

‘Their Proper Historical Place’:

**The Adjudication of History at the 1978–79 Commission of Inquiry into
Chiropractic in New Zealand**

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ABSTRACT

This article is divided into three parts. The first examines chiropractic in early twentieth century New Zealand, finding that chiropractic boldly presented itself as ‘the science by which the cause of disease is removed by spinal adjustments’ in contradistinction to its later positioning as a musculoskeletal specialty. The second section examines the enactment of state registration for chiropractors in 1960, observing how chiropractors began narrowing their scope of practice in order to become acceptable for this accolade of official recognition. The 1979 Commission of Inquiry into Chiropractic in New Zealand (CIC), which supported the continuing deradicalisation of chiropractic, is the focus of the final section. Special attention is given to the role history played in this forum, particularly the commission’s attempt to reconcile the competing historical narratives put forward by medical doctors and chiropractors. Though the CIC accepted chiropractors’ claims that their present predicament paralleled the persecution of bonesetters by medical doctors in late nineteenth century England, it nevertheless believed that the hostility of orthodox medical doctors had been understandable during the early twentieth century when chiropractors ‘enthusiastically’ held themselves out as

able to treat a wide variety of diseases. The commission's reading of history ultimately reinforced one of its key findings: that chiropractic was not an alternative system of healing and should not claim to be.

In July 1976 Robert Muldoon's National Government announced its intention to establish a Commission of Inquiry into Chiropractic in New Zealand (CIC).¹ This was in response to the presentation to Parliament of one of the largest petitions in New Zealand's history up to that point in time, conveying the wishes of over 94,000 patients that chiropractic be included within New Zealand's recently established accident compensation framework (ACC).² Such an inquiry had long been desired by opponents of chiropractic, such as the New Zealand Medical Association (NZMA), who anticipated that a thorough state-instigated investigation would show chiropractic 'cultists' as being unworthy of further recognition by the state. Nearly two decades earlier the organised medical profession unsuccessfully attempted to convince parliamentarians to first institute a Royal Commission before enacting the Chiropractors Act 1960, a measure providing state registration for chiropractors.³ Chiropractors, for their part, had been relieved to avoid an

¹ Commissions of Inquiry in New Zealand are a person or persons appointed via the Governor General by Order in Council to report upon questions relating to various grounds including law making, governance, disasters and accidents, or, since a 1970 amendment, 'any other matter of public importance': Commissions of Inquiry Act 1908, s 2.

² Commission of Inquiry into Chiropractic (CIC), *Chiropractic in New Zealand: Report of the Commission of Inquiry* (Wellington: Government Printer, 1979), 6. The Accident Compensation Commission (ACC), as it was known until 1992 when renamed the Accident Compensation Corporation, was a Crown entity formed on 1 April 1974 to administer a system of state funded compensation for personal injuries established under the Accident Compensation Act 1972.

³ New Zealand Parliamentary Debates (NZPD), 1960, 322, 612. Note it was the New Zealand branch of the British Medical Association (NZBMA), the forerunner to the NZMA, that lobbied opposing the state registration of chiropractors in 1960.

inquiry into their profession in the early 1960s and would now have preferred gaining access to state compensation schemes without undergoing such scrutiny.⁴

Established on 24 January 1978, the CIC was chaired by jurist Brinsley Donald Inglis, with a further two commissioners consisting of retired headmistress Betty Fraser, and chemistry professor Bruce Russell Penfold of the University of Canterbury.⁵ None of the commissioners had any personal experience with chiropractic treatment, asserting that they came to the investigation ‘without any strongly preconceived ideas’ and having only a ‘vague’ prior impression of chiropractic as being ‘unscientific’.⁶ The terms of appointment directed the commissioners to consider ‘the practice and philosophy of chiropractic, its scientific and educational basis, and whether it constitutes a separate and distinct healing art’, as well as to assess ‘the contribution chiropractic could make to the health services of New Zealand.’⁷

After nearly two years of investigation the CIC published its report, *Chiropractic in New Zealand*, in October 1979. The volume of material received by the commission from all parties during its public sittings ‘exceeded all expectations.’ In addition, the commissioners travelled to Australia, the United Kingdom, Canada and the United States

⁴ New Zealand Chiropractors’ Association Minute Book 1920–1962 (NZCA Minutes) (10 March 1962): 249, NZCC, Auckland. After the act’s passage, the association’s legal advisor, Wilfrid Sim, warned members to be vigilant and avoid providing their opponents with any ‘dubious cases’ that could be used as a ‘pre-text on which these people could call for a Royal Commission’. The New Zealand Chiropractors’ Association acknowledged it needed first to get its ‘house in order’ and that the profession was not yet ready to undergo the searching examination of a Commission of Inquiry.

⁵ CIC, xiv.

⁶ *ibid.*, 8.

⁷ *ibid.*, 6.

to ensure that ‘at the end of it all little could be said either for or against chiropractic that had not been placed before us.’⁸

The report was perceived by doctors and chiropractors alike as a severe blow to the authority of organised medicine and a significant victory for chiropractic. It was anticipated that its ramifications would be felt not only in New Zealand but throughout the world. The report delivered the recommendation sought by the 1975 parliamentary petition that patients of chiropractors should have access to state compensation for personal injuries.⁹ Furthermore, it saw chiropractors as the victims of an overzealous medical establishment, believing that ‘a good deal of the mistrust of chiropractic demonstrated by organised medicine has arisen from ignorance of chiropractic and lack of communication with chiropractors.’¹⁰ It found that ‘modern chiropractic’ was ‘far from being an “unscientific cult”’ as the NZMA and its allies had contended. To the contrary, it described chiropractic as a reliable form of spinal manual therapy whose practitioners ‘carry out spinal diagnosis and therapy at a sophisticated and refined level’ and deserved public support.

Gordon Miller, a past president of the New Zealand Chiropractors Association (NZCA), serving as its secretary during this period, described the result as having been ‘favourable beyond the wildest dreams of the NZCA.’¹¹ Chiropractors Wilton L. Reader and Peter Bryner celebrated the development as ‘a milestone in chiropractic history’ not only in

⁸ *ibid.*, 2.

⁹ *ibid.*, 296–98.

¹⁰ *ibid.*, 8.

¹¹ Gordon Miller, ‘A Brief History of Chiropractic in New Zealand: In Particular the period 1950 to 2000’ (np, 2006), 8.

New Zealand; but worldwide.¹² The *Journal of the Canadian Chiropractic Association* ran a special feature recording how ‘chiropractors across the world’ were ‘standing and applauding the findings’ of the New Zealand CIC.¹³ The report was indeed widely read among chiropractors in the United States, having had ‘special significance’ for American chiropractors due to the fact most of New Zealand’s chiropractors had been trained in that country.¹⁴ Organised medicine for its part certainly perceived it had tasted defeat. The NZMA’s Auckland division wrote in its newsletter that medical doctors had ‘got the cane’, while the *New Zealand Medical Journal* ran an editorial lamenting that chiropractors had pulled ‘a successful manipulation’.¹⁵

In the years since, historians of alternative medicine have similarly portrayed the New Zealand report as a significant development in the official acceptance of chiropractic. James Stuart Moore, in his 1993 history of chiropractic in the United States of America, described the CIC’s findings as having constituted a ‘major stride’ for chiropractic from ‘an unexpected source’.¹⁶ In 2002 James Whorton, later described in the introduction to an edited collection as ‘the most influential historian of alternative medicine’, similarly

¹² Wilton L. Reader and Peter Bryner, ‘The Development of Chiropractic in New Zealand 1910–1980’, *Chiropractic History* 9, 1 (1989): 21.

¹³ Henry S. Czarnota, ‘Special Feature: The New Zealand Report—A Summary’, *Journal of the Canadian Chiropractic Association* 24, 2 (1980): 51.

¹⁴ Reader and Bryner, 21.

¹⁵ New Zealand Medical Association Auckland Division, ‘Chiropractic in New Zealand’, NZMA (Auckland Division) Newsletter 166 (November 1979): 7; New Zealand Medical Association Records (Auckland Division) 1919–1993, University of Auckland General Library, Special Collections, MSS & Archives Accession 1224; editorial, ‘The chiropractic report: a successful manipulation’, *New Zealand Medical Journal* 90, 648 (1979): 426–27; Derek A. Dow, *Safeguarding the Public Health: A History of the New Zealand Department of Health* (Wellington: Victoria University Press, 1995), 231.

