REPORT UPON

OSTEOPATHY

CHIROPRACTIC

NATUROPATHY

November 1975
REPORT
FROM THE
OSTEOPATHY, CHIROPRACTIC AND NATUROPATHY COMMITTEE
TOGETHER WITH
APPENDICES

Ordered by the Legislative Assembly to be printed, 27th November, 1975

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D.—No. 27.—12322/75.—Price $1.60.
9. OSTEOPATHY, CHIROPRACTIC AND NATUROPATHY COMMITTEE.—The Honorable Murray Byrne moved, by leave, That the Honorables I. B. Trayling, and H. R. Ward be members of the Osteopathy, Chiropractic and Naturopathy Committee.
Question—put and resolved in the affirmative.

18. OSTEOPATHY, CHIROPRACTIC AND NATUROPATHY COMMITTEE.—Motion made, by leave, and question—That Mr. Austin, Mr. Jones, Mr. Mitchell, and Mr. Vale be members of the Osteopathy, Chiropractic and Naturopathy Committee; and that the Committee have leave to sit on days on which the House does not meet (Mr. Hamer)—put and agreed to.
TERMS OF REFERENCE


SECTION 4.

4. (1) The function of the Committee shall be to inquire into and make such recommendations as it considers necessary concerning the practice of Osteopathy, Chiropractic and Naturopathy in Victoria and in particular without limiting the generality of the foregoing—

(a) the operations methods treatments and techniques of each of those practices;

(b) the standard and suitability of the training of persons engaged in one or more of the practices;

(c) the facilities and conditions for each of those practices;

(d) the extent to which those practices are carried on;

(e) whether treatment in accordance with any of those practices is either generally or in any particular case or cases beneficial detrimental or harmless;

(f) the desirability in the public interest of regulating (generally or in particular respects) all or any of those practices and if such regulation is considered desirable the most satisfactory method of regulating all or any of those practices with particular reference to the standards of training and qualifications that should be required in the public interest.

(2) Any reference to the practice of Naturopathy shall include the practices of homeopathy and herbalism.
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SUMMARY OF MAJOR RECOMMENDATIONS

ACUPUNCTURE
(1) A technical committee should be appointed by the Minister of Health to investigate—
   (i) the value and benefits of acupuncture; and
   (ii) all institutions teaching acupuncture both in Australia and overseas. (para. 8.10).

ADVERTISING
(1) Consideration be given to adopting a simple code so that listings of medical practitioners in the
   Yellow Pages could indicate areas of expertise (para. 11.7).

(2) The Manipulative Therapy Board should have power to make regulations about all forms of
   advertising for chiropractors, osteopaths and physiotherapists and to provide penalties for breach (para.
   11.11).

CHIROPRACTIC
(1) The law should be amended to require the registration of chiropractors (para. 4.7.1).

(2) The appointment of a Manipulative Therapy Board to provide for the registration of osteopaths,
   chiropractors and physiotherapists (para. 4.7.1). (See also paras. 4.15.1 to 4.15.3).

(3) The Masseurs Registration Board should become a division of the Manipulative Therapy Board
   (para. 4.7.3).

(4) Two forms of registration for osteopaths and chiropractors—
   (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 (paras. 4.8.2 and 4.8.3).

(5) 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
   (paras. 4.10.1 and 4.10.3).

(6) The broad outline of legislation to establish the Manipulative Therapy Board (para. 4.15.1).

CHRISTIAN SCIENCE
(1) The Governor is Council should exclude Christian Science practitioners from the application of
   the Psychological Practices Act 1965 pursuant to s. 2 (7) (para. 3.23).

(2) The authorized officers of the Christian Science Church in Victoria should certify annually a
   list of authorized Christian Science practitioners to the Minister of Health, and the law should provide a
   penalty of de-registration if a practitioner uses any physical means of diagnosis or treatment (para. 3.24).

HERBALISM
(1) Herbalists should be registered before they can practise in Victoria, and they should have passed
    or been assessed as having a satisfactory knowledge of anatomy, physiology, pathology and knowledge of
    disease (para. 7.7.1).

(2) Herbalists should be required to have a satisfactory knowledge of medico-legal matters (para.
    7.7.3).

(3) Herbalists should have an ethical code that bears a relationship to orthodox medicine (para.
    7.7.4).

