

CHAPTER 5
THE EARLY HISTORY OF CHIROPRACTIC IN THE U.S.
AND ITS EMERGENCE IN AUSTRALIA.

Chiropractic first emerged in the United States toward the end of the nineteenth century. The first chiropractors came to Australia at about the time of the First World War.¹ Not until the 1960s, however, did chiropractic become a significant force in the Australian health care system.²

In Australia the occupation has four principal origins: American chiropractic, osteopathy, folk practices, and physiotherapy. Practitioners who have trained in American chiropractic colleges would, for the most part, object to the inclusion of other types of practitioners under the auspices of chiropractic although such a dogmatic attitude is not so frequently found in recent years. They would claim that practitioners from these backgrounds are not legitimate chiropractors and that the Australian-trained practitioners have used the credibility gained by true chiropractors to gain access to the Australian health care system.

None the less, these other influences have been important in the development of the occupation, although the folk practitioners and physiotherapists are now external, rather than internal, influences on chiropractic as an occupation. The folk practitioners can no longer become chiropractors because of recent State legislation in Australia requiring a specific standard of training for registration. These practitioners are moving toward naturopathy, while physiotherapists constitute a separate occupation which is, in some areas, in direct competition with chiropractic.

5.1 OSTEOPATHY

Osteopathy was developed in America shortly before chiropractic.³ It is possible that osteopathy influenced the emergence of chiropractic. It has been claimed that the founder of chiropractic, Daniel D. Palmer, visited Kirksville, Missouri, where Andrew Taylor Still had established the first college of osteopathy in 1892. The early connection between chiropractic and osteopathy is still a matter of dispute.⁴ Osteopathy appears to have been introduced into Australia via Britain where it was more closely aligned with the natural therapies than in America. In America, osteopathy followed the medical model of training practitioners, i.e., a heavy emphasis on hospital internship, clinical training and a curriculum closely resembling that of the medical schools.⁵

The third source is closer to the folk tradition of the bone-setters, transmitting therapeutic knowledge and skills through apprenticeships rather than schools, or keeping the practices within families. An example of the former is Kjerlberg, while the Martinovich family who practised in Western Australia is an example of the latter.* Kjerlberg arrived in north Queensland after undertaking part of a medical degree and proceeded to practise and train others in the use of what he called Swedish massage. For the most part these practitioners appear to have been restricted to Queensland.

Physiotherapy was influential only in the early stages of the development of chiropractic, when there were no clear boundaries between chiropractic, osteopathy, naturopathy and physiotherapy in Australia. For the most part, however, physiotherapists have aligned themselves with medical practitioners in opposing any moves by chiropractors to establish an occupational territory.

The following discussion will concentrate on the practitioners who undertook some sort of training, either in Australia or in America. I will argue that the American-trained practitioners were responsible for the establishment of an occupational identity for chiropractors which was effective at a political level and formed the basis for the establishment of an occupational territory. This territory is still subject to demarcation disputes between different groups of chiropractors, as well as

between the chiropractors and the medical and physiotherapy professions.

The osteopathic influence was responsible for the establishment of the first Australian colleges and the production of a large number of practitioners. As chiropractic began to make clear political gains in the 1960s and 1970s, these practitioners began to call themselves chiropractors. This was much to the chagrin of the American-trained practitioners who saw the Australian-trained osteopaths illegitimately encroaching upon the identity of chiropractic. Osteopathy still remains as a distinct occupation in Australia although its position is not as strong as that of the chiropractors.⁷ There are some American-trained and some British-trained osteopaths practising in Australia as medical practitioners. Those who were Australian-trained provided the numbers to make chiropractors a significantly sized lobby. This lobby was crucial for the chiropractors' legitimation in the political arena. Such legitimation was necessary to develop an occupational identity into an occupational territory and consolidate the occupation's position in the health care system.

The folk practitioners have not played an influential role in the development of the occupation. Their main influence has been to give those occupations opposing the attempts by chiropractors to become a part of the legitimate health care system a good target to attack because of their

inadequate training. For example, Horton, who was the Victorian Minister of Health at the time when chiropractic legislation was being considered in that State, still remained unconvinced about chiropractors in 1981. To reinforce his point about the dubious aspect of chiropractic he cited a story of a man who practised manipulation on footballers through the "backwindows" of dressing rooms. (He did acknowledge that current training standards were leading to a better standard.)⁸ This type of attack has spurred those chiropractors with some training to dissociate themselves from the untrained and attempt to press for improved training facilities.

I have noted above that it was the American-trained chiropractors who effectively established the occupational identity of chiropractic in Australia. They introduced a ready-made identity forged from their American experiences and training. It is necessary, therefore, to briefly examine the development of the occupation in America in so far as it has affected the occupation in Australia.

5.2 THE EMERGENCE OF CHIROPRACTIC IN AMERICA.

D.D. Palmer's discovery of the effectiveness of spinal adjustment has become somewhat of a legend, especially amongst graduates of the chiropractic college which he founded and which his son, B.J., developed. The discovery occurred in September 1895, at Davenport, Iowa. To use Palmer's own words:

Harvey Lillard, a janitor in the Ryan block where I had my office, had been so deaf for 17 years that he could not hear the racket of a wagon on the street or the ticking of a watch. I made inquiry as to the cause of his deafness and was informed that when he was exerting himself in a cramped stooping position, he felt something give way in his back and immediately became deaf. An examination showed a vertebra racked from its normal position. I reasoned that if that vertebra was replaced, the man's hearing should be restored. With this object in view, a half-hour's talk persuaded Mr. Lillard to allow me to replace it. I racked it into position by using the spinous process as a lever and soon the man could hear as before. There was nothing 'accidental' about this, as it was accomplished with an end in view, and the result expected was obtained. There was nothing crude about this adjustment; it was specific, so much so that no Chiropractor has equalled it.⁹

D.D. Palmer founded the first school of chiropractic, Dr. Palmer's School and Cure, later the Palmer Institute and Chiropractic Infirmary, in 1897.¹⁰ He stayed with that school, later to become the Palmer School of Chiropractic, for a few years before resuming his itinerant tendencies. His son, B.J., took over the management of the college and, effectively, of chiropractic. B.J. was a vibrant and charismatic force within the occupation and dominated its development in both America and Australia for the next sixty years. It was B.J. who introduced the dogmatic "straight" philosophy of chiropractic. I will return to this issue shortly.

While D.D. Palmer is regarded by chiropractors as the discoverer of chiropractic, similar techniques have been practised in many other cultures throughout the world.

Schiotz presents a detailed account of practices similar to chiropractic in Ancient Greece, Medieval European and Islamic cultures, Tibet and Mexico,¹¹ while in Britain and America the bone-setters were prevalent. Generally operating outside the realm of orthodox medicine, such practitioners were very much folk healers.¹² Lomax claims that there was a revival of "professional interest" in bone-setting in the last third of the nineteenth century in Britain with such eminent medical practitioners as Paget and Hood making public comment.¹³ Of more direct relevance to the development of chiropractic was the emergence of several bone-setting families who gained national reputations in this period. Also important was the tendency of Jacksonian politics to oppose any form of monopolistic practice through exclusive registration.¹⁴ It was during this period that many colleges teaching various forms of spinal manipulation appeared.¹⁵

The other major factor related to the emergence of chiropractic in America was the development of osteopathy. Andrew Taylor Still had "discovered" osteopathy in 1874 and had set up a school in Missouri in 1892.¹⁶ The son of a missionary, he had trained in one of the early American medical schools. The therapy of osteopathy which he developed, and later taught, was somewhat similar to

chiropractic in that it stressed manipulation of the spine as a crucial part of effective therapeutic practice and, initially, was opposed to the use of drugs and surgery. Also, the theoretical basis of osteopathy was similar to that developed by Palmer, postulating the "osteopathic lesion" (a concept similar to the chiropractic subluxation) as being the cause of many different ailments.¹⁷ There is also evidence of a Bohemian community practising bone-setting near the place where Palmer eventually settled.¹⁸ Thus, while there is no substantive evidence that Palmer learnt his techniques from either Still, the Bohemians or other bone-setters, it is clear that he developed his therapy at a time when these techniques were being widely discussed by both orthodox and unorthodox healers.

5.2.1 The First Schools

The elder Palmer appears, initially, to have been happy to have remained within the bone-setter tradition. Apparently he wanted to keep the technique a family secret but his son encouraged him to establish the school.¹⁹ While imputing motives post hoc, and without solid evidence, is a dubious venture, it does not seem unreasonable to suggest that the school was established for entrepreneurial, at least as much as altruistic, motives. This is born out somewhat by the success of the Palmer family in accumulating wealth, as well as by the survival of the school.

It should be realised that such a venture was not at all unusual. What was unusual about the college established by Palmer was the fact that he had no qualifications, not even dubious ones.²⁰ In this respect he differed from the founder of osteopathy, A.T.Still who had trained as a doctor before establishing osteopathy as an occupation, setting up a school in Missouri in 1892. Still's medical and family background probably had more to do with the initial success of his discipline than did the validity of his theories which, like those of Palmer, were grounded in vitalism.²¹ Also, osteopathy was more closely aligned with medicine and did not set itself against medical thinking to the extent that chiropractic did.

Most American medical schools of this period were run as business ventures. Many had poor facilities, being more concerned with profit than adequate educational standards. In 1910 Flexner levelled a broadside at American medical education in a report which claimed that out of 155 medical schools then teaching medicine, only 31 were fit to be training medical practitioners.²² The laissez-faire stance of the state in America with regard to educational institutions would appear to be a crucial factor in the initial survival and emergence of chiropractic as a distinct occupation. The establishment of schools or training institutions which could produce large numbers of practitioners must be seen as an important step in the development of chiropractic as an occupation since it meant

the abandonment of the "family secret" principle which characterised the bone-setters.