¹⁶ J. Stuart Moore, *Chiropractic in America: The History of a Medical Alternative* (Baltimore, MD: Johns Hopkins University Press, 1993), 125–26.

contended that the outcome of New Zealand's inquiry helped 'upgrade' the standing of chiropractic internationally.¹⁷

Yet declaring the CIC's report an unabashed success for chiropractic overlooks the sacrifices this medical alternative had to make in order to become acceptable for the provision of state subsidies. As sociologist Kevin Dew notes, while there was a great deal in the report that was favourable towards chiropractors, the commissioners also sought to limit and restrict their discipline.¹⁸ Significantly, the CIC stated chiropractors 'do not provide an alternative comprehensive system of health care, and should not hold themselves out as doing so.'¹⁹ Claims by chiropractors to practise anything more than the treatment of musculoskeletal disorders were largely dismissed, with allowance for only a limited number of treatments of 'organic and / or visceral symptoms' provided the patient was under the concurrent supervision of a medical doctor. In short, the chiropractic recognised by the CIC was not the broader modality of earlier times, but rather a limited specialty for back treatments and some complaints perceived as possibly associated with the spine such as migraine headache.²⁰ Furthermore, the commission frowned upon the use by many chiropractors of the initials 'Dr', recommending that the Chiropractors Act 1960 be amended to ban chiropractors from using 'Dr', 'Doctor' and 'Doctor of

¹⁷ James C. Whorton, *Nature Cures: The History of Alternative Medicine in America* (New York: Oxford University Press, 2002), 276; Robert D. Johnston, 'Introduction' in Johnston (ed.) *The Politics of Healing: Histories of Alternative Medicine in Twentieth-Century North America* (New York: Routledge, 2004), 7.

¹⁸ Kevin Dew, 'Apostasy to Orthodoxy: Debates Before a Commission of Inquiry into Chiropractic', *Sociology of Health and Illness* 22, 3 (2000): 313.

¹⁹ CIC, 4.

²⁰ *ibid.*, 3.

Chiropractic’.²¹ Fortunately for chiropractors, this particular recommendation was never acted upon by politicians.

At least one of the witnesses for organised medicine recognised that the report may not have provided chiropractic with the glowing endorsement many of his contemporaries believed. American ‘anti-health fraud’ campaigner William T. Jarvis noted the ‘paradox’ of the CIC’s ‘strong and restrictive recommendations ... in light of the amount of rhetoric favouring chiropractic within the text of the report.’ He saw the commission as having ‘harsh words’ for ‘purist’ chiropractors, for while it had rejected medicine’s characterisation of chiropractic as ‘a form of cultism’ it nevertheless could not countenance chiropractors who made ‘extravagant claims of the manner used in chiropractic pamphlets.’ Only ‘conservative’ chiropractors were acceptable; those Jarvis termed ‘Chiropractic Manipulative Therapists’.²² Similar observations at the time came from Walter I. Wardwell, a sociologist who, though not involved in the inquiry, had made the study of chiropractic the focus of his career.²³ In an article in the *New England Journal of Medicine* in March 1980, Wardwell encouraged American chiropractors ‘to become limited practitioners’ as organised medicine could then ‘cease its active

²¹ *ibid.*, 269.

²² William T. Jarvis, ‘The New Zealand Chiropractic Report—an evaluation’, *New Zealand Journal of Physiotherapy* 8, 1 (1980): 6–7. Jarvis at this time was Associate Professor in the Department of Preventive and Community Dentistry, Loma Linda University, California, specialising in health education, evaluating therapeutic claims and consumer protection. He appeared as a witness for the New Zealand Society of Physiotherapists during the inquiry: ‘The New Zealand Chiropractic Report—an evaluation’, accessed 21 May, 2013, <http://www.chirobase.org/05RB/NZ/nzjarvis.html>.

²³ The late Walter Wardwell was a prolific contributor to the sociology and historiography of chiropractic. See, for examples: Walter I. Wardwell, ‘Chiropractors: Evolution to Acceptance’, in Norman Gevitz, ed., *Other Healers: Unorthodox Medicine in America* (Baltimore, MD: Johns Hopkins University Press, 1988); Wardwell, *Chiropractic: History and Evolution of a New Profession* (St Louis, MO: Mosby Yearbook Publication, 1992). The latter publication, the product of a lifetime of research into chiropractic, has been described as ‘the most comprehensive overview’ of the subject in the United States: Hans A. Baer, ‘Medical Pluralism in the United States: A Review’, *Medical Anthropology Quarterly* 9, 4 (1995): 496.

opposition' to them while the public and insurance companies alike would have greater confidence in chiropractic. While acknowledging it 'may seem utopian' to expect chiropractors to accept 'such a limited role' or for 'organised medicine even to consider it', Wardwell observed that this was 'what the New Zealand Commission of Inquiry seems to be recommending for its country.'²⁴

The inquiry was not only a remarkable example of an international scientific controversy decided in a legal rather than scientific arena, but also of the use of history in an adversarial setting. Indeed, the commission's 'mainstreaming' of chiropractic was particularly visible in its use of the past. The CIC found itself adjudicating between two competing historical narratives advanced by opposing professional interest groups. The first history, advanced by chiropractors, depicted chiropractic as arising out of a long established lineage, being the modern incarnation of ancient traditions of bonesetting. The second history, advanced by orthodox medicine and its allies, presented chiropractic as a relatively recently invented form of quackery that owed more to its founder's dubious background as a magnetic healer than it did to bonesetters, depicting medical practitioners as the defenders of the scientific tradition, and chiropractors as the enemies of reason. In the end, the CIC reconciled the two accounts to produce a 'third way' history that largely sided with chiropractors in seeing parallels in their current plight with the historical persecution of bonesetters in nineteenth century England, while also pointing out how the enthusiastic claims of chiropractors in the early twentieth century provided some justification for the hostility of organised medicine towards chiropractic.

²⁴ Wardwell, 'The Future of Chiropractic', *New England Journal of Medicine* 302, 12 (1980): 689–90.

The CIC's reading of history ultimately helped it form the conclusion that chiropractic should be limited and deradicalised.

Chiropractic in Early Twentieth Century New Zealand

In order to understand the 'mainstreaming' of chiropractic in the latter half of the twentieth century, it is first necessary to examine the state of the profession in its early years. Chiropractic arrived in New Zealand on 29 December 1910, when Thomas Giles disembarked the *SS Ionic* to begin a new life in Otago as the Dominion's first chiropractor.²⁵ By 1920 the New Zealand Chiropractor's Association (NZCA) was formed, and in 1924 the merits of chiropractic were already the subject of debate within the walls of New Zealand's House of Representatives.²⁶ Leonard Isitt, an MP best known for tirelessly campaigning for the prohibition of alcohol, would likewise have prohibited chiropractic having seen 'some very shocking cases of maltreatment by the persons engaged in that occupation.'²⁷ Daniel Sullivan, on the other hand, defended the claims of chiropractors to treat a wide range of diseases, arguing that the 'mass of proof' in the chiropractic literature he had read was 'too substantial' to enable the House to dismiss those practitioners as 'cranks'. Maui Pomare expressed his sympathy for Isitt's concern about 'quack' practitioners, for he had seen 'some cultured individuals going round with

²⁵ Thomas Giles, 'Letter to the Editor', *The Chiropractor: Bulletin of the New Zealand Chiropractor's Association* (March 1964): 25–27, New Zealand College of Chiropractic NZCA Centennial Library (NZCC), Auckland; Reader and Bryner, 'The Development of Chiropractic in New Zealand 1910–1980', *Chiropractic History* 9, 1 (1989): 17. See also: Willem van Gent, 'From Alternative to Complementary: A History of Chiropractic in Twentieth Century New Zealand' (MA thesis, University of Auckland, 2012): 8–32. The first chapter of the thesis, upon which this section of the article is based, provides a comprehensive account of the rapid growth of chiropractic in early twentieth century New Zealand, as well as the life of Giles and other early chiropractors.

²⁶ Wilton L. Reader, 'History of Chiropractic in New Zealand' (nd, np): 1, NZCC, Auckland; New Zealand Parliamentary Debates (NZPD), 1924, 204, 1070–72.

²⁷ NZPD, 1924, 204, 1071. Allan K. Davidson, 'Isitt, Leonard Monk', from the Dictionary of New Zealand Biography, Te Ara—the Encyclopedia of New Zealand, updated 30 October 2012, <http://www.TeAra.govt.nz/en/biographies/3i2/isitt-leonard-monk>.

potatoes in their pockets’ believing they could ‘ward off rheumatism’, as well as ‘some with metal rings on their fingers to keep away some other kind of evil.’ Nevertheless he was content that chiropractors were liable under the law for negligence ‘in the same way as anyone else who practises medicine’, and concluded that ‘the chiropractor has taken his place today in New Zealand.’²⁸

These relatively favourable comments from MPs suggest that the health culture of interwar New Zealand was to some extent ‘pluralistic’ and open to a variety of treatment modalities rather than ‘monopolistic’ and completely dominated by orthodox practitioners.²⁹ Pomare’s tolerance of chiropractic stands out in particular. Now Minister of Health, he was the first western-trained Māori doctor, serving from 1901 to 1911 as Māori Health Officer within the Department of Health. During that earlier period he was a prominent and passionate opponent of unorthodox medicines, strongly supporting measures against traditional Māori healers and other forms of ‘quackery’ such as patent medicines through the Tohunga Suppression Act 1907 and the Quackery Prevention Act 1908 respectively.³⁰ By 1924, chiropractic had been practised in New Zealand for merely fifteen years and yet already chiropractors were being described by MPs including Pomare as having ‘taken their place in New Zealand’ and being classed alongside ‘anyone else who practises medicine’. Furthermore, this tolerance of chiropractic was

²⁸ NZPD, 1071–72.