(4) Every prescription should carry on its label a description of the quantities of the various items
    which make up the prescription (para. 7.4.1).

(5) The Consumer Affairs Ministry should supervise the prescription of herbal remedies by
    registered herbalists (para. 7.4.2).

HOMEOPATHY
(1) If homeopathy is to be practised, then the homeopath should have completed a medical
course in the allopathic field before developing his homeopathic field (para. 6.3.6).

NATUROPATHY
(1) All persons who, in any way, purport to diagnose or prescribe treatments for physical or mental
    conditions should first be registered with the Department of Health (para. 5.1.21).

(2) Every prescription should carry on its label a description of the quantities of the various items
    which make up the prescription (para. 3.1.20).

(3) All persons who purport to carry on any business or activity for the purpose of diagnosing
    conditions or prescribing remedies should be required by law to have passed an examination in knowledge
    of or been assessed as having a satisfactory knowledge of disease, pathology, physiology and anatomy
    (para. 5.1.22).

OSTEOPATHY
(1) The law should be amended to require the registration of osteopaths (para. 4.7.1).

(2) See recommendations (2), (3), (4), (5) and (6) under Chiropractic.
TRAINING

(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).

X-RAY EQUIPMENT ETC.

(1) Legislation for the control of radioactive substances and of apparatus producing ionising radiation should be uniform throughout Australia (para. 9.11).

(2) Victoria should initiate representations to all States and the Commonwealth Government of Australia to achieve enactment of uniform legislation (para. 9.11).

(3) Victoria should legislate to control X-ray equipment, radioactive substances and persons exposed to ionising radiation, using the codes of the National Health and Medical Research Council (para. 9.12).

(4) A Radiological Advisory Council of Victoria should be established responsible to the Minister of Health (para. 9.17).

(5) The Membership of the Radiological Advisory Council should be:—
   (i) a diagnostic radiologist;
   (ii) a radiological physicist;
   (iii) a radiographer;
   (iv) a person experienced in the disposal of radioactive wastes; (see paras. 9.56 and 9.57).
   (v) a member of the Department of Health;
   (vi) a person not engaged in production or selling of irradiating apparatus or radioactive substances, or in their use or employed in the healing arts;
   (vii) a dentist;
   (viii) a general medical practitioner;
   (ix) a person from other professions who use irradiating apparatus or radioactive substances without limiting the generality of the foregoing;
   (x) a veterinary surgeon; and
   (xi) a person who uses irradiating apparatus or radioactive substances in research in the field of the biological or physical sciences (see para. 9.17).

(6) The responsible Minister when nominating members to the Radiological Advisory Council should canvass widely for persons suitable for nomination (paras. 9.19 and 9.57).

(7) The Radiological Advisory Council should elect a chairman from within its own council (para. 9.18).

(8) Members of the Radiological Advisory Council should be appointed for a three year term with the exception of the first appointments, of which three members shall retire after the first year and four members shall retire after the second and third years. Members shall be eligible for re-appointment.

(9) The functions of the Radiological Advisory Council should be to—
   (a) advise the Minister with respect to the granting of licences, with or without conditions; (para. 9.25).
   (b) initiate and make recommendations to the Minister for preventing or minimising the dangers arising from the use, storage and disposal of radioactive substances or irradiating apparatus; (paras. 9.57, 9.81 and 9.82)
   (c) appoint such advisory or technical committee to advise it on any matters within the scope of its functions; (para. 9.55).
   (d) make recommendations to the Minister on the possession, storage, installation, sale, purchase, supply, transport and use of irradiating apparatus and radioactive substances; (paras. 9.74, 9.76, 9.81 and 9.82).
   (e) initiate and make recommendations to the Minister on the staff necessary for the proper administration of the legislation; (paras. 9.27, 9.79 and 9.84).
   (f) initiate and make recommendations to the Minister on penalties for breaches of the legislation; (paras. 9.64 and 9.70).
   (g) initiate and make recommendations to the Minister on the disposal of radioactive wastes;
   (h) initiate and make recommendations to the Minister on the labelling of radioactive sources and of irradiating apparatus; (paras. 9.82 and 9.91).
   (i) require, as considered appropriate by it, medical examinations, supplementary examinations and monitoring of exposure to ionising radiation and to radioactive substances of persons who, because of those exposures or likely exposures, may be subject to risks to their health; (para. 9.77).
   (j) prohibit or restrict the use of any specified radioactive substance containing more than a specified concentration of any radioactive chemical element; (see para. 9.77).
   (k) make recommendations to the Minister on conditions of work of persons who are exposed, or are likely to be exposed, to ionising radiation; (see para. 9.77).
X-RAY EQUIPMENT ETC.—continued—