Like Palmer, Still rejected the medical orthodoxy of the period and postulated what to-day would be called a more holistic approach to health, emphasising the interrelatedness of the body's functions and the importance of manipulation of the spine to ensure the flow of adequate blood supply and nervous energy. However, while the more orthodox of the medical practitioners rejected osteopathy with the same vehemence as they rejected chiropractic, osteopathy followed the model of medical education with the emphasis on clinical hospital training. By the 1960s osteopathic training was as extensive and thorough as medical training. In terms of hours of tuition, some of the osteopathic schools were more demanding than their medical counterparts. The end result was that osteopathy was virtually absorbed by medicine in 1962 when registered osteopaths were accepted as members of the American Medical Association.²³

5.2.2 Vitalism

From the outset, Palmer set his therapy against the orthodox medical therapies of the day. The emphasis against the use of drugs and surgery is the most obviously identifiable difference. But just as important was the overall philosophy that D.D.Palmer espoused. Later, B.J.Palmer was to elaborate his father's ideas in a more

forceful and dogmatic manner.

The chiropractic philosophy postulated the existence of a "Universal Intelligence" which gave form and properties to all matter and was the root cause of all actions. All living things were said to possess "Innate Intelligence", the forces of which operated through the nervous system.²⁴ It was this Innate Intelligence that gave life to matter. Any interference with the transmission of these forces caused dis-ease. The hyphenated form is important. Like many other chiropractic terms, it set the chiropractic against the medical concept, in this case, "disease". The therapeutic practice of chiropractors was, and to some degree still is, aimed at removing the causes of "dis-ease" by eliminating any interference to the "Innate Forces". This was achieved by the correct adjustment of vertebral subluxations or, in lay terms, out-of-joint vertebrae. Thus, at a time when medicine was beginning to align itself with rational science, chiropractic was espousing a view of the body which was firmly grounded in a vitalistic epistemology.²⁵

The occupational identity of chiropractic was forged in this early period. This identity has three principal dimensions. Firstly, the rejection of drugs and surgery set the occupation against the prevailing medical orthodoxy. Secondly, the unorthodox epistemology in which the discipline was grounded set the chiropractic identity against the emerging orthodoxy of the educational system

which was beginning to be based upon non-vitalistic science. Finally, chiropractic, as a therapy, had effective results at the clinical level in some cases where orthodox medicine had failed. This gave the chiropractors an identity which consumers of health care could relate to, often in a dramatic and almost evangelistic manner. It is interesting to note that many of the early chiropractors were initially chiropractic patients who decided on a chiropractic career after successful chiropractic treatment.²⁶

This occupational identity allowed for the legitimation of chiropractic by consumers who were able to perceive chiropractic as an effective therapy unavailable in, and unexplainable by, orthodox medicine. It is this patient support which, in the first instance, allowed for the survival of the occupation, although as late as 1948 there appear to have been many chiropractors who only practised part-time, relying upon other careers for their main income. This seems to have been more frequent in American States which did not license chiropractors and where they were liable for prosecution.²⁷

5.2.3 Medical Opposition

While these factors favourably influenced consumers of chiropractic care, they had quite the reverse effect on other producers of health care. In particular, all of the above factors combined to arouse the hostility of the medical profession which was, at that time, establishing its

hegemony over the American health care system.

The rejection of the use of drugs and surgery as essential therapeutic practices and the adherence to a vitalistic epistemology were seen by medical practitioners to be inimical to the well-being of the patient, especially when technological advances were beginning to improve the efficacy of drugs and surgery which constituted the basis of medical practice. The alliance with scientific rationality was being presented by these practitioners as the death knell of quackery.²⁸ On the other hand, the clinical success of the chiropractors represented an obvious economic threat to medicine as an occupation as well as a more generalised threat to the prestige of medical practitioners who could not cure what "the quacks" could. In the public debate on the issue of chiropractic, however, the last point was raised only by the chiropractors, the medical associations preferring to argue in terms of public safety being threatened by the acceptance of unscientific practices.

In establishing its occupational territory, the medical profession gained legislation in many American states which prohibited any health practitioner, other than those given sanction by the medical profession, from practising, or at least, prohibited the use of the title "doctor" by persons who were not registered medical practitioners. This legislation usually involved some sort of licensing or registration process. Registration refers to the keeping of a register by a state authority while licensing refers to

the restriction of the right to practise to those who are registered.

Unorthodox practitioners who had been in practice for a number of years were eligible to gain a licence to practise under what has come to be known as a "grandfather" clause. Such clauses were aimed at protecting the livelihood of people dependent on their practice for their source of income. It could also be suggested that such "grandfather" clauses in America were influenced by the ideology of the Jacksonian period of American history when there was a strong and successful attack on any such licensing legislation on the grounds that such legislation encouraged monopolistic practices.²⁹ (The argument for "grandfather" clauses in Australian legislation has been couched mainly in terms of the provisions of British Common Law which protects a person's livelihood.) Gibbons has argued that D.D.Palmer was eligible for registration in the State of Iowa but declined to do so. In order to become registered, the elder Palmer would have had to have called himself a homeopath or eclectic practitioner and thereby abandon his "discovery" of a new discipline.³⁰ This step effectively consolidated the difference between chiropractic and medical occupations and set the scene for continued hostile confrontation.

In the first half of the twentieth century chiropractors were actively persecuted for practising chiropractic. Many, including D.D.Palmer, were sent to jail.³¹ Some went to jail rather than pay fines. Those who

went to jail are remembered to-day in the hall of martyrs at the Palmer School. These prosecutions continued until at least the late 1940s and it was not until 1974 that chiropractors were licensed, as chiropractors, in all American states.³² It was these early prosecutions that led to the formation of one of the first chiropractic associations, the Universal Chiropractors Association, in 1906.³³

5.2.4 Chiropractic Associations

The early American chiropractic associations were formed initially as a response to legal prosecution, as a protective association, to use Millerson's expression.³⁴ They quickly diversified to become concerned with issues such as the scope of chiropractic practice, education, public relations and organising conferences aimed at upgrading the expertise of practitioners.³⁵ To be sure, the overriding concern of these associations in the first half of the century was with protecting the livelihood of chiropractors. However, to claim, as Wardwell has done, that the protective orientation of these associations is one of the reasons why chiropractic is not a profession³⁶ is to ignore the principal dynamic of the process of professionalisation, namely, the need to establish a territory which is well defined and legally protected. It is only when an occupation can be reasonably sure of its survival that it can afford to dismiss the more competitive

and economic functions of representative associations as unprofessional. This was not the case with regard to chiropractic in the first half of this century.

5.2.5 Straights Versus Mixers

The debate on the scope of practice was particularly important in the development of chiropractic and affected not only the identity of the occupation but also the strategies for establishing an occupational territory. This debate was carried on both in the associations representing the practitioners and in the colleges training practitioners.³⁷ The chiropractors distinguished themselves from folk practitioners by linking their occupational identity to a rigorous training base. This link also provided a basis upon which they could argue for legal recognition of their identity.

The main debate within the occupation was about the college curricula as much as what were the acceptable parameters of chiropractic practice. The chiropractors of this period can be divided into two camps: the "straights" and the "mixers". Proponents of "straight" chiropractic maintained that chiropractic was a therapeutic modality in its own right and should not be practised in conjunction with any other healing modality. This included therapies of both medical and naturopathic orientation. Those who advocated combining therapies were called "mixers" and were accused by the "straights" of being traitors to

chiropractic. The arguments were often vitriolic and bitter.

The aim of the "straight" ideology was to retain chiropractic as a distinct and separate occupation. For the most part the main concern of the "straights" appears to have been with medical "mixers". This could, however, simply be an omission in the available commentaries, with the chiropractors wishing to remain aloof from other unorthodox practitioners. However, at least one "mixer" college, the National College of Chiropractic in Chicago, was affiliated with a naturopathic college and the Western States College actually taught naturopathy.³⁸

To some extent the development of "straight" chiropractic can be seen as an astute business decision on the part of B.J., to keep the Palmer School as the main source of chiropractic ideas and practices. His rejection of any "new moves" by other chiropractors, together with his attempts to patent and lease at exorbitant fees any Palmer discoveries, supports this argument.³⁹ The Palmer School is often referred to as the fountainhead of chiropractic, indicating that the legitimation of Palmer's authority was, to some degree, successful, at least in the case of Palmer graduates.

On the other hand, the large number of colleges established in early twentieth century America indicates that although Palmer was able to dominate early chiropractic

development, he was not able to achieve a monopoly. Not the least influence here was his father's participation in a number of competing colleges.⁴⁰ Also a number of groups split from the Palmer School over "straight/mixer" issues and established other colleges. The National School of Chiropractic was formed in 1906 by J.Howard, who had previously been a lecturer at Palmer. Howard wanted students to get first hand anatomical experience, which B.J. considered as inappropriate for chiropractors.⁴¹ Later, another group walked out of the Palmer School over the use of X-ray equipment. This group, however, was accusing Palmer of "mixing"!⁴²

The associations were aligned according to the position held on the "straight/mixer" debate. The American Chiropractic Association was formed as a "mixer" association, while the Universal Chiropractors Association was formed by B.J.Palmer to represent "straight" chiropractors and especially graduates from the Palmer School of Chiropractic. Initially, both associations were concerned with providing legal and political protection for their members as well as speaking out for a particular identity for the occupation as a whole.⁴³

The "straights", under the strident and charismatic leadership of B.J.Palmer, moved toward a position which maintained that all disease was caused by vertebral subluxations interfering with the proper flow of nervous energy.⁴⁴ B.J. was searching for the one adjustment that

could cure all "dis-ease": the "hole-in-one". He claimed this was to be found in the adjustment of subluxations of the atlas/axis joint. He seems to have been very convincing. One of his students, interviewed recently in Australia, maintained that the one adjustment given to him by B.J. forty years before was enough to do him for life.⁴⁵ Many others still look upon him as the greatest chiropractor who ever lived.

While Palmer and the "straight" chiropractors can be easily accused of extreme dogmatism, their stance provided a ideological buttress for the nascent occupation. It is important to note the historical context within which chiropractic emerged before casting aspersions on its metaphysical origins and the profit motives of the early colleges. Vitalism was still considered to be a valid epistemology in the late nineteenth century, and entrepreneurial motives were the order of the day for educational institutions. The point is that, while the origins of an occupation are important in coming to terms with its present-day status, it is not a valid exercise to describe the current state of an occupation solely in terms of its origins. Chiropractic is not the same to-day as it was when it emerged out of the bone-setting tradition at the turn of the century. One of the clearest indications of the changes in the occupation can be found in the changes in the definitions of chiropractic used by the chiropractors themselves.

