de qualité et nullement dissociée de la formation médicale traditionnelle. L'opposition qu'on fait à cet enseignement et les critiques qu'on lui adresse, paraissent inspirées en partie peut-être, par certaines déficiences qui peuvent exister dans son organisation même provenant de moyens financiers plus restreints que ceux dont peuvent disposer les écoles de médecine, mais qui, à notre humble avis, proviennent surtout de l'opposition marquée, dans certains milieux traditionnels, à la reconnaissance du traitement par manipulation.

Il y a certainement une méthode efficace, pour les autorités du Québec, de contrôler la qualité et la valeur de cet

enseignement ostéopathique. C'est celle qui consiste, comme la chose existe aux Etats-Unis, à ne pas se contenter, pour l'admission à la pratique, de la possession de titres ou de diplômes obtenus dans les écoles d'ostéopathie à l'étranger, même si ces écoles sont accréditées par les associations officielles, mais de soumettre ces postulants gradués d'écoles d'ostéopathie à un examen provincial québécois, subi à la satisfaction d'un bureau provincial d'examineurs.

Il s'agit pour nous de solutionner exclusivement le problème du Québec et cette formule nous semble recommandable au même titre qu'elle est acceptée et obligatoirement imposée dans plusieurs états américains, dans les provinces canadiennes et dans les cantons de la Suisse.

Dans le dernier chapitre de ce rapport, comprenant nos opinions et recommandations, nous faisons des suggestions à ce sujet qui, nous le souhaitons, comportent un caractère pratique et satisfaisant.

Nous ne pouvons certainement pas, pour notre part, avoir, à l'égard de l'enseignement ostéopathique, les mêmes réserves que nous avons cru devoir faire pour l'enseignement chiropratique.

CHAPITRE 3e

LA LEGISLATION

Comme nous l'avons vu en étudiant le cas de la chiropraxie, il existe aussi dans le cas de l'ostéopathie de la législation qui en permet l'exercice tant au Canada qu'aux Etats-Unis.

Il n'est pas de notre intention de faire une analyse détaillée de cette législation, car nous possédons dans le cas de l'ostéopathie, un résumé qui nous semble bien à point de ce qui est permis et de ce qui est limité ou défendu dans certains états ou certaines provinces.

Il y a lieu de mentionner, cependant, que, présentement, l'exercice de l'ostéopathie est légalisé dans six provinces canadiennes, soit l'Alberta, la Colombie Britannique, le Manitoba, la Nouvelle Ecosse, l'Ontario et la Saskatchewan.

Dans les provinces de l'Alberta, de la Colombie Britannique, de la Nouvelle Ecosse et du Nouveau Brunswick, l'enregistrement des ostéopathes se fait en vertu du " Medical Act ", tandis que la province du Manitoba et celle de la Saskatchewan ont une loi spéciale régissant spécifiquement la pratique de l'ostéopathie.

De plus, les provinces du Manitoba, de la Saskatchewan et de l'Ontario ont chacune une Commission d'ostéopathes qui octroie le droit de pratiquer, tandis que dans l'Alberta et la Nouvelle Ecosse, ce droit est octroyé par le Conseil du Collège des Médecins et Chirurgiens de l'Alberta, d'une part dans l'Alberta et, d'autre part, par le " Provincial Medical Board ", en Nouvelle Ecosse.

Dans les provinces de l'Alberta, de la Colombie Britannique, du Manitoba et de la Saskatchewan, il ne semble pas y avoir de définition particulière quant au champ de pratique alloué aux ostéopathes; d'un autre côté, au Nouveau Brunswick, il y a un article dans la loi qui permet la pratique " par des méthodes de traitement communément considérées comme distinctement ostéopathiques. "

En Nouvelle Ecosse, on déclare que le droit de pratiquer est illimité vu que le candidat à l'ostéopathie doit être " a qualified medical practitioner. "

Il semble bien que, dans cette province, l'on a toujours établi une différence très marquée entre la chiropraxie et l'ostéopathie. En effet, si l'on remonte aux Statuts Révisés de la Nouvelle Ecosse de 1923, ch. 113, section 24, par. 4, l'on constate que même à cette date, l'ostéopathie était reconnue, alors que l'on ne trouve rien qui donne une semblable reconnaissance à la chiropraxie.

Dans les derniers statuts révisés de la province de la Nouvelle Ecosse, soit les statuts de 1954, au ch. 172, par. 9, sous-sections 3 et 4, l'on trouve des dispositions qui reconnaissent encore l'ostéopathie, de même que l'homéopathie.

Les personnes qui se destinent à la pratique de l'ostéopathie doivent, d'après ces dispositions, se soumettre, au préalable, à un examen devant le Bureau Médical de la province et devant les examinateurs spécialement nommés à cette fin par le Bureau Médical. Nous reproduisons ici le texte du paragraphe 3 de l'article 9, du chapitre 172, cité plus haut:

" (3) Should any candidate when applying for examination intimate his intention to practise homeopathy or osteopathy or other system different from that taught in the usual schools of medicine, he shall be required to pass an additional examination in such subjects as may from time to time be determined by the Board. Such examination so far as it relates to the subject matter included in such other system shall be conducted by examiners specially appointed by the Board and chosen from exponents of the system in respect of which the candidate is to be examined, and shall be under such conditions as may be determined by the Board. "

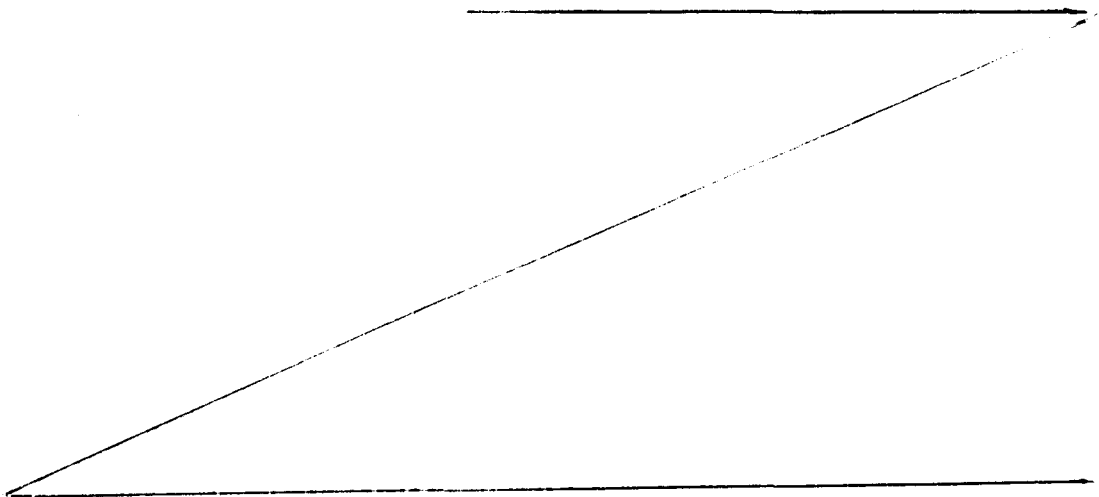
Nous attirons l'attention particulièrement sur les mots " he shall be required to pass an additional examination, " ce qui indique bien qu'il s'agit d'un examen supplémentaire à l'examen

en médecine, car le début de l'article 9 parle, ici, des conditions requises pour l'enregistrement dans le " medical register. "

C'est pourquoi dans l'annexe O-1, à la page 6, l'on peut lire que l'on donne à l'ostéopathe le droit à une pratique illimitée, vu qu'il doit être d'abord un " qualified medical practitioner. "

Nous produisons comme annexe O-1, le résumé de la législation canadienne pour chaque province.

Quant à la législation américaine, les ostéopathes sont éligibles et admis à une pratique illimitée, c'est-à-dire pratique de la médecine et de l'ostéopathie, dans trente-huit (38) états, plus le district de Columbia.



D'après les renseignements que nous avons recueillis dans un certain nombre d'états américains, environ vingt-cinq (25), les ostéopathes subissent leur examen d'admission devant un jury ne comprenant que des ostéopathes. Dans d'autres, il y a, avec des ostéopathes, des médecins qui composent le jury, et il y aurait quatre (4) états où les examinateurs sont exclusivement des médecins. Nos informations sont aussi à l'effet que la même situation existe dans l'Alaska et à Porto Rico.

Il nous semble, de plus, comme nous l'avons déjà mentionné, que, dans tous les états, les conditions d'admission à l'étude sont équivalentes à celles qui sont exigées pour être admis à une faculté de médecine dans ces mêmes états. C'est d'ailleurs ce que le rapport de la Commission Cline a mentionné et dont il a fait part à " l'American Medical Association. "

Il y a, évidemment, dans plusieurs états où l'on parle de pratique illimitée, certaines restrictions particulièrement quant à la chirurgie majeure qui requiert des qualifications particulières et des examens spéciaux.

Dans certains autres états, l'on ne permet pas l'usage de drogues, excepté, apparemment, dans les trente-huit (38) états où véritablement la pratique semble être la même que celle permise à un docteur en médecine.

Nous produisons, comme annexe O-2, un résumé des différentes lois américaines qui, à notre humble avis, donne encore ici une vue d'ensemble et des renseignements détaillés plus complets que l'analyse que nous pourrions faire.

Ce qui semble caractériser cette législation et la différencier sensiblement de la législation relative à la chiropraxie, ce sont:

1. - les exigences beaucoup plus rigoureuses quant à l'admission à l'étude;
 2. - les dispositions relatives à l'enseignement lui-même, théorique et clinique;
 3. - la composition des bureaux d'examineurs qui, dans plusieurs cas, laissent voir une espèce de collaboration entre la médecine traditionnelle et l'ostéopathie, et enfin
 4. - l'étendue de la pratique permise aux ostéopathes par opposition à celle très limitée permise aux chiropraticiens.
-

COROLLAIRE

D'après les documents produits devant notre Commission, il nous semble établi que l'ostéopathe est reconnu quant à certaines organisations publiques américaines et qu'il est éligible à donner ses services dans ces milieux. Ceci s'applique aux:

Bureau de compétence mentale établi pour les Forces armées (Public Law 569, approuvé le 21 juin 1950;)

Bureau d'urgence de maternité et pour le soin des enfants (Public Law 124, approuvé le 3 juillet 1945) (Public Law 549, approuvé le 26 juillet 1946) (Public Law 135, approuvé le 12 juillet 1943.)

Bureau de " Safety Regulation Instruction " dans le département de l'Aéronautique;

La Commission du Service Civil en vertu d'une recommandation de la Commission du 19 septembre 1946;

Département du Travail, et enfin,

Au Bureau des Accidents du travail.

Il y a aussi d'autres services que nous nous dispensons de mentionner, car nous croyons que ceux que nous avons énumérés semblent avoir plus d'importance.

CHAPITRE 4e

LA SITUATION DE L'OSTEOPATHIE
AU QUEBEC

Il est bien évident que la situation de l'ostéopathie dans le Québec ne peut pas être envisagée, à toutes fins pratiques, dans la même optique que ce qui s'est fait pour la chiropraxie; la raison en est bien simple.

En effet, nous avons dit qu'il y avait, à la fin de notre enquête, possiblement 400 personnes qui, au Québec, offraient leurs services comme chiropraticiens et dont un nombre très considérable avait une formation secondaire minime, avait fait des études réduites dans des collèges qui n'étaient pas accrédités par les associations de chiropraticiens et dans lesquels la valeur de l'enseignement était très fortement contestée. On voit, par ce résumé de la situation, ce qui nous justifiait d'adopter les conclusions que nous avons soumises relativement à cette situation.

Dans le cas de l'ostéopathie, le nombre des ostéopathes dans le Québec, est presque infime et notre enquête a établi qu'il y en a à peine dix ou onze (10 ou 11) qui pratiquent comme tels.

A cause des restrictions auxquelles ils sont forcément soumis pour l'exercice de leur profession, vu l'absence de loi autorisant leur pratique, beaucoup d'entre eux, qui auraient désiré s'établir dans le Québec, ne l'ont pas fait, précisément eu égard à cette situation particulièrement difficile qui les enpêche d'exercer de la manière dont, selon eux, l'ostéopathie devrait normalement être exercée, si l'on tient compte que leurs études sont plus poussées que celles des chiropraticiens.

Dans le cas des ostéopathes, comme dans le cas des chiropraticiens, nous avons voulu adopter la même manière pour essayer de déterminer quelle était la situation de l'ostéopathie dans le Québec, c'est-à-dire que nous nous sommes enquis:

1. - des conditions d'admission à l'étude;
2. - des études mêmes ou, en d'autres termes, comment ils étaient devenus ostéopathes;
3. - qui étaient les ostéopathes;
4. - quel était leur code d'éthique professionnelle.

Nous sommes satisfait par la preuve assez volumineuse soumise à notre Commission, que les qualifications exigées pour être admis à l'étude de l'ostéopathie étaient sensiblement plus sévères et plus sérieuses que celles qui étaient exigées pour être admis à l'étude

de la chiropraxie. - Nous en rapportant aux rapports des enquêtes faites sous l'autorité de "l'American Medical Association " auxquels nous avons référé antérieurement, il semble bien établi qu'un étudiant, pour être admis à l'étude de l'ostéopathie, doit posséder la même formation et la même préparation que celles qui sont exigées pour être admis dans une faculté de médecine. Il y a là, évidemment, un facteur important à l'effet que l'étudiant a fait au moins des études secondaires qui le préparent d'une meilleure façon à recevoir plus efficacement l'enseignement supérieur qui sera dispensé soit à l'école de médecine, soit à l'école d'ostéopathie.

En deuxième lieu, nous avons encore à la lumière d'une preuve non contredite et d'une documentation qui nous semble admise, voulu connaître comment on devenait ostéopathe.

Comme nous l'avons signalé dans un chapitre antérieur, l'ostéopathie ne se dissocie pas de la médecine, elle ne prétend pas non plus se substituer à la médecine et, comme l'a déclaré sans réserve le rapport de la Commission Cline, il ne s'agit aucunement dans ce cas de ce qu'on a appelé le " cultisme ", c'est-à-dire un enseignement basé sur un postulat que l'on accepte sans en établir véritablement le fondement scientifique se contentant des affirmations de celui ou de ceux qui l'auraient formulé.

Ceci veut donc dire que, pour devenir

ostéopathe, il faut faire, en somme, des études qui, dans bien des milieux, sont équivalentes à celles que l'on fait dans une école de médecine, bien que, il faut l'admettre, il puisse y avoir certaines déficiences dans l'organisation même de l'enseignement, à cause de certains problèmes financiers que ne connaissent pas les écoles de médecine dans les universités reconnues.

Ces études faites en ostéopathie se complètent évidemment par un élément que l'on ne trouve pas dans l'enseignement de la médecine et qui est l'enseignement et l'entraînement donnés en fonction du traitement manipulatoire qui est la base même de l'ostéopathie et qui est axé sur le système musculo-squelettique afin d'établir ou de maintenir la fonction par la structure.

Ajoutons qu'il y a en plus de cet enseignement, ce que nous avons déjà indiqué, à savoir les cours de spécialisation que suivent, pendant trois ou cinq ans, les gradués comme ostéopathes.

On est bien loin, dans le présent cas, de cet enseignement qui se condense dans dix-huit (18) mois et après lequel, dans certaines écoles de chiropraxie, on se permet d'octroyer un titre de docteur.

Il y a aussi, comme on peut le voir par

le programme d'étude de l'ostéopathie, par le nombre d'années et d'heures affectées au cours lui-même et par les études de spécialisation complémentaires, une assurance morale que de telles études sont susceptibles de permettre à celui qui les a faites d'être mieux préparé pour faire un diagnostic différentiel que celui qui, dans l'autre domaine, aurait fait ces études réduites dont nous venons de parler.

Troisièmement, nous avons obtenu des informations générales sur chaque membre de l'Association Ostéopathique de la province de Québec, (incorporée par charte privée.)

Ces questionnaires nous permettent de déduire que les sept (7) qui ont donné les renseignements requis pour être admis dans l'association, ont fait des études qui nous paraissent complètes et que leurs activités antérieures avaient une relation et un caractère intellectuels qui pouvaient les destiner à de telles études, contrairement à ce que nous pouvons voir dans l'annexe H-2 produite avec le rapport de la chiropraxie. - En effet, ils étaient tous des étudiants et nous produisons comme annexe O-6, le tableau relatif à leur identité et leurs études.

Il nous semblerait difficile, d'ailleurs, de nous imaginer un commerçant ou un musicien ou un mécanicien qui, rendu à un certain âge, étant déjà pratiquement établi dans la vie, serait capable d'abandonner sa présente occupation pour se destiner à une activité qui va requérir sept ou huit années d'études avant qu'il puisse l'exercer et en retirer un revenu pour vivre.

Quatrièmement, nous n'avons pas trouvé dans la preuve soumise à la Commission, chez ceux qui font partie de l'Association Ostéopathique de la province de Québec, des preuves qui établiraient des activités qui dérogeraient à une conduite et à l'éthique professionnelle, particulièrement en ce qui a trait à la publicité faite directement ou par personne interposée.

Par contre, notre enquête nous a mis en présence de l'existence de certains organismes dont le sérieux et la composition devraient être scrutés et qui prétendent grouper certains individus qui se représentent comme ostéopathes. Ici encore, vu l'absence de toute législation ou de tout mode de contrôle, il est évident que le champ reste libre et l'accès en est facile à des imposteurs ou, si l'on trouve le terme trop fort, à des personnes non qualifiées mais qui se représentent tout de même au public comme ayant des connaissances dont la valeur est certainement douteuse.

A l'appui de ces affirmations que la preuve nous permet certainement de faire, nous avons découvert un individu qui s'attribue le titre d'ostéopathe et quand nous l'avons requis de nous déclarer à quel endroit il avait fait ses études d'ostéopathie, il nous a indiqué une ville où n'existe pas d'école d'ostéopathie. Par contre, nous avons fait compléter notre enquête par l'Association Canadienne d'Ostéopathie, de même que par l'Association Américaine d'Ostéopathie, et ceci

a établi, hors de tout doute, que cet individu n'était pas enregistré comme ostéopathe, qu'il n'avait apparemment suivi aucun cours d'ostéopathie.

Invité par ces associations à en devenir membre, il a refusé de le faire et a, semble-t-il, donné des réponses qui se sont avérées fausses aux questions qu'on lui posait sur ses études et qualifications.

Par ailleurs, une association incorporée à Montréal prétendait grouper un certain nombre d'ostéopathes et de médecins et voulait soumettre ses représentations à notre Commission. Nous avons communiqué personnellement avec les représentants autorisés de cette association pour les inviter à nous faire tenir un mémoire ou à nous rencontrer personnellement, mais comme nous l'avons déjà indiqué, nous n'avons reçu aucune réponse à cette lettre, aucun mémoire et aucune suite n'a été donnée à notre invitation.