(1) determine those persons or categories of persons who, because they lack appropriate professional qualifications and/or experience, shall be required to demonstrate their suitability to be licensed through examination or other assessment; (paras. 9.24 and 9.62) and

(m) cause to be arranged and conducted the examinations or other assessments required in (1) above; (see paras. 9.44, 9.55 and 9.77).

(10) All persons possessing, using, selling, purchasing, supplying, installing, servicing or storing radioactive substances and/or irradiating apparatus in Victoria should first be registered so that 9 (i) may be applied (para. 9.85).

(11) Where a manufacturer or distributor employs a person for selling, purchasing, supplying, transporting or storing irradiating apparatus or a radioactive substance then such a person should also be registered and may only demonstrate the use of such irradiating apparatus for purposes of teaching, supplying or selling if a licence is held (para. 9.22).

(12) All persons owning, leasing or using irradiating apparatus or a radioactive substance must first have a licence issued by the Minister before owning, leasing or using such apparatus or substance (para. 9.86).

(13) (a) The Radiological Advisory Council in considering its advice to the Minister in respect of an application for a licence, should take into account all factors which will affect the levels of exposure of persons to ionising radiation, including the specific purpose for which the application for a licence is made, the adequacy of the facilities provided or to be provided, and the procedures to be applied, by the applicant to achieve an appropriate degree of protection of persons against exposure to ionising radiation and the professional or technical qualifications and/or experience of all persons who have duties or responsibilities with respect to the specific purpose for which the application for the licence is made.

(b) If the Radiological Advisory Council recommends to the Minister that he withdraw a licence because of a change in the circumstances relating to the granting of the licence, the Minister should withdraw the licence (see para. 9.25).

(14) All licences should be issued for a period of three years and upon application shall be renewable on the recommendation of the Radiological Advisory Council after inspection by the Department of Health inspectors.

(15) A licensee should appoint a person employed by him as a radiation safety officer who shall have qualifications and/or experience approved by the Radiological Advisory Council. The licensee may nominate himself as the radiation safety officer (para. 9.72).

(16) The Radiological Advisory Council maintain a continual education program on the hazards of radioactive substances and of ionising radiation (para. 9.89).

(17) Where a patient is refused access to a radiograph of himself, then the Radiological Advisory Council should, on application from the patient, call for the radiographs and be the arbiter as to the desirability or otherwise of making such radiographs available (para. 9.94).

(18) Because of the lack of qualified staffing in the Department of Health and the need for effective surveillance of radiation hazards that all recommendations be treated with urgency (see para. 9.54).

(19) The Radiological Advisory Council should report annually to Parliament through the Minister.

GENERAL

(1) A workshop be held under the auspices of a Victorian University for the purpose of preliminary inquiries into spinal manipulative therapy and demonstration of the appropriate techniques (para. I.4.1.5).

(2) The Minister of Health should initiate regulations as a matter of urgency to govern the prescription or administration of injections (para. I.4.2.6).

MR. R. G. A. MAIR

On 11th September, 1975, the Committee carried the following resolution:—

"The Committee finds that Mr. Robert George Alexander Mair, chiropractor of Footscray, committed perjury in his evidence on 3rd September, 1975. When he was recalled on 10th September, 1975, to explain inconsistencies in his evidence he admitted committing perjury on four occasions. In the Committee's opinion he perjured himself once more on 10th September, 1975.

The Committee believes that his perjury was the product of foolishness, ignorance and panic rather than a calculated intention to deceive and asks that this be taken into consideration when determining if further action is to be taken."
THE OSTEOPATHY, CHIROPRACTIC, AND NATUROPATHY COMMITTEE appointed pursuant to the provisions of the Joint Select Committee (Osteopathy, Chiropractic and Naturopathy) Act 1973 (No. 8419) has the honour to report as follows:—

CHAPTER 1

(a) INTRODUCTION

1.1. The Joint Select Committee (Osteopathy, Chiropractic and Naturopathy) Act 1973 was passed by Parliament and received Royal Assent on 17th April, 1973, and the Committee was initially appointed on 19th June, 1973. The Committee was re-appointed on 10th September, 1974 and there was no change in the membership.

