Misuse of the terms chiropractic and chiropractor

I read with interest the case report by Beck et al.1 During the course of their case report Dr Beck and coauthors refer to the involved care provider as a “chiropractitioner” and describe the intervention delivered by the care provider as “chiropractic manipulation.” However, in Germany, a chiropractor and a chiropractitioner are very different. In that country a person who uses the title chiropractor will have successfully completed a course of study, usually of a minimum of five years, at a college/university accredited by the European Council on Chiropractic Education (ECCE). On the other hand, a chiropractitioner (also called a Hellpraktiker) usually has no formal qualification in chiropractic and at most may have completed a series of weekend seminars (personal communication, President, German Chiropractic Association). Therefore, it needs to be highlighted that the two are so different that it is inappropriate to use the terms chiropractic and chiropractic manipulation when referring to the care provided by a chiropractitioner.

A number of members of the German Chiropractic Association and I have personally contacted the lead author of the original case study to which this letter pertains. Dr Beck confirmed that it was not a qualified chiropractor who had “manipulated” the spine of the patient involved. Moreover, Dr Beck described the involved care provider as a “lay medical practitioner” (a Hellpraktiker) (personal communication, Dr J Beck).

I am attempting to clarify this important difference between a chiropractor and chiropractitioner because there is the potential to create confusion such that the injury reported by Beck et al could be incorrectly attributed to a chiropractor as compared with a chiropractitioner (lay medical practitioner). In fact, unfortunately, this has already happened. A brief review of Dr Beck’s case report, by a BMJ editor,1 inaccurately uses the title “chiropractic causes CSF leak” and suggests the care provider was a chiropractor.

It has previously been reported in the medical literature that the terms chiropractic and chiropractor have often been inappropriately applied to therapists, who were not chiropractors, when the care they provided appeared to result in complications. More specifically, Terrett has stated, “The words chiropractic and chiropractor have been incorrectly used in numerous publications dealing with SMT [spinal manipulative therapy] injury, by medical authors, respected medical journals, and medical organizations. In many cases this is not accidental, as the authors had access to original reports, which identified the practitioner involved as other than a chiropractor.”

In summary, the case report by Beck et al should have made explicit the difference between a chiropractor and a chiropractitioner. The intervention to which Dr Beck’s case study relates was not a “chiropractic manipulation”; it was not delivered by a “chiropractor”, and therefore in no way involved “chiropractic”. Sadly, it seems as though the terms chiropractic and chiropractor have again been misused. Given the above, it would seem appropriate to change the titles of both Dr Beck’s case report and the brief summary in the BMJ. Furthermore, authors of future case reports that relate to the use of spinal manipulative therapy should make every effort to clearly delineate the involved care provider’s relevant training or qualifications, or both.

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References

Authors’ reply

We thank Mr Wenban for his comments on our article. We appreciate that he clarifies the differences in educational status between chiropractors and others who apply chiropractic therapy in Germany.

Unfortunately, we have to mention, that we were cited incorrectly. The educational background of the caregiver (a physician, a chiropractor, a physiotherapist, a Heilpraktiker, or other) was not specified by us, either in the article or in personal communications.

We do not believe that the risk of this rare complication is zero, regardless of the educational status of the care provider.

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The cognitive and neural bases of spatial neglect


This edited book represents the state of the art in research on spatial neglect and related disorders. Since the pioneering work of Edoardo Bisiach (Italy) and Kenneth Heilman (USA) in the 1970s, there has been an explosion of interest in this intriguing neurological disorder. Spatial neglect arises after unilateral hemispheric damage, typically of the right temporoparietal region. It manifests as a profound loss of conscious perception for events arising on the contralesional side of space despite, in many cases, adequate sensory transmission (and unconscious processing) of the neglected information. The contributors to this book, all leading clinicians and researchers in the field, provide illuminating and scholarly accounts of recent research on the cognitive and neural bases for spatial neglect. The 27 chapters cover a range of topics, from neuropsychological studies of perception, attention, and action in neglect patients through to animal models of space representation based on surgical ablation and single cell electrophysiology. An impressive feature of many chapters is the emphasis on relating impairments in clinical neglect with recent work on normal mechanisms of spatial cognition derived from

J Kellett

BOOK REVIEWS

Sleep and brain plasticity


One of the least known aspects of human behaviour is sleep, and its function is still up for debate. This book examines the hypothesis that it plays a part in retaining and recalling information. Although not the result of conference proceedings, it consists of 17 chapters each by an expert in his field, and each complete in itself. In other words, each author reviews the literature that is already addressed elsewhere in the book before going on to describe his own experiments and conclusions.

Much of the work is on human subjects, while more biochemical and neuroanatomical studies are necessarily of animal origin. Not surprisingly these different approaches differ in detail but all agree on the importance of sleep in consolidating memory, often declarative (for example, paired words) by slow wave sleep and more emotional and complex memories by REM sleep. I have difficulties with the ethical aspects of some animal work, for example in one experiment rats are placed in a cage where they are given an electric shock which they can escape by finding a submerged platform. They are then tested by their ability to remember the placing of this platform after being returned to the cage when the platform has been removed.