Nous avons, de plus, été informé que certaines enquêtes légales avaient scruté le sérieux de cette organisation et ses activités. Comme question de fait, " l'American Osteopathic Association " a été alertée au sujet de l'existence de cette prétendue faculté d'ostéopathes et a demandé à l'association québécoise de faire enquête.

Ajoutons que certaines cliniques se sont incorporées comme se spécialisant en ostéopathie et elles semblent

opérer à la fois sous deux noms différents dans lesquels on retrouve la présence des individus qui ont fait l'objet des enquêtes susmentionnées. Il semble assez juste de dire, d'après la preuve qui nous a été soumise, qu'aucun de ces individus n'a été capable d'établir, d'une façon sérieuse et de bonne foi, qu'il possédait des qualifications réelles comme ostéopathe.

Comme on le voit encore une fois ici, à côté de ceux qui ont fait des études sérieuses, on aperçoit d'autres personnes qui profitent de l'absence de législation et de l'absence de contrôle pour, apparemment, se représenter au public d'une manière fausse et qui peut être dangereuse.

C'est là, en somme, l'aperçu que nous avons pu avoir de la situation de l'ostéopathie dans le Québec qui nous amène à la même réflexion et à la même conclusion que nous avons adoptée en parlant de la chiropraxie, à savoir que de telles activités qui ont trait à la santé des individus et, conséquemment, on doit le reconnaître, à l'ordre public, ne peuvent pas être l'objet d'une tolérance inacceptable et être traitées par des demi-mesures ou avec un laisser-faire qui peuvent avoir des résultats préjudiciables.

Nous sommes d'avis qu'il faut un contrôle et que la forme de ce contrôle, son mécanisme, doivent être établis par une autorité législative pour la protection, non seulement du public,

mais des professionnels sérieux qui ont consenti des sacrifices considérables de temps et d'argent pour obtenir des connaissances et une formation qui leur permettent de se vouer honnêtement à la protection de la santé des individus.

CHAPITRE 5e

OPINIONS ET RECOMMANDATIONS

1. - L'ostéopathie est un système thérapeutique de la structure qui repose sur le principe que tout trouble ou dérangement dans la charpente osseuse peut être la cause la plus probable qui altère ou détériore la fonction, et qui reconnaît la colonne vertébrale comme la clef de la posture dynamique. En somme, la posture conditionne la fonction.

Sa méthode de correction est le traitement par manipulation dont la technique, d'après plusieurs ostéopathes, ne se différencie pratiquement pas de la technique du traitement manipulateur-type de la chiropraxie.

C'est donc, ici encore, en ce qui a trait à la technique ou au traitement, ce que nous avons appelé une réalité pratique qui ne prendrait pas la forme d'une spécialité, mais plutôt d'une méthode thérapeutique ou d'un traitement par manipulation qui s'ajoute aux autres traitements que la médecine traditionnelle reconnaît et sans se dissocier de cette médecine traditionnelle.

Contrairement à la chiropraxie, l'ostéopathie ne se dissocie pas de la médecine traditionnelle. Elle ne prétend pas se substituer à elle, mais elle soumet qu'elle y ajoute quelque chose

de bénéfique qui est le traitement par manipulation quand les méthodes usuelles de l'étiologie médicale ne donnent pas les résultats qu'on en désire.

2. - L'enseignement de l'ostéopathie est certainement établi sur des bases sérieuses et de qualité. Même si, comme certaines enquêtes l'ont souligné, cet enseignement peut présenter des déficiences dues à l'absence de moyens financiers, il n'en demeure pas moins qu'il donne à l'étudiant une formation que, dans plusieurs milieux médicaux, l'on a jugé être une formation médicale valable qui l'a fait admettre à une pratique semblable à celle du médecin, (avec réserve pour la chirurgie,) pratique à laquelle s'ajoutait le traitement par manipulation.

C'est donc dire que l'enseignement des sciences de base s'est complété, dans le cas de l'ostéopathie, par un enseignement clinique auprès du lit du malade, et que cette formation s'est complétée par des études supplémentaires de spécialisation, de sorte que l'ostéopathe a pu acquérir une science qui est susceptible d'offrir des garanties raisonnables, non seulement quant à la valeur du traitement, mais aussi quant à la valeur du diagnostic différentiel qu'il peut faire.

Quant à l'enseignement clinique relatif à la technique même de traitement manipulatoire, la preuve soumise à notre Commission nous permet certainement de croire qu'il est de qualité,

d'abord, à cause de l'organisation même de l'enseignement et de sa durée, et surtout parce que depuis que ce traitement par manipulation est intégré dans la médecine traditionnelle, particulièrement la médecine physique, plusieurs docteurs en médecine de l'étranger - de France, de Suisse et d'ailleurs - sont venus dans les écoles américaines d'ostéopathie étudier les méthodes de traitement par manipulation douce et sans anesthésie qui y sont enseignées. C'est d'ailleurs ce que rapporte le docteur Maigne dans son traité sur les " Manipulations Vertébrales " que nous avons souvent cité.

3. - Qu'il s'agisse d'ostéopathie ou de chiropraxie, nous sommes toujours d'opinion, d'après la preuve, que la formation médicale et la capacité de pouvoir faire un diagnostic différentiel valable et nécessaire pour déterminer et indiquer correctement les cas où le traitement par manipulation peut être utilisé, ne sont pas suffisantes cependant pour permettre d'appliquer ce traitement et de s'en servir, à moins d'avoir reçu en plus un enseignement et un entraînement spécifiquement spécialisés à son usage, entraînement qui, nous l'avons déjà dit, dépasse celui que le physiothérapeute reçoit et qui existe essentiellement en fonction de la technique du traitement manipulatoire type.

Le médecin, le chiropraticien, l'ostéopathe et le physiothérapeute qui n'ont pas reçu cet enseignement et cet entraînement ne devraient pas, à notre humble avis, être admis à l'utiliser

à cause des conséquences sérieuses qu'il comporte s'il est mal appliqué - et cela, même dans les cas où il est correctement indiqué.

4. - Nous sommes d'opinion que pour l'ostéopathie, comme pour la chiropraxie, un contrôle et une réglementation s'imposent. Dans le cas de l'ostéopathie qui se réclame de la médecine traditionnelle en plus du traitement par manipulation, il va de soi qu'il serait contraire à l'ordre public, de tolérer que des individus puissent offrir leurs services comme ostéopathes, sans que les autorités publiques puissent se satisfaire de leurs connaissances, de leurs études et formation, de même que de leur honorabilité.

RECOMMANDATIONS

Si le Gouvernement décide de contrôler et de réglementer l'exercice de l'ostéopathie, nous soumettons ici encore que tout contrôle législatif qui pourrait être adopté, ne devrait pas être une simple loi prohibitive.

Nous croyons que si les autorités acceptent d'adopter une loi, cette dernière devrait pour voir à la création d'une Commission à qui seraient confiés des pouvoirs de réglementation, mais sous le contrôle et la surveillance du Ministère de la Santé. - Cependant, indépendamment de ce pouvoir de réglementation et d'administration qui

serait donné à la Commission créée par la loi, nous sommes d'opinion que la loi elle-même devrait imposer obligatoirement certaines normes essentielles à la pratique d'une discipline de cette nature, et ceci s'applique particulièrement:

- a) aux conditions d'admission à la pratique;
- b) à la durée minimum des cours;
- c) Les rayons-X;
- d) Les titres professionnels et l'éthique;
- e) Les praticiens actuels (clause grand-père.)

Comme préliminaires aux normes que nous croyons essentielles pour être admis à la pratique, disons que tout candidat postulant le droit d'exercer, devra établir d'abord qu'il est:

- 1e. - citoyen canadien;
- 2e. - âgé de 21 ans;
- 3e. - de moralité irréprochable;
- 4e. - diplômé d'une école d'ostéopathie acceptée par la Commission.

A) LES CONDITIONS D'ADMISSION A LA PRATIQUE

La loi devrait déterminer les conditions et le mode de sélection des étudiants en exigeant comme qualification minimum, le baccalauréat ès arts ou son équivalence, ou en d'autres termes, en demandant pour l'admission à l'étude de l'ostéopathie, les mêmes qualifications que celles requises pour l'admission à l'école de médecine, et aucun gradué d'une école d'ostéopathie ne devrait être admis à la pratique, dans le Québec, à moins de justifier devant l'autorité établie qu'il était ainsi qualifié pour l'admission à l'étude.

Le rapport de l'enquête faite par la Commission Cline, cité antérieurement, est d'ailleurs à l'effet que dans les écoles d'ostéopathie visitées par les commissaires, ces conditions existent et que les étudiants admis dans ces écoles ont reçu une formation équivalente à celle qui les admettrait à l'école de médecine.

Le State Board of Medical Examiners, de l'Etat du Minnesota, a fait faire, en 1964, une enquête dans trois écoles d'ostéopathie, enquête faite par un comité composé de trois docteurs en médecine et professeurs de médecine. Ils ont constaté que les conditions d'admission dans ces écoles étaient basées sur le " premedical achievement ", et que les étudiants devaient avoir fait au moins trois (3) ans " of premedical course in accredited colleges. "

Nous croyons que toute loi que le Québec déciderait d'adopter devrait comporter des exigences au moins semblables et non inférieures à celles que nous venons de mentionner.

Internat - Nous avons antérieurement (pages 43 et 44) parlé d'un examen provincial auquel serait obligatoirement soumis tout gradué d'une école d'ostéopathie, postulant le droit de pratiquer au Québec.

Nous soumettons respectueusement que la Commission qui serait éventuellement créée par une loi, devrait former un bureau d'examineurs pour la province de Québec, composé d'ostéopathes, d'un médecin si possible, d'hommes de sciences, détenteurs de doctorats dans une ou plusieurs matières composant le programme des examens, de représentants du Ministère de la Santé et de représentants du Ministère de l'Éducation.

Ne serait admis à subir tel examen que le gradué d'une école d'ostéopathie accréditée et acceptée par la Commission québécoise et qui justifierait avoir, après l'obtention de son diplôme en ostéopathie, fait un internat d'au moins un (1) an ou avoir suivi un cours de spécialisation d'une durée au moins égale à celle de l'internat, soit dans une institution reconnue qui pourrait éventuellement être établie au Québec, soit dans une institution ou un hôpital à l'étranger, lequel serait reconnu et accepté par la Commission québécoise.

Nous référons à ce qui a trait à un examen provincial par le Québec, à l'article 3 des " Statutory Provisions Education Law, " de New York, amendé en 1962, particulièrement à la section 6512, paragraphe 3, qui se lit comme suit:

3. " Graduates of colleges of osteopathy registered by the New York state education department who pass the medical licensing examination of the State of New York shall be issued a license to practice medicine and surgery. A license so issued shall contain thereon, following the name of the licensee, the letters D. O. "

On trouvera ces dispositions législatives dans " Handbook 9 - Professional Education - Medicine Including Osteopathy and Physiotherapy - Law Rules Information - The University of the State of New York, The State Education Department, Albany, 1962. "

On voit que le principe d'un examen d'état est clairement établi et respecté pour le droit à la pratique dans cet Etat.

Il appartiendra évidemment, ici, au Québec, au Ministère de la Santé et au Ministère de l'Education, de concert avec la Commission, d'établir les normes de l'internat et de pourvoir à son organisation quant au programme d'études et à la compétence de ses dirigeants.

B) LA DUREE DES COURS

Nous ne jugeons pas utile d'entrer dans le détail complet des cours que la loi devrait exiger, mais nous croyons néanmoins que l'élaboration des programmes peut être confiée à la Commission qui serait éventuellement créée par la loi; le minimum obligatoire de ces cours devrait être établi par la loi elle-même et ne devrait pas être inférieur à quatre (4) années de neuf (9) mois chacune et comportant au moins 4,200 heures de cours.

Relativement aux cours de spécialisation qui existent dans plusieurs matières dans les collèges d'ostéopathie, nous croyons que la Commission, de concert avec le Ministère de la Santé, devrait avoir le pouvoir et la discrétion d'en déterminer le programme et la durée.

Les rapports des différentes Commissions d'enquête auxquels nous avons référé, nous paraissent devoir faciliter l'agencement de ces cours vu que, en général, on semble dire que, dans plusieurs branches de l'enseignement dans les écoles d'ostéopathie, on alloue à ces cours le même temps que celui qui existe dans toutes les écoles de médecine.

C) LES RAYONS-X

Nous croyons devoir, sur ce sujet, référer les autorités à ce que nous avons mentionné dans nos recommandations relativement à la chiropraxie, mais en faisant, cependant, certaines observations additionnelles qui, en toute justice, s'imposent dans le cas de l'ostéopathie.

Même si, d'après certains rapports d'enquête, les études dans les écoles d'ostéopathie peuvent se comparer aux études faites dans les écoles de médecine, il nous semble assez certain que ces études, dans les deux cas, peuvent donner des connaissances de base raisonnables mais incomplètes pour rendre parfaitement compétent en radiologie ou en radiothérapie.

Remarquons tout de même que la spécialisation en radiologie existe en ostéopathie, ce qui n'a pas lieu en chiropraxie. Des cours variant de quatre à cinq (4 à 5) années existent après le doctorat en médecine pour devenir spécialiste comme radiologue, et un cours de spécialisation existe aussi après le cours d'ostéopathie.

Dans un rapport fait, à la demande du Collège des Médecins et Chirurgiens de l'Ontario, dans les collèges d'ostéopathie, on lit, en parlant d'un de ces collèges :

" Radiology

" The department was well-equipped. Doctor X seems to be a competent radiologist. We were interested to note that he attends regularly the meeting of the American College of Radiologists and goes to the regular monthly meetings of radiologists at X-X Hospital. "

Nous avons enlevé les noms des individus et des institutions, ce qui ne nous semble pas avoir d'intérêt pour les fins de notre rapport.

Nous sommes tout de même d'avis que le Ministère provincial de la Santé devrait, ici à Québec, ne pas se satisfaire des études faites en radiologie ou radiothérapie dans les écoles d'ostéopathie, mais exiger un examen sous son contrôle et ne permettre l'utilisation des rayons-X qu'à ceux qui auront ici au Québec, subi avec succès l'examen provincial et obtenu une licence les autorisant à cette pratique particulière.

D) TITRES PROFESSIONNELS ET ETHIQUE

Nous avons recommandé dans le rapport de la chiropraxie que l'emploi du titre " Docteur " soit interdit et nous avons cité des références à diverses lois qui contiennent des dispositions

prohibitives à cet effet.

Nous sommes ici encore d'avis que celui qui a fait des études uniquement dans une école d'ostéopathie, ne devrait se désigner que par le titre d'ostéopathe et ne pas avoir le droit d'employer le titre de " Docteur ".

Evidemment, ceci ne s'applique pas à ceux qui ont fait des études médicales dans une faculté reconnue de médecine et qui y ont reçu le titre de " Docteur en médecine ", même s'ils ont, comme cela s'est produit dans plusieurs cas, obtenu subséquemment un diplôme d'ostéopathe.

Par ailleurs, nous maintenons ici les mêmes recommandations que nous avons faites pour la chiropraxie, à savoir que l'ostéopathe ne devrait pas avoir le droit de faire aucune publicité, soit directement, soit par personne interposée, sauf celle qui pourrait être autorisée par la Commission créée en vertu de la loi et qui pourrait se rapporter à son titre, son adresse, son numéro de téléphone, ses absences, etc.

E) LES PRATICIENS ACTUELS (clause grand-père)

Nous retenons ici les mêmes principes que nous avons énoncés dans le rapport sur la chiropraxie pour les praticiens actuels, soit la clause appelée " clause grand-père ", relativement aux prétendus droits acquis.

Le problème, dans le cas des ostéopathes, est beaucoup moins compliqué que dans le cas des chiropraticiens, car leur nombre est de beaucoup inférieur. - Cependant, notre enquête a établi que certains individus s'affichent comme ostéopathes alors qu'ils ne le sont véritablement pas et qu'ils n'ont certainement pas fait les études requises pour le devenir.

Cet état de choses est certainement dû à l'absence de législation et de contrôle. Nous croyons donc que si une loi est adoptée pour réglementer l'exercice de l'ostéopathie, les autorités devraient pourvoir à une forme de révision relativement au statut, à la capacité et à l'honnêteté de ceux qui, dans notre province, se disent ostéopathes.

Le Ministère de la Santé ou la Commission créée par la loi ne devrait pas consacrer le droit de continuer à pratiquer l'ostéopathie tout simplement parce qu'on prétendait l'exercer à la date

de la mise en vigueur d'une loi. L'absence d'un contrôle, dans un tel cas, serait un abus dangereux de la reconnaissance de droits acquis car ici, comme pour la chiropraxie, l'incompétence ne saurait avoir de droits acquis.

La nature et la qualité des études faites par les ostéopathes devraient rendre cette revision assez facile, car s'il est vrai qu'il existe une équivalence qui, dans plusieurs états, a été reconnue comme acceptable entre les études faites par les ostéopathes et les médecins, la valeur de ces études et des diplômes qui les attestent pourrait être appréciée et contrôlée par la Commission afin de déterminer si le droit de pratiquer peut être reconnu sans autre forme d'examen.

Par ailleurs, le Ministère de la Santé et la Commission devraient être très méticuleux et sévères pour ceux qui prétendent être ostéopathes sans pouvoir démontrer qu'ils sont détenteurs de diplômes, attestant qu'ils ont fait des études valables dans des institutions accréditées. - Nous croyons que dans le cas de ceux qui prétendent exercer l'ostéopathie en s'autorisant d'études ou de diplômes d'écoles dont la Commission peut douter de la valeur, alors les normes établies par la Californie et l'Etat de New York, pour le contrôle des praticiens actuels en chiropraxie, devraient être suivies avec la même rigueur pour ces ostéopathes.

PRATIQUE ILLIMITEE ET RESTRICTIONS ETABLIES PAR CERTAINS ETATS

Enfin, il convient d'attirer l'attention des autorités sur une différence importante qui existe entre l'attitude des différents états et provinces à l'égard de la chiropraxie d'une part, et de l'ostéopathie d'autre part.

Nous l'avons déjà signalé, toutes les lois qui ont légalisé l'exercice de la chiropraxie ne nous semblent aucunement avoir le caractère de la reconnaissance d'une science ou d'une spécialité, mais plutôt celui de la réglementation et du contrôle de l'utilisation d'un traitement par manipulation ou d'une technique que les tenants de la chiropraxie veulent dissocier de la médecine, quoique le traitement lui-même soit, depuis quelques années, intégré dans la médecine hospitalière.

