

Finding the professional identity of chiropractic in Australasia that shaped education: A pragmatic narrative of the Inquiry Period from 1960 to 1979

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Abstract: This paper weaves a pragmatic narrative around the historical events that forged the professional identity of chiropractic in Australasia. In particular I examine four statutory elements from 1945 to 1960, a position of a political party in 1963, and then five formal government inquiries. I also report the rebuttals by both the mainstream chiropractic association and the second-stream chiropractic association in Australia to one particular report. I conclude that prior to 1960 a clear identity of chiropractic was 'palpation and adjustment of the spine to remove (possible) nerve interference or pressure' using X-rays as a diagnostic aid. I regard 1960 as the inflexion point from which the Palmer identity of 'identifying and correcting subluxed vertebrae' lost its purity, to be regained by *The Inglis Report* in 1979 from which the Palmer identity returned and chiropractic became its own legislated profession with the broad concept of spinal manipulation for the purpose of neural modulation of physiological factors to benefit health, today's well-being. The evidence also shows that the characteristics of chiropractic's professional identity played a role in the emergence of chiropractic education, those characteristics being discipline singularity and the standards with which formal institutions of chiropractic education complied in order for their graduates to achieve registration or licensure.

Indexing Terms: chiropractic; history; Australia; Government Inquiries; identity; education.

Introduction

This paper is a pragmatic historical narrative reporting the emergence of chiropractic in Australasia with the specific intent to find its professional identity through the eyes of formal inquiries which occurred in the period 1960 to 1979.

A companion paper (1) examines the Formative Period leading up to these inquiries with the finding that both the discipline of chiropractic and educational standards of any sort were absent from all training provided by Australia's self-proclaimed chiropractors. These formed a second-stream (2) of 'home-grown' therapists which collided with the mainstream (3) of chiropractors

... chiropractic's professional identity is found through 5 Inquiries in Australasia to centre on spinal manipulation using a high velocity and low amplitude thrust, guided by X-ray, and generally addressing subluxated joints ...'



1. Ebrall PS. Finding the professional identity of chiropractic in Australasia: A pragmatic narrative of the Formative Period to 1960. *Chiropr Hist.* 2020;40(2):42-65.
2. Bolton SP Report on chiropractic. *J Aust Chiropr Assoc.* 1970;Aug- Oct:11-4.
3. Bolton SP. A retrospective view of historical periods in Australian chiropractic history. *Chiropr J Aust.* 2006;36:9-16.

trained in North American chiropractic colleges. Peters and Chance (4) clarified the second-stream as lacking formal chiropractic training and usually also calling themselves a naturopath or osteopath. Researchers in four theses (Campbell, (5) Simpson, (6) O'Neill, (7) and Peters (8)) each documented the lack of quality and standards in local training.

In contrast mainstream chiropractors were characterised by two criteria, '*discipline and standards*.' (9) The '*discipline*' reflected the chiropractic college of training and the '*standards*' those set by statutory examinations and registration authorities of the United States and Canada. Together the mainstream and second-stream represent the emergence of chiropractic as a legitimate health discipline in Australasia.

I am most interested in how the vague (10) second-stream of chiropractic clarified into a discipline that came to be recognised by legislation. I have previously reported (1) that during the Formative period the public came to hold a favourable view of mainstream chiropractors as '*a nerve specialist, who treats disease by manipulation of the spinal column*' (11) and understood chiropractic as being about the relationship between disease and '*manipulating the spinal column*'.

This paper specifically reports the way the various inquiries categorised the professional identity of chiropractic in Australasia.

Methods

A variety of approaches were taken to retrieve the artefacts that inform this narrative, most commonly hand-searching of private collections and identification of documents using the *Index to Chiropractic Literature*. (12) Primary documents were evaluated, (13) tested, (14, 15) and accepted as recording what happened. Documents reporting how it happened were considered secondary. (16) Interpretation was not a semantic (17) quarrel but one about context and purpose. (18)

4. Peters RE, Chance MA. 1910: A significant year (or the New Zealand influence). *Chiropr J Aust*. 1995;25(2):42-9.
5. Campbell SA, Black A, Dillon J. The Rise and Legitimation of Chiropractic: A study of professionalisation [Thesis]. University of New England. 1985. URL <https://hdl.handle.net/1959.11/12799>
6. Simpson JK. The influence of political medicine in the development of the chiropractic profession in Australia [Thesis]. University of Queensland. 2002. URL <https://espace.library.uq.edu.au/view/UQ:105997>
7. O'Neill A. Enemies within and without: educating chiropractors, osteopaths and traditional acupuncturists [Thesis]. LaTrobe University. 1994. Call number 615.530711 O58e.
8. Peters RE. An early history of chiropractic. The Palmers and Australia. Dissertation, RMIT University. 2014. Published by Asheville: Integral Altitude.
9. Bolton SP. Roots: A mainstream chronicle. *J Aust Chiropr Assoc*. 1985;15(2):44-5.
10. Swinburne RG. Vagueness, Inexactness, and Imprecision. *Br J Philos Sci*. 1969;19(4):281-99. URL <https://doi.org/10.1093/bjps/19.4.281>
11. Answers. The Courier-Mail (Brisbane). Wed 15 Jun 1938. p. 9 retrieved at trove.nla.gov.au URL <https://trove.nla.gov.au/newspaper/article/41008317?searchTerm=Fred%20Price%20chiropractor>
12. Chiropractic Library Collaboration. Index to Chiropractic Literature. 2020. Search screen, URL <https://www.chiroindex.org/#results>.
13. Garraghan GJ. A Guide to Historical Method. New York: Fordham University Press. 1946.
14. Bucheli M, Wadhvani RD. Organizations in Time: History, Theory, Methods, published on Oxford Scholarship Online Jan 2014. URLs <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199646890.001.0001/acprof-9780199646890> and <http://www.oxfordscholarship.com/view/10.1093/acprof:oso/9780199646890.001.0001/acprof-9780199646890-chapter-13>
15. Hockett HC. The Critical Method in Historical Research and Writing. New York: The Macmillan Company. 1955.
16. Tosh J. The Pursuit of History. Aims, methods and new directions in the study of history 6e. London: Routledge. 2015.
17. Kent C. Vertebral Subluxation: Semantic Pathology, Epistemic Trespassing, and Ethics. *J Philos Prin Prac Chiropr*. 2018:1-7.
18. Zammito J.. Ankersmit and Historical Representation. *Hist Theory*. 2005;44(2):155-81.

The primary source documents for this paper are reports of government inquiries. In summary the five reports and their commissioning dates are: *The Guthrie Report* (10 February 1960, Western Australia) (19); *The Teece Report* (23 January 1973, New South Wales) (20); *The Webb Report* (commissioned August 1974 (21) tabled 1977, Federal, Australia) (22); *The Ward Report* (10 September 1974, Victoria) (23); and *The Inglis Report* (26 January 1978, National, New Zealand). (24)

Other primary source documents include:

The Winter submission (25) as the *Australian Chiropractors' Association's* submission to the *Federal Committee into Chiropractic, Osteopathy and Naturopathy*. This submission was written specifically for *The Webb Inquiry* (22) and it is not known to what extent it was used for *The Ward Report* (23) which notes (p. 77) a 'submission was received from the Australian Chiropractors' Association (Victorian Branch)'; and

The Lall submission (26) of the *Australian Federation of Chiropractors*. This submission does not state to whom it was made however Appendix F of *The Ward Report* (23 p. 77) notes a submission was received from the *Australian Federation of Chiropractors*. It is reasonable to accept *The Lall submission* was this document in addition to it being submitted to *The Webb Inquiry* (22) where it was noted in full. (p. 222)

Two rebuttals to the Ward panel (Victoria) (23) will be examined, one from the mainstream *Australian Chiropractors' Association (Victorian Branch)*, (27) and one from the second-stream *United Chiropractors Association of Australia (Victorian Branch)*. (28)

I reveal a sixth report (29) previously unknown and of which there is only secondary evidence. Other documents will be cited, most of which are public but some, being no longer in circulation, are held in the author's library. These are largely primary artefacts and I also report a limited number of secondary artefacts being a record of what a particular person may have said about another, as with

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19. Guthrie HN. Western Australian Honorary Royal Commission into Natural Therapy 1961. Perth: Alex B. Davies, Government Printer. 1961.
 20. Teece JC. Report of the Committee of Inquiry into the Question of the Registration of Chiropractors. Parliament of New South Wales. 1975.
 21. The Editors. In Memoriam: Professor Edwin Clifford Webb. *Chiropr J Aust*. 2006;36:118-9.
 22. Webb EC (Chairman). Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy. Canberra: Australian Government Publishing Service. 1977.
 23. Ward HR, Chair. Report upon Osteopathy, Chiropractic, Naturopathy. Ordered by the Legislative Assembly to be printed, 27th November, 1975. Melbourne: CH Rixon Government Printer. 1975.
 24. Inglis BD (Chairman). Chiropractic in New Zealand. Report of the Commission of Inquiry presented to the House of Representatives by Command of His Excellency the Governor-General. Wellington: Hasselberg, Government Printer. 1979.
 25. Winter DO. A submission on chiropractic by the Australian Chiropractors' Association to the Federal Committee into Chiropractic, Osteopathy and Naturopathy. Springwood: Australian Chiropractors Association. 1975.
 26. Lall M. Australian Federation of Chiropractors. Submission on behalf of Australian Association of Chiropractors, Chiropractic Association of Queensland, Chiropractic and Osteopathic Institute, United Chiropractors Association, Western Australian Chiropractors Association. Representing the Chiropractic College of Australasia, Chiropractic and Osteopathic College of South Australia, Sydney College of Chiropractic. East Brighton, self-published (Lall). Undated, c. 1974.
 27. Australian Chiropractors' Association (Victorian Branch). Rebuttal to the Victorian Report upon Osteopathy, Chiropractic and Naturopathy. Bundoora: P.I.T. Press. Undated, c. 1976
 28. United Chiropractors' Association of Australia (Victorian Branch). Comment on: The Report upon Osteopathy, Chiropractic and Naturopath Committee - November 1975. Melbourne: The Chiropractic College of Australasia. April, 1976.
 29. A Melbourne correspondent. The chiropractors lobby. *The Bulletin*. 1964;85(4350) 29 June:10 retrieved at [trove.nla.gov.au](https://trove.nla.gov.au/nla.obj-684934773/view?partId=nla.obj-685083616#page/n9/mode/1up) URL <https://nla.gov.au/nla.obj-684934773/view?partId=nla.obj-685083616#page/n9/mode/1up>

published comments filtered by a reporter. Tertiary artefacts are documents of emails and similar ephemera and are duly noted in-text.