²⁹ Barbara Clow, *Negotiating Disease: Power and Cancer Care, 1900–1950* (Montreal: McGill Queens Press, 2001), 88. Clow argues that, contrary to the assumptions of many scholars, the health culture of North America during the interwar period was ‘not monopolistic, but pluralistic, characterised by a wide variety of treatment alternatives as well as by shifting and competing definitions of authority’. The parliamentary debate on chiropractic strongly suggests a similar situation prevailing in New Zealand.

³⁰ Derek Dow, “‘Pruned of its dangers’: The Tohunga Suppression Act 1907”, *Health and History: Bulletin of the Australian Society for the History of Medicine* 3, 1 (2001): 41–64.

being expressed during a period when chiropractors boldly and visibly claimed wide curative powers for their discipline.

In marked contrast to the present public perception of chiropractors as musculoskeletal specialists or ‘back doctors’, chiropractic in early twentieth century New Zealand presented itself as a complete alternative system of healing able to address almost any health complaint. A 1924 advertisement for ‘Miss Isabel F. Balk’ of Taranaki, for example, claimed that ‘95 per cent of diseases’ were due to ‘pressure upon nerves along the sides of the vertebrae column’.³¹ Chiropractic was ‘Not Medicine, Not Surgery, Not Massage’ but rather ‘The Science by which the Cause of Disease is removed by Spinal Adjustments’, proclaimed a 1918 advertisement for ‘Giles & Otterholt, H B Building, Chiropractors, Princes St, Dunedin’ in Stone’s Otago and Southland Directory. ‘The Chiropractor adjusts the Cause, and when the Cause is removed Nature returns to normal, and Normal Function spells HEALTH’, continued the notice, ending with the assurance that ‘Hundreds of patients in New Zealand are enjoying good health as a result of Spinal Adjustments.’³²

The confident and unabashed style of such advertisements reflected the fact most of New Zealand’s chiropractors trained at the Palmer School of Chiropractic in Davenport, Iowa. This institution was known for training its students to be aggressive marketers, imparting an ethic encapsulated by the slogan: ‘Early to bed and early to rise—Work like hell and advertise’. James Whorton, writing on the early development of chiropractic in America,

³¹ *Hawera & Normanby Star* (13 February 1924).

³² Stone’s Otago and Southland Directory (1918).

observed that ‘even other alternative practitioners were offended’ by the excesses of chiropractic self-promotion, providing the example of one exasperated naturopath who complained how ‘the whole world has been flooded with the exaggerated claims of the chiropractor.’³³

While chiropractors viewed their claims as being grounded in ‘science’, they anticipated that the public would perceive their claims as magical or miraculous. Giles and Otterholt, for example, made a distinct effort to provide their prospective patients with ‘scientific’ explanations by which spinal adjustment could cure a wide range of illnesses, even those seemingly unrelated to the spine. They described the key fact as being that ‘the Brain regulates and controls every organ and tissue in the body’, a control made possible ‘by means of the Spinal Cord and Nerves, which are in reality extensions of the Brain.’³⁴ This explanation echoed the writings of Daniel David (D. D.) Palmer, the American ‘discoverer’ of chiropractic who performed the first chiropractic adjustment in 1895 and founded the Palmer School of Chiropractic in Davenport, Iowa, soon after.³⁵ In his 1910 textbook Palmer taught that ‘diseases known by other names are due to an impairment to the whole or part of the nervous system ... Disease of every organ or portion of the body may ... arise from defect in the nerve centers rather than in the organ itself.’³⁶

Such strong claims inevitably provoked responses. In 1922 the sensationalist tabloid *New Zealand Truth* ran a piece entitled ‘CHIRO-QUACK-TIC’, purporting to expose the

³³ Whorton, *Nature Cures*, 188.

³⁴ Stone’s Otago and Southland Directory (1918).

³⁵ Whorton, 168–74.

³⁶ D. D. Palmer, *The Chiropractor’s Adjustor: The Text-Book of the Science, Art and Philosophy of Chiropractic* (Portland, OR: Portland Printing House Company, 1910), 34.

‘fallacies and misrepresentations’ of the ‘spine tappers and back-bone thumpers’. Portraying its practitioners as frauds, *Truth* denounced chiropractic as ‘a specious form of Yankee quackery.’ Noting with alarm the ‘flourishing’ of chiropractic in New Zealand ‘at the present time’, the article pilloried the broad claims of chiropractors to ‘cure all diseases from toothache to apoplexy’ with ‘the manipulation of a single portion of the spine.’ The irony that such claims had been carried in advertising in its own columns appeared to escape the magazine for the time being. *Truth* portrayed chiropractic as a threat to public health, highlighting the case of ‘a man named Lyons’ who, “SUFFERING FROM CANCER”, successfully sued “a spine-tapper named Wright” for malpractice. It further suggested that there “have been other cases which our readers may also possibly recollect.” Professing concern for ‘gullible’ patients in the face of chiropractors’ ‘hoodwinking games’, the piece went on to call for an official response:

It is certainly high time that the public of this country were protected from such monstrous quacks, and it will be the *Truth’s* pleasant task to endeavour to arouse public opinion so that the New Zealand Quackery Prevention Act shall be tightened up and a close watch kept on chiropractors and such-like gentry. Does the Parliament of New Zealand realise that the chiropractor claims the astounding power of being able to dispense with all the recognised forms of medical diagnosis? ... Such a specious form of charlatany cannot survive. Signs are not wanting that it has been found out for the sham it is in America, where it is dying the death it deserves. *Truth* hopes to hasten its demise in this Dominion.³⁷

The association responded by recommending its membership to be wary of advertising in *Truth* in the future. This was despite the ‘managers’ of *Truth* having sent remorseful letters conveying an undertaking not to repeat such attacks in the future and pleading for

³⁷ *New Zealand Truth* (17 June 1922).

members of the association to continue advertising in the column.³⁸ Perhaps this early acquaintance with the nakedly commercial motivations of this tabloid, often given to publishing scandals afflicting orthodox and unorthodox practitioners alike, resulted in the association later carrying a motion ‘recommending to members when making financial investments to commend favourably the matter of investing in shares of influential newspapers with a view to securing some hold on the organs of public opinion in the Dominion’ in December 1929.³⁹ While this cunning plan was probably never pursued with any seriousness, *Truth* had already changed its tune regarding ‘chiro-quack-tic’ by this time. In March 1927 *Truth* ran a piece reporting that a jury had rejected a charge against a chiropractor by a married woman that she was under the practitioner’s ‘spell’ and thereby forced to ‘obey his will’. *Truth* used the case as an example of ‘the dangers to which medical men are exposed, from neurotic and hysterical women, who come under their care.’⁴⁰ The description of chiropractors as ‘medical men’ marked a dramatic change from their earlier portrayal as ‘chiro-quack-tors’.

Nevertheless, *Truth*’s call for the eradication of chiropractic reinforced the NZCA’s fear that parliament might introduce ‘legislation adverse to the interests of Chiropractors’, with letters being written ‘to Messrs Massey, Wilford and Holland, leaders of the Reform, Liberal and Labour parties’ to ascertain their attitudes towards the medical alternative.⁴¹ New Zealand’s chiropractic community was anxious to avoid a local repeat of the legal ‘persecution’ of chiropractors in the United States, whose techniques were

³⁸ New Zealand Chiropractors’ Association Minute Book 1920–1962 (NZCA Minutes) (28 December 1922): 11, NZCC, Auckland.

³⁹ NZCA minutes (23 December 1929): 48.

⁴⁰ *New Zealand Truth* (10 March 1927).