Two of the earliest definitions are those by D.D. and B.J.Palmer. D.D. Palmer's definition was:

chiropractic is defined as being the science of adjusting by hand any or all luxations of the 300 articular joints of the human body; more especially the 52 articulations of the spinal column, for the purpose of freeing any or all impinged nerves which cause deranged functions.⁴⁶

The above definition was actually incorporated into some U.S. state laws.⁴⁷ B.J.Palmer considered chiropractic as follows:

chiropractic is a name given to the study and application of a universal philosophy of biology, theology, theosophy, health, disease, death, the science of the cause of disease and the art of permitting the restoration of the triune relationships between all attributes necessary to normal composite forms, to harmonious quantities and qualities by placing in juxtaposition the abnormal concrete positions of definite mechanical portions with each other, by hand, thus correcting all the subluxations of the three hundred articulations of the human skeletal frame, more especially those of the spinal column, for the purpose of permitting the re-creation of all normal cyclic currents through nerves that were formerly not permitted to be transmitted, through impingement, but have now assumed their normal size and capacity for conduction as they emanate through intervertebral foramina -- the expressions of which were formerly excessive or partially lacking -- named disease.⁴⁸

More recently, the two major U.S. chiropractic associations agreed that:

chiropractic is that science and art which deals with the relationship between the musculo-skeletal structures and functions of the body, particularly of the spinal column and the nervous system, in the restoration and maintenance of health.⁴⁹

The definition held by the Australian Chiropractors' Association (hereafter referred to as the A.C.A.) and the Canadian Chiropractic Association is:

Chiropractic is that branch of the healing arts concerned with the restoration and maintenance of health by the adjustment of the articulations and related structures of the body, more especially of the spinal column, and is involved primarily with the relationships of the spinal column to the nervous system, and includes those diagnostic procedures necessary to determine the indications thereof.⁵⁰

The more recent chiropractic definitions tend to de-emphasise the vitalistic roots of the discipline. Expressions such as "re-creation of all cyclic currents" have been replaced by "the relationships of the spinal column to the nervous system". For our purposes it is sufficient to define chiropractic as an occupation which uses a specific therapeutic technique -- the adjustment of the articular joints of the human body -- and which was initially grounded in a vitalistic conception of human physiology.

The move toward a definition of chiropractic which is congruent with the dominant paradigm of scientific thought in the latter part of the twentieth century reflects a broader transformation of the occupation. This transformation has been aimed at bringing chiropractic into the state-supported health care and education systems. The nature of this support in both North America and Australia has been to maintain the autonomy of the health care professions. In the following chapters I will examine the way in which chiropractors have gone about achieving the above aim in the Australian context.

5.3 EARLY NON-MEDICAL PRACTITIONERS IN AUSTRALIA.

As in the U.S., osteopathy preceded chiropractic in Australia by about a decade. The first American-trained osteopaths, Edgar Culley and James Brake, arrived and set up practice in Melbourne in 1909.⁵¹ The first chiropractors arrived shortly after the First World War. Henry Otterholt, the first Palmer graduate to set up practice in New Zealand in 1914, believed one of his early patients, Helen McKenzie, a former nurse, to be the first chiropractor to come to Australia.⁵² However, Bolton has suggested that she was preceeded by Harold Williams. Williams set up practice in Western Australia in 1919 or 1920. Then came Yerke, McBeath and Theroux in South Australia in the early 1920s.⁵³

F.G.Roberts, who was later to establish one of the major osteopathic and chiropractic colleges in Victoria, returned to Australia in 1914 after studying naturopathy in Britain. He established a rest home in Launceston, Tasmania.⁵⁴ In 1919 Ernest Kjelberg, a "failed medical student" from Sweden, set up a practice in Milaa Milaa, North Queensland.⁵⁵ Thus by the early 1920s there were, in all Australian States, practitioners using manipulation.

These therapies were introduced into Australia at a time when the medical profession was beginning to establish its hegemony over the Australian health care system.⁵⁶ Earlier, there had been a wide use of "unorthodox" and unregistered practitioners. However, with the introduction of Medical Acts in the different States the percentage of unregistered practitioners in the medical workforce declined from a peak of 26.6% in 1901 to 9.8% by 1933.⁵⁷

Most of the early chiropractors and osteopaths had to establish their practices under the threat of prosecution if they used the title "doctor". In 1927 three Melbourne osteopaths were prosecuted under the provisions of section 17 of the Victorian Medical Act (1915) for "pretending to be a doctor". They appealed against the fines imposed upon them. Their appeal was dismissed by the three judges who heard the case.⁵⁸ Many other chiropractors and osteopaths of the period were prosecuted or threatened with prosecution.⁵⁹ The State Medical Acts did not prohibit specific practices but they did prohibit the use of the title "doctor" and did

not allow unregistered practitioners the right to sue for fees.⁶⁰ If unregistered practitioners avoided using this appellation they could usually avoid prosecution. However, many objected to being prohibited from using a title, such as Doctor of Chiropractic or Doctor of Osteopathy, to which they felt they had a legitimate claim.⁶¹

The Medical Acts treated all non-medical practitioners indiscriminately. These Acts and associated registration provisions established the occupational territory of medicine. All those without the sanction of registration were viewed in the same light by both the associations representing medical practitioners and the legal agencies which reinforced the territorial privileges. The result was that both chiropractic and osteopathy were forced into a marginal position by the legal and political structures which established the boundaries of medical practice. These structures created a clear distinction between the medical and non-medical practitioner, clearly identifying the former as government approved. Community sanction and the scientific legitimation, or rather lack of scientific legitimation, of theories held by these practitioners also played a role in determining their marginality. However, it was political legitimacy that was to be crucial in the shift from this marginal position.

The non-medical practitioners attempted to resist being categorised as quacks. There were social and economic disadvantages that were associated with such a stigma. Rallying around the journal "Nature Cure and Medical Freedom", they engaged in a series of political lobbies. These included a petition of six thousand signatures presented to the Victorian parliament by the Australian Herbalists Association in 1925⁶² and a resolution put to the South Australian branch of the Labor Party in 1926. The latter wanted:

For the purposes of eliminating quackery, that the Government be asked to introduce as early as possible a Bill giving legal status and a Board for the regulation of their Practitioners to Nonconformist Medical Practitioners such as Herbalists, Naturopaths, Homeopaths, Osteopaths, and Chiropractors.(sic)⁶³

Here the non-medical practitioners were attempting to use a similar argument to that used by the medical practitioners.

5.4 IDENTITY

These lobbies were unsuccessful and the non-conformist practitioners remained in a structurally marginal position. The lack of registration procedures facilitated a situation of shifting occupational identities. It was not unusual to find the same practitioner calling himself or herself a chiropractor, an osteopath, a naturopath, and a physiotherapist. Sometimes a practitioner would claim a number of titles at once, in other cases the practitioner

would change from one title to another. The Australian Physiotherapy Association had 40 members in 1925, five years after its inauguration. Of these, 22 advertised themselves as chiropractors, 2 as osteopaths and 11 as naturopaths. Several of the naturopaths also advertised as chiropractors.⁶⁴ In the next chapter it will be shown how physiotherapists in South Australia attempted to exclude the chiropractors, osteopaths and naturopaths from a territory which they were attempting to establish.

It is within this general milieu that the chiropractors emerged. They were faced with the ambiguous task of drawing upon the reservoir of potential patients sympathetic to unorthodox healing practices while, at the same time, establishing a boundary between themselves and other natural therapists. As medicine had done towards the end of the nineteenth century, chiropractic had to delineate a specific area of expertise and skill that no other health care practitioner could claim as a part of his or her therapeutic repertoire. Such a monopoly had to be established both at the political level and at the level of public awareness.

At this point the split between the American-trained chiropractors and those who learnt their skills from other sources began to play a decisive role in the occupation's history. Most of the former had trained at the Palmer School and shared the "straight" ideology.⁶⁵ While both the ideology and practice of "straight" chiropractic in Australia closely resembled that which was practised in

America, the reasons for the American graduates' rejection of the Australian "mixers" differed markedly from those in the American situation. The most important difference was the claims by the two groups about what constituted adequate educational standards -- an issue which is still the reason for occupational divisions.

America had a tradition of chiropractic training stretching back to the turn of the century. The length and scope of training at many of the "mixer" schools at least equalled that of the "straight" schools, and may sometimes have exceeded it. The "mixer-straight" debate in the U.S. was about the scope of practice more than the adequacy of training. In Australia, on the other hand, chiropractic training was non-existent until the 1940s when the PAX College was established in Ballarat⁶⁶ and F.G.Roberts began his courses in Melbourne.⁶⁷

These schools, and others which emerged in the 1960s, remained part-time programmes until 1970. Moreover, they were established by osteopaths, naturopaths or physiotherapists -- rank "mixers" in the eyes of the Palmer graduates. Practitioners from Australian colleges were referred to as "pseudos" or "fleas" by the "straights". The "straights" felt that these practitioners were illegitimately encroaching upon the territory of chiropractic by using the appellation "chiropractor". Those who had trained via an apprenticeship were considered in an even worse light.

It was their common educational background which gave rise to the cohesive ideology of the American graduates. This ideology was crucial in the formation of an occupational identity for chiropractic in Australia. Those who went to America to train as chiropractors did so at considerable expense and difficulty. Quite often this was associated with an evangelical adherence to the cause of chiropractic. The sentiment is well expressed by Otterholt, in referring to his New Zealand experience:

I believe God brought me there [to Wellington, N.Z.] at that time for the special purpose of saving Chiropractic from Medical domination.⁶⁸

Viv Daley from South Australia described his decision to travel to the U.S. to train as a chiropractor as one where "grim risk and sacrifice were involved."⁶⁹ Daley left a position he had held in the Public Service for 26 years, took out a loan on his house and left his wife and three children to "risk becoming a chiropractor".⁷⁰

5.5 THE FORMATION OF THE A.C.A.

In order to distinguish themselves from persons who had no training the American-trained chiropractors established an association. The aim of this association was to inform both the public and governments about what these practitioners considered to be the proper identity of chiropractic as well as to act as a means of communicating between the small number of practitioners spread over vast

distances.