Exposition

The reports of formal inquiries and related documents are examined for the express purpose of determining the idea of chiropractic held by each. I will use Thematic Analysis and Heuristics to synthesise a professional identity true to the intent of each of those expressed. The Experienceable Difference Test which I attempt to answer is *'did the characteristics of chiropractic's professional identity play a role in the emergence of chiropractic education, and if so, which characteristics?'*

It would be these ideas that advanced into legislation and legally defined the professional identity of chiropractic in Australasia.

The pre-Inquiry notations

1945, 1949, 1955, and 1960

Prior to the Inquiry period there were two known legislative occurrences of chiropractic in each of Australia and New Zealand.

The first in Australia appeared in *'AN ACT to amend the Medical Act, 1894-1940'* No. 22 of 1945 in Western Australia. (30) This Act was one of exemption for chiropractic, not inclusion. In an amendment to the Medical Act relating to advertising it was stated *'this paragraph shall not apply to a person practising as a dietitian or as a chiropractor who gives advice or service to persons requiring dietetic or chiropractic advice or service (14, (a) (3))'*. Then an amendment regarding *'Treatment by means of radium or X-ray'* stated *'subsection (1) of this section shall not apply to a chiropractor or a registered dentist who uses X-ray as an aid to diagnosis in the practice of chiro-practice [sic] or of dentistry respectively (15, 21A, (2))'*. This Act was assented on 9 January 1946 and is the first case of chiropractic being recognised within an Act of any Parliament in Australasia.

The second in Australia was *'An Act relating to Chiropractors'* as No. 26 of 1949 (31) in South Australia. (32) The enactment of the 1979 Act in South Australia replaced the 1949 Act and while it was described by by Bolton (33) as *'sloppy'* he noted it formed the bulwark of chiropractic identity in Australia for some time. (34) The Act evolved to register both chiropractors and osteopaths under the one *Chiropractic and Osteopathy Practice Act 2005*. (33 p. 118)

At the time (1961) of the Guthrie Report (19) there was legislation (1949) (31) in South Australia in which *"chiropractic" means the system of palpating and adjusting the articulations of the human spinal column by hand only for the relief of nerve pressure' and "chiropractor" means any person whose method of attention to the human body is confined solely to chiropractic.* Further, *'A person practising as a chiropractor under this Act may in connection with his practice use X-rays for the purpose only of producing shadow-photographs of the human spinal column.'* (32 p. 195)

In New Zealand the *New Zealand Chiropractic Association (NZCA)* came to have its 'name' or title protected by the *Chiropractors' Association Act 1955*. (35) The purpose of this 'one-page' Act was to

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30. Parliament of Western Australia. AN ACT to amend the Medical Act, 1894-1940. No. 22 of 1945 in Western Australia. MEDICAL. 9°and 10°GEO.VI.,No. XXII. 1945.
 31. Parliament of South Australia. The Chiropractic Act, 1949. An Act to provide for the registration of chiropractors and the regulation of the practice of chiropractic; to repeal the Chiropractic Act, 1949; to amend the Physiotherapists Act, 1945-1973; and for other purposes. The Chiropractors Act, 1979:2. 1949.
 32. Milne L. *Forgotten Freedom*. Davenport: The Palmer School of Chiropractic. 1952 p. 192.
 33. Bolton SP. Sequential administration or sloppy shortcuts? Comparing Western and South Australian Chiropractic Statutory Law. *Chiropr J Aust*. 2008;38:118-22.
 34. Bolton SP. Influences on Queensland chiropractic history: Chiropractic mainstream versus medical dominance. *Chiropr J Aust*. 1992;22(1):15-26.
 35. Parliament of New Zealand. *Chiropractors' Association Act 1955* (No. 60). Hansard. 1995:556.

prevent 'Improper use of words implying membership of New Zealand Chiropractors' Association Incorporated,' a legal prohibition of local therapists misappropriating the discipline's title. At this time the Association defined chiropractic as 'A Science of drugless healing the basic principal [sic] of which teaches that disease is caused by interference with the transmission [sic] Nerve Energy between Brain and Body.' (36 citing 37) By 1960 the definition had lost its vitalistic emphasis to be 'the examination and adjustment by hand, of the segments of the human spinal column and pelvis, for the purpose of rectifying any misplacements in the spinal column or pelvis, restoring them to their normal position, thereby removing possible interference to the spinal cord or adjacent nerves.' (36 citing 38)

Also in New Zealand, the ruling Labour Party introduced an enabling Act in late 1960 but on change of government to the National Party the 'new Minister responsible for the Chiropractic Act (1960), the late J.R. Hanan, released a press statement that this Act may lapse.' (36) Reader and Bryner (36) recount events involving a dramatic clash of personalities which led to there being sufficient support on the floor of the new Parliament to ensure the legislation stood. It should not be surprising to learn the Victorian Labor Party had a brief interest in supporting chiropractic. Also, Devereaux of New South Wales was closely linked with that state's Labor movement as shown in my analysis of *The Teece Report*, (20) below.

From these occurrences I conclude the professional identity of chiropractic in Australasia leading up to the *Inquiry Period* was of a profession that provided chiropractic advice and service using X-ray as a diagnostic aid, where 'chiropractic' included the examination and adjustment by hand, of the segments of the human spinal column. I also find it difficult to ascribe favour or malice to any political party; the clearly identified antagonist of chiropractic identity in all cases especially Queensland (39) is the *Australian Medical Association* (AMA) as convincingly shown by Simpson. (6, 39)

I summarise in Table 1 the identity of chiropractic during this period as palpation and adjustment of the spine to remove (possible) nerve interference (pressure) using X-rays as a diagnostic aid.

The inquiry period: 1960 - 1979

The ALP position

I begin with what I call 'The ALP Position', where 'ALP' is the *Australian Labor Party, Victorian Branch*. This has not previously been reported in the chiropractic literature and the only source of the Victorian ALP's position on chiropractic is one correspondent's report in a national news magazine, *The Bulletin*. (40) At the time of the report the magazine, founded in 1880, had turned to more inclusive political and news-based journalism. On 29 June 1963 (29) it published a piece 'From a Melbourne Correspondent' under the heading 'Medicine' titled 'The Chiropractors' Lobby. The spine manipulators and the ALP.'

The gist of the story was that something went wrong with chiropractors on the basis that 'three years ago' (1960) the Annual Conference of the *Victorian ALP* recommended 'that it be a plank of Labor's platform that the Chiropractors' Association of Victoria be recognised.' Then, in June 1963 the Executive 'presented to the 1963 conference a report which completely reversed the original recommendation and even proposed that the Chiropractors' Association of Victoria be not recognised "in the interests of the welfare and health of the community."'

36. Reader WL, Bryner P. The development of chiropractic in New Zealand, 1910-1980. *Chiropr Hist*. 1989;9(1):17-21.

37. Minutes of Annual General Meeting, New Zealand Chiropractic Association. December 1937:85.

38. Minutes of Meeting, New Zealand Chiropractic Association. 1960:203.

39. Simpson JK. Chiropractic registration - Queensland style. *Chiropr J Aust*. 2005;35(3):93-100.

40. National Museum Australia. Defining Moments: The Bulletin. URL <https://www.nma.gov.au/defining-moments/resources/the-bulletin>

Table 1: Pre-Inquiry occurrences of chiropractic in legislation.

Source	Elements of Identity
1945, Western Australia: <i>An ACT to amend the Medical Act, 1894-1940</i> No. 22 of 1945. (30)	A profession that provided chiropractic advice and service using X-ray as a diagnostic aid.
1949, South Australia: <i>An Act relating to Chiropractors</i> as No. 26 of 1949. (31)	<p>‘Chiropractic’ means the system of palpating and adjusting the articulations of the human spinal column by hand only for the relief of nerve pressure.</p> <p>‘Chiropractor’ means any person whose method of attention to the human body is confined solely to chiropractic.</p> <p>A chiropractor may use X-rays for the purpose only of producing shadow-photographs of the human spinal column.</p>
1955, New Zealand: <i>Chiropractors’ Association Act 1955</i> . (35)	Protected title by preventing improper use of words implying membership of New Zealand Chiropractors’ Association Incorporated.
1989, Reader, W.L., Bryner, P. (36) Citing from <i>minutes of the New Zealand Chiropractors Association</i> . (37, 38) Whilst not ‘statutory’ per se these extracts provide an understanding of how New Zealand chiropractors saw their professional identity which informed the New Zealand Royal Commission (<i>The Inglis Report</i>).	Chiropractic defined in 1937 in New Zealand as ‘ <i>A Science of drugless healing the basic principal of which teaches that disease is caused by interference with the transmission of Nerve Energy between Brain and Body</i> ’ and in 1960 as ‘ <i>the examination and adjustment by hand, of the segments of the human spinal column and pelvis, for the purpose of rectifying any misplacements in the spinal column or pelvis, restoring them to their normal position, thereby removing possible interference to the spinal cord or adjacent nerves.</i> ’
<p>Summation: An identity of chiropractic is palpation and adjustment of the spine to remove (possible) nerve interference (pressure) using X-rays as a diagnostic aid.</p>	

The obvious question is, what happened during 3 years to change a position of support by Labor for the mainstream chiropractic association to one of rejection? With hindsight, this point in time must be remembered when we eventually come to examine the *Safer Care Victoria* report (41) on chiropractors providing care to children. We will report the dialogue by medicine with the Victorian ALP which has been obtained under the provisions of FoI.