C'est pourquoi toutes ces lois sont éminemment restrictives et, à part quelques exceptions inadmissibles, contiennent l'utilisation de ce traitement dans des limites bien restreintes suggérées par le sens étymologique du terme chiropraxie.

La même chose n'existe certainement pas dans le domaine législatif lorsqu'il s'agit de l'ostéopathie.

En effet, tenant évidemment compte du

fait que l'ostéopathie ne veut aucunement se dissocier de la médecine traditionnelle et de l'allopathie mais qu'elle veut s'en servir pleinement, se rappelant que l'ostéopathie n'a aucunement la prétention de se substituer à la médecine, mais qu'elle désire y ajouter le traitement par manipulation, et prenant en considération le fait que les écoles d'ostéopathie ont, comme programme, des études qu'elles veulent équivalentes à celles des écoles de médecine, ce qui d'ailleurs semble reconnu par diverses Commissions de médecins enquêteurs, plusieurs états, en légalisant l'ostéopathie, ne lui ont pas imposé les mêmes restrictions qu'ils ont imposées à la chiropraxie.

En effet, dans au moins trente-neuf (39) Etats américains, les lois ont accordé aux ostéopathes le droit à une pratique illimitée et ont placé l'ostéopathie sous le contrôle du " Medical Board ". Rappelons ici que la licence donnant le droit de pratiquer dans l'Etat de New York, à laquelle nous avons référé antérieurement, donne le droit à une pratique illimitée.

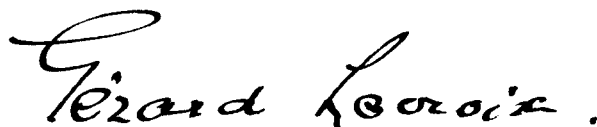
Dans certains autres états et ici au Canada, dans certaines provinces, on a refusé ce droit illimité et on a restreint la pratique en enlevant à l'ostéopathe l'usage de certains moyens qui sont permis au médecin qui semblerait avoir fait les mêmes études.

Nous référons, cependant, à ce que nous avons mentionné antérieurement aux pages 44 et suivantes relativement

à la Nouvelle Ecosse.

Pour aider à l'application des recommandations que nous avons faites, nous suggérons donc aux autorités provinciales du Québec, particulièrement au Ministère de la Santé, d'étudier sérieusement les rapports faits par la Commission Cline sous l'autorité de " l'American Medical Association ", le rapport des médecins fait au " Minnesota State Board of Examiners " et le rapport fait par trois (3) médecins au Collège des Médecins et Chirurgiens de la province d'Ontario, rapports que nous produisons respectivement comme annexes O-3, O-4 et O-5. Nous référons ici aux différents statuts que nous avons indiqués, (particulièrement le chapitre 172 des Statuts révisés de 1954, de la Nouvelle Ecosse), afin de puiser dans ces études et dans ces textes des éléments qui pourraient aider à déterminer les droits qui pourraient être octroyés aux ostéopathes, si éventuellement les autorités du Québec jugeaient à propos d'adopter une loi permettant l'exercice de l'ostéopathie dans notre province.

LE TOUT RESPECTUEUSEMENT SOUMIS.

A handwritten signature in black ink, reading "Gerard Lacroix". The signature is written in a cursive, flowing style with a large initial 'G'.

GERARD LACROIX
Juge de la Cour Supérieure
Commissaire

Québec, juillet, 1965.

ANNEXES

- ANNEXE O-1 : Sommaire des dispositions légales réglementant l'exercice de l'ostéopathie dans les provinces du Canada
- ANNEXE O-2 : Sommaire des dispositions légales réglementant l'exercice de l'ostéopathie dans les états américains et au Canada
- ANNEXE O-3 : Rapport de la Commission Cline sur les relations entre l'ostéopathie et la médecine
- ANNEXE O-4 : Rapport de la Commission instituée par le Bureau Médical des examinateurs du Minnesota sur l'enseignement dans les collèges d'ostéopathie
- ANNEXE O-5 : Extrait du Rapport fait au Collège des Médecins et Chirurgiens d'Ontario par une Commission nommée pour étudier les conditions d'enseignement dans les collèges d'ostéopathie
- ANNEXE O-6 : Tableau établissant l'identité et les études des ostéopathes au Québec
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COMMISSION ROYALE D'ENQUETE
SUR LA
CHIROPRAXIE ET L'OSTEOPATHIE

" L' OSTEOPATHIE "

RAPPORT DE L'HONORABLE JUGE GERARD LACROIX,

Commissaire

Me Bertrand Marcotte, c. r. ,

Secrétaire.

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**SUMMARY OF REGULATIONS
GOVERNING THE PRACTICE OF
OSTEOPATHY
IN THE
PROVINCES OF CANADA**



Compiled by the
**COMMITTEE ON PROVINCIAL AFFAIRS
CANADIAN OSTEOPATHIC ASSOCIATION**

1959

Provinces with Basic Science (one) or preliminary examinations (two)

ALBERTA: Preliminary examination may be required by the General Faculty Council of the University of Alberta.

MANITOBA: Basic Science examinations by the Senate of the University of Manitoba.

NOVA SCOTIA: Preliminary examination as required by the Provincial Medical Board.

Provinces requiring student registration (three)

ALBERTA: On matriculation for preliminary examination.

MANITOBA: For Basic Science examination.

NOVA SCOTIA: On matriculation for preliminary examination.

ALBERTA

Legislation:	"The Medical Profession Act".
Licensing Body:	Registrar of the Council of the Alberta College of Physicians and Surgeons.
Examinations:	Examining Body — General Faculty Council of the University of Alberta. Basic Science Examination — Not required, but General Faculty of the University of Alberta may require a matriculation or preliminary examination. Subjects — As prescribed by the General Faculty Council of the University of Alberta.
Education:	Pre-osteopathic — not defined. Osteopathic — not defined.
Fees:	Registration — Fifty dollars. Annual — As determined by the Council of the College of Physicians and Surgeons.
Scope of Practice:	Not defined.

BRITISH COLUMBIA

Legislation:	"The Medical Act."
Licensing Body:	The Registrar of the Council of the College of Physicians and Surgeons, British Columbia.
Examinations:	Examining Body — (1) The Council of the College of Physicians and Surgeons (2) an osteopath practicing in the province. Basic Science Examinations — Not required. Subjects — (1) Anatomy, physiology, chemistry, toxicology, pathology, bacteriology, histology, neurology, physical diagnosis, obstetrics, gynecology, minor surgery, hygiene, medical jurisprudence, (2) principles and practice of osteopathy.
Education:	Pre-osteopathic — Not defined. Osteopathic — Graduation from a school or college of osteopathy approved by the American Osteopathic Association.
Fees:	Registration — \$200.00 (intent to become a Canadian citizen required). Annual — As determined by the Council of the College of Physicians and Surgeons.
Scope of Practice:	Not defined — includes minor surgery.

MANITOBA

Legislation:	(1) "The Osteopathic Act." (2) "The Basic Science Act."
Licensing Body:	The Board of Osteopathic Physicians of the Manitoba Osteopathic Association.

- Examination:** Examining Body — The Board of Osteopathic Physicians.
- Basic Science Examinations — Prescribed by the Senate of the University of Manitoba in the following subjects anatomy, bacteriology, biochemistry, hygiene, physiology and pathology.
- Subjects — Anatomy, physiology, chemistry, toxicology, pathology, bacteriology, histology, neurology, physical diagnosis, gynecology, minor surgery, hygiene, medical jurisprudence, principles and practice of osteopathy.
- Education:** Pre-osteopathic —
- (1) Junior matriculation.
 - (2) Two years pre-medics approved by the Senate of the University of Manitoba.
- Osteopathic — Four academic years in a school or college approved by the Board of Osteopathic Physicians.
- Fees:** Registration — One hundred dollars.
- Annual — Five dollars.
- Scope of Practice:** Not defined but examinations do not include obstetrics, major surgery, pharmacology and materia medica.

NEW BRUNSWICK

- Legislation:** "The New Brunswick Medical Act."
- (1) Notwithstanding anything in this Act, a person
 - (a) who is a graduate of an osteopathic college approved by the Canadian Osteopathic Association; and

- (b) who, before the coming into force of this Act was practising osteopathy in the province, is entitled to practise methods of treatment commonly regarded as distinctly osteopathic in the province and to make reasonable charges therefore.
- (2) Notwithstanding anything in this Act a person
 - (a) who is a graduate of an osteopathic college approved by the Canadian Osteopathic Association;
 - (b) who passes such examinations as may be provided for by the Council; and
 - (c) who pays the prescribed fee for writing such examinations, is entitled to practise methods of treatment commonly regarded as distinctly osteopathic in the province, and to make reasonable charges therefore.

NOVA SCOTIA

Legislation:	"The Medical Act."
Licensing Body:	The Registrar of the Provincial Medical Board.
Examinations:	Examining Body -- The Provincial Medical Board. Basic Science Examination -- (1) Student registration with Provincial Medical Board. (2) Preliminary examination as prescribed by the Provincial Medical Board.

Subjects —

(1) Chemistry, physics, biology, anatomy, histology, embryology, physiology, biochemistry, pharmacy, pharmacology, bacteriology, pathology, medical jurisprudence, hygiene, therapeutics, pediatrics, medicine, surgery, obstetrics, gynecology.

(2) Osteopathic subjects as determined by the Provincial Medical Board.

Education:

Pre-osteopathic —

(1) Matriculation in an accredited Medical College.

(2) Five sessions of eight months each in an accredited medical college.

(3) Approved internship of one year.

Osteopathic — Osteopathic study, as determined by the Provincial Medical Board.

Fees:

Registration — As determined by the Provincial Medical Board.

Annual — As determined by the Provincial Medical Board.

Scope of Practice:

Unlimited since candidate must be "qualified medical practitioner".

ONTARIO

Legislation:

"The Drugless Practitioners Act."

Licensing Body:

The Board of Directors of Osteopathy of Ontario.

Examinations:

Examining Body — Board of Directors of Osteopathy of Ontario.

Subjects —

(a) Anatomy and applied anatomy, including histology and embryology;

(b) physiology, including physiological chemistry;

- (c) pathology and bacteriology, including parasitology, immunology, public health and preventive medicine;
- (d) surgery, including surgical specialties;
- (e) obstetrics, gynecology and pediatrics;
- (f) neurology, psychology and psychiatry, and
- (g) osteopathic medicine, including principles, therapeutics, pharmacology, materia medica and jurisprudence.

Education:

Pre-osteopathic —

- (1) Junior matriculation or equivalent.
- (2) Two years pre-medics.

Osteopathic — Graduation from a school of osteopathy approved by the Board of Directors of Osteopathy of Ontario.

Fees:

Registration — Forty dollars.

Examination — Fifty dollars.

Annual — Twenty-five dollars as prescribed by the Board.

Scope of Practice:

The Act expressly prohibits (1) the prescription or administration of drugs internally or externally (2) the use or prescription of anaesthetics (3) the practice of surgery or midwifery. Other restrictions are contained in "The Public Health Act" in the care of contagious diseases.

PRINCE EDWARD ISLAND

The Practice of Osteopathy is not defined nor regulated by legislation.

QUEBEC

"All healing practices controlled by the College of physicians and Surgeons, which established a ruling in 1935, permitting osteopathic physicians, then resident in the province to continue in practice, but forbidding the entrance of additional members of the profession."

SASKATCHEWAN

Legislation:	"The Osteopathic Practice Act."
Licensing Body:	"The Board of Osteopathic Physicians."
Examinations:	Examining Body — The University of Saskatchewan in consultation with the Board of Osteopathic Physicians. Basic Science Examinations — Not required. Subjects — Anatomy, physiology, chemistry, pathology, histology, sanitation and hygiene, general diagnosis, the principles and practice of osteopathy, and such other subjects as the University in consultation with the Board may require.
Education:	Pre-osteopathic — (1) Junior matriculation or equivalent. (2) Two years pre-medics. Osteopathic — Graduation from a school of osteopathy approved by the American Osteopathic Association.
Fees:	Registration — Regulated by the Board of Osteopathic Physicians. Examination — Regulated by the University of Saskatchewan in consultation with the Board of Osteopathic Physicians. Annual — Regulated by the Board of Osteopathic Physicians.
Scope of Practice:	Not defined.

**Canadian Osteopathic Association
Suite 17, 1374 Sherbrooke St. W.
Montreal 25, Que.**

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**ABSTRACT OF LAWS
AND REGULATIONS
GOVERNING THE PRACTICE
OF OSTEOPATHY**



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INTRODUCTION

The following abstract of state and provincial laws and regulations revised to February, 1960, reflects in brief form osteopathic practice rights, technique of administrative control and educational requirements in the various states, territories and provinces. Clear and inclusive definitions of practice rights are not possible in some instances because of the indefiniteness of the regulatory law. It is recommended that correspondence be had with the American Osteopathic Association or the regulatory board regarding any specific questions under statutes or regulations.

In many states the educational requirements provided in the statutes are substantially lower than the minimum educational requirements now in effect. For example, some of the statutes require high school graduation and graduation from an approved osteopathic college. Various state administrative bodies quite uniformly accept graduates only from osteopathic colleges approved by the American Osteopathic Association on recommendation by its Bureau of Professional Education. All of these colleges now require a minimum of three or more years of preprofessional work of college grade. A statutory requirement of graduation from an approved osteopathic college thus accomplishes a requirement of a pre-professional course of at least three years of college work followed by a professional course of at least four terms of not less than nine months each covering subjects in a manner satisfactory to the American Osteopathic Association.

Osteopathic physicians are eligible to receive a license granting unlimited practice rights in thirty-eight states and the District Columbia, as listed in the table on page 23.

In some states the law provides for more than one type of license for osteopathic physicians. Thus not all licensed in a given state have all the rights indicated below. In other words, the compilation does not in every case show the present status of all the licentiates in a particular jurisdiction, but rather the rights held by the great majority of those now in practice, and attainable by the others who do not possess such rights.

RECIPROCITY

No state licensing board today operates on an unqualified reciprocity basis in issuing a license to practice to a doctor by granting unrestricted recognition to a license issued by the licensing or examining board of another state. All state licensing boards reserve the right to individually exercise discretion in evaluating the personal, professional, and moral qualifications of the applicant. Thus, even though a state may recognize the license of another state as having been issued upon the basis of educational and professional qualifications, including an examination, equal to the requirements of its own state, a license may nonetheless

not be granted because the licensing board may not be satisfied with the personal, professional or moral qualifications of the applicant. Such determinations are discretionary in character and generally speaking involve matters difficult to evaluate as to the exact standards or procedures followed. The license presented, almost without exception, must have been issued on the basis of a written examination. For further information on reciprocity in a given state, write the licensing board official. See list of Officials of State and Provincial Licensing Boards inserted in this booklet.

UNITED STATES

Alabama Board—Doctors of Medicine. Examinations given third Tuesday in June at Montgomery. *Educational requirements*: Preliminary,* certificate from basic science board (fee, \$25); professional, graduation from osteopathic college approved by state board of medical examiners. *Examination*: Fee, \$25; license fee from State Licensing Board for the Healing Arts \$10. No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal requirements. *Annual registration*: Fee \$5.

Alaska Basic science certificate required by examination (fee \$25); no reciprocity. D.O. must pay Annual Business License fee to Department of Taxation; minimum fee \$25. No other regulatory provision for licensure of osteopathic physicians.

Arizona Board—Doctors of Osteopathy, named "State Osteopathic Board of Registration and Examination in Medicine and Surgery"; one member is layman representing public. Annual meeting on January 15, at Phoenix; other meetings set by the board. *Educational requirements*: Preliminary,* certificate from basic science board (examinations given on third Tuesday of March, June, September and December; open to undergraduates 21 and over; fee \$20); waiver of basic science examination upon presentation of basic science certificate of another state covering same subjects as required by Arizona law, but examination required in those subjects not covered by certificate; professional, graduation from osteopathic college approved by board and which meets minimum educational and training standards established by the American Osteopathic Association. *Examination*: Application fee \$25; license fee \$25. No temporary permits except board requires temporary permit for practice as intern in board approved hospital, duration of permit not to exceed one year. *Scope of practice*: Authorized to exercise all the same rights and privileges possessed by physicians and surgeons of other complete schools of medicine, except no major surgery unless licensee has had two years of surgical training in a hospital approved by board, or equivalent training. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Board, in its discretion, has authority to waive licensing examination and issue

license by endorsement if applicant possesses license to practice issued under authority of any other state, territory or District of Columbia, whose standards are comparable to those established by the State of Arizona; fee \$75, in addition to \$25 application fee. *National Board*: Certificate may be accepted after basic science requirements have been met; fee \$75, in addition to \$25 application fee. *Annual registration*: Fee not more than \$10; must present evidence of attendance at two-day refresher course, approved by the board.

Arkansas Board—Doctors of Osteopathy. Meets first of February and July, unless otherwise arranged. *Educational requirements*: Preliminary,* diploma from an accredited high school and certificate from basic science board (basic science fee \$25 for Arkansas residents, \$50 for non-residents; board meets third Thursday and Friday in April and October at Little Rock; undergraduates permitted to take examination; basic science reciprocity fee \$25); professional, graduation from a reputable college of osteopathy which gives not less than four years of nine months each. *Examination*: Fee \$35. No temporary permits. *Scope of practice*: Minor surgery, obstetrics and toxicology; use of drugs as remedial agents excluded, except barbituric acid and all of its derivatives. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal requirements; fee \$35. *National Board*: Certificate accepted after basic science requirements have been met; fee \$35. *No annual registration*.

California Board—Doctors of Osteopathy. Examination dates fixed by board. Physician's and surgeon's certificate only. *Educational requirements*: Preliminary, four years' standard high school or equivalent and two years (applicants matriculating after January 1, 1954, three years) of resident college grade work including physics, chemistry and biology; professional, four terms of not less than thirty-two weeks (4,000 hours) in osteopathic college approved by board and one year's internship in hospital approved by board. *Examination*: Fee set by the board, not to exceed \$50. Examination may be taken prior to completion of internship. If successful in passing examination, physician's and surgeon's certificate is issued on satisfactory evidence of having completed the approved internship. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Physician's and surgeon's certificate, unlimited. Registration under Federal Narcotic Law. *Reciprocity*: Eligibility determined by the individual showing evidence of meeting qualifications of the California law; write secretary; application fee \$10, if applicant qualifies, additional fee not to exceed \$100 is payable before certificate is issued. *Annual registration*: Fee set by the board each year, not to exceed \$25.