The first association representing chiropractors was the New Zealand and Australian Chiropractors' Association in 1927.⁷¹ This association does not appear to have had much influence in Australia. In 1938, the first purely Australian association was formed, the Australian Chiropractors' Association.⁷² The aims of this association were:

1. To advance the professional interests of members.
2. By recognised educational means to spread a knowledge of the principles and achievements of Chiropractic.
3. To promote the organisation, regulate and maintain the status and protect and safeguard the rights of the members of the Chiropractic profession in matters relating to their profession.⁷³

Eligibility for membership of the association was based on the applicant's having undertaken the equivalent of a three and a half year course of study and holding a degree or diploma from a recognised college. The only recognised colleges were American colleges. The Australian colleges did not exist at the time of the formation of this association but even when they were established they were not recognised by the A.C.A.. In addition, only those chiropractors who practised "straight" chiropractic were to be admitted as members. The association started with only

22 members and did not expand rapidly. By 1959 the association still had only 53 members. Nonetheless, it claimed to be the authoritative voice for chiropractic in Australia.

Throughout the 1940s, 50s and 60s, numerous associations of Australian practitioners were formed. Some were called chiropractic associations but most represented a broad spectrum of healing modalities. It was not until March 1973 that these practitioners formed a unified, national chiropractic association, the Australian Federation of Chiropractors (later to become the United Chiropractors' Association [U.C.A.]).⁷⁴ The A.C.A. remained a reasonably unified group compared with the others. This allowed it to build up political credibility over a long period. It was not, however, without its own internal divisions and disputes, most of which were centred about the "straight/mixer" debate.

South Australian practitioners initially refused to join the A.C.A because they claimed that R.C.Searby from Victoria, who was granted membership under a "grandfather" clause, was not properly qualified.⁷⁵ In 1945 the Victorian branch of the A.C.A. broke away and formed the Chiropractors' Association of Victoria.⁷⁶ This split was over the refusal of the N.S.W.-dominated executive to admit R.Herzog to the association because he advertised as an osteopath as well as a chiropractor. The willingness of the American-trained practitioners in Victoria to split from

their parent body can, to some extent, be attributed to interstate rivalry. More importantly, it reflected a less stringent adherence to the "straight" ideology on the part of the Victorian members. This was to prove a significant influence in facilitating the merger of the A.C.A. with the association representing Australian-trained practitioners in that state in 1978.⁷⁷ Meanwhile, the "straight" dominated A.C.A. worked on establishing a rigorous occupational identity for chiropractic at the consumer, political and intra-occupational levels.

5.6 CONCLUDING REMARKS

One reason for the failure of the non-conformist lobby of the 1920s was that the diversity of therapeutic practices and educational qualifications did not allow for a solid, united political front. Also, this diversity made assessment of the various practitioners difficult. The only means of evaluating practitioners available to those without training or experience, apart from medical advice, was the length and scope of training programmes. Such criteria were to play an important part in the political legitimisation of chiropractic. Such legitimisation was necessary for the establishment of an occupational territory.

American training offered a means of unifying a group of chiropractors into a cohesive political body. This training, together with the continuity of organisation, gave the A.C.A. an advantage over other groups in the State

political arena. They could claim a three and a half, later a four, year training programme as grounds upon which they should be recognised. This was something which few other non-medical healing modalities could legitimately claim. The only exception to this was American or British osteopathic training.

Education was used by the A.C.A. to distance its members from the other non-medical therapists. Drawing on the American experience, the "straight" ideology and adherence to the "cause of chiropractic" they were able to mobilise support of the state, which the osteopaths and naturopaths were unable to do. The concept "occupational identity" is therefore crucial for an adequate understanding of the development of chiropractic. The initial task of the chiropractors was to establish the credentials of chiropractic as a unique therapy both with consumers and with the state. This task had to precede that of establishing a legally recognised territory which could be supported by the state because chiropractic was an unknown therapy which was often confused with a wide range of other unorthodox therapies. The importance of this identity is observable most clearly in the political arena. The change of political attitudes toward the occupation reflects the changing status of the occupation. These changes will be the concern of the following chapters.

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2. Campbell, S.A., Dillon, J.L., and Polus, B.I., "Chiropractic in Australia: Its Development and Legitimation" Journal of the Australian Chiropractors Association Vol. 12, No. 4, pp. 21-30, 1982.
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4. Gibbons, R.W., "The Evolution of Chiropractic: Medical and Social Protest in America" pp. 3-24 in Haldeman, S., (ed.), Modern Developments in the Principles and Practice of Chiropractic New York, Appleton-Century-Crofts, 1980, pp. 13-14.
5. Northrup, G.W., "History of the Development of Osteopathic Concepts; Osteopathic Terminology" pp. 44-46 in Goldstein, M. (ed.), The Research Status of Spinal Manipulative Therapy: A Report of a Recent Workshop Held at the National Institutes of Health, February, 1975 National Institute of Neurological and Communicative Disorders and Stroke, Monograph No. 15, Washington, D.C., Department of Health, Education and Welfare Publication, (NIH 76-998).
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A similiar situation exists in India to-day where bone-setting is practised by some Ayurvedic and Siddha physicians, although there is no evidence of bone-setting in the mainstream of Ayurvedic or Siddha practice. For the most part the bone-setting practices appear to be kept as family traditions to be passed down from father to son. I found no evidence of any techniques akin to the chiropractic adjustment being taught in traditional schools or mentioned in the classic texts.

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17. *ibid.*, pp. xiii-xxi; For a more scientific account of the osteopathic lesion see pp. 36-55.
18. Dye, A.A., pp. 23-24.
19. *ibid.*, pp. 22, 33-36.
20. Gibbons, R.W., "Evolution" op. cit., p. 5; For a detailed account of the development of medical training in America, Europe and Britain see Flexner, A., Medical Education; A Comparative Study New York, MacMillan, 1925.
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"the belief that forces, properties, powers, or 'principles' which are neither physical or chemical are at work in, or are possessed by living organisms, and that any explanation of the distinctive features of living organisms which did not make reference to such properties, forces, powers or principles would be incomplete."

It is important to realise that vitalism represented the orthodox scientific explanation, an orthodoxy which was not challenged until the mid-nineteenth century. Benton, E. "Vitalism in Nineteenth-Century Scientific Thought: A Typology and Reassessment" Studies in History and Philosophy of Science Vol. 5, No. 1, pp. 17-43 1974-5, pp. 15-19.
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41. Gibbons,R.W., "Chiropractic History" p. 144.
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51. Good,A.,(Secretary, Australian Osteopathic Association) to Author, 15-1-1982. Sands and Mcdougal, Directory of Victoria 1909 list only Brake and Culley. There were no other chiropractors or osteopaths listed in earlier N.S.W., South Australian, Victorian or Tasmanian Directories.
52. Otterholt,H. to Kinney,G. March, 1958, p. 7.(A.F.)
53. Bolton,S., A Study of Legislation op. cit., p. 6.
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59. Wells, C., Interview 1-2-80.
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61. There is still contention over the use of this title. The chiropractors claim that:
 "...this term is used internationally to denote ANY health care practitioner of first contact, as distinct from a paramedical or ancillary health worker, such as a physiotherapist or radiographer...
- Since "doctor" is part of the first professional degree terminology for ALL primary contact health care professions in some countries, and a courtesy title only in respect of all such disciplines in other countries, we would suggest that the term be used in respect of all or none, and that it not be used as a common noun to denote any particular discipline".
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CHAPTER 6
EARLY LEGISLATION AFFECTING CHIROPRACTIC

Previously, it was noted that the effect of the Medical Acts was to place chiropractors in the same category as all other non-medical practitioners. The principal argument used to support these Acts was that non-medical health care practitioners did not have the training to deal safely with human illness whereas the medical practitioner did. The medical practitioners argued that it was "in the public interest" for the government to officially support only those practitioners who were properly qualified. The authorities for assessing proper qualifications were generally medical practitioners or the associations representing these practitioners. For the most part, the Medical Acts only indirectly affected the other occupations, mainly through reinforcing their low and illegitimate status and by not allowing a secure economic base. For example, practitioners not registered did not have the right to sue for fees under these Acts. While this did not prevent persons from practising, it did not give them security of

income or a sound legal status.

The first pieces of legislation which directly threatened chiropractors were a set of amendments to the Western Australian Medical Acts in 1945 and the South Australian Physiotherapists Act in 1946. After dealing with the developments in South Australia, I will return to the Western Australian legislation.

6.1 S.A. PHYSIOTHERAPISTS ACT.

The South Australian Physiotherapists Act of 1946 can be seen as an attempt by physiotherapists to define an occupational territory, albeit a territory subordinate to medicine. The Act registered physiotherapists and prohibited unregistered persons from practising what was identified as physiotherapy. While the Act allowed primary contact status for physiotherapists, the Australian Physiotherapy Association voluntarily accepted a limitation in its code of ethics whereby members of the association would only accept patients referred by medical practitioners. This limitation was only officially abandoned in the 1970s.¹

The aim of the legislation was to control the practice of physiotherapy. It did this by restricting the right to practise physiotherapy to practitioners who were registered under the provisions of the Act, or specifically exempted. The criterion for registration was based upon training

qualifications or membership of the Australian Physiotherapy Association (South Australian Branch) Incorporated.² Persons who had been practising physiotherapy for a specified period prior to the proclamation of the Act were exempt under what is referred to as a grandfather clause.³ Initially the qualification entitling a person to register under the provisions of the Act was a degree in physiotherapy from the University of Adelaide or its proclaimed equivalent.⁴ It was this training which was used as the justification of an Act which would recognise those with university or other recognised qualifications and, at the same time, exclude the unqualified. The unqualified included all chiropractors and osteopaths. There was no distinction made between the American-trained and other chiropractors.

The Physiotherapists Act went further than the earlier Medical Acts which restricted the use of titles. It specified the type of treatment to be used by an occupation and required any person using proclaimed therapies to be registered. Physiotherapy was defined by the Act as:

. . . the external application to the human body for the purpose of curing or alleviating any abnormal condition thereof, of manipulation, massage, muscle re-education, electricity, heat, light, or any proclaimed treatment"⁵(my emphasis)

Clearly, this definition covered both chiropractic and osteopathy, along with physiotherapy, since each of these occupations used manipulation as an integral part of their

practice. Although the "straight" chiropractors would have insisted that they adjusted subluxations and did not manipulate the spine, such a claim had no authority without legal recognition, which was not forthcoming in the Act. This legislation would have defined all registered practitioners of manipulation as physiotherapists.