The veracity of the 1963 report must first be established and I suspect ‘*the Melbourne Correspondent*’ was a ghost-writer of the *Australian Medical Association* (AMA). My reasons for this view include the amount of given detail about the AMA and the incorrect citation of the chairman of the ALP inquiry as a ‘*Dr. H. Henkins*’. The correspondent dismisses ‘*Mr. [sic] A.H. Hart*’, the ‘*Victorian secretary of the Chiropractors’ Association of Victoria*’ (CAV, also ACAV) as appearing ‘*for an estimated 45 minutes*’. The correspondent also noted two representatives of ‘*the United Chiropractors and one from an institution which purports to train chiropractors and osteopaths in a Melbourne suburb.*’

41. Chiropractic spinal manipulation of children under 12 Independent review. Safer Care Victoria. 2019. URL <https://www.bettersafecare.vic.gov.au/sites/default/files/2019-10/20191024-Final%20Chiropractic%20Spinal%20Manipulation.pdf>

These events occurred at the time the Iowa Plan (42) was presented (1962) although it took another 10 years or so for the Victorian branch of the AMA to document (43) its opposition to chiropractic by stating it was '*totally opposed to legislative approval of chiropractic activities*' (p. 2) and '*The Medical Board of Victoria has also made it perfectly clear that [any association with a chiropractor] is unprofessional conduct.*' The AMA makes the statement '*The trade unions have condemned chiropractic*' albeit in an American context, and this expressed position increases the probability of the Victorian AMA influencing the Victorian ALP, the Australian party of trade unions. The AMA concluded '*A government which registers chiropractic will have been grossly negligent in its duty to safeguard the standards of health care to the community it serves.*' (43)

The Bulletin (29) reported that the '*Victorian Secretary of the Australian Medical Association*' and others '*were interviewed*' by the Inquiry however it had reportedly not reviewed the findings of the WA Honorary Royal Commission (19) which was held in 1961 and which I report below. The CAV '*attacked the ALP Report on the grounds that it lacked "depth and integrity"*' and apart from Hart appearing for 45 minutes, nothing was heard about the inquiry for the 3-years of its duration.

The most telling evidence for the correspondent being a medical ghost-writer is the statement that '*the chairman [of the ALP inquiry] was Preston MLA Dr. H. Henkins*'. There is no record at either the State or Federal parliaments of such a person and it seems that a respected member of the Federal parliament, Dr. Harry Jenkins, was mis-named. This is also the view of a research assistant at the State Library of Victoria. (email August 2020)

The letters 'MLA' in the report refer to the lower house, the *Legislative Assembly*, of the *Victorian State Parliament* for which there is an electorate called *Preston*, a Labor stronghold but never held by any '*Henkins*' nor '*Jenkins*' for that matter. A trained correspondent would not make such errors and no correction of '*Henkins*' was noted in the subsequent issues of 6 July 1960 and 13 July 1963, suggesting the piece was contributed, published, then forgotten. A spokesperson for the Victorian ALP advised me (email, August 2020) that it does not hold records of this matter, not even the minutes of the conferences (1960 and 1963) let alone any report by Dr. Jenkins.

On the other hand the records show that the Hon. Dr. Henry (Harry) Alfred Jenkins, AM was born 24 September 1925 and died 27 July 2004 (44) and served in the lower house of the federal parliament. His son, also 'Harry' Jenkins but not a doctor was elected to the same '*House of Representatives for Scullin, Victoria, at a by-election in 1986, vice the Hon. Dr H.A. Jenkins (resigned).*' Jenkins the younger became speaker of the *Federal House of Representatives* in 2010 (45) and announced his retirement in 2012. (46)

The relevance of these interludes to my report is that in the years 1960 to 1963 this unknown '*Melbourne Correspondent*' noted two streams of chiropractic, one being those trained in a four year course mostly at Palmer College, with others '*practising chiropractic without these qualifications*'. With regard to the professional identity of chiropractic, *The Bulletin* noted '*... the Palmer graduates ...*

42. The Menace of Chiropractic. An outline of remarks made by Robert B. Throckmorton, Legal Counsel, Iowa Medical Society, at the North Central Medical Conference, Minneapolis, Minnesota. November 11, 1962. Plaintiff exhibit 172 of 2 December 1975 coded 00131. Copy of document held in the author's collection. Available here: <https://www.apcj.net/page/bonus-iowa-plan/>

43. Chiropractic. Prepared by the Australian Medical Association. Supplement to the Australian Medical Association (Victorian Branch) Monthly Paper No. 118, March. Parkville Melbourne. 1973.

44. Jenkins HA. The Hon. Dr. Henry (Harry) Alfred Jenkins, AM: 24 September 1925 - 27 July 2004. Canberra: Department of the Parliamentary Library. 2004. Retrieved at trove.nla.gov.au URL <https://trove.nla.gov.au/work/26572204?keyword=harry%20jenkins>

45. Hawley S (reporter), Colvin M (Compere). Harry Jenkins nominated for speaker. [Broadcast]. Australian Broadcasting Corporation, 2010-09-24 retrieved at trove.nla.gov.au URL <https://trove.nla.gov.au/work/188239136?keyword=harry%20jenkins>

46. Karvelas P. Harry Jenkins announces retirement from politics. [Broadcast]. Harry Jenkins announces retirement from politics. Australian Broadcasting Corporation, 2012-07-26. 12. Retrieved at trove.nla.gov.au URL <https://trove.nla.gov.au/work/191714292?keyword=harry%20jenkins>

are emphatic about the limitations of their powers ...', and 'In USA, Canada, New Zealand and some other countries, chiropractic is recognised as a legitimate healing science.'

It is tempting to conclude this was a poorly written report by someone in the Victorian AMA however it is explicit in making the point '*chiropractic was the only "natural therapy" regarded with favour by the WA Royal commission*' in spite of stating that the ALP Inquiry failed to review these findings. The correspondent also noted '*one member of the committee did not attend a single meeting during the three years*', an observation more likely formed by a critical insider.

Western Australian Honorary Royal Commission into Natural Therapy 1961

The Guthrie Report (19)

This report was blatant in noting '*there are two classes of chiropractors practising in Western Australia*' (p. 11). The Commission made a point to only deal with '*the reasonably qualified chiropractors and not with persons (who may have little or no training) who assert they are qualified to practice the art of chiropractic*'. (p. 11). I conclude the professional identity of chiropractic as formed by Guthrie et al was based on the practice of chiropractors trained in North America in spite of noting that as the law stood at the time '*it is possible for a charlatan to call himself a chiropractor and possibly escape prosecution*' (p. 15, col 1)

The Report specifically noted that '*only in the U.S.A. and the Dominion of Canada does it appear that there are any colleges or institutions competent to give anything approaching adequate training*.' It also noted that '*one difficulty relative to licensing chiropractors is the apparent lack of training facilities within the Commonwealth of Australia*.' With these words all forms of local training provided anywhere in Australian states and territories were dismissed as inadequate.

It was proposed that a Chiropractic Board should be able to determine its opinion as to what constituted a '*satisfactory academic qualification*' with '*sufficient practical training*'. (p. 16) This provision allowed the Board to eventually determine that the education delivered in Melbourne by the emerging *International College of Chiropractic (ICC)* which became the *Preston Institute* and then *Phillip Institute* was of an equivalent standard to that of accredited colleges in North America, thereby allowing registration of Australian-trained chiropractors for the first time.

The specific phrases in the Guthrie Report that inform my understanding of how it considered the identity of chiropractic include:

'Chiropractic should be defined ... the Physiotherapists Act should be utilised as a base ... add some additional words to enable chiropractors to use heat processes as preparation for manipulation and also to use x-ray for diagnostic purposes' (p. 15, 14 (i))

The identity extracted from these words is of a profession similar to physiotherapy that provided manipulation with some adjunctive heat therapies and utilising x-ray for diagnosis; and

'The Act should ... prohibit unregistered practitioners from practicing.' (p. 15, 14 (iv)) and '*register persons ... who ... possessed a satisfactory academic qualification and had a sufficient practical training*'. (p. 16, 14 (v))

The identity extracted from these words is of professional acts protected by law requiring appropriate training and experience.

In specific relation to:

'chiropractic therapeutics ... designed to restore normal function of the nerve system ...' (p. 16, 14 (1))

it was noted that in America chiropractors provided '*specific adjustive therapy which brings about the correction of anatomical disrelationship and results in the restoration of nerve function*', along with three other activities, '*Clinical nutrition*', '*Physical therapy*' and '*Psychosomatic counselling*'.

The Commission noted it was *'not prepared to agree to legislation of any nature permitting chiropractors to practice in such manner'* and reverted to the idea of physiotherapy with *'slight amendments'* as noted above.