Colorado Board—Composite. Examinations at least twice yearly at discretion of the board, currently June and December; endorsement meetings in January, April, July and October. *Educational requirements*: Preliminary,* at the discretion of the board, but includes certificate from basic science board (fee \$25; examinations given in March, May, September and

December); professional, graduation from a recognized osteopathic college and one year's internship in a hospital approved by the American Osteopathic Association. *Examination*: Fee \$25; no charge for one re-examination to be taken not less than six months nor more than twelve months after first examination. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal requirements; fee \$50. *National Board*: Certificate accepted after basic science requirements have been met; fee \$50. *Annual registration*: Fee \$2 for Colorado residents, \$10 for non-residents.

Connecticut Board—Doctors of Osteopathy. Meets second Tuesday and Wednesday of March, July and November. *Educational requirements*: Preliminary, if a graduate from approved osteopathic college subsequent to July 1, 1933, must have completed course of study in chemistry, physics and biology equivalent to one college year; and, if a graduate from an approved osteopathic college subsequent to July 1, 1947, must have completed a course of study of two academic years of not less than thirty-two weeks duration each, which course included the study of chemistry, physics and general biology, in a college or scientific school approved by the board; and a certificate from the State Board of Healing Arts, which is substantially a basic science board (fee \$25; examinations given second Saturday in February, June and October; certificate of the National Board of Examiners for Osteopathic Physicians and Surgeons accepted in lieu of basic science examination); professional, must have been resident student in one or more osteopathic colleges approved by the board during not less than four graded courses of not less than thirty-two weeks each, and received D.O. degree therefrom. *Examination*: Fee \$50; re-examination allowed. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Osteopathy, except that medicine and/or surgery requires a special examination and certificate from the medical examining board; fee \$50. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Osteopathic board only, at its discretion, with states having equal requirements, provided the applicant has practiced three of the five years preceding application in such state and has passed the Connecticut State Board of Healing Arts; fee \$100, \$90 of which will be refunded if applicant is not granted certificate. *National Board*: Certificate accepted by osteopathic examining board; fee \$50. No examination required before State Board of Healing Arts after five years of continuous practice in one location. *Annual registration*: Fee \$5.

Delaware Board—Doctors of Medicine. An osteopathic physician selected by the Delaware State Osteopathic Society assists in the examination. Examinations given the second Tuesday of January and July at Dover. *Educational requirements*: Preliminary, standard high school and two years of acceptable preprofessional college work, including English, physics, chemistry and biology; professional, thirty-two months in an osteopathic college approved by the American Osteopathic Association, and one year's internship in a hospital approved by the American Osteopathic Association.

Examination: Fee \$50; re-examination allowed. No partial examinations to undergraduates. Temporary permits. **Scope of practice:** Unlimited. Registration under Federal Narcotic Law. All certificates. **Reciprocity:** With states having equal requirements; fee \$150. **National Board:** Certificate recognized if applicant has had two years of active practice; fee \$150. **Annual registration:** Fee \$20, payable to State Tax Department.

District of Columbia Board—Composite. Examinations given on second Monday and Tuesday of June and December. Five examiners, which must include at least one homeopathic and one osteopathic physician, appointed by the Commission on Licensure. The Commission consists of the president of the Board of Commissioners of the District of Columbia, the United States Commissioner of Education, the United States District Attorney for the District of Columbia, the Superintendent of Public Schools for the District, and the Director of Public Health, who shall be secretary of the Commission. **Educational requirements:** Preliminary, two years of standard preprofessional college work and certificate from basic science board (basic science examinations held three weeks previous to medical examinations; board may accept proof of successful examination before some other basic science or licensing board in these subjects); professional, four graded courses of nine months each and one year's internship. **Examination:** Fee \$25; no re-examination. No partial examination to undergraduates. No temporary permits. **Scope of practice:** Unlimited. Registration under Federal Narcotic Law. All certificates. **Reciprocity:** With states having equal requirements after one year of continuous practice (may be government, institutional or private, or combination thereof) during three years immediately preceding date of application; fee \$50. Not more than 80% of fees paid may be returned in case reciprocity application is rejected. **National Board:** Certificate accepted after basic science requirements have been met; fee \$25. **Annual registration:** Fee \$4.

Florida Board—Doctors of Osteopathy. Examinations given in June and December, usually about two weeks after basic science examination. **Educational requirements:** Preliminary, two years' preprofessional college education for those matriculating in an osteopathic college on or after 1948 and a certificate from the basic science board (examinations held in June and November; fee \$10); professional, graduation from college requiring thirty-six months, or four terms, including stated subjects; one year's internship in hospital approved by board for those graduating after 1948. **Examination:** Fee \$25; license fee \$25. Temporary permits only for interns and residents in approved hospitals. **Scope of practice:** Unlimited. Registration under Federal Narcotic Law. All certificates. **No reciprocity.** **Annual registration:** With state board of health, fee \$1; with osteopathic board, fee \$10; applicant must have attended board approved two-day educational program of five hours duration each, or a total of ten hours minimum, during the preceding year. Members of armed forces exempt from reregistration during service and six months thereafter.

Georgia Board—Doctors of Osteopathy. Examinations given on first

Tuesday in July at Atlanta. *Educational requirements:* Preliminary, high school or equivalent and two years' college; professional, graduation from a reputable school requiring at least four terms of nine months each. *Examination:* Fee \$25; in case of failure re-examination allowed within two years upon payment of additional \$25. Temporary permits granted to applicants for reciprocal license; permit expires after regular board meeting. *Scope of practice:* As taught and practiced in reputable osteopathic colleges (includes narcotics, but defined by judicial decision to exclude all other drugs and refractions). Registration under Federal Narcotic Law. All certificates. *Reciprocity:* With states having equal requirements; fee \$50. *National Board:* Certificate accepted on an individual basis; fee \$50. *Annual registration:* Fee \$3.

Hawaii Board—Doctors of Osteopathy. Examinations given in January, April, July and October at Honolulu. *Educational requirements:* Preliminary, three years' study in specified subjects in an accredited university or college; professional, osteopathic physician, four years of nine months each in an osteopathic college approved by the American Osteopathic Association; osteopathic physician and surgeon, at least one year's internship in hospital approved by the American Osteopathic Association and the American College of Osteopathic Surgeons, or equivalent, as determined by the board if applicant graduated prior to and including 1942; in addition, one year as assistant to a qualified surgeon, or surgeons. *Examination:* Fee \$25. No temporary permits. *Scope of practice:* Osteopathic physician—obstetrics, minor surgery, anesthetics, antiseptics, germicides, parasitocides, biologicals, narcotics and antidotes; osteopathic physician and surgeon—unlimited surgery in addition to above. Registration under Federal Narcotics Law. All certificates. *Reciprocity:* With country, state, territory or province having equal requirements, at discretion of the board, after three years' practice; fee \$35. *National Board:* Certificate accepted; fee \$35. *Annual registration:* Fee \$5 for residents; \$2 for non-residents.

Idaho Board—Doctors of Osteopathy. The osteopathic board is organized under the Occupational License Bureau, Dept. of Law Enforcement, Boise. Examinations given on second Thursday in June and November at Boise. *Educational requirements:* Preliminary, standard high school or equivalent, two college years for those matriculating in osteopathic colleges after July 1, 1934; professional,* not less than three years of nine months each in a recognized osteopathic college. *Examination:* Fee \$25; allows re-examination within one year for \$10 fee. Temporary permits granted to applicants for reciprocal license on basis of five years of practice. *Scope of practice:* Undefined. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* With states having equal requirements or to doctors with five years of practice in another state; fee \$25. *National Board:* Certificate accepted; fee \$25. *Annual registration:* Fee \$10.

Illinois Board—Composite. Examinations given in January, April, July

and October in Chicago. *Educational requirements*: Preliminary,* four years' high school; professional, for limited license, a four year professional course of instruction; for medicine in all its branches, graduation from an approved professional school requiring two years' preprofessional college work and giving a professional course of four years of nine months each; and approved twelve month hospital internship. *Examination*: Fees for unlimited license, application \$50, license \$25; for limited license, application \$35, license \$25; no re-examination included in fee. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Unlimited, if license is to practice medicine in all its branches; limited, if license is to treat human ailments without the use of drugs or medicine and without operative surgery. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Applications considered on an individual basis after one year's practice under license issued by written examination; practical examination given each applicant by osteopathic examiner; fee \$50, license \$50. *Biennial registration*: Fee \$6.

Indiana Board—Composite. Examinations given in June. *Educational requirements*: Preliminary, standard high school and two years' college prescribed courses, special conditions for those graduating before January, 1917 (write secretary for particulars); professional, four courses of eight months each. *Examination*: Fee \$25, entitles to one re-examination. Temporary permits to qualified persons who have made application for next regular examination; fee \$25. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Licenses are issued on an individual basis by endorsement of credentials from other states to applicants who are licensed in states granting unlimited practice rights and who meet educational requirements, rules and regulations of the Indiana Board; fee \$100. *Annual registration*: Fee \$5 for Indiana residents, \$10 for non-residents.

Iowa Board—Doctors of Osteopathy. Examinations given in May at Des Moines. *Educational requirements*: Preliminary, four years' high school or equivalent, two years' preprofessional prescribed courses and certificate from basic science board (fee \$10; examinations given on second Tuesday of January, April, July and October at Des Moines); professional, four school years of nine months each for osteopathic physician's license, two additional years in surgery for osteopathic physician's and surgeon's license. *Examination*: Fee, \$20 for osteopathic physician, \$25 for osteopathic physician and surgeon; one re-examination included within twelve months. Partial examinations are given to those students having completed two years of work in freshman and sophomore subjects. No temporary permits. *Scope of practice*: Physician's license grants right to administer drugs "preliminary to, preparatory to and/or in conjunction with" manipulative therapy; the simpler remedies commonly given for temporary relief and those antidotes, biologics and drugs necessary to the practice of minor surgery and obstetrics. Physician's and surgeon's license includes major surgery. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal requirements after one year's practice;

fees, \$40 for osteopathic physician, \$50 for osteopathic physician and surgeon. *Annual registration*: Fee \$1.

Kansas Board—Composite. Meets in January and June. *Educational requirements*: Preliminary, graduate of an accredited high school, certificate from basic science board (examinations given at least twice a year; fee \$25, additional \$5 fee for re-examination within twelve months); professional, graduation from an approved college of osteopathy after June 1, 1950, and an A.O.A. internship approved by the board; license to practice osteopathy a prerequisite to obtaining license to practice medicine and surgery. *Examination*: Fee \$50; no charge for one re-examination within 12 months. No partial examination to undergraduates. Temporary permits. *Scope of practice*: Unlimited; if license is to practice medicine and surgery; limited, if license is to practice osteopathy. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Endorsement with medical boards having equal standards; fee equal to fee of endorsing state. *Annual registration*: Fee \$5.

Kentucky Board—Composite. Examinations given in June and December. *Educational requirements*: Preliminary, high school or equivalent and two years of college; professional, graduation from college approved by the American Osteopathic Association and one year's internship in hospital approved by the American Osteopathic Association. *Examination*: Fee \$50, re-examination in two subjects allowed. Partial examination given to freshmen and sophomores, fee \$25. Temporary permits for those awaiting endorsement; fee \$25. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: By endorsement with medical examining boards having equal requirements; fee \$75. *No annual registration*.

Louisiana Board—Doctors of Osteopathy. Examination dates determined by the board. *Educational requirements*: Preliminary,* same as osteopathic colleges; professional, graduation from a recognized osteopathic college. For those graduating before June 30, 1909, write to secretary. *Examination*: Fee \$50, entitles to re-examination. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Osteopathy, without the use of drugs or medicine, except antiseptics and anodynes locally applied and barbiturates. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: At the discretion of the board, with states of equal standing; fee \$50. *National Board*: Certificate accepted; fee \$50. *No annual registration*.

Maine Board—Doctors of Osteopathy. Examinations given second Tuesday and Wednesday in June and November at Augusta. *Educational requirements*: Preliminary, high school or equivalent, for matriculants in osteopathic colleges after October 1, 1941, two years' study in college or

university; professional, at least four years of nine months each; or total of thirty-six months under accelerated program; for graduates after October 1, 1953, an internship approved by the American Osteopathic Association. *Examination:* Fee \$25, one re-examination allowed within one year. No partial examination to undergraduates. Temporary permits issued for interns and residents. *Scope of practice:* Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* With states of equal standing at the discretion of the board; fee \$50. *Annual registration:* Fee \$4; applicant must have attended at least two days, of five hours each, of a board-approved annual osteopathic educational program devoted to postgraduate training in osteopathy, surgery and obstetrics.

Maryland Board—Doctors of Osteopathy. Examinations given in June and October. *Educational requirements:* Preliminary,* four years' high school, or equivalent; professional, applicants graduating after January 1, 1917, four years of at least eight months in each year, and four different calendar years. *Examination:* Fee \$25; one re-examination allowed. No partial examination to undergraduates. No temporary permits. *Scope of practice:* Manipulation only; no surgery. No certificates—only reports of illnesses. *Reciprocity:* With states having equal requirements; fee \$25. *No annual registration.*

Massachusetts Board—Composite. Examinations given on second Tuesday in January and July at Boston. *Educational requirements:* Preliminary, standard high school or equivalent; two years' preprofessional college work, with specified subjects; professional, four years of not less than thirty-two weeks each in an institution approved by the state approving authority. *Examination:* Fee \$50; in case of failure, a registration fee of \$25 for succeeding two trials, if made within two years. No partial examination to undergraduates. Temporary permits for interns and residents; fee \$5. *Scope of practice:* Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* At the discretion of the board with states whose examination standards are equivalent; fee \$75. *National Board:* Certificate accepted if applicant's school approved by approving authority; fee \$75. *No annual registration.*

Michigan Board—Doctors of Osteopathy. Examination dates set by the board. *Educational requirements:* Preliminary,* four years' high school and certificate from basic science board (fee \$10; examinations given in February, May and October); professional, four years in recognized osteopathic college and for those matriculating after October 1, 1956, one year's internship in hospital approved by the board. *Examination:* Fee \$35, entitles to re-examination within one year. No partial examination to undergraduates. No temporary permits. *Scope of practice:* As taught in recognized osteopathic colleges. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* After one year's practice in state with equal educational requirements if applicant has been licensed by examination; fee

\$75. Annual registration: Fee \$5; applicant must have attended a one-day educational course, of at least eight hours duration, approved by the board.

Minnesota Board—Doctors of Osteopathy. Will examine at any time to suit applicant's convenience. *Educational requirements:* Preliminary,* standard high school or equivalent and certificate from basic science board (fee \$25; examinations given on first Tuesday in January, April, June and October); professional, degree from recognized school of osteopathy which requires four years for graduation. *Examination:* Fee \$25, entitles to re-examination within one year. No partial examination to undergraduates. No temporary permits. *Scope of practice:* Excludes major surgery and giving or prescribing of drugs for internal use, except anesthetics and narcotics in minor surgery and obstetrics, antidotes and antiseptics. Registration under Federal Narcotic Law. Birth and death certificates. *Reciprocity:* With states having equal requirements, optional with board; fee \$50 minimum, must pass basic science board unless this has been done in other state. *Annual registration:* Fee \$2.

Mississippi Board—Doctors of Medicine. Examinations given in June. *Educational requirements:* Preliminary, standard high school or equivalent plus two years of college; professional, diploma from recognized school of osteopathy. *Examination:* Fee \$10.25, does not entitle to re-examination. Temporary permit 25¢. *Scope of practice:* Not defined; no drugs, surgery or obstetrics. Death certificates. *No reciprocity.* Write secretary. *No annual registration.*

Missouri Board—Composite. Examinations usually given in May. *Educational requirements:* Preliminary, graduation from accredited high school and a minimum of sixty semester hours of college credits from an accredited college or university; professional, graduation from osteopathic college approved by the American Osteopathic Association. *Examination:* Fee \$25 (\$12.50 each for Parts I and II), includes re-examination within one year. Partial examination (Part I) given after two years of professional education. No temporary permits. *Scope of practice:* Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* At the discretion of the board, with states granting equal practice rights, to persons meeting Missouri educational requirements; fee \$100. *National Board:* Certificate accepted; fee \$25. *Annual registration:* Fee \$2.50.

Montana Board—Doctors of Osteopathy. Examinations given first Tuesday in March and September. *Educational requirements:* Preliminary, four years' high school; for matriculants after 1938, two years' study in college or university; professional, four years in osteopathic college conforming to minimum educational standards of the American Osteopathic Association and approved by the board. *Examination:* Fee: \$20, entitles to re-examination. No partial examination to undergraduates. Temporary per-

mits; fee \$20; no further fee if permanent license is issued. *Scope of practice*: All general practice, including obstetrics; excludes the use of drugs; to practice surgery an applicant with a Montana osteopathic license must have had two years' preprofessional college work and a year's internship, and pass an examination in surgery given by the medical board. Birth and death certificates. *Reciprocity*: With all independent osteopathic boards that have reciprocal arrangements; fee \$20. *National Board*: Certificate accepted; fee \$20. *Annual registration*: Fee \$2 for residents in active practice, \$1 for non-residents not in active practice, members of armed forces exempt.

Nebraska Board—(1) Doctors of Medicine under Department of Health. Examinations given upon request. *Educational requirements*: Preliminary,* graduation from accredited high school, or equivalent, and certificate from basic science board (basic science examination given to sophomores, juniors, seniors, or graduates; fee for examination or re-examination \$10; for reciprocity \$15; examinations given on second Tuesday and Wednesday in January and first Tuesday and Wednesday in May and October); professional, graduation from osteopathic college accredited by Department of Health on recommendation of medical board. *Examination*: Fee \$25, of which \$20 returned if application rejected. No temporary permits. *Scope of practice*: Unlimited. *Reciprocity*: With states having equal standards, after one year's practice under license by examination; fee \$50. *Annual registration*: Fee \$3.

Board—(2) Doctors of Osteopathy, under Department of Health. *Educational requirements*: Preliminary,* four years' accredited high school or equivalent and certificate from basic science board; professional, thirty-two months or four terms of eight months each in, and graduation from, osteopathic college accredited by Department of Health on recommendation of osteopathic board. *Examination*: Fee \$25, of which \$20 returned if application rejected. No temporary permits. *Scope of practice*: As taught in osteopathic colleges, including obstetrics and certain drugs, but surgery excluded by judicial decision. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal standards, after one year's practice under license by examination; fee \$50. *Annual registration*: Fee \$3.

Nevada Board—Doctors of Osteopathy. Examinations given in January and July. *Educational requirements*: Preliminary,* four years' high school or equivalent and a certificate from basic science board (fee \$25, re-examination within twelve-month period, \$10, after twelve-month period \$25; examinations given on first Tuesday after first Monday in January, April, July and October); professional, four years of nine months each. *Examination*: Fee \$100; no re-examination. No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates; equal rights and obligations in all public institutions. *Reciprocity*: At the discretion of the board; fee \$100. *National Board*: Certificate accepted after basic science requirements have been met; fee \$100. *No annual registration*.