The book is well written and up to date, with references dating up to 2002. It is an essential addition to the shelves of any sleep laboratory, and a useful one for any concerned with memory. It even recognises that the mother of Eichenbaum might be right in preferring her son to revise for an exam awake rather than asleep!

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cognitive psychology and functional brain imaging. The key message to emerge from the book is that, contrary to accounts in many texts of neurology, spatial neglect is a heterogeneous syndrome characterised by several dissociable deficits. Its manifestations in any particular patient are determined by the extent to which neural circuits involved in establishing and updating spatial representations are compromised. This message is clearly articulated in the chapters on rehabilitation, which emphasise that science is not just answering questions, science is also giving answers.

Nature and narrative: an introduction to the new philosophy of psychiatry


Many of my colleagues are puzzled by the recent interest in philosophy by psychiatrists and other mental health care professionals. Paul Applebaum, in a foreword to this book, suggests that philosophical phenomenology has brought "mental health professionals closer to the experience of their patients, and holds the key to strengthening the alliance between treaters and the people they treat". My own view is that in an age of empiricism and a somewhat sterile world of evidence-based practice, the whole field of therapeutic endeavour that is not yet part of our evidence base has had to guide it. Psychoanalysis has virtually failed, although still hanging on by its fingertips, and the necessary underpinning of practice by the basic sciences has not kept up with expectations.

So philosophy has filled the gap, and in this book its messengers, many of whom are immensely eloquent, explain why. We are introduced to the work of Jaspers, Wittgenstein, and Sartre, to the concepts of hermeneutics and empirical linguistics, and an invitation to join the world of magic rather than the "narrow rationality of science". As might be expected, this book is full of ideas, vibrant with rhetoric and debate, and always lively. Philosophy is like argument, most of all with each other, and argument is almost their evidence base.

It all makes for an excellent read but the uninitiated might have to have a medical dictionary handy to identify some of the apparent neologisms that are common to the language of philosophy. What is clear from this book is that philosophy is clearly on its way back into psychiatry and cannot be ignored. This is but the first of a series of international perspectives in philosophy and psychiatry and my prediction is that philosophy will continue to be relevant to a large part of empirical psychiatry. As Fulford and his colleagues in their first chapter "there are no theory-free observations" and the exactitude of philosophy will continue nagging at what Wittgenstein calls "concept clarification" until we have acceptable answers.

Cajal's masterpieces so read- and, and more importantly, perhaps, available to many of us who are great admirers of Cajal but unfortunately have no knowledge of Spanish or French. I have no hesitation in recommending the publication of the English version to anyone who is fascinated or simply wants to have a glimpse of the far reaching genius of Cajal, who is definitely one of the greats in the history of science.

L S Jen

Plasticity in the human nervous system—investigations with transcranial magnetic stimulation


During investigations into human brain mapping Penfield and Rasmussen (1950) noted that stimulation of some areas "sheds no light upon the function of an area unless the patient is making use of that area at the moment" (p 234). The lesson here is that one cannot study function in isolation. The effect of behaviour changes, as in development, adaptation, learning, and compensatory plasticity, then one must be open to the possibility that the precise function of an area can change with behaviour.

In this book the study of all these different types of plasticity are considered under the umbrella of transcranial magnetic stimulation (TMS); a means of both measuring the effects of and producing plasticity. There are no theory-free observations regarding the question of plasticity and also to the basics of TMS and the tour of the different types of plasticity is informative and accessible. The discussion of TMS alongside other stimulation techniques (Eyre), the interactions between plasticity and NMDA or GABA receptors (Cassen and

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Ziemann), and changes in skill level in the short (Robertson et al) and long term (Rossini and Liepert) all serve to emphasise an important point about TMS—that it has impressive functional resolution, a point often lost in barren debates over exact spatial resolution. The book is not directed only at the cognoscenti: the chapters are clear enough to be followed by any interested reader.

The span of the book is mainly limited to motor physiology and plasticity but the principles of the findings in this book will be of use to those studying visual and cognitive plasticity. As a guide to the utility of TMS in the study of plasticity, this book will prove to be useful to those working with a range of other techniques and to readers at different levels of expertise. A welcome addition to the small TMS bookshelf.