The chiropractors and osteopaths then practising in South Australia were eligible to register as physiotherapists under the grandfather clause. However, both groups objected to being registered as physiotherapists on the grounds that, in each case, both their training and practice were distinct from physiotherapy. Even more threatening to the chiropractors, however, was the provision that any future registrations would be on the basis of training in physiotherapy. This meant that any future chiropractor wishing to set up practice in South Australia would be not only a marginal practitioner, but also an illegal one.

The Physiotherapists Act defined the occupational boundary of physiotherapy. This definition incorporated chiropractors by including manipulation as one of the therapies which could only be used by registered physiotherapists. The Act thereby threatened to exclude chiropractors from the South Australian health care system. It threatened not only their potential to establish an occupational territory, but also their occupational identity, since all persons who would have been legally

entitled to practise spinal manipulation would have had to have been registered as physiotherapists.

6.2 CHIROPRACTIC OPPOSITION TO THE PHYSIOTHERAPISTS ACT.

The Physiotherapists Bill was given Royal Assent on January 17th, 1946. Some months later one of the four American-trained chiropractors then practising in South Australia interviewed the parliamentary draftsman, E.L.Bean, to determine the function of the Act and enquire why the chiropractors had not been consulted since they were obviously going to be affected by the Act.⁶ The interview took place in the presence of a solicitor representing the chiropractor. According to the record of that interview, Mr. Bean admitted that the intention of the Bill was "to prevent the future of chiropractic".⁷ The Act would have prevented any person who trained in an American chiropractic college from practising in South Australia and, in fact, prevented chiropractors from practising as chiropractors since their practice was legally defined as physiotherapy. The Act would have effectively undermined the identity of chiropractic in that State and prevented any future consolidation or expansion of an occupational territory for chiropractors.

The exclusion of chiropractic was, however, only one of the aims of the Act. At that time chiropractic was considered to be but one of the many quack practices used by unregistered practitioners. The Act brought a range of

practices under the control of certified physiotherapists and ensured that practitioners who were trained had adequate training. Out of 119 applications for registration that were initially lodged with the Physiotherapists Board, twenty were refused and one withdrawn.⁸ Training at an American college, run for profit and outside the control and influence of Australian State governments, was not considered to be an acceptable criterion for registration.

When the American-trained chiropractors learned of the threat to eliminate their occupation they immediately began to organise a lobby to change the situation. One of this group, G.H.Thompson, after observing the attacks on the occupation in America had prepared a strategy for such an occasion from the time when he had begun to practise in 1934.⁹ This was based on advice given to him whilst he was studying at Palmer College of Chiropractic. The strategy was to form a society of patients, a tactic which was first used in New York in 1923 when W.H. Werner, an American chiropractor, was arrested.¹⁰ The C.H.S. was formed on July 20th, 1946. This society, not the chiropractors, would be seen publicly as the pressure group. Initially, there were only a few members but by 1949 the leader of the Opposition in the South Australian parliament, in a speech supporting the Bill to introduce a Chiropractic Act, claimed that the C.H.S. had 1,000 members.¹¹

The C.H.S. reinforced the chiropractors' claim that by fighting the Physiotherapists Act they were acting in the public interest, rather than for the personal gain of the chiropractors. This helped their defence against attacks by both the Australian Physiotherapy Association and the British Medical Association.¹² These associations were accused, by the supporters of the chiropractors, of looking after their own occupational interests to the detriment of the patient.¹³ In point of fact, both factions of the debate were accusing the other of being interested in their own pecuniary gain rather than the welfare of the public. Neither group argued publicly in terms of their own economic interests.

The chiropractors' lobby first attempted to repeal the Physiotherapists Act.¹⁴ When that failed, a move was made to introduce a separate Chiropractic Act. The purpose of this proposed Act was to establish a Registration Board which would register chiropractors in the same way that the Board set up by the Physiotherapists Act registered physiotherapists. After a vitriolic public and parliamentary debate, the Chiropractic Act was passed by the South Australian parliament on November 10th, 1949.¹⁵ The Act gave a definition of "chiropractic" and "chiropractor", permitted chiropractors to practise as chiropractors, and restricted the use of X-ray by chiropractors to the spinal column. However, forty of the proposed forty-four clauses of the Bill were deleted when the Bill was debated in

Committee. The end result was an Act which allowed chiropractors to practise as chiropractors but which did not allow for a proper register of practitioners. Thus there was legal recognition of chiropractors, but no state mechanisms which would ensure effective, autonomous control of the occupation. Specifically, the entry point for the occupation was unrestricted and any person, whether he or she had undertaken formal training or not, could practise as a chiropractor.

6.3 THE AMERICAN CHIROPRACTIC IDENTITY.

Both the chiropractors and the C.H.S. argued for legal recognition of a definition of chiropractic which was based upon the "straight" American chiropractic ideology. The C.H.S. had maintained correspondence with the International Chiropractors' Association, the association which represented "straight" chiropractors in the U.S. The latter had sent copies of American and Canadian legislation, definitions of chiropractic, and other material to the C.H.S. to be used in the political lobby.¹⁶

The International Chiropractors' Association provided more input to the South Australian chiropractic politics of the 1940s than had either of the two Australian associations, the A.C.A. or the Chiropractors Association of Victoria. The only apparent contribution of the former was to oppose any attempt by the C.H.S. to lobby at the federal level to have chiropractic included in the National

Health Scheme which was then being proposed by the Chifley Labor government.¹⁷ The South Australian chiropractors only joined the A.C.A. in 1947. Initially, they refused to join because they objected to the acceptance of a person who they claimed was not qualified as a member of the association.¹⁸ There was also some "misunderstanding" with the Chiropractors Association of Victoria which was "cleared up" in December, 1946 when this association offered financial and legal assistance to their South Australian associates.¹⁹ The main input of these associations was to support the American guidance given to South Australian chiropractors.

The definition of chiropractic in the Act restricted the practice to the spinal column. Chiropractors were also permitted, under the provisions of the Act, to X-ray the spinal column.²⁰ The restriction on the use of X-rays to the spinal region was not seen by these chiropractors as a limitation on their practice. In terms of "straight" chiropractic, the adjustment of subluxations of the spinal vertebrae was potentially capable of helping the human body fight most disorders. The supposed limitation was also an expression of the "straight" identity and helped reinforce the position of American-trained chiropractors in Australia. Most of these practitioners viewed chiropractic therapy as being capable of helping a wide range of disorders and saw the restriction of the definition to adjustment of the spine as developing the identity of chiropractic, not as a restriction upon their scope of practice. By restricting

the use of X-rays to the spinal region they hoped to prevent "mixers" from purporting to be chiropractors and keep chiropractic "pure". They felt that this move would identify clearly the chiropractic from the non-chiropractic practitioner.

6.4 THE ROLE OF THE AUSTRALIAN PRACTITIONERS

The American-trained chiropractors, through the mediation of the C.H.S., were able to use similar rhetoric to that used by the physiotherapists and medical practitioners to gain public support and official recognition of their occupation. This political success, however, can be attributed, in part, to the sympathy generated by the exclusion of other practitioners by the Physiotherapists Act. In particular, the refusal of the Physiotherapists Registration Board to register two practitioners, who practised in the Methodist Mission Clinic, in Port Adelaide cost the Board much in terms of credibility. The Board had refused to register these practitioners on the grounds that they "were not practising for fee or reward, but were working on the basis of charity without accepting payment."²¹ They would have been prosecuted under the Act because they were not registered.

Also included among the groups refused registration were those who had advertised as chiropractors but who did not have American training. These practitioners formed the Associated Practitioners of Physiotherapy in South

Australia.²² This group also lobbied for changes in the Act. A groundswell of public opinion was generated by the claims of a wide range of practitioners and patients that the Act was unjust to a particular type of practitioner. This public opinion was used by the chiropractors to gain legitimation as a distinct occupation. By channeling direct support for their occupation through the C.H.S., the chiropractors were able to make a more distinct legislative gain than were the osteopaths. The latter obtained exemption from the Physiotherapists Act but were not able to secure a separate Act for their own occupation.

The victory of the chiropractors was not what they had hoped for. The Chiropractic Act did not even register chiropractors, let alone license the practice of chiropractic. It represented a political recognition of chiropractic as a distinct occupation, but gave no legal sanction for establishing an occupational territory. Other types of practitioners such as physiotherapists, naturopaths or osteopaths could still use the techniques which the chiropractors were seeking to claim as their unique expertise. They could also practice as chiropractors. Nevertheless, the Chiropractic Act of South Australia was an important turning point in Australian chiropractic as it began to establish a clear identity for chiropractic as an occupation in South Australia. It was in Western Australia, however, that this nascent occupational identity was firmly established and the first concrete steps taken toward the

formation of an occupational territory.

6.5 THE ROLE OF CONSUMER LEGITIMATION

The social and political processes which led up to the passing of the Chiropractic Act clearly indicate the connection between consumer and political legitimation. Throughout the parliamentary and public debates, constant reference was made by the C.H.S. to the success of chiropractic treatment. Emphasis was placed upon cases where orthodox medical treatment had been unsuccessful but chiropractic treatment had been effective. The chiropractors and the patients' association used the clinical legitimation of chiropractic to argue for political recognition. The mobilisation of patients was probably the key factor in getting the Chiropractic Act passed by parliament. The osteopaths, while gaining exemption from the Physiotherapists Act at the same time the Chiropractic Act was before the House, did not get a separate Act.²³ This difference was to prove significant in later political developments.

6.6 W.A. MEDICAL AMENDMENT BILL

In Western Australia the Medical Amendment Bill was first introduced into the Legislative Assembly in 1942.²⁴ Sections 23 and 25A of this Bill would have affected chiropractors adversely had the Bill been passed at that time. The former, suggested by the Western Australian

Medical Board, aimed to restrict the right

. . . to give or perform any medical or surgical service, attendance, operation or advice which is usually given or performed by a medical practitioner²⁵

to registered medical practitioners. The Medical Act was thereby transformed from a "name" Act to a "practice" Act which licensed practitioners rather than merely registering them. In other words, where the earlier Western Australian Medical Act prevented non-medical practitioners from claiming the title of medical practitioner, this amendment would have consolidated the position of the occupation of medicine by giving them a legal monopoly over a range of services.