1.2. The function of and Terms of Reference for the Committee were set out in section 4 of the Act. Following a request from the Committee, the Premier, the Honorable R. J. Haner, E.D., M.P., by letter dated 12th May, 1974, requested the Committee to bring in a special report on the use of irradiating equipment, paying special regard to standards required for the installation of X-ray machines, the qualifications of operators, X-ray machines, and any other matters which the Committee may deem desirable to ensure more efficient control in the future. The Committee extended its investigations to include irradiating equipment.

1.3. The Committee decided that all evidence should be received under oath or affirmation and append to this Report Minutes of Evidence* together with a list of witnesses (Appendix A) who appeared before the Committee.

Appendix B lists the visits made by the Committee, and where unrecorded discussions were held with practitioners, these are marked accordingly.

1.4. The Committee took evidence from witnesses in Victoria, New South Wales, South Australia and Western Australia and from many foreign chiropractors who visited Australia. The Committee also visited several training institutions of chiropractic, osteopathic and naturopathy in Victoria and New South Wales. Appendix to this Report is a list of training institutions for chiropractic, osteopathy and naturopathy in Australia (Appendix C).

1.5. The Premier, on advice from the Committee, approved of the Committee obtaining the professional services of Mr. John M. J. Jens, M.S., F.R.C.S., F.R.A.C.S., F.A.C.S., Consulting Orthopaedic Surgeon, and Dr. E. L. Unthank, B.Sc., B.Ed., Ph.D., T.P.T.C., who between them visited chiropractic, osteopathic and medical institutions in Canada, U.S.A. and Great Britain. Appendix* to this Report is Mr. Jens' Report (Appendix D) and Dr. Unthank's Report (Appendix E).

The Chairman, the Honorable H. R. Ward, T.P.T.C., M.L.C., visited Great Britain, France and Switzerland where he held discussions with chiropractors and osteopaths and presented a written report to the Committee.

Mr. B. O. Jones, M.A., LL.B., A.C.T.T., M.P., visited the Canadian Memorial Chiropractic College and made a written report to the Committee.

The Honorable I. B. Trayling, M.L.C., deputy-chairman, held discussions with practitioners in the healing arts whilst in India and copies of Indian legislation on homeopathy and allopathic medicine were studied.

1.6. In order to advise the public of the Committee's existence, advertisements were placed in daily newspapers inviting members of the public desirous of presenting a submission to contact the Committee. Very little response was received from private individuals but there was a very good response from organizations who were either sympathetic with or opposed to any one of the particular practices. Appendix to this Report is a list of the persons and organizations (Appendix F) who forwarded submissions to the Committee.

1.7. Many submissions were presented to the Committee. They ranged from short letters to voluminous documents with many appendices. Very shortly after the Inquiry began, it became apparent that people were either for or against legal recognition of the chiropractor, osteopath, naturopath, homoeopath or herbalist. Irrespective of the practice, the same general argument was put—either for or against.

In deciding which submissions, if any, should be tabled, it considered the recommendations being made, the large amount of material already available to the community, and the arguments and details recorded in nearly 3,500 pages of transcript.

* Not printed.
Having considered these factors, the Committee decided to table the following basic submissions (1)—

(1) Australian Chiropractors' Association—
   (a) Brief, July, 1973—Appendix G.
   (b) Brief, October, 1974—Appendix H.
   (c) A Chiropractic Course within an Australian University—Appendix I.
(2) Australian Chiropractors', Osteopaths' and Naturopathic Physicians' Association Limited—
   (a) Submission, August, 1974—Appendix J.
   (b) Submission, March, 1975—Appendix K.
(3) Australian Physiotherapy Association—Appendix L.
(4) Chiropractic College of Australasia, The—Appendix M.
(5) National Association of Naturopaths, Osteopaths and Chiropractors, The (Vic. Branch)—
   Part A—Appendix N.
   Part B—Appendix O.
   Part C—Appendix P.
(6) United Chiropractors Association of Australasia—Appendix Q.

1.8. In addition to evidence and submissions, the Committee referred to a wide range of publications written on the various practices and related matters under investigation. A list of the references is appended (Appendix R) to this Report.