⁴¹ NZCA minutes (28 December 1922): 10–14.

defined as practising medicine without a licence. D. D. Palmer, the father of chiropractic, had himself been jailed, with perhaps as many as 15,000 similar prosecutions, about one in five of which resulted in convictions, over the first three decades of chiropractic's existence.⁴² These were facts that the NZCA and its American-trained membership must have been all too familiar with. As it turned out, the association's fears of an official 'crackdown' on chiropractic in New Zealand were never realised. While, as noted above, there had been—famously ineffective—official attempts to outlaw traditional Māori healers and weed out patent medicines in the form of the Tohunga Suppression Act 1907 and Quackery Prevention Act 1908 respectively, New Zealand's chiropractors never found themselves on the receiving end of a 'Spinal Manipulators Repression Act' or other such variant.⁴³

State Registration of Chiropractors in New Zealand

New Zealand's House of Representatives would eventually support rather than repress chiropractic. Indeed, the Chiropractors Act 1960, enabling the state registration of chiropractors, has been described by many chiropractors since as amounting to 'official recognition' of their profession.⁴⁴ Derek Dow similarly notes in his history of New Zealand's Department of Health that 'official recognition was finally granted to chiropractors when they became eligible for registration'.⁴⁵ In another piece Dow further

⁴² Wardwell, 'Chiropractors: Evolution to Acceptance', 165.

⁴³ Dow, *Safeguarding the Public Health*, 65; Dow, "'Pruned of its dangers": The Tohunga Suppression Act 1907'; *Health and History: Bulletin of the Australian Society for the History of Medicine* 3, 1 (2001): 41–64.

⁴⁴ Pat A. Duggan interviewed by Craig A. Willis, nd, NZCC, Auckland; Graham Kinney interviewed by Craig A. Willis, October 1994, NZCC, Auckland; Reader and Bryner, 'The Development of Chiropractic in New Zealand': 20; Miller, 'A Brief History of Chiropractic in New Zealand', 3.

⁴⁵ Dow, *Safeguarding the Public Health*, 230.

contended that the legislation was part of a broader ‘philosophical shift’ towards greater tolerance of medical heterodoxies.⁴⁶

At the time, however, there was no consensus that the act officially recognised chiropractic. In fact the question of whether the legislation amounted to ‘recognition’ or merely ‘regulation’ became the subject of a rhetorical battle among parliamentarians, chiropractors and medical practitioners. Many MPs supporting registration outright denied that it would recognise chiropractic, instead depicting the measure as nothing more than a tool of control for the protection of the public. Meanwhile, MPs opposing registration repeated the concerns of orthodox medical professionals that registration would amount to official recognition of a ‘healing cult’.⁴⁷ Even five years after its introduction the issue of whether registration meant recognition or regulation continued to be debated. In 1966 a Department of Health memorandum recorded how three MPs involved in the original debate now reacted with dismay to suggestions by nurses and physiotherapists that ‘the registration of chiropractors had given the public the idea that the Government had recognised chiropractic’. These MPs continued to maintain that the Chiropractors Act 1960 was intended to be a measure of regulation rather than

⁴⁶ Dow, ‘Pruned of Its Dangers’: 63–64.

⁴⁷ These conflicting views over the meaning of registration were particularly visible a year later during the debate over the passage of the Chiropractors Amendment Act 1961. National MP Geoffrey Sim, supporting registration, asserted ‘The Bill does not give them any recognition as a medical profession or a second-grade medical profession. They have sought this legislation to put their own house in order’: NZPD, 1961, 326, 303. Peter Gordon, another National MP, but opposing registration, repeated the warnings of medical doctors that the measure meant parliament was providing ‘blessing and encouragement’ to chiropractors, endangering public health: NZPD, 1961, 329, p.3620. For more examples and further discussion, see: van Gent, ‘From Alternative to Complementary’, 59–64.

recognition as ‘they had only agreed to this step with the intention of helping the good chiropractor to weed out the inadequately trained.’⁴⁸

In reality the legislation both regulated and recognised chiropractic, a view later accepted by the Department of Health when advising on proposals for a new Chiropractors Act in 1982.⁴⁹ The NZCA certainly grasped this in 1960, for at the time they celebrated the passage of the act as a ‘milestone in chiropractic history’ and culmination of ‘thirty years of continuous legislative effort.’ New Zealand had gone from trailing other jurisdictions to becoming ‘one of the first countries to register chiropractors at a national level.’ While the association highlighted the ‘most important consequence’ of the act as ‘the public’s protection’, it pointed out that the development would raise the status of the profession. Foreshadowing the coming campaign for chiropractors and their patients to be accorded the same social security benefits as orthodox medical practitioners and their patients, the association anticipated that registration would provide ‘a foundation for the incorporation of chiropractic services in Health and Accident Insurance policies, Workmen’s Compensation claims, and other welfare organisations.’⁵⁰

⁴⁸ P. C. McKinlay, ‘Chiropractors: Petition from Chiropractic Patients’ Association’ (26 September 1966), Department of Health (DOH), 171/3/41, Archives New Zealand (ANZ), Wellington.

⁴⁹ R. A. Barker, ‘The Chiropractors Bill: Background Notes by the Department of Health’, nd, Michael Edward Rainton Bassett Further Papers: Health and Welfare Chiropractors Bill, 88–289–54, ATL, Wellington. The document concluded that ‘Fundamentally, registration is primarily for the protection of the public, though the profession concerned also acquires status thereby’. The 1979 report of the Commission of Inquiry, for its part, believed the 1960 Act was primarily a measure of regulation. It identified the three key purposes of registration as being to ‘protect the public’, ‘ensure minimum standards of education, training and proficiency’, and ‘provide registered chiropractors with a great measure of control over their professional standards of conduct’: CIC, *Chiropractic in New Zealand*, 69.

⁵⁰ Editorial, ‘Chiropractic Registration Bill Passed’, *The Chiropractor: Bulletin of the New Zealand Chiropractors Association* (March 1961): 1.

Yet even if registration did amount to ‘official recognition’ of chiropractic, such recognition only extended to a more limited form of chiropractic than that practised in the early twentieth century. Registration required chiropractors first undergo some deradicalisation. It would not have been granted had the NZCA still openly championed the earlier claims of many chiropractors to treat a wide variety of diseases. What chiropractic gained in acceptance and recognition in 1960 came at the cost of many of its earlier claims to be an alternative system of healing, an exchange well documented in historical and sociological literature internationally.⁵¹

Dow touches upon this development with his suggestion that the ‘greater tolerance’ by officials in the latter half of the twentieth century only extended to those modalities, in the words of a 1987 report on research into unorthodox therapies, ‘complementary with and not alternative to orthodox health care.’⁵² Sociologist Kevin Dew went further, producing a detailed analysis of this phenomenon in his reading of the 1979 report of the Commission of Inquiry into Chiropractic in New Zealand (CIC). The CIC recommended that chiropractors and their patients be provided access to many of the same social security benefits as the patients of orthodox medical doctors. Dew argued, however, that the commission was only prepared for chiropractic to receive greater official recognition if chiropractors behaved as ‘complementary’ rather than ‘alternative’ practitioners, abandoning their past claims to treat a variety of diseases and instead limiting the scope

⁵¹ David Coburn and C. Lesley Biggs, ‘Limits to Medical Dominance: The Case of Chiropractic’, *Social Science and Medicine* 22, 10 (1986): 1035; Dew, *Borderland Practices: Regulating Alternative Therapies in New Zealand* (Dunedin: University of Otago Press, 2003), 41–57; Whorton, *Nature Cures*, 165–90 and 283–88.

⁵² Dow, ‘Pruned of Its Dangers’: 63–64; Judith Johnston, ‘Foreword’, in Julie Leibrich, Janet Hickling and George Pitt, eds, *In Search of Well-Being: Exploratory Research into Complementary Therapies: Department of Health Special Report Series 76* (Wellington: Department of Health, 1987), iii.

of their treatments to musculo-skeletal disorders and back maladies.⁵³ Indeed, the report explicitly disapproved of chiropractors presenting themselves to the public as practitioners of an alternative system of healing.⁵⁴ Rather, the CIC desired that chiropractors accept ‘a subordinate relationship with medicine.’⁵⁵

Dew’s picture is ultimately incomplete, for he did not consider the place of the campaign for state registration of chiropractors in this process. Indeed, he seemed unaware of the registration controversy, claiming that New Zealand’s medical profession was ‘not stirred into outright condemnation of chiropractic’ until 1975. In reaching this conclusion he relied on a 1967 editorial of the *New Zealand Medical Journal*, which was ‘not overly critical’ of chiropractors.⁵⁶ Dew’s narrative ignored that the New Zealand Branch of the British Medical Association (NZBMA), Department of Health and others had already derided chiropractic as an ‘unorthodox healing cult’ during the debate over state registration and in numerous other hostile clashes in subsequent years.⁵⁷ Representatives of organised medicine and chiropractic clashed repeatedly throughout the 1960s and into the 1970s when the patients of chiropractors petitioned parliamentarians to grant access to social security benefits for chiropractic treatments. Two significant examples of ‘outright condemnation’ of chiropractic by representatives of organised medicine during

⁵³ Dew, ‘Apostasy to orthodoxy’: 325.