When the Act was eventually passed in 1945, both chiropractors and dietitians were exempted from the restrictions which were placed upon performing services which could have been construed as medical.²⁶ Dietitians were exempted on the grounds of their training and the fact that they were registered in Victoria, while chiropractors were exempted on the grounds that they provided a unique service.²⁷ The amendment to exempt chiropractors was actually introduced by Hislop, a medical practitioner!²⁸ These exemptions effectively identified these two occupations as being different from other non-medical health care occupations. Subsequently, the dietitians became a para-medical occupation, that is, an occupation which supplemented the work of medical practitioners. The scope of their practice was limited to giving dietary advice and

the occupation was subordinate to medicine.

Section 25A of the Medical Amendment Bill proposed to prohibit the use of radium or X-rays for therapeutic or diagnostic purposes except under the direction of a medical practitioner or dentist.²⁹ This Section was intended to restrict the use of X-ray equipment to licensed medical practitioners and dentists. As the taking of X-rays was an important part of the American-trained chiropractor's diagnostic procedure, the loss of the right to use X-ray equipment was seen, by those chiropractors, to be a direct threat to their status as independent practitioners. The legislation, then, would have made chiropractors subordinate to medical practitioners for a crucial part of their diagnostic practice. Apart from the inter-occupational hostility, there were also differences in the X-ray techniques of medical practitioners and chiropractors. For example, the chiropractors insisted that radiographs be taken with the patient in an upright position in order to locate subluxations. Most medical practitioners denied that the phenomenon of subluxation even existed, and usually took X-rays with the patient in a prostrate position. (I will deal with the importance of X-rays for chiropractic in more detail in chapter nine.)

The Medical Amendment Bill was initially defeated in 1942 because of a disagreement between the Legislative Assembly and Legislative Council about the proposed new constitution of the Medical Board.³⁰ Unlike the situation in

South Australia, however, there was little apparent dissension over the inclusion of provisions to exempt chiropractors. The precise reasons for the successful exemption of chiropractors are difficult to ascertain. Some of the politicians had received successful chiropractic treatment although this factor, in itself, is not sufficient to explain the political success of the chiropractors in Western Australia. It will be demonstrated, later in this chapter, that similiar legislation was rejected in other States, despite the enthusiastic support of some politicians who had been chiropractic patients.

Probably the most important factor was the lobby conducted by the American-trained chiropractors. The direct lobbies were enhanced by a number of informal contacts between the chiropractors and politicians. For example, one chiropractor, Tunney, played on the Governor's golf team.³¹ The vice-president of the A.C.A., Stanley Martin, had held discussions with the Minister for Health prior to 1945. The Minister was convinced that the qualifications of the American-trained chiropractors were of a reasonable standard and retained the exemptions when the Medical Amendment Bill was reintroduced into parliament in 1945.³² However, he did successfully oppose an amendment which would have also provided for the exemption of naturopaths and osteopaths from the section which prohibited non-medical practitioners from providing medical services. This was the first sign of a significant difference, in terms of political recognition,

between the chiropractors and other non-medical practitioners in Western Australia.

6.7 NATUROPATHS AND AUSTRALIAN PRACTITIONERS.

The thrust for the proposed amendment to exempt naturopaths and osteopaths was the result of lobbying by the United Health Practitioners of Australia and the Western Australian Osteopaths and Chiropractors' Association. The former association was established by F.G.Roberts. Roberts had, by 1945, established a college in Melbourne to train naturopaths, osteopaths and chiropractors, as well as a chain of health food shops and naturopathic clinics right across Australia, including Perth and Fremantle. He was also active in the lobby for the Dietitians' Registration Act in Victoria.³³

The aim of the United Health Practitioners' Association was:

to educate the lay public towards an appreciation of the curative powers inherent in Nature and encourage the use of natural health methods.³⁴

This association represented practitioners using a wide range of therapies who, like the unorthodox practitioners of the 1920s came from a variety of backgrounds. The Western Australian Osteopaths and Chiropractors Association represented a similiar range of therapists. Such a heterogenous blend of therapies and training did not allow these associations to present a distinct identity for the

practitioners whom they represented. Such an identity was essential if these practitioners were to be covered by any legislation to register therapists. Throughout the parliamentary debates there was confusion as to just what these practitioners were. One politician stated:

I understand the term [naturopath] includes dietitians, osteopaths, chiroprodists and a number of inter-related organisations that cover such people.³⁵

Moreover, the Minister for Health claimed not to know what a naturopath was.³⁶ Constant reference was made by parliamentarians to the need for separate legislation to deal with practitioners of natural therapies.³⁷ However, the lack of an adequate identity was seen as an initial stumbling block. What is more, this identity was clearly linked to the nature of the training the practitioners had undergone. Hislop, for example, commented:

It would be a simple matter to register these people once we have a definition setting out the basic training necessary.³⁸

However, the introduction of such legislation was not to prove as easy as Mr. Hislop suggested.

6.8 THE W.A. NATURAL THERAPISTS BILL

On September 9, 1959, Mr. Tonkin, the Deputy-Leader of the Opposition, introduced a Natural Therapists' Bill into the Western Australian Legislative Assembly. It was the intention of this Bill to register naturopaths, osteopaths and chiropractors thereby legally protecting their right to

practise.³⁹ Some practitioners who had been prosecuted under the Medical Acts felt that they had been treated unjustly. When introducing the Bill, Mr. Tonkin stressed the role of the British Medical Association in requesting the police "persecution" of non-medical practitioners. In particular, he referred to the case of Mr. Watts who was successfully prosecuted under the Medical Amendment Act and who had ceased to practise, allegedly because of this prosecution. Mr. Tonkin supported his case by producing a number of testimonials from patients who had received beneficial treatment at the hands of different naturopaths, chiropractors and osteopaths including Mr. Watts and Mr. Martinovich. (The latter had a widespread reputation in Western Australia as an effective practitioner of spinal manipulation in spite of his lack of formal training.)

The Natural Therapists' Bill proposed a Registration Board comprised of representatives of the Commissioner of Public Health, the British Medical Association, the United Health Practitioners' Association (2 members), and the Chiropractors and Osteopaths' Association.⁴⁰ Such a proposal was rejected out of hand by the American-trained chiropractors who said they would not register under such an Act. One of these practitioners insisted that chiropractic was not a natural therapy. He also stressed the difference between the American-trained chiropractors and natural therapists by attacking the lack of any formal training of the members of both the United Health Practitioners and the

Chiropractors and Osteopaths Associations. He claimed that the Bill

would give recognition only to the many and varied quacks and charlatans.⁴¹

Meanwhile, a patients' lobby, affiliated with the A.C.A., was formed along the lines of the South Australian C.H.S.. This organisation was using material and definitions obtained from the National Chiropractic Association (the American "mixer" organisation). However, it still stressed the importance of proper training, that is training in an American chiropractic college, as being the most important criterion to ensure that the public was protected from the unqualified chiropractor.⁴²

With several different associations claiming to represent chiropractors, osteopaths and naturopaths, there was confusion as to the identities of the therapies to be covered by the Bill. The differences between the American "straights" and "mixers" were diminished in the Australian context. Practitioners who would have been in opposing factions and belonged to separate associations in the U.S. united against what they considered to be the threat of untrained practitioners who were encroaching upon their identity and territory. These American-trained practitioners, represented by the A.C.A., argued for a distinct identity which could be incorporated within legislation and a common, substantial course of study which was recognised by legislation in some American States.

This identity, then, made the process of registration more straight forward than did the confused identity presented by the other non-medical practitioners. The two associations representing the Australian-trained naturopaths, chiropractors and osteopaths could not produce a coherent definition of the scope of their practice. Nor could they point to a satisfactory training course which could provide criteria by which these definitions could be clarified. The American-trained chiropractors had a distinct occupational identity which was based upon formal and relatively standardised training. However, in order to gain legal recognition of that identity, they had to establish, at the political level, that their training was of sufficient scope and depth to allow graduates to practise safely in Australia. They also had to argue that this training was sufficient grounds for the state to distinguish them from other unregistered health care practitioners.

The definition of chiropractic in the Physiotherapists' Act (W.A.) was the "straight" definition restricting the chiropractors' practice to the spine only.⁴³ The definition initially proposed in the Natural Therapists' Bill was broader, as was that given by the Western Australian branch of the A.C.A.. The last was also different from that in the Bill then before the parliament.⁴⁴ Due to these conflicting definitions the Bill was not passed but referred to a Select Committee in 1959 which was given the status of a Royal Commission in 1960.⁴⁵

6.9 THE W.A. ROYAL COMMISSION

The Royal Commission saw four principles defining the relevant issues pertaining to the registration of natural therapists. First, that State registration required the certification of a reasonable standard of proficiency. Second, that the aim of registration should be to inform the public which practitioners have achieved such a standard and was not necessarily to prohibit others from practising that occupation. Third, that citizens were entitled to use whatever professional services they themselves chose. Finally, that the State had a duty to protect the public from "the activities of persons who have no qualifications to practise any particular profession or art."⁴⁶ Clearly then, these guidelines were oriented to public, not professional interests.

In spite of the proviso attached to the second guideline, i.e., that registration did not necessarily need to prohibit a particular practice, the Commission agreed with the President of the Medical Board, arguing that the practice of naturopathy should be prohibited.⁴⁷ It also suggested that only registered chiropractors should be permitted to practise chiropractic. With regard to osteopathy, however, the Commission made no judgement, on the grounds that it did not have sufficient evidence about this occupation to make an informed comment.⁴⁸

In recommending the registration of chiropractic, the Commission noted the importance of adequate training facilities in determining the legitimacy of an occupation in the health care field. It defined two classes of chiropractors operating at that time in Western Australia: those who were adequately trained, i.e. American-trained chiropractors, and those who were not.⁴⁹ While endorsing the standards of the American chiropractic colleges, the Commission was highly critical of chiropractors and other natural therapists who did not have such training. It maintained there were no adequate training facilities for chiropractic or osteopathy in Australia and no satisfactory courses in naturopathy in the world. This comment, together with the decision not to make any recommendation about osteopathy, was to prove to be a crucial landmark in the development of chiropractic. It was also to be a decisive factor in the failure of osteopathy and naturopathy to develop. American-trained chiropractors were identified, by a committee of the legislature, as the only non-medical practitioners in the field of health care who were adequately trained. This distinguished them from the other natural therapists.