V Walsh

Vestibular disorders: a case-study approach, 2nd edition


This text is the second edition of the book by the same authors, entitled Balance disorders: a case-study approach. The text is superbly organised, well written, and provides practi
cal, specific treatment regimes. The case studies are cross referenced. Additionally, there is an appendix of diagnoses by page, and references following each chapter as well as a complete bibliography at the end of the book. The text is divided into six parts. Part one provides background including the history and physical examination of the dizzy patient, vestibular and auditory system test-
ing, and a brief introduction to anatomy and physiology. In particular, excellent and detailed additional neurologically targeted specialised bedside tests have been included in the second edition. The book has tables outlining the neurological examination, the otologic examination, and specialised neuro-
logical examination. Chapter seven (psychiatric aspects of vestibular disorders) is a new addition to the book, and provides useful references to help understand and treat the patient with dizziness and psychiatric disorders. Parts two through to six include 59 case studies. Parts two, three, and five present common and unusual neurotological disease entities, part four contains multiple diagnosis case studies, and part six contains case studies of contro
troversial entities. There are 14 new additional case studies to these sections and the case studies from the first edition are updated with new references and discussions. Part four is an entirely new addition containing case studies of patients with multiple diag-
noses, for example Meniere's disease and migraine. In our experience, such combina-
tion of disease entities is common, and the authors directly address the issues facing the clinician treating these patients. This book provides a systematic approach to the dizzy patient, clinical detailed histories in a ques-
tion and answer format that is easy to read, and treatment options. It is useful to both specialists and non-specialists from the level of medical student to balance disorder specialists. I highly recommend this book.

G Ishiyama

Principles and practice of neuropathology, second edition

9-512589-4

A comprehensive textbook of neuropathology, which will appeal to those involved in any of the clinical neuroscience disciplines. It starts with a general introduction to neuro-
pathology, covering basic techniques (for example, autopsy methods, fixation of tissue, and diagnostic stains) and general reactions of the CNS to injury. A useful chapter summarising CT and MRI neuroimaging techniques and basic interpretation of scans follows. Chapter three describes the embry-
ological, fetal, and post-natal development of the brain, and outlines abnormalities arising as a failure of normal neurodevelopment. It is disappointing that no figures illustrating the neuroembryology were included, as this would have made it far easier to follow the sequence of neurodevelopmental events. In fact, this chapter as a whole would have benefited from more diagrams/illustrations. A concise, well written chapter covers a range of bacterial, fungal, parasitic, and protozoal infections of the CNS. Much of the informa-
tion is supported by MRI imaging, and adequate photomicrographs of illustrating individual organisms and/or their effects in the CNS. Apropos infectious diseases, it is a pity that prion diseases are included in a chapter on viral diseases of the CNS. Not many people would still categorise the prion diseases as “slow virus infections” and I think that this section would have been more appropriately included in a subsequent chap-
ter on neurodegenerative conditions.

Chapter six, on AIDS, is a well written chapter covering various aspects of HIV infection, including an introduction to retro-
viruses, mechanisms of entry of HIV into the CNS, the associated neuropathology (includ-
ing peripheral neuropathy, myopathies, and myelopathy), and a description of opportu-
nistic infections affecting the CNS. A good range of macroscopic and microscopic photo-
micrographs is included. This chapter provides a good overview of this topic.

Cerebrovascular disease is discussed in chapters seven and eight. Chapter seven deals with the definitions of global and focal ischaemia, some common causes of each, and the consequent neuropathological changes. A useful timetable of macroscopic and microscopic changes in stroke is included. Some repetition follows in chapter eight, which also has information on sub-
arachnoid haemorrhage, amyloid angiopathy, venous malformation, and vasculopathies. Chapter eight includes a good summary of a number of aetiological factors that contribute to cerebrovascular disease. The chapter on intoxicants and metabolic diseases of the CNS provides a general introduction to neuro-
toxicology, including a reprise of the effects of hypoxia discussed in a previous chapter.

A comprehensive overview of traumatic CNS injury, including head injuries of infants and young children, is presented in chapter nine, which also covers a number of practical issues that arise in relation to the neuro-
pathological assessment of head injury.

Although chapter 11, on neurodegenerative diseases apart from Alzheimer's disease, does not cover an exhaustive list of neurodegen-
erative conditions, it does provide a compe-
tent summary of this area of neuropathology. An independent chapter is devoted to Alzheimer's disease. This chapter is well structured and includes a number of photo-
micrographs illustrating the pathological changes in Alzheimer's disease and a very brief discussion of its pathogenesis. Other demyelinating and dys-
melinating diseases are also covered, with a useful emphasis on clinicopathological correlation.

Chapter 14 provides a very brief introduc-
tion to neuro-oncology and is essentially just an outline of CNS tumours. Chapter 15 is a very good practical chapter, containing help-
ful tips on the use and pitfalls of antibody panels in the diagnosis of brain tumours. Subsequent chapters on CNS tumours pro-
vide an excellent overview of this extensive topic. The chapters on non-neoplastic spinal cord, peripheral nerve, and neuromuscular pathology provide acceptable coverage for a book of this size.

This is not a particularly long book and I found it easy to read. Many of the chapters have a practical emphasis. Most entities are covered in a very thorough manner. This book is a must for any neurologist or neuropathologist who treats patients with CNS disease. Although it is a concise and relatively small book, it contains a large and useful store of information and will be a useful addition to any library.

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