⁵⁴ CIC, 4. In summarising its key findings the commission stated: ‘Chiropractors do not provide an alternative comprehensive system of health care, and should not hold themselves out as doing so’.

⁵⁵ Dew, ‘Apostasy to orthodoxy’: 313.

⁵⁶ Dew, *Borderland Practices*, 42; Editorial, ‘Report on Chiropractic: The Nature of Chiropractic’, *New Zealand Medical Journal* 66, 414 (1967): 102–04.

⁵⁷ The New Zealand Branch of the British Medical Association (NZBMA) had been the national professional association for medical doctors since 1896. In 1967 the NZBMA was superseded by the Medical Association of New Zealand (MANZ), which restyled itself the New Zealand Medical Association (NZMA) in 1976. The initials NZMA had in fact been used as far back as 1886, being the name of New Zealand’s first medical association before being supplanted by the NZBMA.

Dew's supposed period of peaceful co-existence could be seen during the 1966–67 Woodhouse and 1970–72 McCarthy inquiries into worker's compensation and social security respectively. At both inquiries medical doctors, physiotherapists, and the Department of Health vehemently—and successfully—opposed demands by chiropractors and their patients for state subsidies towards chiropractic care.⁵⁸ In light of this history of hostility, the 1979 inquiry must be seen as the latest in a long line of heated confrontations between chiropractors and orthodox medical professionals rather than the sudden flareup Dew implies. Similarly, the deradicalisation of chiropractic did not begin, as Dew believes, during the lead up to the CIC, but instead can be traced back to the 1950s as chiropractors prepared to push for state registration.

The minute book of the NZCA provides plentiful evidence that the organisation consciously restricted the activities of chiropractors in the years prior to the registration, while also supplying indications not all members happily accepted this. When the NZCA first approached the Labour administration of the late 1940s to explore the possibility of registration, Minister of Health Arnold Nordmeyer replied that the chiropractic profession must establish its own 'standards of recognition ... prior to any government recognition.'⁵⁹ The NZCA responded to this challenge by turning previously unwritten

⁵⁸ Examples during the 1966–67 Woodhouse inquiry include the submission of the NZBMA, which claimed that members of the chiropractic 'cult' employed techniques 'wholly inadequate for the diagnosis and treatment of injury and disease': NZBMA, 'Submissions of the NZ Branch of the BMA to the Royal Commission on Workers' Compensation', AADK W3513 17/, DSW, NA, Wellington, 3. The 1972 McCarthy Report noted the strong opposition of doctors, physiotherapists and the Department of Health to the 'Chiropractic Benefit' the NZCA proposed during the course of its inquiry: Royal Commission on Social Security, *Social Security in New Zealand: Report of the Royal Commission of Inquiry* (Wellington, 1972), 475. Limited space does not allow an in depth examination of these and similar confrontations during the period here. For more examples and analysis see: van Gent, 'From Alternative to Complementary', 75–87.

⁵⁹ Reader and Bryner, 20.

rules into formal requirements. In 1952, for example, it was resolved that ‘all members ... shall be duly trained and qualified chiropractors holding a diploma to that effect from a school or college of chiropractic approved by the association.’⁶⁰ The following year it declared that membership of the association would now be restricted to those graduating from ‘approved schools’ of chiropractic such as the Palmer institution, with future applications for membership from graduates of other schools to be ‘stood over’ until the reputation of the school in question had been ‘investigated’.⁶¹

During the 1950s the association’s executive committee and publicity committee began to meet multiple times a year to direct preparations for a registration campaign and by the middle of that decade the NZCA had become increasingly interventionist in the day to day activities of its membership. In 1955 the association established a ‘set of standards covering ‘case history’, X-ray procedures, Office Procedures etc.’⁶² In 1956, in an effort to control the public utterances of its members, the association directed members to refrain from courting controversy and to avoid engaging in debates on ‘the use of Anti-Polio Vaccine, Fluorine in water supplies, and other similar types of public health measures.’⁶³ The NZCA’s efforts did not go unnoticed during the debate over the Bill that became the Chiropractors’ Association Act 1955; a measure to protect the initials of the NZCA to preclude non-members claiming membership. Ralph Hanan, then Minister of Health in Sidney Holland’s National Government, voiced his belief the legislation

⁶⁰ NZCA minutes (5 July 1952): 126.

⁶¹ NZCA minutes (30 January 1953): 128.

⁶² NZCA minutes (25 June 1955): 150.

⁶³ NZCA minutes (10 December 1960): 158.

would aid the association's ongoing drive 'to promote higher ethical standards, and raise the status of what many would consider to be an art to the level, perhaps, of a science.'⁶⁴

The NZCA also commenced screening the content of 'patient indoctrination material' used by its members.⁶⁵ In 1956 the publicity committee, in the name of fostering 'better public relations', requested that 'each and every one present to the committee copies of articles, books, pamphlets etc, that they desired to use in their respective areas'.⁶⁶ The committee then examined the material, modified it if necessary, and placed it in a 'pool' of approved publications for all members to access.⁶⁷ Through this process the NZCA sought to limit the scope of conditions for which its chiropractors claimed treatment. In 1957 the committee approved books detailing how chiropractors might aid in the treatment of bursitis, rheumatism, neuritis and various common health complaints of children, while banning books that had until then been used by some of its membership to claim treatments for goitre, appendicitis, polio, heart trouble and gallstones.⁶⁸ The association expressed exasperation when it found members stocking material 'without having obtained the prior approval of the Publicity Committee.'⁶⁹

The battle within the NZCA most revealing of the changes occurring within chiropractic during this period was that fought over the definition of chiropractic itself. Up until 1960 the association publicly maintained—in language similar to that employed by the founder

⁶⁴ NZPD, 1955, 307, 2465.

⁶⁵ NZCA minutes (22 July 1960): 206.

⁶⁶ NZCA minutes (7 July 1956): 158.

⁶⁷ *ibid.*

⁶⁸ NZCA minutes (25 June 1957): 165.

⁶⁹ NZCA minutes (7 July 1956): 158.

of chiropractic, D. D. Palmer—that their discipline worked by ‘restoring the normal transmission of nerve energy’. Indeed, this vitalistic phrase still appeared in the association’s publicity material circulated to MPs in 1958.⁷⁰ However, sometime during the lead up to the final parliamentary debate on the Chiropractors Bill in 1960, one of the bill’s key supporters, Minister of Health H. G. R. Mason, advised the NZCA to adopt a more ‘mechanical’ definition of chiropractic that omitted any reference to ‘nerve energy’ in order to smooth the passage of the measure.⁷¹ Indeed, the final definition of chiropractic in the act defined the practice as merely ‘the examination and adjustment by hands of the segments of the human spinal column and pelvis.’⁷² Though Mason suggested to the House of Representatives it was not the place of Parliament to ‘pronounce upon a theory’ and he did not think ‘the theories concern us at all’, that he advised the association how it should define its craft suggested otherwise.⁷³ In the end the association adopted ‘Hon. Mr Mason MP’s suggested amendment’, but not without controversy. The new definition stated: ‘Chiropractic means the examination and adjustment by hand, of the segments of the human spinal column and pelvis, for the purpose of rectifying any displacements and restoring them to their normal positions.’⁷⁴ Though voting in favour of this new wording, ‘Messrs Mitchell, Bryce, Horton and Cheyne’ requested it recorded that ‘they wish to be associated with Mr McCarthy’ who had only supported the change for ‘political expediency’. These members were unhappy

⁷⁰ NZCA, ‘State Registration of Chiropractors in New Zealand: A National Safeguard which is long overdue’ (Wellington, 1958), 5.

⁷¹ NZCA minutes (25 June 1960): 203.

⁷² Chiropractors Act 1960, s 2.

⁷³ NZPD, 1960, 325, 3360.

⁷⁴ NZCA minutes (25 June 1960): 203.

with the mainstreaming of chiropractic, yet accepted the ‘adjustment’ of its public image as a necessary evil to secure registration.