At the time the Western Australian Royal Commission was sitting, there were only two colleges in Australia: the PAX college at Ballarat and the British and Australian college run by F.G.Roberts in Melbourne. The PAX college was an osteopathic college although the Australian Osteopaths'

Association, which represented the overseas trained osteopaths in Australia, did not recognise it as being of an adequate standard.⁵⁰ The Melbourne college, on the other hand, taught naturopathy, osteopathy and chiropractic. The principal, F.G.Roberts, was associated with of the United Health Practitioners' Association, the association which would have had the largest representation on the registration Board proposed by the Natural Therapists Bill. By rejecting the Australian colleges as inadequate and recommending that naturopaths should be prohibited from practising, the Commission effectively thwarted any hope this association had of playing a significant role in the development of chiropractic in Western Australia.

The two main grounds for the Royal Commission's rejection of naturopathy were: the confused identity of this occupation and the tendency of naturopaths to hold to unscientific dogma:

. . . the very divergence in their approaches to their art would suggest to the Commission that it would be extremely difficult to set up a college which would give adequate training.⁵¹

While not explicitly calling naturopaths quacks or charlatans, such a label was implicit in the criticism of naturopaths utilising such techniques as iris-diagnosis, the use of a pendulum for diagnosis, and the use of case histories without the aid of adequate medical training to properly interpret them.

The unscientific basis of the therapy certainly could not be considered to be the sole reason for the Commission's rejection of naturopathy. The representatives of the medical profession argued that chiropractic was unscientific in the same sense that they argued naturopathy was unscientific. The chiropractors did, however, have a coherent course of study which could certify them as competent in the eyes of the Commission. Also it could be suggested that the American-trained chiropractors were more effective in the political arena, being prepared for the worst by the experience of their American colleagues. The other chiropractors did not have the training which they could use to legitimise their practices, the political experience to guide their lobbies or a clear occupational identity which could be used to formulate legislation. Because they also often called themselves naturopaths, they were criticised, not only by the Commission, but also by those therapists whom the Commission viewed as having adequate certification of their competence. Thus members of the United Health Practitioners' Association and Western Australian Chiropractors and Osteopaths' associations were categorised as belonging to the second class of chiropractors noted by the Commission: unqualified and therefore not fit to be registered except, possibly, under a grandfather clause.

6.10 W.A. CHIROPRACTIC ACT

In 1963, three years after the Report of the Royal Commission was tabled, the government introduced and passed a Chiropractors Act.⁵² This Act did not prohibit persons who were not registered from practising chiropractic, but it did prevent them from using the title. It made provision for the establishment of a Board which would register chiropractors. Apart from a medical practitioner, the Board consisted of a majority of American-trained chiropractors. Practitioners who had practised as chiropractors but who had no formal training could register under a grandfather clause. Apart from these exceptions, the criterion for registration was limited to graduation from an American or Canadian college until 1979. In that year graduates from the International College of Chiropractic in Melbourne, a college established by the A.C.A., became eligible for registration.⁵³

By identifying their practice as a specific therapy grounded in a coherent training base, the American-trained chiropractors were able to establish the foundation of an occupational territory in Western Australia. While the Australian-trained practitioners could still practise in that State, they could not practise as chiropractors. More importantly, however, the A.C.A. was elsewhere able to identify its members as being the only registered chiropractors in Australia.

Spurred on by the Western Australian success, the A.C.A. lobbied for registration legislation in the other states.⁵⁴ These lobbies were unsuccessful. The territory of chiropractic established in Western Australia was to remain as a foothold for the next ten years. In other States, the chiropractors were only able to maintain exemptions from Medical, Physiotherapy and Masseurs' Acts and keep the right to use X-rays. It was only in Queensland that the chiropractors were not permitted to use X-ray equipment.

6.11 NEW SOUTH WALES.

In New South Wales, where most of the A.C.A. members were located, the lobby for registration began in 1961. The president of the N.S.W. branch of that association, Stanley Bolton, approached the Minister for Health, Sheehan, urging the introduction of legislation to protect the public against "quacks and unqualified practitioners".⁵⁵ The findings of the Western Australian Royal Commission gave further impetus to this lobby.⁵⁶ However, when the Minister met with the A.C.A., he remained non-committal on the subject of registration, but implied that the lack of an Australian training programme was a barrier to any such legislation and suggested that the association should contact a university to establish a course in chiropractic.⁵⁷ However, when the University of New South Wales was approached about establishing a course in chiropractic, the Vice-Chancellor replied:

The Executive Committee of Council is not able to recommend to the Council the establishment of any formal arrangement between the University and your association nor permit the making of any statement which would imply that such an association existed.⁵⁸

The Vice-Chancellor did state that the university held no objection to chiropractors, as private students, enrolling in university courses but, clearly, this is not what the A.C.A. was seeking.

A further submission to the Minister for Health for a conference about chiropractic legislation was rejected in 1963.⁵⁹ Another unsuccessful approach was made after the Western Australian Chiropractic Act became law. This time the Minister suggested that 29 practitioners (the number of A.C.A. members in New South Wales) was too small a group to consider for legislation, in spite of the fact that the Western Australian legislation was enacted to cover a fewer practitioners.⁶⁰ Similiar approaches were made to the Victorian government, while legislation was considered and rejected by the Tasmanian parliament in October 1966, and by the Queensland parliament in 1967.⁶¹

6.12 QUEENSLAND

Queensland was the only State in the Commonwealth where chiropractors were prohibited from using X-ray equipment. When the Radio-Active Substances Bill (1958) was debated in the Queensland parliament, support was voiced for

chiropractic as a therapy, but not for the chiropractors' right to use X-rays. The suggestion was that they should use radiographers.⁶² The Minister for Health explicitly opposed any provision to allow chiropractors licence to operate X-ray equipment. At the same time he rejected the notion that registered health care practitioners should, in any way, co-operate with chiropractors:

I think it would be a retrograde step for a registered practitioner to work with an unregistered practitioner. There is no standard laid down for unregistered people.⁶³

However, when the Premier introduced a Bill which would have registered practitioners and laid down such a standard, the new Minister for Health opposed the Bill.⁶⁴

Much of the debate about the Queensland Chiropractic Bill (1967) was centered on the issues of adequate standards and the scientific acceptability of chiropractic. The A.M.A. mounted a vigorous lobby against the Bill while the various groups representing Queensland chiropractors lobbied strenuously for it. (There were 5 associations which made submissions on behalf of the chiropractors.) The A.C.A. had only 6 members in Queensland at the time, while the Queensland Chiropractors' Association, representing the bulk of the Australian-trained practitioners in that State, had 60. Many of the latter group had trained under apprenticeship schemes. This was not convincing criterion for the credibility of their standards, although Kjelberg,

who had trained a number of these apprentices was supported by the member representing South Townsville, where he was then practising. This political support was generated from Kjelberg's clinical success rather than the adequacy of his training programme. It should be noted that one A.C.A. member, John Pickles, was also training apprentices.⁶⁵

As it was, none of those who supported the registration of chiropractors expressed support for licensing them to use X-ray equipment.⁶⁶ This is an indication that the identity which the A.C.A. was seeking to establish for chiropractic was not taking effect in Queensland. In fact the A.C.A. expressed opposition to the Bill because it did not make provision for the use of X-rays by chiropractors.⁶⁷ That association saw the identity of chiropractic in terms of the standards of the American colleges, a standard which included what they considered to be adequate training in spinal radiology.

One reason for the lack of success of the A.C.A. in establishing their identity in Queensland was that four of the six members had arrived only three years before the Bill was introduced.⁶⁸ The bulk of practitioners who practised as chiropractors in Queensland were trained by Kjelberg, Roberts or Blackmore. These practitioners were oriented toward naturopathy and some were vehemently opposed to the use of X-rays on the grounds that the latter constituted a source of interference with Nature Cure.

6.13 THE FAILURE OF THE CHIROPRACTIC LOBBIES

IN THE EASTERN STATES

The failure of the lobbies of the 1960s can be attributed to the lack of an accredited Australian training course together with the divisions amongst the practitioners who claimed to be chiropractors. These divisions made it difficult to establish a clear identity for the occupation which could provide a basis on which to build political support. They also resulted in different strategies on the part of the organisations representing distinct camps within the occupation.

The Australian-trained practitioners argued that the public should have the right to use treatment of their own choice, while the A.C.A. emphasised the need to introduce adequate standards of training to protect the public. The former argument, while politically sound, was not directed to a strategy of professionalisation. It was more concerned with occupational survival than occupational mobility. The A.C.A. strategy, on the other hand, was similar to that of the medical associations, emphasising training, standards of practice and an identity which could distinguish the qualified from the unqualified practitioner.

The criterion which was acceptable to the A.C.A. was, until 1979, a certification of completion of a course in a North American chiropractic college. By this logic, any person claiming to be a chiropractor who did not have such a

certificate was a person from whom the public needed protection. However, there was a substantial number of such practitioners and any legislation that was to be introduced would have had to take into account these practitioners. For one thing, the public identified these practitioners with chiropractic and the reason chiropractic was gaining popular support was because of the treatment they provided. Also, there was the argument that any legislation affecting professionals ought not to have been aimed at establishing a monopoly for a particular group and thereby deprive others of their livelihood. This argument was reinforced by the emergence of a number of colleges in the 1960s which increased the number of Australian-trained practitioners. The graduates of these colleges began to develop a firmer identity, an identity which was based on their educational experiences.

6.14 MEDICAL OPPOSITION TO CHIROPRACTIC.

In Western Australia, the opposition of the medical practitioners to chiropractic does not appear to have been as vigorous, initially, as in the other States. This could, perhaps, be because the legislation initially introduced into the parliament proposed to register all natural therapists and the American trained chiropractors, at least, could present a much better image than the other practitioners of the time.