Guthrie et al stated in the opening of their report that chiropractors of that time believed *'they were entitled to practice their calling so long as they did not exceed the bounds of what could be generally said to be chiropractic advice or service.'* (p. 7, (a) Chiropractors) They saw chiropractors as sufficiently skilled and *'the ideal would be for the chiropractor to work in conjunction and under the direction of the orthopaedic surgeon'* but realised this would be doubtful, giving as the reason *'basic differences in principle and belief held by the two practitioners.'* The identity evident here is that of a health discipline with similar skills to orthodox orthopaedic medicine but with a different set of beliefs which I call philosophy.

The Commission agreed *'a large number of the public does avail itself of the services of chiropractors for spinal injuries and complaints'* and *'received satisfactory results.'* (p. 10, (i) Chiropractors) It found the likelihood of harm to be *'comparatively slight'* but apparently dependent on which class of chiropractor was consulted, preferring *'reasonably qualified'* over assertions of qualification. The Commission concluded that *'there is a demand for the services of chiropractors'* and they *'serve a useful purpose.'* (p. 13, (a) Chiropractors) The elements of identity being evident as primary contact with the public and training to a certain standard.

The Commission concluded chiropractic should be defined and its practitioners licensed with a scope of practice to be manipulation with adjuncts and the use of x-ray *'for diagnostic purposes'* (p. 15, 14 Licensing of chiropractors, (i)) with provision to prohibit unregistered practitioners from practising.

Of relevance to the emergence of the second-stream of chiropractic in Australia from naturopathy, the commission concluded *'naturopaths (to the extent they exceed the ambit of chiropractic and dietetics) should not be encouraged, and, indeed, should be prohibited.'* (p. 17, 17, (b))

Table 2 gives the identity of chiropractic leading to this period (1960-1963) which I find as the inflexion point of Australasian identity after which the Palmer idea of *'identifying and correcting subluxed vertebrae'* lost its purity.

Table 2: Elements of chiropractic professional identity leading to its inflexion point in Australasian identity (1960 to 1963).

Source	Elements of Identity
The Bulletin. <i>The chiropractors lobby</i> . 1963. (29)	Palmer graduates were reported to be emphatic about the limitations of their powers and in the USA, Canada, and New Zealand chiropractic was recognised as a legitimate healing science. However the ALP Victoria reversed its 1960 position and decided in 1963 that the Chiropractors' Association of Victoria be not recognised <i>'in the interests of the welfare and health of the community.'</i>
Guthrie HN. <i>Western Australian Honorary Royal Commission into Natural Therapy 1961</i> . 1961. (19)	Based on the practice of chiropractors trained in North America.

I mark this period (1960-1963) as the inflexion point after which the Palmer identity of *'identifying and correcting subluxed vertebrae'* lost its purity.

Overview of the 4 Inquiries of *The Inquiry Period*

Table 3: Formal Inquiries conducted in Australasia 1975 to 1979

Full title	Context	Known as...
Teece JC. <i>Report of the Committee of Inquiry into the Question of the Registration of Chiropractors</i> . 1975 (20)	A NSW Parliamentary Committee of Inquiry announced 18 January 1973 to report on the desirability of establishing machinery for the registration of persons practising chiropractic in NSW: <i>Question of the Registration of Chiropractors ...</i> and to recommend ... the qualifications necessary for registration. A State inquiry.	The Teece Report
Ward, H.R., Chair. <i>Report upon Osteopathy, Chiropractic, Naturopathy</i> . 1975. (23)	Commissioned by each House of the Parliament of Victoria, 10 September 1974, Ordered by the Legislative Assembly to be printed, 27th November 1975. A State inquiry.	The Ward Report
Webb EC (Chairman). <i>Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy</i> . 1977 (21)	Established by the Federal Minister for Health of Australia in February 1974 by calling on Prof. Edwin C. Webb to appoint an expert committee of inquiry to fully investigate and report on the practise of chiropractic, osteopathy and naturopathy, especially the scientific bases of these practices, and the desirability of registering practitioners. A National inquiry.	The Webb Report
Inglis BD (Chairman). <i>Chiropractic in New Zealand. Report of the Commission of Inquiry</i> . 1979 (24)	On 24 January 1978 Keith Holyoake, Governor-General, New Zealand, issued an Order in Council to inquire into the desirability of providing health benefits ... in respect of the performance of chiropractic services. A National inquiry.	The New Zealand Royal Commission (Inglis Report)
<p>Summation: Collectively these 5 government inquiries in Australasia represent strong evidence of the legitimacy of chiropractic and provide a formal record of the professional identity of chiropractic as it emerged over 18 years. They also document the true status of training programs in Australasia both leading up to and during this period.</p> <p>Historical note: The New Zealand Commission launched the chiropractic career of David Chapman-Smith, former Secretary-General of the World Federation of Chiropractic.</p>		

Report of the Committee of Inquiry into the Question of the Registration of Chiropractors, Parliament of New South Wales

The Teece Report (20)

This report has been discussed by Devereaux, an Australian-trained chiropractor influential as an Organiser in the Trade Union movement for having the Labor Party, in office at the time, establish the Committee. This point is kept in mind when interpreting Devereaux's favourable endorsement of the Teece findings. (47) Devereaux was a strong leader of Australian trained chiropractors through their associations, the *Australian Association of Osteopaths and Chiropractors, United Chiropractors'*

47. Devereaux EP. History of the Sydney College of Chiropractic. [Letters]. *Chiropr J Aust*. 2006;36(3):116.

Association Australasia in Melbourne (UCAA), and the *The Australian Federation of Chiropractors* (AFC).

In contrast, the following observations are from an article with no given author published in the *Journal of the Australian Chiropractors Association*, the journal of the American-trained chiropractors association, the ACA. (48) At this time the *Australian Physiotherapy Association* (APA) had moved beyond its 1925 iteration where self-declared chiropractors were the majority of members, to a position that opposed the 'registration of chiropractors "on medical grounds"'. (47 p. 7). This position seems to reflect the changed view of the Victorian ALP, reported above.

The APA also contended that '*the theory on which chiropractic is based is false and the education standards and methods of diagnosis are inadequate ...*'. This is a strong indication of a separation between physiotherapy and chiropractic, the position then in place in WA where the *Physiotherapists Act* had been introduced in 1950 and excluded chiropractors and osteopaths. (48 p. 6)

The preferred 'sound-bite' from *The Teece Report* used by proponents of the NSW-based *Sydney College of Chiropractic* (SCC) is that '*In general, persons applying for registration as chiropractors should have completed a tertiary course of at least four years considered to be equivalent of the diploma course offered by the Sydney College of Chiropractic (Ashfield)*.' (20) On the face of it this would appear to be an endorsement of the SCC, however elsewhere in the Report it is stated '*the Diploma of Chiropractic is conducted as an evening and weekend course and covers 4½ years*' (48 p. 7 and '*it is an evening and weekend course, spread over four years*'. (p. 8). In mid-1975 it was noted that there had been a change in the Minister for Health in the NSW Government and the new Minister, Mr. Healey, advised he would be travelling overseas and would look at some chiropractic colleges to compare standards. The comment was published '*This is good news for New South Wales, as the Report of the Committee of Inquiry has left it open for the Sydney College of Chiropractic to make exaggerated claims of their standard being satisfactory for New South Wales Chiropractic Legislation.*' (49)

Section 8.3.6 of *The Teece Report* (20) noted the SCC as having:

1. inadequate facilities;
2. inadequate tuition;
3. inadequate library; and
4. inadequate access to clinical material for tuition.

On this basis the second-stream of self-proclaimed chiropractors can not be used in my report as indicators of any credible professional identity. The evidence is overwhelming that they were not trained chiropractors and only called themselves such when expedient to do so.

In general, the ACA, its members being trained in full-time programs in well-established North American colleges of chiropractic, was dismayed to think the standard offered by the SCC could become the de facto Australian standard which would be made '*more dangerous by the implementation of the "Grandfather Clause"*'. (48 p. 8)

It is also difficult to accept as serious the outcomes of *The Teece Report* in the form of chiropractic legislation in New South Wales when exchanges such as the following are documented in Hansard during the reading of the Bill: (50)

'there is some degree of suspicion among the community towards the chiropractor. This lack of acceptance is borne out in a statement that is much bandied about in orthodox medical circles. It is: What are the principle functions of the spine? (1) To support the head. (2) To support the ribs. (3) To support the chiropractor'

48. Excerpts from the Report of Committee of Inquiry into the questions of the registration of chiropractors. J Aust Chiropr Assoc. 1975;January-March:6-8.

49. Cashmere MM. State Reports. New South Wales. J Aust Chiropr Assoc. 1975;April-June. 9(2):21.

50. Parliament of New South Wales. Assembly - Cognate Chiropractic Bills. Hansard. 1978;7 December:1580-94.

and, reading from Yellow Pages advertising:

'A host of other complaints are mentioned. Apparently it is claimed that anything from a pimple to a-
Mr K. J. Stewart: Hangover?

Mr J. A. CLOUGH: -a hangover, can be cured by these people. No doubt they have some treatment for hangovers.

Mr K. J. Stewart: They would get a lot of clients.

Mr J. A. CLOUGH: They would.'