The state of chiropractic in New Zealand in the immediate aftermath of the act was canvassed in a speech by Sir Wilfrid Sim at a Special General Meeting of the NZCA held in Wellington on 10 March 1962. Sim was ‘well-known’ to members as the association’s chief legal advisor during the registration campaign. Describing the Chiropractors Act as ‘one of the hardest cases in which he had been involved’, having endured ‘strong feelings of emotions and strife’ throughout the ordeal, Sim warned those assembled that the struggle for acceptance was not over. He cautioned members that the newfound organised medical antipathy towards chiropractic was here to stay, describing the opposition as ‘more alive now than they had ever been’ and expecting they ‘would be relentless in their efforts to defeat Chiropractic.’ He advised members to be vigilant and avoid providing their opponents with any ‘dubious cases’ that could be used as a ‘pre-text on which these people could call for a Royal Commission.’⁷⁵

Sim’s comments reflected the fact that chiropractic was a profession in transition, moving away from practising ‘the science by which the cause of disease is removed by spinal adjustments’ towards becoming the ‘back doctors’ most consider them today. Suggesting members put aside their divergent views as to the scope of chiropractic, Sim recommended ‘everything should be subordinated to unity’. In his view, chiropractic in New Zealand was still getting its ‘house in order’ and was not yet ready to undergo the close scrutiny and examination of a Commission of Inquiry. Indeed, Sim pointed out that

⁷⁵ NZCA minutes (10 March 1962): 249.

the NZBMA ‘had all the evidence and scientific detail’ while ‘the [NZCA] did not have the facilities nor the scientific personnel to stand up to it in an investigation.’⁷⁶

The ‘new’ chiropractic was encapsulated in the words of W. H. Hyde, President of the NZCA from 1953 to 1960. In a letter published in the *Dominion* on the eve of registration responding to the attacks of medical representatives, Hyde dismissed claims that chiropractic purported to supplant orthodox medicine, contending instead that his profession ‘fills an otherwise vacant place in our health services.’⁷⁷ Here was the image of an ‘additional’ rather than ‘alternative’ medicine. If the enactment of the Chiropractors Act 1960 signalled any philosophical shift, it was not that of officials towards embracing medical alternatives, but rather of chiropractors limiting their scope of practice and claims so as to appear less alternative. No longer the ‘science by which the cause of disease is removed by spinal adjustments’, chiropractic would continue to ‘de-radicalise’ over the coming decades in pursuit of the same social security benefits accorded to orthodox medical practitioners and their patients.

The Commission of Inquiry into Chiropractic in New Zealand

If the struggle for state registration began the ‘mainstreaming’ of chiropractic in New Zealand, then the Commission of Inquiry into Chiropractic (CIC) completed it. The CIC was a state-instigated investigation into a medical alternative without parallel in New Zealand history. It recommended that chiropractors be accorded greater recognition in New Zealand through the provision of social security benefits to their patients and by

⁷⁶ *ibid.*, 249–50.

⁷⁷ *Dominion* (25 October 1960).

facilitating the integration of chiropractors into the ‘general health care team’.⁷⁸ On the face of it, the CIC’s report was an extraordinary endorsement of chiropractic and a stunning repudiation of the authority of organised medicine, whose representatives had argued against further recognition of chiropractic on the grounds that the ‘unorthodox healing cult’ was a danger to the public health. Yet on closer inspection, the report reinforced ‘medical power’ over the discourse of public health at least as much as it challenged it.

The CIC was a brave attempt by the New Zealand government to resolve an international scientific controversy in an adversarial public forum of its own creation. Patient demand and the outcries of the medical profession did not allow leaving the resolution of the debate to the ‘internal mechanisms of science’.⁷⁹ The CIC was therefore provided with a tremendous task: to gather all the existing evidence for and against chiropractic to come to a balanced recommendation as to whether chiropractic treatment was worthy of state subsidies. Indeed, such was the language adopted by the report, which classed the submissions of organised medicine and its allies under the ‘evidence against chiropractic’ and the submissions of chiropractors, their patients and other supporting witnesses under ‘evidence in favour of chiropractic’.⁸⁰ There were also reviews of the rare literature where chiropractic treatment had been subjected to controlled and uncontrolled clinical trials, an examination of chiropractors’ education from first hand visits to chiropractic colleges across North America, and an investigation of chiropractic history and theory.

⁷⁸ CIC, 3–4.

⁷⁹ Dew, ‘Apostasy to orthodoxy’: 310.

⁸⁰ CIC, 98 and 142.

Though its scale and scope was unprecedented, it was not the first state-initiated inquiry into chiropractic. Perhaps the most significant of the previous inquiries from the New Zealand perspective, given its geographical and temporal proximity, was the April 1977 Australian Committee of Inquiry into Chiropractic, Osteopathy, Homeopathy and Naturopathy (Webb Committee).⁸¹ Though it encompassed 925 pages, the ‘Webb Report’ ultimately devoted only a small portion of its space to chiropractic, and was a response to proposals to register chiropractors—already permitted in New Zealand—rather than the provision of social security benefits.⁸²

The Webb Report was not well received by chiropractors, who questioned its calibre on the basis of its apparent reliance on ‘informal, untested evidence’, their allegation that its commissioners had ‘no professional experience in weighing disputed opinion or fact’, and the peculiarity of its committee including a medical practitioner while omitting any chiropractic representation.⁸³ The Webb Committee never embarked on the numerous visits to chiropractic institutions both domestic and international, including the Palmer School of Chiropractic, that its New Zealand counterpart did.⁸⁴ In contrast, the New Zealand inquiry was celebrated as supporting ‘every major claim of the profession of chiropractic as it exists today’ and being of such weight that ‘no opponent of chiropractic can reasonably claim equal authority to the findings in its Report.’⁸⁵ Nevertheless, the

⁸¹ Committee of Inquiry into Chiropractic, Osteopathy, Homeopathy and Naturopathy (Webb Committee), *Report of the Committee of Inquiry into Chiropractic, Osteopathy, Homeopathy and Naturopathy*, (Canberra: Australian Government Publication Service, 1977). The ‘Webb Committee’ was so-called after its chairman, Edwin C. Webb.

⁸² *ibid.*, 116–34.

⁸³ David Chapman-Smith, ‘The New Zealand Commission of Inquiry: Its Significance in Chiropractic History’, *Chiropractic History* 3, 1 (1983): 36.

⁸⁴ CIC, 15–16.

⁸⁵ Chapman-Smith, ‘The New Zealand Commission of Inquiry’: 39.

Webb Report's guarded recommendation that 'chiropractors and osteopaths are skilled spinal manipulators and that any statutory recognition should be limited to this concept' was not substantially different from some of the key findings of the CIC, which also sought to place limits on the scope of chiropractic.⁸⁶

An important aspect of the New Zealand report was its use of history. Right from the outset the commissioners recognised they were participating in an 'argument that had been going on ever since chiropractic was developed as an individual discipline in the late 1800s'; a debate that had 'generated considerably more heat than light.'⁸⁷ The commission devoted an entire chapter to examining the history of chiropractic, particularly in the United States and Britain, and found itself adjudicating between two competing historical narratives.⁸⁸ The first, championed by the NZCA, cast chiropractic as a latter day incarnation of an ancient tradition of bonesetting, which now combined all the benefits of modern science together with the ancient wisdom of its 'natural' past. The second, argued by the NZMA and physiotherapists, emphasised that chiropractic was only of recent origin, and that this late nineteenth century 'quackery' displayed a record of resisting scientific progress. In the end, the commission produced its own 'third way' history in order to reconcile the two accounts. Ultimately, medicine could be described as having come off the worse of the two in the CIC's history; in an adversarial public setting, only one professional interest group could be on the 'right side' of history. At the

⁸⁶ Webb Report, 128; Evan Willis, *Medical Dominance: the Division of Labour in Australian Health-Care* (Sydney: Allen and Unwin, 1983), 186.

⁸⁷ CIC, 1.

⁸⁸ *ibid.*, 41.

same time, however, the CIC's reading of the past also reinforced the ongoing 'de-radicalisation' of chiropractic in New Zealand.

The opening submissions of the NZCA spent considerable space outlining its interpretation of chiropractic history. Theirs was a narrative encompassing an impressive span of time; long predating the official 'discovery' of chiropractic by Daniel David (D. D.) Palmer in 1895. The NZCA had already claimed links to well-known medical scholars of antiquity such as Claudius Galen and Hippocrates in literature circulated during its campaign for state registration, however even these ancient luminaries looked comparatively modern when placed in the timeline constructed for the CIC.⁸⁹ Beginning with 'pre-historic cave paintings', the chiropractors argued that their genesis predated civilisation itself. The association's submissions went on to cite 'ancient Chinese documents' followed by 'Greek papyrus' in claiming that spinal manipulation had been 'the only acceptable form of therapy for the greatest part of man's experimental past'.⁹⁰ Evidently, the NZCA saw much 'ancient wisdom' inherent in its craft.⁹¹ By casting

⁸⁹ NZCA, 'State Registration of Chiropractors', 7. For more discussion of the NZCA's lobbying during its campaign for state registration in the late 1950s see: van Gent, 'From Alternative to Complementary', 43–49.

⁹⁰ NZCA, 'Opening Submission to the Royal Commission of Inquiry into Provision of Health Care Benefits for Chiropractic Services by the New Zealand Chiropractors' Association, May 1978, Part 1', (Wellington, 1978), 7, University of Auckland Philson Library, NZ Collection.