During the debate on the Natural Therapists' Bill the position of the British Medical Association began to become clear. The only medical practitioner in the Legislative Assembly, Dr. Henn, rejected the suggestion that it was the British Medical Association which instigated the prosecution of non-medical practitioners, pointing out that prosecutions were instigated by the Medical Board. He also opposed the Bill, portraying both chiropractic and osteopathy as dangerous cults.⁶⁹ His suggestion was that the practice of manipulation could best be incorporated within the scope of orthopaedic surgery and physiotherapy. Dr. Henn as a member of the government which introduced the Chiropractic Act in 1964, as well as the Royal Commission which recommended that legislation, did not oppose that Act, although he did stress the importance of medical practitioners taking up manipulative therapy.⁷⁰ At this point, then, the opposition of the medical profession to chiropractic was certainly not as organised as in it was in America. Rather, it was more akin to the warnings offered by Paget on the competition to medical practitioners' practices offered by the bone-setters of the nineteenth century. However, after the passing of the Chiropractors Registration Act in 1964, members of the A.M.A., particularly the Western Australia and Victorian branches, became more vocal in their opposition to the legitimisation of this newly emerging occupation.

Before the implementation of the Act, a chiropractor had referred a patient to a radiologist. The radiologist had refused to co-operate with the chiropractor, an action endorsed by the Western Australian branch of the A.M.A..⁷¹ At the Fourth Federal Assembly of the A.M.A. held in Sydney in May, 1965, a Western Australian delegate introduced a motion establishing the Western Australian branch action as a national policy of the association. The motion passed stated that:

The Australian Medical Association is of the opinion that medical practitioners may not act in consultation with, associate professionally with, conduct investigations for, or refer patients to chiropractors or osteopaths.⁷²

The fears held by the chiropractors when the amendments to the Western Australian Medical Act was introduced in 1945 proved to be justified. It was now apparent that any co-operation between chiropractors and medical practitioners would have to be covert. Chiropractors could not rely upon medical practitioners for X-ray diagnosis.

In August, 1966 the Victorian branch of the A.M.A. published a report on chiropractic. This was later reproduced in full in the Medical Journal of Australia.⁷³ This report attacked the unscientific theories of disease espoused by the chiropractors, and quoted from the Brief of the College of Physicians and Surgeons of Quebec to the Royal Commission held in that province to investigate chiropractic in 1963. The Brief claimed that:

. . . scientific evidence, both experimental and clinical, is wholly opposed to the theory [of chiropractic] in principle and in application.⁷⁴

The Report went on to argue that the "straight" chiropractors represented by the A.C.A.:

. . . adhere to the original Palmer teaching that all disease can be eliminated by adjusting subluxated spinal vertebrae by hand.⁷⁵

It then continued by attacking the inadequacies of training facilities and qualifications of the staff of the American chiropractic colleges, the lack of access for chiropractors to hospital facilities which the medical associations considered essential to properly teach diagnosis, the lack of any research programme in chiropractic and, finally, the lack of any "recognised" accreditation of the courses offered in these colleges. The Australian "mixers", it was claimed, had even less adequate qualifications to practise as healers.

It is not surprising, then, to find that the thrust for legislative recognition by the chiropractors in the eastern Australian States in the 1960s and 1970s was accompanied by intensified opposition on the part of the medical associations. In Queensland, the A.M.A. actively lobbied against the proposed Chiropractors Bill in 1967, writing to all members of parliament expressing their opposition to the proposed legislation and the implied recognition of an unscientific cult.⁷⁶ A similar tactic was adopted when a Chiropractic Bill was mooted in the N.S.W. parliament in

1973.⁷⁷ Also the opposition of the Minister for Health in Queensland could be attributed to "medical advice", although there is no direct evidence of such.

The chiropractors were not slow to respond to the medical criticisms. In March 1970, the A.C.A. published a statement refuting the claim of the A.M.A. that the American trained chiropractors saw vertebral subluxations as the sole cause of all disease. They continued:

Our position is that a wide variety of disorders can be and are caused by spinal disorders and displacements and respond to chiropractic care. It should be noted that the ethical codes of the Associations' Branches require that patients who, in the opinion of the chiropractor, need medical, surgical or other professional attention, be referred for those services.⁷⁸

Clearly, the image that the chiropractors were putting forward here was that of an occupation willing to co-operate with other related occupations but unable to do so because of medical opposition, an opposition which the chiropractors claimed to be falsely founded and completely unjustified.

Meanwhile, the Victorian branch of the A.M.A. had stated, albeit not in public, that, given the fact that most other para-medical groups were registered in Victoria, it was:

. . . not therefore logical that chiropractors or osteopaths should be made the exception to the general rule. . . ⁷⁹

However, it insisted that any such recognition should be preceded by accreditation of a course in chiropractic

training by a recognised academic or educational body in Victoria. This document also gave an outline of the curriculum which would be acceptable to that branch of the A.M.A..

The A.C.A., of course, was delighted by the discovery of the A.M.A. document. One of the reasons for this was that the document presented an argument for registration of chiropractors, similar to that which they themselves had been arguing for some time: that the Australian colleges were inferior to those in North America, and stressed the need for a properly accredited, high standard of training.

Soon after obtaining the document they put a submission before the Victorian Minister for Health outlining the case for registration using the A.M.A. argument. However, when the A.C.A. claimed that the Western Australian Chiropractic Registration Board was a proper accrediting body, they indicated a lack of awareness of the Australian tertiary education bureaucratic process.⁹⁰ Such a Board has the function of registering practitioners and, while it must make some assessment of the training that these practitioners undergo, it is not an accrediting body in the same sense as the Higher Education Board in N.S.W., for example, is.

The A.M.A. responded to the chiropractic lobby, in which the Australian-trained practitioners were also involved, although separately from the A.C.A., by producing

yet another document entitled "Chiropractic 1973". Here they maintained that:

Registration means recognition by the State that chiropractic is a legitimate healing art. It is in fact an unscientific cult whose practitioners lack the necessary education and training to diagnose and treat any form of human disease. For this reason the Australian Medical Association, in common with national medical associations throughout the world, is totally opposed to legislative approval of chiropractic activities.⁸¹

It was argued that registration in the U.S. had given approval to unqualified practitioners and that such a move would only be undertaken by a government that was:

grossly negligent in its duty to safeguard the standards of health care in the community it serves.⁸²

This attitude, on the part of the A.M.A., has remained consistent and is also reflected in the thinking of the State Medical Boards. Although there does not appear to have been a case of a medical practitioner being de-registered for co-operating with a chiropractor, the threat is certainly still there. In reply to a query from the Western Australian Chiropractors Registration Board in December, 1980, the Medical Board of Western Australia replied:

. . . in terms of the Medical Acts of Western Australia, this Board holds that a practitioner who has associations with or covering unqualified or unregistered persons may lay himself open to a charge

of professional misconduct and therefore a medical practitioner should not refer a patient to a chiropractor.

Secondly, it is permissible for a medical practitioner to accept patients from any source, including a chiropractor, but it would be considered unlawful to have communication with a chiropractor in regard to such a referral.⁸³

6.15 PHYSIOTHERAPY AND MANIPULATIVE MEDICINE

Meanwhile, some physiotherapists were being trained in manipulative therapy. In 1965 the Australian Physiotherapy Association had set up a study group of those interested in these practices. In 1973 this group had a membership of 150.⁸⁴ By the same year a three month post-graduate course had been established in Adelaide and an 18 month evening and week-end post-graduate course was established for physiotherapists in N.S.W.. Full-time one year post-graduate courses were established in Perth and Adelaide in 1974.⁸⁵ Also, there had been a research programme underway in Adelaide for some time.

Six graduates from the London School of Osteopathy were also practising in Australia by this time. This college was for medical practitioners and was a one year post-graduate course. At least one of these practitioners, C.Winer, was involved with the establishment of manipulative therapy courses for physiotherapists.⁸⁶ Thus, at the time when the chiropractors were making a concerted effort at getting registration and a number of government inquiries were

established to investigate this issue, there was an attempt to increase the numbers of "medically acceptable" people being trained in the practice of spinal manipulation.

The eventual policy of the Australian Physiotherapists Association was to support registration of chiropractors if the registering authority was a Manipulative Therapy Board with at least one physiotherapist on the Board. The A.P.A. also argued that the only persons who should be registered were those who had graduated from a course approved by the Tertiary Education Commission.⁸⁷ They also maintained that the practitioners whom they represented and medical practitioners should be exempted from the provisions of such legislation. While this policy was written after the Commissions of Enquiry had given their Report, it clearly indicates the opposition of the Australian Physiotherapists Association to an independent identity for chiropractors.

The idea of being registered as manipulative therapists was not welcomed by the chiropractors. It would have meant a loss of an independent identity for their occupation. It also would have meant that control over the future development of the occupation would be out of chiropractors' hands. This was something which the A.C.A. had fought against for a considerable time. The loss of identity would not have troubled the Australia trained practitioners as much since their identity was already in a state of flux. The N.S.W. Committee of Inquiry Report, for example, suggested that the graduates of Sydney College of

Chiropractic would not have objected to registration which required patients to receive medical treatment before they visited a chiropractor.⁸⁸ However, this is more likely to be a political mistake than representative of the true feelings of the practitioners who maintained a desire to remain autonomous from the medical profession. The development of institutions teaching chiropractic is dealt with more extensively in the next chapter.

6.16 SUMMARY

It is clear from the discussion so far that legislation played an important role in the development of chiropractic. There are three ways in which legislation directly affects an occupation. First, legislation which is enacted to control one occupation may affect another. Both the South Australian Physiotherapists Act and the amendments to the Western Australian Medical Acts reflect how such legislation could have affected the chiropractors. Second, legislation which is enacted for a particular occupation but which does not restrict, in any way, the right of other persons to perform the occupation's tasks. The South Australian Chiropractors Act is an example of such legislation. Finally, legislation may affect an occupation by restricting either the use of either a title or a range of practices to specified persons. The last consolidates the recognised identity of an occupation and establishes the basis for an occupational territory.

The enactment of legislation registering chiropractors in Western Australia marked an important milestone in the development of Australian chiropractic. Two important conclusions can be drawn from the early events in South Australia and Western Australia. First, there were three distinct pressure groups concerned with these developments. These were: the American-trained chiropractors, represented by the A.C.A., the Australian-trained chiropractors, represented by a number of different associations which also represented other types of practitioners, and the medical profession who supported the physiotherapists' attempts to co-opt and control manipulative therapy. Second, that while consumer support was an important factor in instigating political legitimation, it was not sufficient reason for the enactment of legislation. Political recognition also depended upon the representative associations ability to argue that the educational base of their members was suitable to ensure public safety. Further political developments affecting the occupation depended upon the development of training within Australia.

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