The Webb Report (22, commission 1974) was referenced in this parliamentary debate: (50) *'None of the Australian colleges had accommodation which could be considered adequate. Generally they are housed in domestic accommodation with minimum conversion to their new use; none has properly designed laboratories. Even as lecture-rooms most of them are more or less inadequate.'* (p. 1588) This does not speak at all to any level of training that could be considered as approaching that offered in North America at colleges of chiropractic. Parliament did not make any suggestion regarding the suitability of otherwise of SCC, stating *'I appreciate the point raised by the honourable member for Eastwood in respect of the education of chiropractors. These standards will be left to the board, as is done in all other professions.'* (Mr K. J. Stewart, p. 1589). Stewart was a colleague of Devereaux. (51 pp. 393-4)

A clear professional identity is difficult to draw from this report for the reason one of the three members, medical practitioner CP Hudson, presented a 9 page minority report. (20) Hudson called for the standard of education to be in line with the physiotherapy requirement in NSW, (p. 93) noting the SCC curriculum was *'an evening and weekend course, spread over four years.'* (p. 87) I consider it misleading to ignore this minority view and to claim without clarification that the Committee *'expressed the opinion that'* the qualification was to be a *'tertiary course of at least four years considered to be equivalent of the diploma course offered by the Sydney College of Chiropractic.'* It must be noted that this was not a recommendation of the Committee, but the *'opinion'* of two members. In speaking elsewhere to the matter Stewart stated his Government's policy is *'that the standard suggested in the Teece Report be maintained'*. (51 p. 394) The matter was settled during debate on the Bill *'the legislation intends to establish a course for qualification at technical colleges. This course could have been instituted at tertiary level, at least at a college of advanced education or institute of technology, or in the final analysis by having a science course at a university'* and gave no precedent; the assurance was sought that *'the course of education will be of a high standard'*. (50 p. 1585)

As for the matter of identity I note the medical member of the Committee considered that *'Manipulation can be beneficial in cases such as (1) Subluxated ... joints.'* (20 p. 91, 8.6.6 (1))

The Committee noted the *'differing philosophies'* of chiropractic necessitated *'the Committee's interpretation of the term "chiropractic"'* (20 p. 21) without giving what their interpretation was. The resultant Act (50) classified chiropractic and osteopathy as *'manipulative therapy'* (p. 1581) and recognised that *'performing manual manipulation persons suffering from such varied ailments as arthritis, asthma, displaced joints, back pains, slipped discs and migraine, provided a necessary adjunct to medical treatment. In many cases treatment has been singularly successful.'* Consequential Bills separated chiropractors and osteopaths from medical practitioners and physiotherapists. (p. 1583)

An explanation from the perspective of the second-stream practitioners who represented the majority of practitioners in NSW is given by Devereaux. (52) Some of this writing is defensive and

51. Devereaux EP, O'Reilly BK, Cice J. History of the Sydney College of Chiropractic. Pathway to a profession. Sydney, Macquarie Lighthouse Press. 2015

52. Devereaux EP. Controlling registered practitioners: Another view. Chiropr J Aust. 2002;32(4):151-6.

most is critical of Bolton's two-part report. (53, 54) Bolton had identified a fundamental flaw in the first *Chiropractic Act (1978)* in NSW and noted its correction in the *Chiropractors Act (2001)*. In essence, Bolton, a mainstream chiropractor with Palmer education, was arguing for legislation which provided chiropractic with its own identity. Illogically Devereaux considered his 'second-stream' practitioners, whether chiropractors, osteopaths, or naturopaths, as 'the true mainstream chiropractic' in Australia. (51 p. 151, col. 2) Given there was no trained chiropractor from a formal, established chiropractic college in that group, and they each simply asserted they were chiropractors, I can't really draw an identity of chiropractic from Devereaux's writings.

The clinical practice that was protected in NSW was 'manipulate the joints of the human spinal column, including its immediate articulations, for therapeutic purposes' (50 p. 1580) except for medical practitioners and physiotherapists. There was a failed argument from the Opposition that it would be better to bring chiropractors and osteopaths together as 'chiropractors'. (p. 1584) The intent seemed to be to remove confusion about the broader scope of osteopathy which included soft tissue, a domain of physiotherapy.

The endpoint of *The Teece Report* in terms of the professional identity of chiropractic remained somewhat unclear in the legislation.

Report upon Osteopathy, Chiropractic, Naturopathy, Legislative Assembly Victoria

The Ward Report (23)

This inquiry saw no clear professional identify for chiropractic and recommended, among other things, 'The appointment of a Manipulative Therapy Board to provide for the registration of osteopaths, chiropractors and physiotherapists.' (23 p. vii Chiropractic (2)). It went further in an attempt to restrict practice by proposing an 'R' category of registration 'which will only permit treatment upon written referral by a medical practitioner.' (p. vii Chiropractic (4) (b)). Perhaps this lack of understanding of chiropractic was a result of Ward visiting only Great Britain, France and Switzerland. (p. 1, (a) Introduction, 1.5). At that time, mid 1973, the *Anglo European College of Chiropractic* was relatively new, opening in 1965, (55) and the only chiropractic college in that region. While the AECC was not mentioned it was noted that a committee member, Mr B.O. Jones, visited the *Canadian Memorial Chiropractic College*, and another, the Hon. I.B. Trayling, held 'discussions with practitioners in the healing arts whilst in India and copies of Indian legislation on homoeopathy and allopathic medicine were studied.'

The Committee relied on submissions from *The Australian Chiropractors' Association (ACA)*; *Australian Chiropractors', Osteopaths' and Naturopathic Physicians' Association Limited*; the *Australian Physiotherapy Association*; the *Chiropractic College of Australasia*; the *National Association of Naturopaths, Osteopaths and Chiropractors (Victorian Branch)*; and the *United Chiropractors' Association of Australasia*; and others. The American-trained chiropractic perspective of the ACA was very much in the minority.

The Committee provided this view of the methods of education at that time: 'The basic training received in Australia by people entering any one or more of these activities is the cause of the problem. In Australia, until very recent times, the few places claiming to train people in any of these activities did not have separate courses for each. The one course catered for all activities. If a person wanted to be a chiropractor, the course he did also "qualified" him to be a naturopath and for an osteopath [sic]. In the United States of America and Canada, however, if a person wanted to become a chiropractor, he enrolled at a chiropractic college and subsequently qualified in that activity only.' (p. 2, 1.11) They also reflected Palmer's idea of this non-specific education as being 'mixer' in nature (p. 2, 1.12) and considered all, including chiropractors, to be 'fringe practitioners'. (p. 2, (b) Some philosophical bases

53. Bolton SP. Controlling unregistered practitioners. *Chiropr J Aust.* 2001;31(1):8-16.

54. Bolton SP. Controlling unregistered practitioners: Chiropractic and osteopathy unzipped. *Chiropr J Aust.* 2001;31(4):122-32.

55. AECC. Home page/our history. 2017. Accessed at URL <https://www.aecc.ac.uk/about/who-we-are/our-history/>

of the report, 1.14) The Committee then *'embarked into consideration of acupuncture, iridology, Christian Science, and excessive use of X-rays.'* (p. 3, 1.20)

The two findings of relevance from this Report are the recommendation that *'The law should be amended to require the registration of chiropractors'* (para. 4.7.1, p. vii, Chiropractic, (1)) and that *'(1) Chiropractors, osteopaths, naturopaths and physiotherapists should do a common core of basic subjects for the first two years of their tertiary education and then study for their specialty (para. 10.40).'* (p. viii, Training, (1))

A position had been put to the Committee, and accepted, that *'there has been a major upgrading of the scope and scientific discipline of many overseas chiropractic training institutions ... Nevertheless, the Committee recommends that possession of an overseas chiropractic degree should not be an automatic qualification to be entitled to practise in Victoria.'* (p. 49, 10.1, 10.2) However the Committee could not recommend an Australian education program. With regard to SCC it stated *'The Committee was not impressed with the educational standards of the Sydney College of Chiropractic'* and gave reasons including *'the faculty (staff), although well-intentioned, did not possess the academic qualifications that the mainstream of tertiary education in Australia expects - only two members of the administration and faculty possessed qualifications other than "Doctor of Chiropractic".'* (p. 49, 10.8). The Committee held a similar view of the *Chiropractic College of Australasia* in Melbourne stating *'there appeared to be little understanding of developing education standards within the healing arts'* and *'the educational standards of staff were inadequate.'* As for the ICC it *'represents an attempt to raise local training standards towards the level of the better U.S. institutions, the Committee has considerable doubt as to whether the I.C.C. will be able to establish this standard in the immediate future.'*

Interestingly, the Committee specifically noted *'For the I.C.C. to obtain full recognition as a fully accredited tertiary institution, a comprehensive, detailed and coherent philosophy and methodology will have to evolve.'* It also passed opinion on *'The New South Wales College of Osteopathy'* saying it *'did not impress the Committee as an educational institution ... this College was founded in 1959 by Mr. A. F. Kaufmann D.O., D.Sc., Ph.D., D.R.M., and in 1964 he was succeeded by "Professor" Wallace C. Brown B.Sc., D.O., D.C., N.D.'* (23) Elsewhere (52) it is noted that Kaufmann's educational initiative *'commenced as the Sydney College of Osteopathy'* and on his departure *'the college changed its title to the Sydney College of Chiropractic and Osteopathy, and then to the Sydney College of Chiropractic.'* Note the difference between Devereaux's reference to Kaufmann's enterprise as the *'Sydney College of Osteopathy'* and the Ward Committee's notation of it as the *'New South Wales College of Osteopathy'*

Apart from SCC being founded by Kaufmann as a *'College of Osteopathy'* Bolton suggests Kaufmann may not have earned his 'D.C.' qualification from the purported *'American Institute of Science'* in Indianapolis. (56) An *'Editors' Note'* (57) on this disagreement between Bolton and Devereaux states no evidence could be found to support the claim Kaufmann received his chiropractic diploma from the *Indiana College of Chiropractic*. The Editors did not discount the probability Kaufmann purchased his chiropractic qualification; nor do I. Kaufmann's diploma, reproduced in the *History of the Sydney College of Chiropractic* (51 p. 43) issued by the *'Indiana Chiropractic College Inc'* is neither signed nor dated. The accompanying text states Kaufmann went to the United States in 1962 and is said to have sat an examination resulting in this diploma. Regrettably, this college is documented (58, 59) as functioning as a college between 1911 and 1923. As the Editors noted *'It is indeed a pity that a man of Kaufmann's ability and achievements should have cloaked himself in phoney feathers.'* (57)

56. Bolton S P. History of the Sydney College of Chiropractic [Letters]. Chiropr J Aust. 2006;36(3):116.

57. Editors' Note. History of the Sydney College of Chiropractic [Letters]. Chiropr J Aust. 2006;36(3):116-7.

58. Ferguson,A, Wiese G. How many chiropractic schools? An analysis of institutions that offered the D.C. degree. Chiropr Hist. 1988;8(1):27-37.