⁹¹ Anthropologists today accept that manual manipulation of the spine and other forms of bonesetting have been practised in various guises around the globe for millennia. Whether chiropractic itself can claim to be similarly ancient is more controversial, and might depend on whether one takes the limited 'mechanistic' view of chiropractors as 'back pain specialists' as they are largely perceived today, or the 'vitalistic' view of chiropractic as a 'philosophy' with a broader scope of practice as originally envisaged by its founder, Daniel David (D. D.) Palmer. The former might be more easily relatable to traditions of bonesetting than the latter: Kathryn S. Oths and Servando Z. Hinojosa, 'Introduction', in Oths and Hinojosa, eds., *Healing by Hand: Manual Medicine and Bonesetting in Global Perspective* (Lanham, MD: AltaMira Press, 2004), xv; John O'Malley, 'The Roles of Clinical Model and Morphology in Skill Acquisition', in Oths and Hinojosa, *Healing by Hand*, 135–137; Ian Coulter, 'Competing Views of Chiropractic: Health Services Research versus Ethnographic Observation', in Oths and Hinojosa, *Healing by Hand*, 43–55. Walter I. Wardwell believed there may be an ancient lineage for chiropractic: Wardwell, 'Before the Palmers: Overview of Chiropractic Antecedents', *Chiropractic History* 7, 2 (1987): 27–32; Wardwell, *Chiropractic:*

themselves as the rightful heirs to the ancient tradition of bonesetting, chiropractors sought to come across as the practitioners of a tried, tested and refined art of healing; the latest in a long line of successful manual therapists.

The association reserved greater detail for describing events of the nineteenth century. Here, the chiropractors argued that their present struggle for acceptance in the face of the NZMA's opposition had an historical analogue in the persecution of nineteenth century bonesetters in Britain by the 'developing art, which has come to be called, strangely, "orthodox" medicine.' The NZCA's submissions argued that history was repeating itself in the present: '[The Bonesetters'] satisfied patients were the best indication of the results of their therapy, and contrasted with the inadequacy of medical treatment. On the whole, they were despised by the practitioners of orthodox medicines, as were the very few of the latter group who were themselves prepared to practise such skills.'⁹² The association continued by pointing out that then, as now, certain 'highly respected and competent doctors' voiced support for manual medicine, only to be drowned out by the 'consistent antipathy' emanating from an ignorant majority of medical practitioners. Those who did break with their peers and experimented with spinal manipulation, such as British physician Edward Harrison, were ostracised and prosecuted. Despite such opposition, bonesetting continued to thrive due to its efficacy in addressing the health complaints of patients where 'mainstream' medicine failed.⁹³

History and Evolution of a New Profession, 16–22. James C. Whorton did not attempt to trace chiropractic history before D. D. Palmer in his historical writing: Whorton, *Nature Cures*, 165–169. J. Stuart Moore described bonesetting as 'aiding' the development of chiropractic by 'convincing Palmer of the value of drugless, "natural" techniques of manipulation', while his experience as a magnetic healer contributed towards the vitalistic elements of chiropractic: Stuart Moore, *Chiropractic in America*, 15–19.

⁹² NZCA, 'Opening Submissions', 8.

⁹³ *ibid.*

The NZCA's narrative simultaneously portrayed chiropractic as 'natural and ancient' on the one hand and 'scientific and modern' on the other. The tensions involved in this delicate balancing act were evident when it came time to discuss D. D. Palmer, for the association had to tread a fine line between venerating the 'discoverer' of chiropractic and estranging itself from his original principles. The NZCA began by noting that chiropractic has progressed with great 'rapidity' since its early days and had now 'out-distanced' the perceptions of those in orthodox medicine who remained opposed to chiropractors. Indeed, the association expressed its regret for failing to take greater steps to educate the public as to chiropractors' changing beliefs. Visionary as he was, Palmer made claims that 'were subjected to criticism' and 'are not now accepted in their entirety.' Palmer was depicted as a scientist of trial and error, having been 'in no way unusual' for his time in discovering a procedure with apparent empirical success and then subsequently seeking a philosophy to explain and justify the technique. Whatever the flaws in D. D.'s philosophy, he spawned a useful healing modality. The NZCA accepted that Palmer's doctrine of restoring the free transmission of nerve energy through spinal manipulation may have been an 'irrational scientific hypothesis', but the continued attacks on chiropractic by organised medicine were no longer warranted; chiropractors had since 'advanced to an astonishing degree in the interval.'⁹⁴

Moving into the twentieth century and the New Zealand context, the NZCA stressed chiropractors had been practising in the country a considerable length of time. The securing of state registration through the Chiropractors Act 1960 'in the face of intense

⁹⁴ *ibid.*, 10–15.

opposition from the medical profession’ was stated, unequivocally, to have ‘accorded legislative recognition’ to chiropractic.⁹⁵ While chiropractic treatment contrasted ‘with current medical practice’ in being a ‘natural’ drugless form of healing that eschewed surgery, this did not mean chiropractors rejected scientific advances. Rather, they recognised that in the modern ‘age of chemistry’ it fell to them to raise the ancient art of bonesetting into a science: ‘It remains for Chiropractic with its own methods of structural analysis and adjustment, and to a lesser degree osteopathy, to revive the lost art and seek to place it on a scientific basis.’⁹⁶ Science would show that chiropractic worked through realising ‘the inherent recuperative powers of the body’.⁹⁷

The NZMA had a distinctly different view of chiropractic history. It preferred a starting date of 1895, when D. D. Palmer claimed to discover chiropractic, as opposed to cave paintings from pre-history. Unlike the NZCA, the NZMA was eager to go into the details of D. D. Palmer’s first known ‘adjustment’ of a patient, pointing out that the ‘fountainhead’ believed he had cured the deafness of a janitor through simple manipulation of vertebrae, and then went on to claim treatments for ailments ‘as dissimilar as heart trouble’.⁹⁸ While the NZCA had portrayed Palmer as a scientist experimenting through trial and error, the NZMA’s submissions used religious language when referring to D. D. Palmer’s ‘discovery’ of chiropractic: ‘The secret of disease was revealed to Palmer. Disease is caused by displaced vertebrae which press against nerves

⁹⁵ *ibid.*, 14.

⁹⁶ *ibid.*

⁹⁷ *ibid.*, 16.

⁹⁸ New Zealand Medical Association (NZMA), ‘Paper Presented in Support of Submissions to the Commission of Chiropractic in New Zealand, by J. S. Boyd Wilson, 1978’, 2–3, New Zealand Medical Association Records (Auckland Division), 1919–1993, University of Auckland General Library, Special Collections, MSS & Archives Accession 1224.

... The principle discovered by Palmer is the frame of reference for modern chiropractic philosophy.’⁹⁹

Individual submissions expanded on Palmer’s background in ‘quackery’. Dr K. E. D. Eyre highlighted Palmer’s previous nine-year career as a magnetic healer—a modality considered even more outrageous—before his founding of chiropractic. Eyre claimed the influence of ‘animal magnetism’ could be ‘seen carried over into chiropractic.’ Moreover, the fact that two thirds of New Zealand’s chiropractors were graduates of the ‘Palmer School’ itself implied they continued to venerate his dubious theories. Chiropractic therefore remained ‘one of a number of medical cults’.¹⁰⁰ Peter J. Modde, an American chiropractor who had become an outspoken critic of his profession, also placed emphasis upon D. D.’s background as a magnetic healer, and additionally brought his son Bartlett Joshua (B. J.) Palmer’s vocal denial of the germ theory of disease causation to the commission’s attention.¹⁰¹

Some physiotherapists, too, sought to place themselves on what they perceived as the ‘right side’ of history by aligning themselves with the advances of twentieth century biomedicine. Their grand narrative cast the CIC as a battleground in an ongoing war between advocates of science and reason in one camp and proponents of myth and

⁹⁹ *ibid.*

¹⁰⁰ K. E. D. Eyre, ‘Paper Presented in Support of Submissions by the New Zealand Medical Association and associated bodies’ (Wellington, 1978), 1, University of Auckland Philson Library, NZ Collection.