New Hampshire Board—Doctors of Medicine. Examinations given on second Wednesday through Saturday of March and September at Concord. *Educational requirements*: Preliminary, standard high school, two years in college or equivalent; professional, four school years in a school approved by the board, and not less than twelve months' internship in a hospital approved by the board. *Examination*: Fee \$30; one re-examination allowed without additional fee. No partial examination to undergraduates. No temporary permits except to an alien physician. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Endorsement of licenses issued by states having equal requirements considered on individual basis; fee \$50. *National Board*: Certificate accepted; fee \$50. *Biennial registration* on even numbered years: Fee \$5.

New Jersey Board—Composite. Examinations given on third Tuesday through Friday in June and October. *Educational requirements*: Preliminary, two years' preprofessional in a college of arts and sciences approved by New Jersey Commissioner of Education; professional, four years in college of osteopathy approved by the board and one years' internship, or one year's postgraduate training, or two years' residency, in a specialty in hospital approved by the board. *Examination*: Fee \$50. No partial examinations to undergraduates. No temporary permits. *Scope of practice*: Unlimited; license to practice medicine and surgery issued since 1935 and prior license holders made eligible to qualify for unlimited license. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Endorsement on individual basis if license was obtained by written examination from state with equal requirements and unlimited practice rights; fee \$100. *No annual registration*.

New Mexico Board—Doctors of Osteopathy. Examinations given January 15 and June 15 and at annual state osteopathic association meeting. *Educational requirements*: Preliminary, high school, two years' preprofessional for applicants who entered osteopathic college after January 1, 1945, and certificate from basic science board (fee \$50, re-examination within a twelve-month period, fee \$12.50 for each subject; examinations given third Sunday in January, April, July and October at Santa Fe); professional, four years in standard osteopathic college and nine months' internship in board-approved hospital. *Examination*: Fee \$55; license issuance fee \$5. Partial or complete examination to undergraduates. No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: On basis of license by examination in state with equal requirements; fee \$80. *National Board*: Certificate accepted after basic science requirements have been met; fee \$80. *Annual registration*: Fee \$5; attendance of at least three days of annual educational program conducted by the New Mexico Association of Osteopathic Physicians and Surgeons, or its equivalent, as determined by the board; members of armed forces exempt.

New York Board—Composite. Examinations given in June and Decem-

ber. *Educational requirements*: Preliminary, two years' preprofessional work in a registered college of liberal arts and sciences, or its equivalent, including six semester hours in English, physics, biology and chemistry and three semester hours in organic chemistry; professional, four courses of eight months each in osteopathic college registered with Regents of the University of the State of New York. *Examination*: Fee \$40; re-examination fee \$15. Effective June, 1949, partial examinations will be given to undergraduates. Temporary permits for residents only; fee \$10. *Scope of practice*: Medicine and surgery to persons licensed under present law; those licensed under 1907 law, who have not further qualified for license to practice medicine, may not use drugs or perform surgery with instruments. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: After two years' practice following examination in states having equal standards and whose board of examiners is medical or composite; fee \$30. *Biennial registration*: Fee \$6; members of armed forces may apply for inactive status.

North Carolina Board—Doctors of Osteopathy. Meets first week-end in July at Raleigh. *Educational requirements*: Preliminary,* four years' high school, two years of preprofessional college if matriculated in osteopathic college before October 1, 1952, if thereafter, 3 years; professional, four years in college approved by the American Osteopathic Association. *Examination*: Fee \$25; re-examination allowed. No partial examination to undergraduates. Temporary permits only granted to applicants taking examination; fee \$25. *Scope of practice*: Treatment of disease without the use of drugs, as taught in osteopathic colleges recognized by state society; minor surgery. All certificates. *Reciprocity*: With states having equal requirements; fee \$75. *National Board*: Certificate accepted; fee \$75. *Annual registration*: fee \$5.

North Dakota Board—Doctors of Osteopathy. Examinations given in January and July. *Educational requirements*: Preliminary,* four years' high school; professional, four years of nine months each. *Examination*: Fee \$20, re-examination only after one year waiting period. No partial examination for undergraduates. Temporary permits at discretion of board; fee \$20. *Scope of practice*: As taught in osteopathic colleges except major surgery, but including obstetrics and drugs required therein. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: At the discretion of the board; fee \$20. *National Board*: Certificate accepted; fee \$20. *Annual registration*: Fee \$3; members of armed forces exempt; applicant must have attended at least two days of the annual education program and meeting conducted by the North Dakota State Osteopathic Association, or its equivalent, during the preceding year.

Ohio Board—Composite. Examinations given in June and December at Columbus. *Educational requirements*: Preliminary, standard high school graduation, two years of preprofessional college work in an approved col-

lege of arts and sciences for those graduating after 1920; professional, diploma from an osteopathic college in good standing at the time the diploma was issued as defined by a committee consisting of the Superintendent of Public Instruction of the state, a member of the state medical board who holds the degree Doctor of Medicine and a member of the state Medical board who holds the degree of Doctor of Osteopathy. *Examination:* Board examines in all subjects, with examinations in materia medica and therapeutics, and principles and practice of osteopathic medicine given by osteopathic member; fee \$50, entitles to re-examination within one year. No temporary permits. *Scope of practice:* Unlimited; licensees under law prior to 1943 cannot use drugs, except anesthetics and antiseptics, but are eligible to qualify for unlimited licensure by special examination. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* Endorsement on individual basis if license was issued by examination; applicant must have had one year of practice or internship. All applicants for full practice rights must take special examination embracing the following subjects: Materia medica and therapeutics, principles and practice of osteopathic medicine, bacteriology, preventive medicine and hygiene; fee \$100. *Annual registration:* Fee, \$2; applicant must have attended two days of annual educational program of Ohio Osteopathic Association of Physicians and Surgeons, or its equivalent, during the preceding year.

Oklahoma Board—Doctors of Osteopathy. No set dates for examinations. *Educational requirements:* Preliminary,* four years' high school, or its equivalent, and certificate from basic science board (basic science examination fee \$15; re-examination within two years \$10; reciprocity \$50); professional, osteopathic physician's license, four terms of nine months each; osteopathic physician's and surgeon's license, same, plus two years' active practice, followed by either two years' postgraduate work, or one such year and one year as surgical assistant in hospital with at least twenty-five beds, doing major surgical work. *Examination:* Fee \$50, entitles to re-examination. No partial examination to undergraduates. No temporary permits. *Scope of practice:* Osteopathic physician's license unlimited except it does not authorize major surgery; osteopathic physician's and surgeon's license unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* With states having equal requirements; fee \$50. *Annual registration:* Fee \$2; members of armed forces exempt; applicant must have attended at least two days of the annual educational program conducted by the Oklahoma Osteopathic Association, or its equivalent, as determined by the State Board of Osteopathic Examination and Registration, during the preceding year.

Oregon Board—Composite. Meets in January, April, July and October at Portland. Written examinations given only at January and July meetings, but reciprocities considered at all meetings. *Educational requirements:* Preliminary,* certificate from basic science board (meets at least twice a year on dates set by the board in November of the previous year; fee \$25); professional, graduation from an osteopathic college recognized by the Oregon Osteopathic Association, which recognizes only those schools recog-

nized by the American Osteopathic Association, minimum course—four years of eight months each; all applicants graduating after July 1, 1949, must have completed an internship of at least one year in an osteopathic hospital which is approved by the American Osteopathic Association. *Examination*: Fee \$50; re-examination fee \$20; re-examination given in all subjects. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With all states granting reciprocity with Oregon (if license has been in effect five or more years, oral examination may be required); fee \$100. *National Board*: Certificate accepted after basic science requirements have been met (if certificate has been in effect five or more years, oral examination may be required); fee \$50. *Annual registration*: Fee \$20, non-resident inactive license fee \$5; members of armed forces exempt during service and during calendar year of their discharge.

Pennsylvania Board—Five Doctors of Osteopathy, two Doctors of Medicine and the Superintendent of Public Instruction. Examinations given in January and July. *Educational requirements*: Preliminary, four years' high school or equivalent, beginning July 1, 1941, two years' preprofessional college work, including one year's credit in chemistry, physics and biology; professional, four years of eight months each in an osteopathic college approved by board; those graduating after July 1, 1954 must have one year's internship in hospital approved by board. *Examination*: Fee \$25, entitles to one re-examination within two years. No partial examination to undergraduates. No license required of Interns if registered with board. Temporary certificates for residents in board approved training program, fee \$25. *Scope of practice*: Unlimited; special statutory provisions permit any doctor licensed prior to February 2, 1956, if not possessing major surgery rights to qualify for such rights. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states granting unlimited license and having equal requirements; fee \$50. *Biennial registration*: Fee \$10.

Puerto Rico Board—Doctors of Medicine. Meets first working Tuesday of March and September at San Juan. *Educational requirements*: Preliminary, four years' high school, three years' college, including organic and inorganic chemistry, higher physics, advanced biology, and one foreign language; professional, graduation from a college registered by the Board of Medical Examiners. *Examination* (in either English or Spanish; includes clinical examination and surgery): Fee \$25, one re-examination allowed; license fee \$5. *Scope of practice*: Includes all the studies of the osteopathic profession except obstetrics, diseases of women, or prescription of any medicines whatever. Death certificates. *No reciprocity*. Address secretary.

Rhode Island Board—Composite, appointed by the State Director of Health. Examinations given on first Thursday and Friday of January, April, July and October. *Educational requirements*: Preliminary, approved high school, or equivalent, two years' preprofessional education and certificate

from the basic science board (fee \$10; examinations given in February, May, August and November; re-examination fee \$5); professional, graduation from an osteopathic college approved by the board; for major surgery license, a minimum of one year's internship in hospital or equivalent postgraduate training approved by the board. *Examination*: Fee \$20, entitles to one re-examination within a year. No partial examination to undergraduates. Temporary permits for interns, residents and hospital officers; fee \$5. *Scope of practice*: Unlimited, except major surgery. The license for major surgery may be granted after one year's internship in an approved hospital or equivalent postgraduate training. Registration under Federal Narcotic Law. All certificates. *No reciprocity*. *National Board*: Certificate accepted after basic science requirements have been met and upon short oral examination; fee \$20. *Annual registration*: Fee \$5.

South Carolina Board—Doctors of Osteopathy. Examinations given on third Tuesday in June and November at Columbia. *Educational requirements*: Preliminary,* diploma from accredited high school, or equivalent; professional, graduation from recognized college of osteopathy. *Examination*: Fee \$25, half returned in case of failure. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Correction of structural derangements by manipulative measures, including physio and electrotherapy, minor surgery, diet, hygiene and obstetrics; excludes materia medica and major surgery. Birth and death certificates accepted. *Reciprocity*: Discretionary with states of equal standing; fee \$50. *No annual registration*.

South Dakota Board—Composite. Examinations given on third Tuesday and Wednesday in January and July at Sioux Falls, unless otherwise specified by the board. *Educational requirements*: Preliminary,* certificate from basic science board (fee \$15; examinations given in June and December; medical officers of World War II exempt from basic science examination; examination by basic science board given to sophomores and juniors); professional, diploma from osteopathic college approved by the American Osteopathic Association; one year's internship in standard hospital approved by the American Osteopathic Association. *Examination*: Fee \$20, entitles to re-examination. No temporary permits. *Scope of practice*: License issued after 1949—osteopathic medicine, surgery and obstetrics without limitation; license issued before 1949—as taught in osteopathic colleges, except major surgery. Those licensed prior to 1949 may obtain unlimited license after completing one year's internship and an examination in surgery, obstetrics and gynecology and any other subjects not included in previous examination. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal requirements and which register licenses of the South Dakota State Board of Medical and Osteopathic Examiners; fee \$50. *National Board*: Certificate accepted after basic science requirements have been met; fee \$50. *Annual registration*: Fee \$2.

Tennessee Board—Doctors of Osteopathy. Examinations given in Febru-

ary and July at Nashville. *Educational requirements:* Preliminary, four years' high school, or equivalent, two years of preprofessional college education for applicants after 1944, and a certificate from the basic science board (fee \$25; entitles to re-examination within a twelve-month period; reciprocity \$10); professional, graduation from a recognized osteopathic college with four terms of nine months each in four separate years. *Examination:* Fee \$50, entitles to re-examination; basic science certificate accepted in lieu of examination in basic science subjects. All licenses issued by State Licensing Board for the Healing Arts; fee \$10. No temporary permits. *Scope of practice:* As taught and practiced by the recognized associated colleges of osteopathy, with the right to use such drugs as are necessary in the practice of osteopathy, surgery and obstetrics, including narcotics, antiseptics, anesthetics and biologicals. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* With states having equal requirements; fee \$50. *National Board:* Certificate accepted after basic science requirements have been met; fee \$50. *Annual registration:* Fee \$5 for State Licensing Board for the Healing Arts and \$5 for the osteopathic board, both fees payable to the secretary of the osteopathic board; applicant must have attended at least one of the two-day educational programs as conducted by the Tennessee Association of Osteopathic Physicians and Surgeons, or its equivalent, as approved by the State Board of Osteopathic Examination and Registration of Tennessee, during the preceding year.

Texas Board—Composite. Examinations given in June and December at Ft. Worth. *Educational requirements:* Preliminary, high school diploma, or equivalent, and sixty semester hours of acceptable preprofessional college courses and a certificate from the basic science board (examinations given once every six months on date set by the board; fee \$25, re-examination must be within twelve-month period for reduced fee of \$15; reciprocity, fee \$50); waiver of basic science examination to those persons presenting basic science certificates issued by certain other basic science boards or ninety semester hours, or more, of college credits (including course credits in the basic science subjects) acceptable to the University of Texas; professional, four terms of eight months each in a recognized osteopathic college. *Examination:* Fee \$50; re-examination fee \$25, second re-examination fee \$35. Partial examination given to juniors; fee \$15. Temporary permits; fee \$10. No license required for interns but must register with board and pay fee of \$1. *Scope of practice:* Unlimited; no distinction as to school of therapy. Registration under Federal Narcotic Law. All certificates. *Reciprocity:* Only with boards issuing unlimited licenses; fee \$100. *Annual registration:* Fee \$5.

Utah Board—Doctors of Osteopathy. Examination dates set by Department of Registration. *Educational requirements:* Preliminary,* four years' high school; professional, for osteopathic physician's license, the completion of a specified course covering 4,422 hours of class work; for osteopathic physician's and surgeon's license, same, plus one year in a recognized college or university and one year as surgical intern in a hospital equipped for major surgical work. *Examination:* Fee \$25, no re-examina-

tion. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Osteopathic physician: "Without operative surgery, in accordance with the tenets of the professional schools of osteopathy recognized by the Department of Registration"; osteopathic physician and surgeon: "In accordance with tenets of the professional schools of osteopathy recognized by the Department of Registration." Registration under Federal Narcotic Law. Birth and death certificates. *Reciprocity*: With all states having equal requirements; fee \$50. *Annual registration*: Fee \$3; members of the armed forces exempt.

Vermont Board—Doctors of Osteopathy. Examinations given in January and June. *Educational requirements*: Preliminary, four years' high school and two years' preprofessional; professional, four years of nine months each, or a course of thirty-six months; one year's internship. *Examination*: Fee \$25, entitles to re-examination within one year. No partial examination to undergraduates. No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: After five years of active practice, matriculants in osteopathic colleges after September 1, 1941, who have been licensed in states having equal requirements and granting like privileges; fee \$25. *National Board*: Certificate accepted; fee \$25. *Annual registration*: Fee \$3 for residents; \$2 for non-residents; licensee must present evidence of having attended a two-day annual refresher course of the Vermont Association of Osteopathic Physicians and Surgeons, or its equivalent, as determined by the board.

Virginia Board—Composite. Examinations given semi-annually, usually in June and December. *Educational requirements*: Preliminary, four years' high school and two-year academic course in an accredited college; professional, diploma from osteopathic college recognized by the American Osteopathic Association. *Examination*: Part I, basic science subjects, may be taken after second year of professional school; fee \$12.50. Part II, professional subjects; fee \$12.50. Temporary permits. *Scope of practice*: Unlimited, except those who have not taken examination in materia medica and surgery may not use drugs or perform surgery. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: Endorsement, at discretion of the board, with medical board states having equal requirements and which examine in osteopathic principles, after two years' practice, or one year of internship; fee \$100. *Annual registration*: Fee \$1.

Washington Board—Doctors of Osteopathy. Examinations given in January and July. *Educational requirements*: Preliminary,* four years' high school, or equivalent, and certificate from basic science board (basic science examinations conducted in January and July; fee \$10); professional, diploma from osteopathic college approved by the American Osteopathic Association, plus one year as intern in hospital with at least twenty-five beds. *Examination*: Fee \$25, \$15 returned in case of failure to appear or if credentials are inadequate. No partial examination to undergraduates.

No temporary permits. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having equal requirements; fee \$25. *Annual registration*: Fee \$2; members of armed forces exempt during service and six months thereafter.

West Virginia Board—Doctors of Osteopathy. Examinations given in June and October. *Educational requirements*: Preliminary, two years' pre-professional study in college of equal rank with the College of Arts and Sciences of West Virginia University; professional, D.O. degree, after completing four years' course of nine months each in osteopathic college approved by board and the American Osteopathic Association, and one year's internship for those graduating after January 1, 1951, in an osteopathic hospital approved by the American Osteopathic Association or by the board. *Examination*: Fee \$50, entitles to re-examination at the first or second succeeding examination. Examination may be taken upon graduation, but license is not issued until internship is completed. License fee \$5. No partial examination to undergraduates. Temporary permits granted to applicants for licensure located in areas where medical services are needed, until next meeting of board; fee \$50. *Scope of practice*: Unlimited. Registration under Federal Narcotic Law. All certificates. *Reciprocity*: With states having requirements equal to those in West Virginia at the time the license was issued; fee \$100. *National Board*: Certificate accepted; fee \$100. *Annual registration*: Fee \$2; applicant must have attended two-day educational refresher training course conducted by the West Virginia Society of Osteopathic Medicine, or its equivalent, as determined by the board.

Wisconsin Board—Composite. Examinations given in January, April and October, at Madison and July at Milwaukee. *Educational requirements*: Preliminary, high school, or equivalent, and certificate from basic science board (fee \$15); applicants must present satisfactory evidence of having completed a preprofessional college course substantially equivalent to the three-year premedical course at the University of Wisconsin; professional, graduation from a recognized osteopathic college; all applicants for license must furnish certificate of one year's internship in a hospital approved by the American Osteopathic Association. *Examination*: Fee \$45, entitles to re-examination within one year; license fee \$5. Temporary permits; fee \$25. *Scope of practice*: Unlimited to practice medicine and surgery. Registration under Federal Narcotic Law. *Reciprocity*: With states having equal requirements provided applicant meets all other requirements of the board; oral examination of all candidates; fee fixed by the board at not less than the reciprocity fee in the state whose license the applicant presents and in no case less than \$100. *Annual registration*: Fee \$3.