59. Wiese G, Callender A. How many chiropractic schools? An update. Chiropr Hist. 2007;27(2):89-119.

Ward's recommendations would have created a restricted identity were they not successfully challenged. A *'Manipulative Therapy Board'* would register *'osteopaths, chiropractors and physiotherapists'* and there would be two classes of registration for chiropractors and osteopaths *'(a) "O" registration which will permit primary contact with the public, and (b) "R" registration which will only permit treatment upon written referral by a medical practitioner.'* The most destructive impact on professional identity would have been *'Chiropractors and osteopaths should be limited to treating neuro-muscular-skeletal conditions and to persons aged more than twelve years unless upon written referral by a medical practitioner.'*

The view of this Committee was that *'Although in theory there is a difference between chiropractic and osteopathy, in actual practice no difference can be observed in the manipulation of the spine by the chiropractor and the osteopath.'* The Committee stated it *'was frequently confronted with the problem of deciding for itself whether a person was basically a chiropractor or an osteopath. Subsequently this situation arose only when considering Australian-trained practitioners.'* This was summed up as *'The basic training received in Australia by people entering any one or more of these activities is the cause of the problem. In Australia, until very recent times, the few places claiming to train people in any of these activities did not have separate courses for each. The one course catered for all activities.'* The Committee noted *'the overseas-trained people who now practise in Australia, practise the one discipline only whilst the Australian-trained practitioners are often hard to categorize and many are regarded as "mixers"'*.

Whilst not overtly associating the use of X-ray with chiropractic it was noted that chiropractors had their own X-ray equipment, generally poorly managed, and recommended that *'Victoria should legislate to control X-ray equipment, radioactive substances and persons exposed to ionising radiation ...'* As for education, the recommendation was for *'Chiropractors, osteopaths, naturopaths and physiotherapists should do a common core of basic subjects for the first two years of their tertiary education and then study for their specialty.'* This could be taken as an admission that the practice of chiropractic was a specialty form of manipulation required to be based on science.

The professional identity of chiropractic extracted from *The Ward Report* is of manipulation for therapeutic needs requiring tertiary-level, discipline-specific training including a philosophy of health care on a base of basic science using X-ray where so additionally licensed.

Both streams of chiropractic provided input to and critical rebuttal of *The Ward Report*. I now examine these to report how the profession saw its own identity through two lenses.

The second-stream position

The Lall Submission (26)

The Lall Submission was prepared for the *Australian Federation of Chiropractors (AFC)* representing the UCAA and other small associations. Following a short history of chiropractic in Australia in which those who asserted they were chiropractors on the basis of some form of local training were termed *'qualified chiropractors'* (p. 2) the professional identity of chiropractic was given by definition as *'the art and science of treating human ailments by manipulation and adjustment of the spine and other articulations of the body.'* (p. 6) The term *'adjustment'* was used in the clinical context, (p. 14) about which an unreferenced Hamburg physician Albert Cramer was cited as describing a *'purposeful thrust aimed at the purely mechanical component' ... as a 'regulating thrust into the nervous control centres, into the dynamic expression of the individual.'* (p. 14) The scalar adjective *'great'* was used to describe the subluxation reduced in Lillard by Palmer. (p. 20) Lall's chiropractors used *'X-Ray or other means, where necessary, to confirm his diagnosis.'* (p. 21)

The above does not provide a valid philosophical reason for me to differentiate between second-stream and mainstream chiropractors. Lall seems a florid writer weakly informed on the history of chiropractic, or biased, given he termed DD Palmer as 'Mr.' while referring to Still as 'Dr.' (p. 6)

The professional identity presented by Lall for the *AFC* as an agglomeration of locally-trained practitioners reduces to the elements of training and ethics. The curricular appear acceptable as

given however there is no assurance there were actually taught in Sydney, Melbourne or Adelaide. As noted elsewhere these institutions lacked suitably qualified staff to deliver the sciences, and had no American-trained chiropractor to deliver the discipline. In the absence of legislation there were no external standards of professional behaviour other than those of the mainstream American-trained chiropractors who had met licensing standards in North America.

UCAA Rebuttal of Ward (28)

The *UCAA-Victorian Branch* in conjunction with the *Chiropractic College of Australasia* wrote a 46 page rebuttal plus bibliography as '*Comment on*' (28) *The Ward Report*. The tone of the '*Comment*' is cynical if not sarcastic and it made its distinction of chiropractic by denigrating physiotherapy which '*at best ... is able to "free" a locked joint*'. (p. 1) It did not reach any level of eloquence.

The value of the document to my report is that it removed the idea of a division among Australian chiropractors based on subluxation and adjustment. The point was made that '*the difference between a chiropractic adjustment and "mobilising the spine" was too subtle for a lay committee to fully appreciate*.' These words are coming from a group that had its genesis in osteopathy and exclusive of any American trained chiropractor, an indicator of lexicon appropriation.

The progress of the *Chiropractic College of Australasia* was noted as having '*taken the appropriate steps by collaborating with the Royal Melbourne Institute of Technology*' to provide basic science education. (p. 5) This was stated in 1976, and the relevance is that prior to this position being stated, this College delivered no basic sciences by any person qualified to do so, inherent criticisms within the *Teece* and *Ward* Reports.

To the authors' credit they presented a strong position on subluxation (pp. 6-27) including muscle spasm, nerve root irritation, the *Central Summation* theory and the *Melzack-Wall Gate Control* theory. A curriculum presented in this rebuttal totalled 5,900 hours across 5 years. In comparing this with the ICC they were misleading by providing an impressive yet unlikely curriculum and inferring it was representative of the graduates of the previous 17 years, whilst noting the ICC would not produce a graduate for 4 years.

I will anchor the reader once again in the year 1976. On the face of the above evidence it is possible to state that the *Chiropractic College of Australasia* was then claiming it delivered a program of chiropractic education and indeed the subjects '*Chiropractic Principles*' appear from Year 1 and '*Chiropractic Technique*' from Year 3. My Experienceable Difference test that there is chiropractic education in Australia today is answered in the affirmative, however I have found that there was no chiropractic education in Australia before 1975, (1) reinforced by my findings in this paper.

The three institutions which suggested they did provide chiropractic education prior to 1975 were the *Sydney College of Chiropractic* founded by Kaufmann of doubtful qualifications in chiropractic, the *Chiropractic College of Australasia* founded by Roberts who seemed to have held no training in chiropractic, and the *Chiropractic and Osteopathic College* of Wayville South Australia which opened in 1968 and had 48 students in 1974. (26 p. 3) It interests me that the College handbook could not decide whether it was a '*Chiropractic and Osteopathic College*' (p. 55) or an '*Osteopathic and Chiropractic College*'. (p. 56). All three institutions had been in existence for less than 15 years at the time of *The Webb Report* and each was staffed solely by its own graduates with no American-trained chiropractors available.

The identity of chiropractic held by the UCAA was given as:

'a prime contact physician' who is a 'specialist in adjustment of the spine and peripheral joints and surrounding soft tissues.'

And

'A chiropractor works on the concept of body and spinal balance and corrects any abnormalities in order to restore a harmonious integrity of the total neuro-muscular skeletal system in order to re-establish unimpeded nerve transmission which is essential for the maintenance of good health.' (pp. 1, 2)

The mainstream position

The Winter submission (25)

The mainstream submission to the Ward panel from the ACA (25) was written by Doug Winter, (60) an American trained chiropractor based in Perth, WA. He reported that the ACA definition of chiropractic was the same as that he called the 'Canadian definition' vis. '*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.*' (p. 4, (4); p. 5 (7))

Winter focused on the standard of training and noted those '*locally trained to questionable levels*' (p. 7, 3.1.2) delivering '*sub-optimal health care*'. (p. 8, 3.2.2) He noted that the '*average number of visits made per week to [these] practitioners ... was only 60*' and this showed that '*the poorly trained or self-taught individual is barely making a living - an accurate commentary on his professional competence.*' (p. 8, 3.4.1) Elsewhere (22 p. 81, Appendix S) it was shown that a sample of mainstream chiropractors each averaged about 254 patient visits a 40-hour week at that time.