¹⁰¹ Peter J. Modde, ‘Paper Presented in Support of Submissions by the New Zealand Medical Association and associated bodies’ (Wellington, 1978), 1–2, University of Auckland Philson Library, NZ Collection. In 1930 B. J. Palmer visited New Zealand, drawing considerable local media attention for his colourful personality and oratory, bold claims for the curative powers of chiropractic, and outspoken doubts regarding germ theory. For a detailed account of his visit, including his mixed reception among New Zealand’s chiropractors, see: van Gent, ‘From Alternative to Complementary’, 22–31.

superstition in the other, warning of dire consequences if the CIC privileged the ‘anecdotal’ and ‘subjective’ reports of chiropractic patients over ‘objective’ scientific inquiry. The New Zealand Society of Private Physiotherapists, for example, contended that, in contradistinction to chiropractors, their members enthusiastically deferred to the authority of medical doctors, who were in turn equated with the ‘scientific community’: ‘The standards of health we enjoy today are due largely to medicine’s dedication to the scientific ethic on an international basis over the past 2,000 years which has critical scrutiny and objectivity as its credo. To ignore the views of the scientific community on chiropractic because of public opinion alone, is to reverse the progress of science (not just medicine).’¹⁰²

In its final report the CIC devoted an entire chapter to examining the history of chiropractic, producing an account that largely sympathised with the NZCA’s narrative. Most crucially, the commission accepted the claims of chiropractors to be ‘descended from the bonesetters’. Indeed, that the bonesetters were precursors to chiropractors was described as ‘their proper historical place’.¹⁰³ This finding was important, for it enabled the CIC to accept the NZCA’s contention that there were parallels between the struggles of chiropractors in the present, and the historical persecution of bonesetters. The report devoted considerable space to detailing the life and times of Sir Herbert Barker, a ‘leading bonesetter’ of the late nineteenth century ‘as well known in England as any doctor of the day’, whose struggles with the orthodox medical establishment had been

¹⁰² New Zealand Society of Private Physiotherapists (NZSPP), ‘Critique and Recommendations on Chiropractic in New Zealand’, nd, University of Auckland Philson Library, NZ Collection, 3.

¹⁰³ CIC, 37.

highlighted in the NZCA's submissions.¹⁰⁴ The commission noted that Barker's work had been highly successful; too much so for the medical profession who, rather than encouraging him and learning from his methods, instead fought him 'relentlessly, solely on the ground of his lack of formal medical training.'¹⁰⁵

The CIC saw two factors as having been 'fatal' to Barker's acceptance by organised medicine. The first was his lack of formal medical qualification, and the second his inability to explain to doctors the apparent success of his methods. It would not be until after his retirement that the *British Medical Journal* would recognise his efforts and a knighthood awarded him in 'recognition of his services to public health.' The commission perceived history repeating itself in the attitudes of New Zealand's medical doctors towards chiropractors in the late 1970s. The Barker case demonstrated 'the obvious depth of feeling by organised medicine against health practitioners outside the medical establishment' and the predicament then faced by bonesetters and now faced by chiropractors was 'in many respects a clear parallel.'¹⁰⁶ Medical doctors and their ancillaries, then, found themselves on the wrong side of the CIC's history for, rather than being seen as the progressive champions of scientific advancement and reason they claimed to be, they were presented as conservative, self-interested and resistant to unfamiliar techniques.

Nevertheless, the commission noted that the medical opposition to chiropractors was not without some historical justification. In doing so, it found a 'third way' through the

¹⁰⁴ *ibid.*, 37–38.

¹⁰⁵ *ibid.*, 38.

¹⁰⁶ *ibid.*, 38–39.

debate that reconciled the competing accounts of chiropractors and their orthodox opponents, rejecting the binary stories of ‘good versus evil’ being presented before it. The CIC described the ‘evangelical and fundamentalist fervour’ of early chiropractors as contributing to their ‘persecution’ in North America, though at that time ‘the general standards and ethics of medical practice in the United States were far from beyond criticism.’¹⁰⁷ Chiropractors ‘did not improve their own image’ by boldly advertising cures which orthodox doctors considered impossible. D. D. Palmer himself was identified as a problem in this regard, having had ‘no touch of modesty or deference to science’ in making such claims as having ‘answered the time-worn question—what is life?’¹⁰⁸ In light of this background, organised medicine’s present resistance to chiropractors was made more understandable, though doctors were nevertheless attacking the chiropractic of old rather than modern chiropractic. The commission was satisfied that New Zealand’s chiropractors regarded ‘manual therapy as the only real item in their armamentarium’ and were less likely than their counterparts in some other regions to claim broader treatments or lack deference to medicine when appropriate.¹⁰⁹ The CIC’s reading of history, then, ultimately reinforced its ‘mainstreaming’ and ‘limiting’ of chiropractic.

In the aftermath of the report there was a period of introspective ‘heart-searching’ within New Zealand’s medical establishment.¹¹⁰ The NZMA dropped its ethical ban on referring

¹⁰⁷ *ibid.*, 40. During the 1960 debate over state registration, similar comments had been made regarding a ‘first burst of enthusiasm’ among early chiropractors by the then-Minister of Health, H. G. R. Mason: NZPD, 325, 1960, 3362.

¹⁰⁸ CIC, 40–41.

¹⁰⁹ *ibid.*, 41.

¹¹⁰ The director of New Zealand’s Medical Research Council, Dr J. V. Hodge, remarked that ‘some heart-searching is now going on within the ranks of the Medical Association’: J. V. Hodge to George F. Gair, 27 May 1980, Health Research Council of New Zealand, YCBN 5981 45/e, Archives New Zealand (ANZ), Auckland. These comments were made regarding an apparent new era of co-operation as chiropractors and

patients to chiropractors, and subsequent legislative changes helped facilitate greater integration of chiropractors into the health system, including allowing patients of chiropractors to seek compensation under ACC and placing chiropractors under the same statutory mechanisms as other health professionals.¹¹¹ As a result of New Zealand's chiropractors repositioning themselves as 'back doctors', they are no longer actively pursued by a hostile medical profession for being practitioners of an 'unscientific medical cult'. In the words of two chiropractors remarking on these changes, this new 'responsible, conservative and professional expression of chiropractic' was 'the result of decades of professional discipline and lobbying in the interests of the health of the New Zealand public.'¹¹²

Conclusion

In the final analysis, then, claims that the CIC's report was a resounding 'victory' for chiropractic and 'defeat' for organised medicine need to be reconsidered. As with state registration of chiropractors in 1960, the commission's 'recognition' of chiropractic required chiropractors to divest themselves of their more radical claims and accept a position as providers of a limited specialty. It did not view chiropractors as practising an alternative comprehensive system of healing, and warned that they should not hold themselves out as doing so. Though the NZMA may have felt it 'got the cane', the CIC nevertheless in some ways reinforced medical power over the discourse of public health,

medical doctors agreed to work together to test the efficacy of chiropractic treatments for the management of musculo-skeletal disorders, though in the end this project was abandoned over 'difficulties of design, execution and cost': Gordon Miller, 'A Brief History of Chiropractic in New Zealand', 9.

¹¹¹ Health Practitioners Competence Assurance Act 2003, s 178. Within this legislation, chiropractors now find themselves integrated with dentists, dieticians, medical practitioners, nurses, occupational therapists, optometrists, osteopaths, pharmacists and physiotherapists.

¹¹² Reader and Bryner, 'The Development of Chiropractic in New Zealand': 21.

for chiropractors found themselves repositioned as complementary practitioners who filled a specialist gap left vacant by orthodox practitioners in the management of musculo-skeletal disorders. Indeed, David Chapman-Smith, a key legal advisor for the NZCA, justified the means of suppressing broader claims by chiropractors to treat a range of diseases for the end of achieving acceptance within the social security framework. He submitted that the ‘real alternatives’ for chiropractors ‘were to adopt this stance and win the battle, or make proud claims that provided the temporary emotional glow of championing chiropractic, but led to ignominious defeat at the day’s end.’¹¹³

Though the CIC criticised medical doctors for their extreme opposition to chiropractic, and delivered chiropractors the prized recommendation that their treatments should attract social security benefits, the price of greater integration as part of the ‘general health care team’ was for chiropractors to limit their claims to treat disease. The commission accelerated the mainstreaming of chiropractic, a process that began at mid-century during the lead up to their state registration. Furthermore, the CIC provides a case study of competing professional interest groups advancing alternative historical narratives to support their respective causes. This adversarial clash of histories in a public, legal arena required the commission to decide which parties were in the historical right and wrong. While finding much to fault with medicine’s vehement opposition towards chiropractic, and seeing parallels in the plight of chiropractors with the

¹¹³ Chapman-Smith, ‘The New Zealand Commission of Inquiry’: 36. Chapman-Smith subsequently became an influential New Zealander in the international chiropractic scene. By 1983 the University of Auckland law graduate was working as General Counsel for the Ontario Chiropractic Association. He then served as Secretary-General of the World Federation of Chiropractic from its founding in 1987, an organisation representing the national bodies of chiropractic in over ninety countries on the world stage. He continues to occupy this office as of 2013. In 2011 he was described as ‘the world’s leading non-chiropractor advocate for the profession’: Carl S. Cleveland III, ‘Chiropractic: A Profession Coming of Age: Interview with David Chapman-Smith, LL.B’, *Health Insights Today* 4, 1 (2011): 1.

persecution of nineteenth-century bonesetters, the broad claims of early chiropractors justified medical scepticism to some extent. The commission's acceptance of chiropractic was premised on the condition that the chiropractic 'of old' remained in the past.