Wyoming Board—Composite. Examinations given on first Monday in February, June and October at Cheyenne. *Educational requirements*: Preliminary,* standard high school, or equivalent; professional, graduation from osteopathic college approved by the American Osteopathic Association and one year's internship. *Examination*: Fee, \$50; entitles to one re-

examination within one year. No temporary permits, except to interns and residents. *Scope of practice*: Unlimited; "shall be deemed licenses to practice medicine in all branches in which the applicant has taken examination in this state." Registration under Federal Narcotic Law. All certificates. *Reciprocity*: At the discretion of the board; oral examination required; fee \$50. *National Board*: Certificate accepted; fee \$50. *Annual registration*: Fee \$2.50.

CANADA

Alberta Board—Composite. Examinations given in April and September at Edmonton only if there are osteopathic candidates (M.D.'s take the Dominion Medical Council Board). *Educational requirements*: Preliminary, four years' high school or equivalent, and college courses in chemistry, physics, biology and English; professional, graduation from an osteopathic college recognized by the American Osteopathic Association. *Examination*: Fee \$50; if failure in not more than two subjects, re-examination in these subjects given at fee of \$10 each subject. No partial examination to undergraduates. Temporary permits granted if no other practicing physician within twenty miles. *Scope of practice*: Not fully defined, but includes all but major surgery. All certificates. *No reciprocity*. *Annual fee to College of Physicians & Surgeons, Alberta*, \$75.

British Columbia Board—Doctors of Medicine. Appoints osteopathic physician to conduct examination in principles and practice of osteopathy. Examinations given in January and June at Vancouver. *Educational requirements*: Preliminary,* not specified; professional, graduation from an osteopathic college recognized by the American Osteopathic Association. *Examination*: Part I on basic science subjects, fee \$60; Part II on clinical subjects, fee \$60 (re-examination in not more than two subjects in either part, fee \$25); registration fee \$200 (intent to become a Canadian citizen required for registration). No temporary permits. *Scope of practice*: Not defined, includes minor surgery. All certificates. *No reciprocity*. *Annual registration*: Fee set at annual meeting of the council of the College of Physicians and Surgeons of British Columbia.

Manitoba Board—Doctors of Osteopathy. Write secretary for dates of examinations. *Educational requirements*: Preliminary, junior matriculation examinations are equivalent; two years' preprofessional in college or university recognized by the Senate of the University of Manitoba; professional, graduation from a four-year course in osteopathy. *Examination*: Fee \$50. *Scope of practice*: General practice, including minor surgery, use of antidotes, biologics, drugs necessary to minor surgery, and the simpler remedies commonly given for temporary relief. *No reciprocity*. *Annual registration*: Fee \$5.

New Brunswick The New Brunswick Medical Act provides that "nothing

in this Act shall prevent any person from practicing methods of treatment which are commonly recognized as distinctly osteopathic."

Ontario Board—Doctors of Osteopathy. Examinations given in June at Toronto. *Educational requirements*: Preliminary, Ontario Secondary School Graduation Diploma or an equivalent certificate as determined by the Minister of Education for Ontario; Two years' preprofessional college, including courses in physics, organic and inorganic chemistry, biology and English; Professional, graduation from an osteopathic college approved by the American Osteopathic Association. *Examination*: Fee \$50; registration fee \$40, returned in case of failure; supplemental fee for re-examination \$20 for each subject. No temporary permits. *Scope of practice*: As taught in osteopathic colleges, except surgery, obstetrics and drugs. No certificates. *Reciprocity*: With states or provinces having equal requirements. *Annual registration*: Fee \$25.

Saskatchewan Board—Composite. *Educational requirements*: Preliminary,* provincial junior matriculation examination certificate, or its equivalent; professional, graduation from osteopathic college approved by the American Osteopathic Association, after four resident college periods of at least nine months each, requiring as a prerequisite of entrance two years of preprofessional college education including courses in English, physics, chemistry and biology. *Examination*: Part A includes basic science subjects (examinations are given in January, May and September at Saskatoon; fee \$20); Part B covers clinical subjects (examinations are given in February, June and October at Saskatoon; fee \$75); re-examination in two subjects permitted in each examination group. Membership in Saskatchewan Society of Osteopathic Physicians is mandatory. No temporary permits. *Scope of practice*: The practice of the healing art as taught and practiced now or hereafter in recognized associated colleges of osteopathy. *Reciprocity*: With states or provinces having equal requirements. License fee \$50. *Annual registration*: Fee \$30.

FOREIGN

The regulation of the practice of the healing arts in the different countries varies greatly. While the practice of osteopathy as such is not provided for in laws outside of the United States and Canada, yet in many places osteopathic physicians do practice unmolested. Further information regarding the situation in the various countries may be had by addressing the American Osteopathic Association.

*Refer to second paragraph of introduction on Page 2.

UNLIMITED LICENSES

Doctors of Osteopathy are eligible for an unlimited license to practice in the following states and the District of Columbia:

Alabama	*Kentucky	*Oregon
*Arizona	*Maine	*Pennsylvania
*California	Massachusetts	*Rhode Island
*Colorado	**Michigan	*South Dakota
Connecticut	Missouri	Tennessee
*Delaware	††Nebraska	Texas
*District of Columbia	Nevada	*Utah
*Florida	*New Hampshire	*Vermont
*Hawaii	*New Jersey	Virginia
†*Illinois	*New Mexico	*Washington
Indiana	New York	*West Virginia
*Iowa	Ohio	*Wisconsin
*Kansas	*Oklahoma	*Wyoming

*Internship or equivalent training of one, or more, year required.

**One year internship required of those matriculating in osteopathic colleges after October 1, 1956.

†Graduates of the Chicago College of Osteopathy since 1949.

††No osteopathic colleges currently approved by the Nebraska Board. Consequently, no unlimited licenses are being issued at the present time.

NATIONAL BOARD OF EXAMINERS FOR OSTEOPATHIC PHYSICIANS AND SURGEONS' CERTIFICATE

The following professional licensing boards accept the certificate of the National Board of Examiners for Osteopathic Physicians and Surgeons in lieu of their own examinations:

*Arizona	Idaho	North Carolina
*Arkansas	Louisiana	North Dakota
*Colorado	Massachusetts	*Oregon
*Connecticut	Missouri	†*Rhode Island
Delaware	Montana	*South Dakota
*District of Columbia	*Nevada	*Tennessee
Georgia	New Hampshire	Vermont
Hawaii	*New Mexico	West Virginia
		†Wyoming

*States having basic science laws, the requirements of which must be met. In a few of these states either the certificate or the basic science portion of the examination of the National Board may be accepted by the basic science board in lieu of its own examination.

†Oral examination required.

ANNUAL REGISTRATION LAWS

The following states and provinces require annual registration of licenses:

Alabama	North Carolina
*Arizona	*North Dakota
California	*Ohio
Colorado	*Oklahoma
Connecticut	Oregon
Delaware	Pennsylvania (biennial)
District of Columbia	Rhode Island
*Florida	South Dakota
Georgia	*Tennessee
Hawaii	Texas
Idaho	Utah
Illinois (biennial)	*Vermont
Indiana	Virginia
Iowa	Washington
Kansas	*West Virginia
*Maine	Wisconsin
*Michigan	Wyoming
Minnesota	
Missouri	Canada
Montana	**Alberta
Nebraska	British Columbia
New Hampshire (biennial)	Manitoba
*New Mexico	Ontario
New York (biennial)	Saskatchewan

*States requiring postgraduate or refresher work for annual registration.

**Annual fee to College of Physicians and Surgeons, Alberta.

BASIC SCIENCE LAWS

The following states have basic science laws:

Alabama	Iowa	Oregon
Alaska	Kansas	Rhode Island
Arizona	Michigan	South Dakota
Arkansas	Minnesota	Tennessee
Colorado	Nebraska	Texas
Connecticut	Nevada	Washington
District of Columbia	New Mexico	Wisconsin
Florida	Oklahoma	



American Osteopathic Association
212 East Ohio St., Chicago 11, Illinois

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REPORT OF THE COMMITTEE FOR
THE STUDY OF RELATIONS BETWEEN OSTEOPATHY AND MEDICINE

June, 1955

The Committee for the Study of Relations Between Osteopathy and Medicine was established in 1952. It consisted of E. V. Askey, F. J. L. Blasingame, Edwin S. Hamilton, Arch Walls and John W. Cline. The Committee conducted an extensive study of osteopathy and rendered a report to the Board of Trustees and the House of Delegates in June, 1953. Action upon the report was deferred and the report has, therefore, been under consideration for two years.

The report was as accurate and factual as possible under the circumstances. It has been subjected to criticism which has been both fair and unfair. The principal justified objection to the report was that it was based to a large extent upon indirect information. The Committee believed the only additional information of value it could furnish to the House of Delegates would be a report of direct observation of osteopathic education.

The Committee proposed to the Conference Committee of the American Osteopathic Association that it be permitted to conduct on-campus observation of education in osteopathic colleges. The Conference Committee favorably recommended the proposal to the Board of Trustees of the American Osteopathic Association which in turn referred the matter to its House of Delegates. This body acted favorably upon the proposal at its July, 1954, meeting in Toronto.

The colleges of osteopathy are independent entities. Five accepted the proposal. The Philadelphia College, for reasons best known to itself, declined to participate.

The original instructions of our Board of Trustees were that all six colleges must participate in the project if it were to go forward. At the Miami Clinical Session in December, 1954, the Board and the House modified these instructions and directed that the Committee proceed on the basis of participation by the five colleges.

The details of the on-campus observations had been worked out and agreed upon by the Committees representing the two associations prior to the knowledge that the Philadelphia College would not participate. They were as follows:

1. Prior to beginning the on-campus observations each college would fill out a questionnaire submitted to it by the Committee of the American Medical Association.
2. Each college would be visited by at least two members of the Committee accompanied by a mutually acceptable advisor experienced in evaluation of entire schools of medicine.
3. The Committee and its advisors would have access to all information which they believed essential to their efforts.
4. The observations would be of such breadth, depth and duration as the Committee and its advisors deemed necessary.

5. At the end of each on-campus observation the advisor would compile a report of the study. Two copies would be made. One would be transmitted to the responsible officers of the college through the American Osteopathic Association Conference Committee. The other would be held by our Committee as a confidential document unless the college divulged any part of the contents of the report. Under these circumstances the Committee would be absolved of any confidential obligation. The reports on the individual colleges would be frank in criticism and the Committee would exert itself to make the reports constructive.
6. The observation visits would be scheduled at mutually agreeable times.
7. Following completion of the observations the Committee would draft a report covering the subject of osteopathic education in general to be presented to the Board of Trustees and the House of Delegates of the American Medical Association. The investigation was to ascertain the nature, scope, and extent of education in colleges of osteopathy and to answer the following questions:
 1. Is modern osteopathic education the teaching of "cultist" medicine within the definition of the principles of ethics?
 2. If at all, to what degree?
 3. If to some degree, does this element interfere with sound medical education?
 4. What is the quality of medical education?

The membership of the Committee has undergone considerable change since 1953. The present Committee consists of James Z. Appel, Leonard Larson, Thomas P. Murdock, Julian Price and John W. Cline. Cleon Nafe was substituted for Julian Price by the Board of Trustees because of the inability of the latter to participate in the visits to the colleges.

INVESTIGATION BY THE COMMITTEE

The Questionnaire. The forms filled out by the osteopathic colleges prior to the on-campus observations were prepared by Doctor Edward Turner, Secretary of the Council on Medical Education and Hospitals. They were patterned after those required of our own schools and the difference between the two is slight. The purpose was to provide essential basic information concerning organization, authority, administration, finances, facilities and operation of the college; the organization, personnel, training, authority and activities of the faculty; the curriculum content; the organization of departments, their objectives, methods of teaching and equipment; the degree of interdepartmental coordination and cooperation; and details of library facilities and content.

The questions were answered in detail and with insignificant exceptions, almost wholly due to changes occurring after completion of the questionnaire, entirely accurately.

The Advisors. A list of twenty names of deans, assistant deans, or recent deans all highly respected in the field of medical education, was compiled by Doctor Turner in consultation with the Chairman of the Committee and was submitted to the Conference Committee of the American Osteopathic Association. Those agreed upon by the two committees were:

Doctor L. R. Chandler, who recently retired as Dean of the Stanford University School of Medicine after twenty years of service in that capacity.

Doctor J. Murray Kinsman, Dean of the University of Louisville School of Medicine.

Doctor W. Clarke Wescoe, Dean of the University of Kansas School of Medicine.

Doctor Joseph C. Hinsey, formerly Dean of the Medical School of Cornell University and presently Director of the Cornell Medical Center, and Doctor Robert Moore, formerly Dean of the Washington University School of Medicine and at present Vice-President of the University of Pittsburg, were selected as alternates.

The Observation Visits. The College of Osteopathic Physicians and Surgeons in Los Angeles was visited by Doctors Larson, Wescoe and Cline, January 28, 29, 30, 31, and February 1, 1955.

The Des Moines Still College of Osteopathy in Des Moines was visited February 8, 9, 10, and 11, and its additional clinical facilities in Columbus, Ohio, February 12, and Flint, Michigan, February 17, by a team composed of Doctors Larson, Murdock, Wescoe and Cline. Doctors Larson and Wescoe did not participate in visits to the separate clinical facilities in Columbus and Flint.

The Chicago College of Osteopathy was visited by Doctors Kinsman, Murdock, Nafe, and Cline, February 13, 14, and 15, and additional clinical facilities in Detroit by Doctor Cline, February 16.

The Kansas City College of Osteopathy and Surgery was visited by Doctors Appel, Kinsman, Nafe and Cline, February 21, 22, 23, 24, 1955.

The Kirksville College of Osteopathy and Surgery was visited by Doctors Appel, Chandler, and Cline, February 27, and 28, March 1 and 2, 1955.

At least two members of the Committee and one advisor were present during the visit to every college. Every member of the Committee visited two colleges. The same was true of the advisors except Doctor Chandler. The Chairman of the Committee visited all colleges. The Committee devoted an average of 14 man days to the study of each of the five colleges.

The Committee was received with the utmost courtesy and cooperation by the administrative officers and faculties of all colleges. All available information desired by the Committee was provided and statistical information not immediately at hand was compiled upon request.

The Committee was accorded complete freedom of investigation. All financial, academic and clinical records were made available for study. The Committee attended the classes it wished and had ample opportunity for private conversations with faculty members, students, interns and residents.

The Committee is convinced that it observed the colleges in normal operation. It was impressed by the frankness, serious purpose and sincerity of the administrative officers and faculty.

The criticisms of the college offered by the Committee were accepted in excellent spirit. In most instances the administrative officers concurred in them and means of correcting deficiencies were discussed. The officers appeared grateful for the frank and constructive criticism rendered by the Committee and its advisors.

The Committee was accompanied by Doctor Floyd F. Peckham, Chairman of the Conference Committee of the American Osteopathic Association, who was extremely helpful.

Procedure of Observation. The content of the observations were identical in all instances. The chronological sequence varied to some degree. The usual pattern was as follows:

1. The president and dean of the college were interviewed. The organizational structure, budgets, objectives, operation, curriculum organization and distribution, student records, faculty organization, committees and prerogatives, weaknesses recognized by the administration and future plans of development were discussed.
2. An orientation tour of the college and its clinical facilities was undertaken.
3. A number of applications for admission to recent classes was reviewed. These included the records of accepted and rejected candidates chosen at random. Admission standards and procedures of admission committees were reviewed.
4. Academic records of students were inspected. These included the records of good students, poor students and those dismissed for academic deficiencies. Inquiry was made into methods of grading and of handling scholastic deficiencies.
5. Basic science laboratories were visited. The facilities, equipment and teaching methods were investigated. The work of the students in laboratories where laboratory exercises were being carried on at the time of the visits was observed. Inquiry was made concerning research completed or in progress.
6. Lectures were attended in both basic science and clinical courses. In every instance the entire Committee visited the lectures, demonstrations and practice sessions of courses dealing with diagnosis and manipulative treatment of musculoskeletal conditions.
7. The work of third and fourth year students in clinics and outpatient departments was observed. In some instances history taking and physical examinations were watched. Records of active cases were reviewed and discussions between the student and instructor were heard in a number of cases. Sizeable numbers of old records, chosen at random in the record room, were reviewed.

8. Hospitals were visited and the handling of patients and the activities of the students, house staff and visiting staff watched. The entire hospital was inspected. Many records of current inpatients were reviewed. The record room was visited and many completed records inspected.

Students and members of the house staff were interviewed and the management of the cases discussed.

9. The heads of practically all preclinical departments in all colleges were interviewed. They were queried concerning the objectives and content of their courses, the teaching methods employed and their satisfaction with student performance.

The same procedure was carried out with the chiefs of major clinical divisions. In all cases the head or an important member of the department dealing with musculoskeletal abnormalities and manipulative therapy was interviewed. His ideas concerning the importance of musculoskeletal findings and manipulative therapy and the relationship of these to the diagnosis and treatment of disease were ascertained.

10. Individual students were questioned concerning their reasons for pursuing osteopathic professional education, whether they had applied to medical schools for admission, and were asked to express in confidence their opinions of the education they were receiving.

At the conclusion of the visit the members of the Committee and its advisor called upon the president and dean of the college and laid their findings before them in an informal fashion. They were frank and outspoken in delineation of any conditions which they believed represented errors or deficiencies in the educational program and made an effort to suggest improvements.

FINDINGS OF THE COMMITTEE

General Considerations: All colleges of osteopathy are organized on the same plan. All are non-profit corporations. The ultimate authority resides in a board of trustees which appoints the administrative officers. The faculty is appointed by the board upon nomination by the president of the college. Faculty participation in the choice of additions to the faculty, academic promotions and determination of policy is variable.

No institution is a part of, or associated with, another college or university. All operate independently except for conformance to standards set by the Bureau of Professional Education and Colleges of the American Osteopathic Association.

Most are handicapped by limitation of space for class rooms and laboratories. Where necessary classes are divided into sections to compensate for these limitations.

All are handicapped by limited finances. There is difficulty in comparing the budgets of the various colleges due to differences in accounting. The total annual budgets vary from \$480,000 to \$1,147,000, including clinic and hospital facilities. Exclusive of clinic and hospital facilities, the budgets vary from \$267,000 to about \$700,000 for administration and teaching alone.