Winter stated that if the recommendations of the NSW Committee (*Teece Report*) were accepted with regard to the membership of the Registration Board the '*the actual standard accepted for registration will be lower than anywhere else in the world.*' (p. 7, 3.1.4). Winter set the standard as '*All students will have university entrance, all will undertake a pre-chiropractic year of physics, chemistry and biology to the level of medical preliminary.*' Tellingly, he wrote '*All lecturers will have degrees in the areas in which they lecture.*' (p. 7, 3.1.7)

As for professional identity the ACA '*considers that chiropractors will eventually fill a role in the health services equivalent to that played by dentists*' and the main problem was '*the dearth of research studies*'. (p. 12, 4.3.2) Elsewhere in this paper I reported the 1963 observation that '*the Palmer graduates ... are emphatic about the limitations of their powers ...*' (29) and indeed a decade later Winter observed '*Chiropractors do not consider their science to be a panacea*', (p. 12, 4.3.4) and, '*chiropractors do not believe, and have not believed for many years, that "subluxation is the most significant causal factor in disease."*' (p. 45, 6.3.45)

The '*Subluxation Syndrome*' was discussed, (p. 41, 6.4) with acceptance of the Homewood description '*a disturbance of normal function of a vertebral segment*' which does have '*profound significance for the neuromere and nerve trunk*'. (p. 41, 6.4.4) Suh's definition was given, '*a spinal subluxation is any alteration of the biomechanical and physiological dynamics of the contiguous spinal structures which can cause neural disturbances.*' (p. 41, 6.4.2)

I find the professional identity of chiropractic as given by Winter on behalf of the mainstream ACA to be one of a well-educated profession playing a role in the public health system with moderate views of spinal subluxation addressed by the chiropractor under the '*hypothesis of a relationship between the integrity - wholeness, health - of the nervous system, and homeostasis (health).*' p. 65, 10.1.12)

ACAV Rebuttal of Ward (27)

The ACAV took a counter position to the UCAA, perhaps unwittingly, and went to the logic, the method of the inquiry, and its omissions. (27) In today's language I would say the ACA mounted an argument of confirmatory bias of the Committee and noted the Committee was at best poorly informed. At worst it was informed by the AMA whose reports were not made available for examination by the ACAV. (pp. 1,2) The steady progression of argument is indicative of the writing style of Andries Kleynhans, a 1962 graduate of *National College of Chiropractic (NCC)* (61) hired in

60. Ebrall PS. In Memoriam, Douglas Winter: The father of university-based chiropractic education in Australia. *ChiroprJ Aust.* 2018;46(1):118,9.

61. Kleynhans. Facebook. URL <https://www.facebook.com/people/Andries-Kleynhans/100006607050568>

1975 or maybe late 1974 from that College where he was Research Director to lead the newly-founded program at ICC. (62) [Note: The history of the development of the ICC is the topic of the next paper in this series] The document was printed at P.I.T. Press Bundoora, part of the Preston/Phillip Institute (PIT) with which the ICC was entering arrangements for the delivery of basic sciences. These matters will be reported in detail in a future paper.

I am not suggesting this rebuttal was *'gentle'*, rather *'polite but firm'*. It concluded with these phrases: *'In light of the time spent in this Inquiry, the report ... can only be described as inadequate. The presentation is poor. The arguments ... are not only inadequate but are unconvincing ... failed to answer the important questions ... does not ... justify the large amount of time and financial expenditure ... we are dismayed.'* (p. 61) Perhaps Ward erred by straying into, among other things, *'iridology'* and *'Christian Science'*. (p. 14)

The professional identity of chiropractic is evident in the rebuttal as *'... primary contact status ...'* (p. 4) with no age restrictions (p. 5) and working in a cooperative manner *'... in the healing arts ...'*, (p. 64) with general ability to diagnose and specialist ability with *'chiropractic differential diagnosis'*, (p. 6) based on appropriate education. (pp. 9, 10) Specific notation was made that the 'college' of FG Roberts was acknowledged by the committee as being inadequate for this purpose. (p. 16)

Attention was given to differentiating chiropractic from osteopathy by inferring there were people who *'call themselves chiropractors within the state of Victoria'* (p. 21) in contrast to those fully-trained in recognised chiropractic programs. I am cautious with this finding as the argument about osteopathy was more nuanced than I can readily interpret; I read it as distinction from, not separation. The nature of chiropractic training was given and the key marker was certification from a State or National Board. (p. 21) Radiology was seen as integral to safe chiropractic practice.

The ACAV called out the *'undesirable practices'* of chiropractors raised by Ward et al and it named the practitioners. Of eight, 5 were not ACA members and were dismissed as underscoring *'the urgency for definitive legislation'*. (p. 43) Of the 3 who had been associated with the ACA it was stated 2 were expelled and the third resigned prior to an investigation that would have led to expulsion for breaching the ACA's code of ethics. These two paragraphs are, in my view, essential to understanding the difference between mainstream and second-stream practice. It was not philosophy but training (Bolton's 'institution') (9) and standards including ethics.

In contrast to the UCAA the ACAV made no reference to chiropractic's philosophies and I can not find any mention of subluxation in the rebuttal, subluxation was addressed as noted in its submission. I consider the rebuttal to be argument of *Magister Dixit* (63) on the grounds of *'professional standards, ethics and consumer protection.'* (p. 17) In effect, the ACA passed to legislators the determination of chiropractic's identity.

Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy

The Webb Report (Federal) (21)

This inquiry had the most public impact given its Federal remit. It was a substantive report that set out to examine the scientific bases of the four therapies as well as the desirability of registration. (64) Bolton (65) was not impressed: *'not only does the Committee fail to accept the full challenge of*

62. Mortlock D. I.C.C. Report. J Aust Chiropr Assoc. 1975;9(3):7. Note: Mortlock states Kleynhans was a Palmer Graduate which is at odds with Kleynhans' Facebook information.

63. Magister Dixit 'the master says'. This type of argument is considered irrefutable, since it comes from an expert in the matter. In this case the argument centred on matters which were the responsibility of parliamentary authority, as legislation, professional standards and consumer protection.

64. Campbell SA, Dillon JL, Polus BI. (1982). Chiropractic in Australia: its development and legitimation. J Aust Chiropr Assoc. 1982 12(4):21-30.

65. Bolton SP. The Webb Report. J Aust Chiropr Assoc. c. 1977;11(2):23-5.

the scientific role placed upon it by government, but in its lesser role, it recommends legislative action which, in effect, would limit by law, the full potential of the chiropractic profession from emerging. As did Bolton (65) of the ACA the UCAA considered the Webb Report legislation recommendations as 'harsh'. (28 p. 4)

Webb's comments on chiropractic education were generic and positive except for not recommending any status be given to the *Australasian Council on Chiropractic Education (ACCE)*, (p. 167) a body established by American-trained chiropractors through the ACA and the NZCA. The ACCE and its role will be examined in the subsequent paper discussing the ICC.

Meanwhile Webb passed the question of education standards to be a matter for State Registration Boards and recommended that '*any basic course of training in Australia for manipulative therapy should be at tertiary level.*' (22 p. 169) Such a course was to be a minimum of 4 years duration with '*a broad spectrum of biological and biomedical science.*' (p. 170) As noted by Bolton, (65) there is one recommendation dealing specifically with chiropractic, that being a recommendation to undertake research into '*chiropractic manipulation*' with an annual sum of \$200,000 being allocated by the *Australian Government*. (22 p. 207 Recommendations (1))

As for the professional identity of chiropractic I can consider Webb as being ignorant of chiropractic as a discipline, the Editors of the *Chiropractic Journal of Australia* did not feel strongly otherwise, (66) noting his Inquiry only to have '*led to steps for the recognition of chiropractors in Australia and to the establishment of university degree courses for chiropractors.*'

Webb recommended that '*chiropractic and osteopathy should not be given legal recognition in any form which would imply they are alternative health systems.*' (p. viii, (1)) Both were to be defined as '*persons, other than registered medical practitioners or registered physiotherapists who manipulate the human vertebral column and associated joints for fee or reward.*' (22 2 (a)) Title was protected as was the act of spinal manipulation.

In what may be seen as a portent for the National Law enacted 2009/2010 (67) Webb called for '*uniform legislation throughout the Commonwealth in this field.*' ((3)) The Committee did not give a green-light to grandfathering, preferring instead for there to be initial registration subject to a '*test of competency*' for existing practitioners. (p. ix, (5))

It was felt that were there to be a single new course of education established in a tertiary institution in Australia then it could be regarded as the normal qualification against which other attainments could be measured. This statement was made at the time the ICC program was emerging in Melbourne and indeed became the first course of education in an Australasian statutory tertiary institution. This set the ICC program as the default program over and above that of the SCC and indeed that of the *Chiropractic and Osteopathic College of Australasia* which, along with the *Adelaide College of Chiropractic or Osteopathy*, folded into ICC around this time. In a normal situation this would have put paid to the '*mainstream/second-stream*' divide however the persistence of the *Sydney College*, largely on the back of the perceived endorsement of *The Teece Report* can be seen as an attempt by the second-stream to legitimise themselves against ICC which was clearly a credible program established by mainstream chiropractors.

Webb et al's understanding of chiropractic is given as '*manual manipulation of the spine with or without mobilisation of other joints.*' (22 p. 52) They added '*Some chiropractors of the "mixers" group use massage*' and other named therapeutics. The emphasis on a certain style of manipulation was the distinguishing characteristic of a chiropractor. It was noted that American-trained chiropractors were '*characterized by high velocity and low amplitude thrust on the principles of short levels and osseous contact.*' (p. 43)

66. Editors. In Memoriam: Professor Edwin Clifford Webb MA (Cantab), PhD (Cantab), DSc (Hon)(Macq), FRACI, 21 May 1921-17 January 2006 [obituary]. *ChiroprJ Aust.* 2006;36(3):118-9.

67. AHPRA. Health Practitioners Regulation National Law Act 2009. 2018. URL <https://www.ahpra.gov.au/About-AHPRA/What-We-Do/Legislation.aspx>

The Committee dismissed subluxation from chiropractic while finding it of relevance to the 'osteopathic lesion' (p. 54) and lacking in scientific evidence. Mind you, they sought no evidence for medical manipulation either. They also stated they had no factual data to substantiate any claim that chiropractic manipulation was dangerous. (p. 66) There seems to be an acceptance that chiropractors used X-ray to inform their practice.

The *AMA Federal Executive* evaluated *The Webb Report* and resolved that '*The Federal council believes that the concepts underlying chiropractic are scientifically invalid.*' (68) The AMA's opposition to chiropractic is given in this statement '*any tertiary institution providing courses of education in manipulative therapy should not use the word "chiropractic" in the title of these courses.*' (68) This can only be seen as a politically motivated position as the AMA then agreed that '*instruction of medical practitioners and physiotherapists in manipulative medicine, as one aspect of treatment of joint and spinal disorders be encouraged.*' (68)

The professional identity of chiropractic expressed in *The Webb Report* is weak. The best conclusion I can draw is that a chiropractor was a spinal manipulator much the same as an osteopath, and generally did not cause clinical harm.

Chiropractic in New Zealand. Report of the Commission of Inquiry

The Inglis Commission (24)

Prior to this Royal Commission there had been two commissions in New Zealand, neither of which directly involved chiropractic but did impact the profession. In 1970 the *McCarthy Royal Commission* examined the *Social Security Act* and the NZCA made submissions. This Commission resulted in a '*no recommendation*' finding similar that of the *Compensation Commission* to follow. In 1975 some 100,000 New Zealanders signed a petition calling for the inclusion of chiropractic services in the *Accident and Sickness Insurance Act*. On presentation of the petition to a 1976 Parliamentary Committee it was found that a '*chiropractors' services be included in Accident Compensation and National Health.*' This was *The Woodhouse Commission* on Compensation which admitted chiropractors to the Compensation schemes on medical referral. From this came the *Commission of Inquiry into Chiropractic in New Zealand, The Inglis Report.* (24)

Inglis found that '*chiropractic is a branch of the healing arts specialising in the correction by spinal manual therapy of what chiropractors identify as biomechanical disorders of the spinal column. They carry out diagnosis and therapy at a sophisticated and refined level.*' (24 p. 3) It goes on to acknowledge training which allowed chiropractors to '*carry out spinal manual therapy*' in a safe manner by determining contraindications.

The strongest recognition of the status of chiropractic is given as '*The responsibility for spinal manual therapy training, because of its specialised nature, should lie with the chiropractic profession. Part-time or vacation courses in spinal manual therapy for other health professionals should not be encouraged*' (p. 4) contrary to the AMA position. (68) It also found that '*hospital boards should, under suitable conditions, allow chiropractors access to hospitals.*' (24 p. 5)

The Commission was informed by the NZCA, an association of mainstream chiropractors, who gave the identity of chiropractic as:

'its central therapeutic goal [is] the restoration of normal function of the neuro-musculoskeletal structure of the spine in order to advance the general welfare of the patient. Its focal point of concern is the integrity of the nervous system ... Chiropractors do not contend that subluxation however defined, is the most significant causal factor in disease. They do claim that subluxations of different orders and types are a factor in the production of symptoms and that the adjustment of these subluxations brings about a return to a more normal physiological function.' (pp. 180, 181)

68. News. Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy. *Med J Aust.* 1978;July 15:12.

The Commission found and implicitly accepted this as evidence of *'the basis on which the majority of New Zealand chiropractors would operate if they paused long enough in their busy practices to give the matter serious thought.'* (p. 181, 16) Significantly, the Commission noted that *'chiropractors set great store by the neurogenic disease theory and in its absence there would be no justification for granting chiropractic the status of a profession distinct from that of the manual therapist.'* (p. 217, 92) The Commission recommended *'The Chiropractors Act 1960 should be administered by the Department of Health'* (p. 4) thereby reinforcing the status of a profession.

The professional identity of chiropractic expressed by the Commission is of a health profession *'far from being an unscientific cult'* (p. 3) specialising in correction by manual therapy of biomechanical disorders of the spinal column guided by X-rays (Ch. 1) and quality training (Ch. 38) believing that *'the Preston Institute is the most appropriate place for intending New Zealand chiropractors to obtain a full training.'* (24 p. 244, (3) 77)

The Commission found it likely that the chiropractor of the future would *'tend to broaden rather than restrict his practice'* (p. 299, 5) as *'primary health care practitioners.'* They agreed that hospital access would allow existing chiropractic patients to be treated when hospitalised as well as enhance a chiropractor's diagnostic abilities who would also be of value as a therapist within rheumatology and rehabilitation departments. (p. 301)

I find *The Inglis Commission* to have been enlightened and respectful of chiropractic, making the effort to thoroughly explore the profession and provide recommendations of value to the bigger public-health picture.

Conclusion

I summarise and order my findings in Tables 1, 2, 3 and 4. Each report examined in this paper was clear in differentiating chiropractors who are trained to a standard in a credible institution from those who merely asserted the title. From this comes the common theme of education at tertiary level. In Australasia the profession has achieved this in a process starting in 1975.

By 1975, the Federal Australian government, through *The Webb Inquiry*, saw the identity of chiropractic as *'the science concerned with defects in the mechanics, statics, and dynamics of the human body'* (after Janse, p. 61) and accepting of subluxation with roles for palpation and X-rays of the spinal column. (p. 64) The identity of chiropractic was woven as manipulative therapy as in osteopathy.

In 1979 the *New Zealand government*, through their Commission found chiropractic to be a distinct health profession specialising in correction by manual therapy of biomechanical disorders of the spinal column. Osteopathy did not confound this position.

The evidence is that these elements of identity were driven in both countries by a coherent group of chiropractors who firmly and consistently advanced a model of chiropractic in the Palmer manner taught at tertiary level with a grounding in basic sciences including X-ray for diagnostic purposes.

Table 4: Elements of chiropractic professional identity as found in reports of inquiries (Australasia 1975 to 1979)

Source	Elements of Identity
<p>Teece JC. <i>Report of the Committee of Inquiry into the Question of the Registration of Chiropractors</i>. 1975. (20)</p>	<p>The Report acknowledged two streams of practitioners and saw an indistinct identity where chiropractors could be registered by a Manipulative Therapy Board along with osteopaths and physiotherapists. The resultant Act (1978) covered chiropractors and osteopaths applying manipulation to address varied ailments as arthritis, asthma, displaced joints, back pains, slipped discs and migraine.</p>
<p>Ward HR Chair. <i>Report upon Osteopathy, Chiropractic, Naturopathy</i>. 1975 (23)</p>	<p>Chiropractic could be considered as manipulation for therapeutic needs requiring tertiary-level, discipline-specific training including a philosophy of health care on a base of basic science.</p>
<p>The second-stream position: Ward Rebuttal. <i>United Chiropractors' Association of Australasia - Victorian Branch, and The Chiropractic College of Australasia</i>. 1976 (28)</p>	<p>A prime contact physician who is a specialist in adjustment of the spine and peripheral joints and surrounding soft tissues. Working on the concept of body and spinal balance by correcting abnormalities in order to restore a harmonious integrity of the total neuro-muscular skeletal system in order to re-establish unimpeded nerve transmission which is essential for the maintenance of good health.</p>
<p>The mainstream position: Ward Rebuttal. <i>Rebuttal to the Victorian Report upon Osteopathy, Chiropractic, Naturopathy</i>. (undated, c1976) <i>Australian Chiropractors' Association. Victorian Branch</i>. 1976 (27)</p>	<p>Primary contact status with no age restrictions and working in a cooperative manner in the healing arts with general ability to diagnose and specialist ability with '<i>chiropractic differential diagnosis</i>' based on appropriate education. The ACA passed the identity of chiropractic to be determined by legislators.</p>
<p>Webb EC (Chairman). <i>Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homoeopathy and Naturopathy</i>. 1977 (21)</p>	<p>The professional identity of chiropractic expressed in the Webb Report is weak with emphasis on manipulation as the distinguishing characteristic of a chiropractor. They provided manual manipulation of the spine with or without mobilisation of other joints and the American-trained chiropractors were characterised by high velocity and low amplitude thrust on the principles of short levels and osseous contact while the 'mixers' used massage and other named therapeutics. The best conclusion I can draw is that a chiropractor was a spinal manipulator much the same as an osteopath, and general did not cause clinical harm.</p>
<p>Inglis BD (Chairman).. <i>Chiropractic in New Zealand. Report of the Commission of Inquiry</i>. 1979 (24)</p>	<p>A health profession specialising in correction by manual therapy of biomechanical disorders of the spinal column for which the neurogenic disease theory provided justification to be concerned with subluxations of different orders and types, the adjustment of which brought about a return to a more normal physiological function.</p>
<p>Summation: I mark the Inglis Report as the correction point at which the 'Palmer' identity returned and chiropractic became its own legislated profession beyond the broad concept of spinal manipulation for the purpose of neural modulation of physiological factors to benefit health, today's Well-Being. From this point the professional identity of chiropractic in Australasia became that of tertiary educated, specialised spinal manipulators to normalise the nervous system to effect health with primary contact diagnostic abilities including diagnostic X-ray, practicing safely in an ethical manner and registered under National law.</p>	

My final word

The Experienceable Difference Test that this paper answers is '*did the characteristics of chiropractic's professional identity play a role in the emergence of chiropractic education, and if so, which characteristics?*' I conclude that it did and that the most significant contribution to this finding to be the *Rebuttal of the Ward Report* by the *Victorian Branch of the Australian Chiropractors Association*.

I agree with Bolton who in 1985 (9) stated the two key elements or characteristics of chiropractic during this emergence period were '*discipline and standards*', the hallmark of mainstream chiropractors.

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A companion paper

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