Endowments are small or non-existent. The American Osteopathic Association Progress Fund and living endowments by alumni provide varying amounts of income. The U.S.P.H.S. allots funds for instruction in cancer and instruction and research in cardiovascular diseases. In one instance income from tuition and student fees exceeds 50% of the total income. The financial situation of some colleges appears precarious.

One state osteopathic association has placed its dues at \$300 per year (except in cases of hardship) and is allocating \$200 thereof to the support of salaries and equipment for teaching in one college. It is estimated that this program will raise about \$200,000 per year and none may be expended for construction of buildings.

Salary ranges are variable but are comparatively low, especially in the basic science fields.

Most colleges have plans for expansion of facilities and some are engaged in or about to embark upon drives to raise funds for this purpose. The County of Los Angeles has voted a bond issue of \$9,200,000 for the construction of a 500 bed teaching hospital for the Los Angeles College. This will be a part of the county hospital system.

Some research is in progress in most of the colleges. This is mainly in the fields of basic sciences and the total volume is not great. In one college extensive and apparently sound fundamental research in the field of neuromuscular physiology and its relation to the musculoskeletal system is being carried out.

The objective of the colleges is primarily to train general practitioners and the atmosphere is that of practice schools rather than the more scholarly environment of research schools.

Clinical facilities are limited and in some instances do not justify the effort to teach the number of students enrolled. The Des Moines College utilizes two private hospitals in the city and one each in Columbus, Ohio, and Flint, Michigan, to compensate for the limitation of its own hospital facilities. The Chicago College has a similar arrangement with two hospitals in Detroit. The Kirksville College maintains rural clinics to provide experience in rural care for its students and utilizes a private general and a private psychiatric hospital to augment the clinical experience of the students.

As a rule the number of full time instructors is insufficient to furnish the desirable amount of student supervision. This applies to both the basic science and clinical spheres. More are being acquired. Limited finances and the salary scale interfere but the principal difficulty encountered is in finding proper personnel. Most colleges lack a back-log of properly qualified part time or voluntary teachers who reside in the surrounding area. This is less true in colleges located in larger urban areas and in the auxiliary facilities located at some distance from the colleges.

In the main the best teachers in clinical departments obtained a part of their training in medical institutions. The administrative officers of the colleges are of the opinion they could obtain satisfactory, qualified medical personnel to assist in teaching programs if the barriers of association between the two professions could be removed and they would welcome the opportunity to do so. They believe that it would relieve a situation which they describe as being "inbred."

In spite of the difficulties which these colleges face, their executive administrators believe that they have made substantial progress in recent years and the improvement is continuing. The Committee is in possession of dated confidential information which corroborates this belief.

Curriculum. The clock hours of instruction in colleges of osteopathy exceed those of schools of medicine and vary from about 5,500 to about 6,100. In the higher ranges the programs represent the instruction time of nine semesters or four and one-half years crowded into four years. Under these circumstances the student is in almost constant attendance from September of his sophomore year to the termination of his course. During this period most of his day is planned for him and there is little free time.

The Committee believes this to be undesirable. The elements of fatigue of the students and the faculty are important. There is little time for individual student projects, library use, reflection and assimilation of the knowledge the student has acquired. This situation does not encourage the scholarly attitude or an interest in research. These facts are recognized and in some colleges steps are being taken to improve conditions.

The Committee is of the opinion that the amount of didactic work is too great and too continuous. In some instances the entire morning of the instructional days of the third year is given over to a series of lectures, occupying four hours.

There is some tendency to treat the student as an observer rather than a part of the team caring for the patient. Some mechanisms are employed to

establish closer student-patient relationship but the Committee believes this could be more effectively done.

All colleges have curriculum committees reviewing the content and methods of teaching in various courses. A number of changes have been instituted in recent years. The use of rural clinics as an adjunct to clinical teaching at Kirksville is an interesting experiment in medical education.

Basic Sciences. The usual courses of anatomy, histology, physiology, biochemistry, microbiology, pathology and pharmacology are offered. In general they follow the traditional pattern of lecture and laboratory. In certain instances there is a disproportionate amount of didactic work and the laboratory periods are shorter than desirable. In one college the amount of *mammalian* experimentation is limited by legal restrictions and in others is limited by finances and facilities. In certain instances the laboratories are inadequately equipped.

With the exception of pathology the head of the department is almost invariably a Ph.D. Occasionally a candidate for a Ph.D. degree is found to be in charge and in one instance a doctor of medicine, formerly a professor of pharmacology in a school of medicine, occupied the chair of pharmacology.

Pathology is the weakest of the basic sciences. Ph.D. pathologists are few, M.D. pathologists are rarely available and the number of trained D.O. pathologists is extremely limited. The larger private osteopathic hospitals outbid the colleges for their services. Some colleges resort to part time services of trained pathologists in the D.O. or M.D. ranks and these may be augmented by doctors of medicine partially trained in pathology.

In spite of this fact the autopsy rate, except in one college, was creditable. It ranged from 24 to 65% with an average of about 50%. In the one exception poor facilities, organized opposition of morticians and a weak and uncooperative department of pathology combined to hold the rate down to about 16%.

In general the basic sciences are fairly well taught and the students are fairly well grounded in these subjects. Some departments, most frequently anatomy, are outstanding.

A modest amount of research goes on and the basic science faculty assists in postgraduate programs where such exist.

Clinical Fields. The usual clinical courses offered in schools of medicine are provided. The grouping of these courses is subject to some variation. Such subjects as cardiology, allergy, endocrinology, infectious diseases, et cetera may be classified under the general heading of "osteopathic medicine." These courses have the same general content and follow much the same pattern as the corresponding courses offered in schools of medicine. In courses in clinical medicine some aspect of musculoskeletal structure or manipulative therapy occasionally is accorded passing mention. Usually they are ignored.

The Committee is of the opinion that a disproportionate amount of time is given to didactic work by comparison with small group and bedside teaching.

The methods and quality of instruction vary somewhat in different colleges and to a considerable degree in different courses in the same college. The same can be said of the qualifications, teaching ability and interest of faculty members. In most instances the heads of clinical departments are sincere individuals who are doing the best job they can under the circumstances.

Most chiefs of the major clinical departments serve under full time or geographic full time arrangements. All are doctors of osteopathy and a sizeable number have had training in medical institutions. A few have M.D. degrees in addition to D.O. degrees. "Inbreeding" in the clinical departments is deplored by the college administrations and faculty members alike.

As a rule third year students act as clinical clerks in clinics or out patient departments. Fourth year students serve as clinical clerks in hospitals half of the year and in the clinic for the remainder. There are exceptions to this pattern.

The limitations of space and clinical material have been referred to earlier. The Committee believes the clinical material to be inadequate for the numbers of students in a majority of colleges. The compensatory mechanisms utilized have been mentioned and every patient is used to some degree for teaching purposes.

All colleges have departments of osteopathic principles and technique and all clinics have departments of musculoskeletal structure. These fields have been, to greater or less degree, relegated to the status of adjuncts to therapy within the sphere of medicine. None occupies a preeminent place in the scheme of instruction and in certain instances they are overshadowed by organized programs of physical medicine and rehabilitation.

A "structural sheet" consisting of an antero-posterior and lateral silhouette of the spine is included in all charts as a requirement of the Bureau of Hospitals of the American Osteopathic Association. The clinical clerk, intern or staff member is supposed to make notations of structural findings upon these sheets. The frequency with which such findings are noted is extremely variable. In one hospital over one hundred charts of active cases were examined and no structural notation found. About an equal number of completed, filed charts revealed the same situation. In other instances most structural sheets had been filled out.

The incidence of application of manipulative therapy varied from being frequent to not at all. When applied to hospital inpatients with clinically recognized disease it consisted mainly of relaxing soft tissue manipulation or that designed to increase respiratory excursion. It usually was administered by the clinical clerk or the intern. Some heads of clinical departments employ it to varying degree and others do not. Some believe it has considerable value as an adjunct to other therapy and others do not.

In general the departments of medicine appear to be the best organized and strongest. Those of pediatrics, psychiatry and public health and preventive medicine appear to present the greatest need for strengthening.

Students. In the academic year 1954-1955, 1,867 students were enrolled in colleges of osteopathy. 1,483 were in the five colleges visited. Of these the largest enrollment was 336 and the smallest 227. Freshman classes varied from 61 to 96 and senior classes from 46 to 96. The total enrollment is about

the same as in 1950, and somewhat smaller than in the intervening years. Practically all states and a number of foreign countries are represented. The distribution of student residence and the institutions of preprofessional training is similar to that listed in the 1953 report.

98% of all matriculants in 1954 had three years or more of preprofessional education. 72% had bachelor's or equivalent degrees and about 4% had advanced degrees.

The survey of student's records showed that all had completed the educational requirements for admission to medical school. The records indicated that a considerable number could have obtained admission to medical school.

Students were interviewed in all colleges. No systematic study of motivation was carried out and no statistical information was acquired. It appears that the motivation to become physicians was strong in most students. Some were disappointed applicants for medical schools. More had had personal contacts with the osteopathic profession and were thereby influenced to enter osteopathic colleges. A small number had been accepted by medical schools but chose osteopathy instead.

Libraries. The size of the libraries varied from 3,500 to 20,000 volumes. The number of periodicals subscribed to varied from 105 to 350.

In the largest library there are about 100 volumes dealing with osteopathy some of which are antique collector's items kept in locked cabinets. The remainder of the 20,000 volumes are standard books which would be found in medical school libraries. Only four recent osteopathic texts were found. One of these is a photographic atlas of manipulative therapy. The other three were presented to the library by associations representing minority groups within the osteopathic profession.

Of the 350 periodicals 160 are top medical or scientific journals. Seven displayed, including the publication of the Auxiliary to the American Osteopathic Association dealt with osteopathy. The remainder are state journals, clinic transactions, foreign journals and miscellaneous medical publications.

The smallest library which prides itself on acquiring one copy of all books dealing with osteopathy has 150 such volumes. The remainder of the 3,500 volumes are principally standard medical texts. Of the 105 periodicals observed, four deal with osteopathy. Two of these are national journals, one is a local bulletin and one is the publication of the Auxiliary.

One library of intermediate size lists all osteopathic periodicals. These total 87 and include all national, state, specialist, college, local and miscellaneous publications. Only a small number are on display or are preserved.

Most colleges have more or less extensive departmental libraries. Not a single volume on osteopathy was observed in these smaller collections.

Objectives of the Colleges. All colleges strive to train physicians to care for the sick. They try to give a rounded general practitioner type of training. They expect the majority of their students to become general practitioners and a high percentage to locate in small communities. Practically all

students take internships. Graduate training beyond the internship level leading to specialist qualification exists but is limited in scope and opportunity for training.

The colleges make a sincere effort to provide the best medical education possible for their students under the handicaps of limited finances, and limitation of faculty, space, clinical facilities and clinical material.

All colleges have plans for expansion of physical plants and clinical facilities. Some probably are to be realized within a relatively short period of time.

All osteopathic colleges spontaneously expressed a desire for the assistance of doctors of medicine as members of their faculties and all wish to have opportunities for graduate training and postgraduate education of selected osteopathic graduates in medical institutions. There is a great desire for expanded educational opportunities and knowledge on the part of faculty members and the more advanced students alike.

Concerning Cultism. The Committee could find no evidence of persisting teaching of the narrow, cultist doctrine of Andrew T. Still that all disease was due to abnormalities in or about joints and that all therapy should be directed toward correction of such abnormalities. Modern osteopathic education teaches the acceptance and recognition of all etiological factors and all pathological manifestations of disease as well as the utilization of all diagnostic and therapeutic procedures taught in schools of medicine.

Stripped of excess verbiage the modern osteopathic concept holds that the body is a unit which possesses the inherent ability to overcome most curable disease. The level of that capacity is a reflection of the health of the individual. Physical, mental, chemical, biological and nutritional factors influence the state of health. Departure from normal in any system or portion of the body impairs the over-all ability of the individual to react effectively in combatting disease and should be corrected.

Certain abnormalities in or about joints, principally those of the spine, may exist independent of other manifestations of disease or in conjunction with them. They are loosely referred to as "musculoskeletal lesions" or "osteopathic lesions." An effort is made to discourage the use of the latter term.

The exact nature of these "lesions" is not known. They are non-fatal and non-surgical and their microscopic structure has not been studied. The results of efforts to produce them experimentally have not been satisfactory.

The musculoskeletal "lesion" is a symptom complex and not a disease. Its manifestations are single or multiple localized areas of pain, tenderness, muscle spasm or flaccidity and localized limitation of motion. Radiation pain and sensory or reflex disturbances may or may not be present.

It is assumed that the symptoms arise from irritation within the joint or in its ligamentous, muscular or fascial supporting structures as a result of recent or past acute trauma, chronic trauma due to postural or structural strain, inflammatory processes, viscerosomatic reflexes or psychological disturbances.

The presence of the symptom complex and its probable etiology are determined by history and physical examination. Local organic pathology is ruled out by the use of x-ray examination in addition to the history and physical findings.

In the absence of localized organic disease in the region, the symptom complex is treated by manipulative therapy. When not associated with other manifestations of disease immediate temporary, protracted or permanent relief is expected in a small percentage of cases. When relief is not obtained rest, physical support, mechanical traction, heat, diathermy, exercises, and pain relieving and muscle relaxing drugs are used according to indications in the individual case. The importance of avoiding overtreatment and application of manipulative treatment in the absence of indications for its use is stressed.

When the symptom complex occurs in conjunction with recognized disease elsewhere in the body manipulative therapy may or may not be employed. The decision rests upon the nature and stage of the disease and the degree of disturbance produced by the local process. Under these conditions it is used primarily to relieve symptoms and to contribute to the general well being of the patient. Under certain circumstances it is hoped that the blood supply to the affected parts may be improved by reflex action.

Manipulative therapy is used as an adjunct to and not as a substitute for accepted measures of treatment. Cases in point are the aches and pains of protracted bed rest or strained position, as a relaxing agent and to improve respiratory excursion.

Opinions concerning the importance, value and applicability of manipulative therapy differ somewhat from college to college and there is difference of opinion among faculty members of the same college. Some use it frequently, some infrequently and some not at all.

None consider it, per se, to be definitive or curative therapy in disease states.

Considerable discussion centered about peptic ulcer in which some believed it had therapeutic value. The extreme contention in the course of these discussions was that it might be productive of temporary symptomatic relief and serve as an adjunct to other means of therapy.

The psychological effect of the "laying on of hands" is well recognized but the part it plays is difficult or impossible to determine.

The differences of opinion relative to the indications for and merits of manipulative therapy appear to be due to a number of influences. The sphere of interest of the faculty member, his age, his background of training and his capacity for critical evaluation seem to be most important.

In summary, colleges of osteopathy teach that the symptom complex of "musculoskeletal lesion" exists. Its exact nature is not known. It may be relieved by manipulative therapy but the mechanisms of relief is not understood.

The "lesion" does not cause organic disease and its correction alone does not cure organic disease.

The Committee desires to point out that the amount of space devoted to manipulative therapy in this report is far out of proportion to the attention

given to it in the curriculum of osteopathic colleges but believes that the House of Delegates wishes fairly detailed information on this aspect of the educational program.

Actually manipulative therapy constitutes a minor facet of the teaching in osteopathic colleges; it is included in but does not supplant or replace any part of the basic science or clinical medical curriculum. The full basic science and clinical curriculum found in schools of medicine is taught in the colleges of osteopathy.

The faint aura of cultism which clings to osteopathic teaching arises out of the past. It persists because of efforts by some members of the profession to explain the results claimed for manipulative therapy on the basis of unproven physiological concepts, a tendency to use confused and ambiguous terminology and a fairly widespread failure to apply critical evaluation to results. It does not result from the present beliefs, teachings and practices of the vast majority of faculty members of the colleges of osteopathy.

The Principles of Ethics of the American Medical Association (December, 1954, pp 13-14) defines a cultist as follows: "A sectarian or cultist as applied to medicine is one who alleges to follow or in his practice follows a dogma, tenet or principle based on the authority of its promulgator to the exclusion of demonstration and scientific experience."

As a result of its investigation of five colleges of osteopathy the Committee is convinced that the teaching in these colleges does not fall into that category.

The sole fundamental difference in principle in the teaching of medicine in colleges of osteopathy and schools of medicine lies in the degree of emphasis placed upon study of the musculoskeletal system and the application of manipulative therapy. The use of manipulative therapy is decreasing in colleges of osteopathy and is increasing in the orthopedic and physiatry departments of medical schools.

The Committee is of the opinion that application of the term "cultist" to the teaching in the five colleges of osteopathy visited is not justified.

Scope of Licensure. At the time of drafting this report nine legislatures are known to have had under consideration proposals for change in the scope of osteopathic licensure. To date none has been acted upon favorably. Several have been tabled in committee and one has been defeated on the floor. There have been no legislative changes which affect the scope of licensure since the 1953 report.

Three court decisions of importance have been handed down. One in West Virginia is said to extend the scope of osteopathy to encompass all fields of medicine. The Missouri Supreme Court has declared that osteopathic physicians cannot be excluded from tax supported county hospitals on the basis of the nature of their licenses. The Supreme Court of Illinois has directed the Department of Registration and Education of that state to admit graduates of the Chicago College of Osteopathy to examination for full licensure to practice medicine and surgery unless changes have taken place since the beginning of litigation which would justify withholding that directive.

CONCLUSIONS

1. Educational requirements for admission to colleges of osteopathy are identical to those of medical schools. Review of admission records would indicate a somewhat lower scholastic average but practically all students would be eligible to admission to medical schools if it were not for the high level of competitive standards in medical schools.

2. Current curriculums in colleges of osteopathy include all subjects taught in present day schools of medicine. In addition, there are courses dealing with the musculoskeletal system and manipulative therapy. The degree of emphasis upon these courses is variable and is diminishing. At none of the colleges was there evidence that these courses interfered with the achievement of sound medical education.

3. All osteopathic colleges face the handicap of insufficient financial support. In some colleges the proportion of operating funds derived from tuition and student fees is far too high.

4. The teaching of some basic science courses is well done. Material improvement is needed in others.

5. In some instances the clinical facilities and clinical material do not justify the numbers of students enrolled. These handicaps are being partially overcome and, when achieved, current plans of expansion will improve the situation.

The major deficiency in clinical instruction is the lack of trained clinical teachers. It is difficult for graduates of colleges of osteopathy to obtain training which would fit them for teaching in clinical fields. These circumstances lead to an "inbred" faculty and impair teaching programs.

6. The facts outlined in the three immediately preceding conclusions are recognized by the administrations, faculty members and some students of the institutions visited. Considerable effort is being expended and some progress is being made in improving the situation.

The administrative heads of the colleges expressed a real desire for the addition of good doctors of medicine to their faculties and for the opportunity for selected young graduates to obtain sound graduate training in medical institutions. They believe that the teaching programs in their colleges would be strengthened thereby and that their graduates would be better doctors.

Improvement of clinical teaching is urgently needed.

7. The teaching in present day colleges of osteopathy does not constitute the teaching of "cultist" healing.

8. Postgraduate educational opportunities for doctors of osteopathy are extremely limited. If better postgraduate education were available the level of patient care would be improved.

9. The American Medical Association is dedicated to the purpose of improving the health and medical welfare of the American people. The osteopathic

profession supplies medical care to millions of Americans. In many areas the only immediately available medical care is rendered by osteopaths.

The American Medical Association must decide whether it will assist in improving the medical care rendered by doctors of osteopathy. The Committee believes that the only constructive course which can be followed is to enlarge the medical educational opportunities of the students and graduates of schools of osteopathy by elimination of the classification of teaching in colleges of osteopathy as the teaching of "cultist" healing.

The past osteopathy is unimportant. Its present, and particularly its future, are important to the medical care of the American people.

10. The number of osteopathic physicians, the scope of licensure, the opportunities for practice, probably the level of practice and the degree of interprofessional prejudices are extremely variable in different areas. It is obvious that no national policy governing the overall relationship of doctors of medicine to doctors of osteopathy can be realistic. This should be a function of the several state medical associations and in certain states perhaps of the county medical societies.

RECOMMENDATIONS

The Committee recommends:

1. That the House of Delegates declare that current education in colleges of osteopathy does not constitute the teaching of "cultist" healing.

2. That the House of Delegates declare the policy of the American Medical Association to be to encourage doctors of medicine to assist in osteopathic undergraduate and postgraduate medical educational programs in those states in which such participation is not contrary to the announced policy of the state medical association.

3. That the House of Delegates request state medical associations to assume the responsibility of determining the relationship of doctors of medicine to doctors of osteopathy within their respective states or request their component county societies to do so.

4. That this or a similar committee be continued to confer with representatives of the American Osteopathic Association concerning common or inter-professional problems on the national level.

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Leonard Larson
Thomas P. Murdock
Cleon Nafe
John W. Cline, Chairman

Advisors:
L. R. Chandler
J. Murray Kinsman
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Minnesota State Board of Medical Examiners

Report of Inspection of Three Osteopathic Colleges in 1964

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REPORT OF INSPECTION VISITS TO OSTEOPATHIC COLLEGES

A committee of the Minnesota State Board of Medical Examiners consisting of Drs. Paul Medelman, James Cain, Dale Dodson and Howard Horns, chairman, made inspection visits to the following colleges: Kirksville College of Osteopathy and Surgery Chicago College of Osteopathy; Des Moines College of Osteopathic Medicine and Surgery.

The inspection began with a meeting of the Committee with the administrative officials of the college during which information regarding student body, selection of students, class scheduling, teaching personnel, and administrative organization was obtained. Following this, the Committee members visited a variety of school activities. In many cases Committee members separated in order to obtain the widest base of observation in the time available. Reports of the observations of Drs. Cain and Medelman regarding each school as well as detailed questionnaire reports of each school are included in the files of the State Board of Medical Examiners.

The following activities were observed: lectures in pre-clinical and clinical subjects; lectures in osteopathic theory and practice; clinical rounds in internal medicine, general surgery, pediatrics, obstetrics and gynecology; out-patient clinics. The following facilities were inspected: library; clinical laboratory; basic science teaching and research laboratories; x-ray facilities.

Student Body

Entering freshman classes range in size from 65 at Chicago to 100 at Kirksville. Students are selected on basis of premedical achievement, medical aptitude, and personal character from a reservoir of applicants bearing a ratio of about three applicants for each student selected. Admission requirements are three years of standard pre-medical courses in accredited colleges. Approximately 75 per cent of admitted students have Bachelor Degrees from accredited colleges. There is an attrition rate in each class of from 10-15 per cent for all causes from freshman to senior year.

Basic Sciences

The standard basic science courses are taught during the freshman and sophomore years. The time allocated to these courses corresponds to that allowed in all medical schools. Subject matter and teaching methods are standard. The laboratory facilities range from superior at Kirksville to adequate at Chicago and Des Moines. Major teaching personnel hold Ph.D. degrees in their respective fields, some also hold D.O. degrees.

Clinical Teaching

The teaching of clinical subjects is carried out by lectures, teaching rounds, case presentation, conferences and individual evaluation of student work. In each school, students do admission history and physical examinations

which are evaluated by the staff. At Kirksville and Chicago student history and physical examinations do not become a part of the permanent record - at Des Moines they do become a part of the permanent clinical record. Students are responsible for following their patients during the entire hospital course. In discussing patients with the responsible students, the latter were found to be well informed regarding all aspects of the case in question.

The clinical teaching relates medical problems to community and environmental factors and is strongly oriented to general practice.

The clinical facilities are limited at each school and in each instance outside hospitals, sometimes at some distance from the school, are utilized. These outside clinical facilities were not visited but students who had received training in them were interviewed.

Library

In each of the schools adequate library facilities were available consisting of standard medical works, textbooks, reference works, monographs. A good selection of current medical journals was in each library and bound journals of most standard medical publications were available. At both Chicago and Des Moines outside extensive library services were also available.

Clinical Laboratories

In each of the schools adequate clinical laboratory

facilities were available and all standard studies were being done. The laboratories are under the direction of pathologists. Methods employed were those currently used in hospital laboratories.

X-ray Department

Standard x-ray studies were carried out in adequate facilities. In addition, rather extensive programs of radioisotope work were being carried out at both Des Moines and Chicago.

Osteopathic Theory and Practice in the Curriculum

Teaching of osteopathic theory and practice occupies a small amount of time in the programs of each of these colleges. The emphasis varies from school to school and is most pronounced at Kirksville where rather extensive research in nerve and muscle physiology is being carried out by strict scientific methods and with excellent facilities.

In the overall program of training in basic sciences and clinical medicine, osteopathy does not seem to differ appreciably from physical medicine as taught in other medical schools.

Graduate Programs

Graduate programs in clinical fields are carried on in each of the schools. These consist of resident training programs in fields of clinical specialty. This training is accepted in satisfying requirements for certification

by respective osteopathic specialty boards. These residents engage in active clinical work and assume considerable responsibility in patient management. In addition, they participate in the clinical teaching program. Several residents in different fields were interviewed. These men were well informed and conversant with new medical developments.

Research program

At each of the schools research projects in various fields of medicine were being carried out. There was a lively interest in development of research in all fields. The principal limitation appeared to be lack of finances. However, the program of research at Kirksville gave evidence of better financing than the other two schools.

Conclusions

It is the conclusion of the Committee that these schools are teaching standard medical principles and practices. In doing this, accepted medical methods, textbooks and publications are employed. The place of osteopathic theory corresponds roughly to that of physical medicine and is being subjected to scientific evaluation. There are limitations of physical facilities and of clinical teaching material. Teaching is strongly oriented toward general practice.

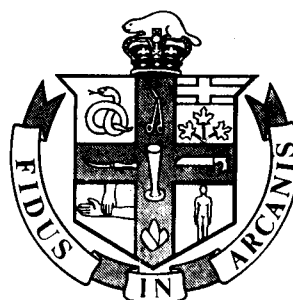
It is the recommendation of the Committee that the three schools mentioned in this report be approved by the

Minnesota State Board of Medical Examiners and that graduates of these schools be admitted to the licensing examinations.

REPORT
OF THE
COLLEGE OF
PHYSICIANS AND SURGEONS
OF ONTARIO

JANUARY, 1965

64 PRINCE ARTHUR AVE., TORONTO 5, ONTARIO



OSTEOPATHS

In December 1957 the then Minister of Health of Ontario received a Brief from the Ontario Osteopathic Association in which they asked that legislation be passed removing them from registration under the Drugless Practitioners Act and providing some alternative registration. They expressed a preference for registration under the Medical Act. The Minister of Health forwarded this submission to the College requesting its advice and decision. This request prompted the inquiries and investigations that the College has conducted during the past six years.

In its Report for April 1962 the College reported on the series of discussions held since 1959 with representatives of the Ontario Osteopathic Association. These were adjourned when the College decided that an on-the-spot survey of the teaching and professional training in the osteopathic colleges should be carried out before further discussion could take place on the question of recommending that the osteopaths have a restricted licence under the Medical Act. Inspection was agreed to by the Ontario Osteopathic Association and approved by the American Osteopathic Association which asked the five osteopathic colleges to cooperate in the survey to be conducted by a team of competent inspectors appointed by the College. Permission for the inspection was granted by four of the five schools.

In June 1962 the Executive Committee appointed the following Inspectors and these appointments were acceptable to the American Osteopathic Association:

G. H. Ettinger, M.B.E., M.D., C.M., F.R.S.C.,
Dean Emeritus, Faculty of Medicine, Queen's University.

J. A. Macfarlane, O.B.E., M.B.(Tor.), F.R.C.S.(Eng.), F.R.C.S.(Edin.),
F.R.C.S.(C.),
Dean Emeritus, Faculty of Medicine, University of Toronto.

R. I. Harris, M.C., M.B.(Tor.), F.R.C.S.(Eng.), F.R.C.S.(Edin.), F.R.C.S.(C.),
Associate Professor of Surgery, University of Toronto.

A pre-inspection questionnaire was prepared by the Inspectors along the lines of that used by the A.A.M.C. in its inspections of medical schools in Canada and the United States. The questionnaire sought complete information about the organization of each school, its budget and finances, its students, plant, library, curriculum, and its facilities for basic science, clinical teaching and research. Copies were submitted to the Ontario Osteopathic Association and after receiving their concurrence were distributed in the fall of 1962 to the five osteopathic colleges, up to March 1964 completed replies were received from four schools.

Following a careful analysis of the questionnaires that were returned the Inspectors selected the Chicago School of Osteopathy and the Kirksville College of Osteopathy and Surgery for visitation on April 27-29 and May 4-7, 1964,

respectively. It had previously been agreed that the question of visiting the other two schools would be decided after the inspection of the Chicago and Kirksville Schools had been completed.

The Inspectors' final report based on the questionnaires and the on-the-spot inspections was submitted to the College in June 1964. In their report the Inspectors recorded their appreciation for the extraordinary kindness and cooperation accorded them during their visits to the two schools and the efforts made to assist them in their task of fact-finding and assessment. They were given an opportunity to meet with many members of the staff on an informal basis as well and of discussing with them the role of osteopaths in providing health care in the community.

In the Report of the Inspectors their final conclusions were:

1. No osteopathic college is a faculty of, or affiliated with, a multi-faculty university. This constitutes a fundamental and the single greatest deficiency.
2. The osteopathic colleges insulate their faculties from the mainstream of medical progress and teaching, particularly in the clinical fields.
3. There is no uniformity in the provisions of facilities for teaching of basic sciences; at the Chicago School they are primitive and quite unsatisfactory, but at Kirksville, on the other hand, they are modern and highly admirable. Although a high proportion of the basic science teachers have been trained in the graduate schools of universities in the U.S.A., the teaching facilities in some of the departments are far inferior to those which obtain in Canada and the programmes of research, although in some instances are most admirable, lack the opportunity of offering graduate training, with the attendant stimulus to the teaching programme.
4. Although in the clinical fields the faculties profess to teach principles and practices as taught in schools of medicine, the hospitals are much too small to provide the volume and variety of patients necessary for experience and training. It may be argued that the responsibilities imposed upon the senior students at Kirksville provide a maturing experience which can compensate for the lack of in-hospital clinical training. This view is not likely to be accepted in Ontario. The medical libraries described, except that in Kirksville, are inadequate for the teaching and research responsibilities which should exist in schools with the number of students in the schools of osteopathy.
5. The teaching budgets are very small compared to those in Canada, which reflects inability to provide:
 - a) sufficient supplies and modern equipment for teaching,
 - b) a staff adequate to teach the large classes, and to engage in productive research,
 - c) salary levels which can attract teachers of the highest calibre.

After study by the Executive Committee the Report of the Inspectors was presented to the College's Special Committee on Osteopaths for its consideration. On November 25th, 1964 the Special Committee presented its final report to the Council. It gave a comprehensive review of all that had transpired since the appointment of the Special Committee in 1959 and expressed again its appreciation of the sincerity of the representatives of the Ontario Osteopathic Association throughout the protracted discussion. At its last meeting the Special Committee was faced with a decision on the question: was the training and education provided by the American osteopathic colleges of a satisfactory quality to warrant the College of Physicians and Surgeons of Ontario granting them a restricted license?

In their report the Special Committee summarized their conclusions as follows:

1. This Committee has been impressed by the whole-hearted co-operation shown by the Osteopathic Association of Ontario in facilitating the work of the Committee and the Survey Team; by the four osteopathic schools in submitting extensive information in reply to elaborate questionnaires sent them; and by the members of the staffs of the two schools inspected in readily making available to the Survey Team a complete disclosure and explanation of their teaching facilities, courses and methods in these schools, as well as gratefully acknowledging the many kindnesses shown personally to the College's representatives.
2. The Committee believes that the information provided by the questionnaires completed and returned by four of the five osteopathic schools, and from the inspection of the schools in Chicago and Kirksville is completely adequate for the purposes of this Committee.
3. This Committee accepts and confirms the finding of the Survey Team that the quality of the osteopathic schools inspected does not reach the standards that are obtained in Canadian medical schools, and must express the opinion that the conclusion contained in the submission of the Osteopathic Association of Ontario to the Minister of Health prior to April 1958 and which read as follows:

"The basis for this claim to full practice rights is the fact — which as set forth in this brief should speak for itself — that the *training of osteopathic physicians is as broad and complete as that of any other school of the healing arts* and that equal training merits equal recognition".

is not justified by the facts.

4. That it is evident from the Report of the Survey Team and confirmed by discussion with its members that there is no clinical field in which the students of osteopathic schools are receiving adequate training by medical standards of this province, and this Committee considers that the College could not properly sanction acceptance of the graduates of osteopathic schools for a limited or restricted licence.

At its November 1964 Session the Council of the College having by resolution adopted the conclusions reached by the Special Committee on Osteopaths further resolved:

"In view of the conclusions of the Special Committee on Osteopaths which are based upon the findings arrived at in their previous meetings, and upon the findings of an inspection of the osteopathic schools carried out by the specially appointed inspectors, which indicates that the quality of medical education offered in the osteopathic schools in the United States does not reach the standards that are obtained in Canadian medical schools; and in view of the fact that it would be highly undesirable for the College to countenance two standards of medical education in this province:

BE IT RESOLVED that the College is opposed to any provision being made for registration of osteopaths under the Ontario Medical Act."

The Minister of Health has accordingly been advised, in answer to the inquiry made originally, that the College opposes any provision being made for the registration of osteopaths under the Ontario Medical Act.

TABLEAU ETABLISSANT L'IDENTITE ET LES
ETUDES DES OSTEOPATHES

1. - Citizenship: Canadian

Elementary School: Williamson Road Public School, Toronto, Ontario

High School : Malvern Collegiate Institute, Malvern Ave. , Toronto,
Ontario - 4 years

University: None

Osteopathic College : Kirksville College of Osteopathy and Surgery,
Kirksville, Missouri, 4 years, graduated 1933

Internship: during school year

Degrees: Doctor of Osteopathy

Occupation before studying osteopathy: Student

2. - Citizenship: Canadian

Elementary School: Williamson Road Public School , Toronto, Ontario

High School: Malvern Collegiate Institute, Malvern Ave. , Toronto,
Ontario, 3 + years

University: Canadian Tutorial Institute, Bay St. , Toronto, Ontario
1 + year

Osteopathic College : Kirksville College of Osteopathy and Surgery
Kirksville, Missouri, 4 years, graduated 1934

Internship : during school year

Degrees: Doctor of Osteopathy

Occupation before studying osteopathy: Student

3. - Citizenship : Canadian

Elementary School : Central Public School, Peterborough, Ontario

High School : Peterborough Collegiate Institute, Peterborough, Ont.
3 years

Kirksville High School, Kirksville, Missouri
1 year

University: None

Osteopathic College: American School of Osteopathy, Kirskville, Mo.
3 years, Graduated June 1916

Internship: None

Degrees: Doctor of Osteopathy

Occupation before osteopathy: Student

4. - Citizenship: Canadian

Elementary School: Elizabeth Ballantyne Public School, Montreal West

High School: Montreal West High School, Montreal West, Quebec.

University: Loyola College, Montreal
2 years in science

Osteopathic College: Kirksville College of Osteopathy and Surgery
Kirksville, Missouri - 4 years - graduated 1951

Internship: Osteopathic Hospital of Maine, Portland, Maine
12 months

Degrees: Doctor of Osteopathy

Occupation before osteopathy: Student and 2 $\frac{1}{2}$ years Canadian
Navy.

5. - Citizenship : United States of America

Elementary School: Hadley Junior High School, Swampscott, Mass.

High School : Swampscott High, Swampscott, Mass. 1936, 4 years

University : Massachusetts College of Osteopathy, 1 year, (Boston, Mass.); Springfield College, Springfield, Mass., 1 year

Osteopathic College : Kirksville College of Osteopathy and Surgery
Kirksville, Missouri, 4 years, graduated February 1943

Internship: Osteopathic Hospital of Maine, Portland, Maine,
12 months

Degrees : Doctor of Osteopathy

Occupation before osteopathy: Student

6. - Citizenship: United States of America

Elementary School : Burns School, Saco, Maine

High School : Manchester Central High School, Manchester, N.H.,
4 years, graduated 1946

University: Tufts College, Medford, Mass.
4 years, graduated 1950

Osteopathic College : Philadelphia College of Osteopathy, Philadelphia,
Pa. 4 years, graduated 1956

Internship: Osteopathic Hospital of Maine, 12 months

Degrees: Bachelor of Science, Doctor of Osteopathy

Occupation before osteopathy: Student and United States Marine
Corps - 2 years (Lieutenant.)

7. - Citizenship : Canadian

Elementary School : John Moore Public School, Saginaw, Michigan

High School : Arthur Hill High School, Saginaw, Michigan,
4 years, graduated 1919

University: None

Osteopathic College : Kirksville College of Osteopathy and Surgery
4 years, graduated 1926

Internship : during school year but has internship diploma

Degrees: Doctor of Osteopathy

Occupation before osteopathy: Student.

Nous avons les noms et adresses de
chaque ostéopathe indiqué sur ce tableau et nous tenons ces renseignements à la disposition des autorités si on le désire. - Ajoutons qu'en plus des sujets apparaissant sur ce tableau, il y avait deux autres ostéopathes qui exercent au Québec, l'un à Montréal, l'autre dans la cité de Québec. Ils sont maintenant à leur retraite.