The Committee studied Australian and overseas reports on matters relating to the Inquiry. These reports ranged through judicial inquiries, Royal Commissions and professional studies. (See paragraph 4.14.3).

1.9. A survey of all known chiropractors, osteopaths and naturopaths in Victoria was made. The practitioners were requested to supply details of patient visits, number of hours worked, qualifications, contact with orthodox practitioners etc. for the period 1st July, 1973 to 31st October, 1973—a period of 17 weeks. This provided the first concrete evidence of the extent to which these practices are carried out.

Appended to this Report is a list of chiropractors (Appendix S) who had more than 3000 patient visits during the 17 weeks and a list of osteopaths (Appendix T) who had approximately 1000 or more patient visits during the 17 weeks.

1.10. Early the Committee 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.

1.11. 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/or an osteopath.

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.

1.12. Because of the difference in training, 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".

1.13. Towards the end of the Committee's Inquiry, steps were being taken by the Australian Chiropractors' Association (A.C.A.) to set up a college to train chiropractors in Australia. This college, known as the "International Chiropractic College" (I.C.C.), has in fact commenced and is presently located in Melbourne. This college will be discussed later in this Report.

(b) SOME PHILOSOPHICAL BASES OF THE REPORT

1.14. Medical practitioners are open to some criticism because they generally lack individual or organizational awareness of how fringe practitioners actually operate. The A.M.A. was somewhat inflexible in its views but its contempt did not seem to be based on familiarity. Few medical practitioners who gave evidence before the Committee had ever seen a fringe practitioner at work and necessarily relied on hearsay or from patient reports.

(1) Submissions not printed.
1.15. Mr. John M. J. Jens, medical advisor to the Committee, gave a favourable report on the ability of chiropractors to carry out adjustments successfully to the spinal area.

1.16. Ethical considerations have generally prevented formal collaboration between general practitioners and fringe practitioners on difficult cases. Thus patients are denied potential benefit of combining skilled diagnosis by general practitioners (who lack manipulative skills) and skilful manipulation by fringe practitioners (who lack diagnostic skills).

1.17. Both medical practitioners and fringe practitioners often illustrated what psychologists call "tunnel vision"—a highly concentrated, narrow professionalism with little knowledge of other points of view.

This was not true of medical specialists such as Dr. Leon L. Marshall, M.B., B.S., F.R.A.C.S., and Dr. H. A. Luke, R.D., M.B., B.S., D.D.R., F.F.R, F.R.A.C.R., who seemed to take a much broader and more flexible view of the "healing arts".

Dr. Luke told the Committee in evidence (1)—

"No form of medical practice is a God-given gift to the art of diagnosis or cure and we are all here to learn more sensibly than others.

We do not have an exclusive right to find out what is wrong with someone and fix it up. We all like to help each other. In fact, so long as people have a properly responsible approach to the patients' problems, I can see no reason why we should not help each other."

1.18. Brian Inglis, in "Fringe Medicine," p. 95-96 makes the same point in quoting a President of the British Medical Association, Walter Whitehead who complained that orthodox medicine's attitude to manipulation was "only adding another regrettable page to those chapters in its history which it recalls with profound shame; blinded by professional prejudice, the medical world has strongly opposed every innovation and discovery which has been submitted to it."

1.19. University medical teachers such as Professors Keith Bradley, Sir Lance Townsend and R. R. Andrew were even more receptive to heterodox ideas.

1.20. The Committee was sometimes criticized for the period of 28 months it took to collect evidence, reach conclusions and write this Report.

The Committee makes no apology. Each month confirmed the extraordinary complexity of its task. Each area examined by the Committee raised the need to examine related areas to find whether "fringe practice" could be brought within a comprehensive code. Thus the Committee embarked into consideration of acupuncture, iridology, Christian Science, and excessive use of X-rays.

1.21. The Committee soon recognized that the philosophical implications of its Inquiry were very significant. If the Committee recommends registration for fringe practitioners it was, to adopt the words of Ivan Illich in his "Medical Nemesis", "destroying" medical orthodoxy as the only legally recognized "healing art". At present, the medical corps retains the power to define health and to determine which methods of care deserve public financing. It rules against heretical opinions and can deprive those who apply them of public support, if not the right to practise. Since the beginning of the century, the medical corps has been an established church.(2)

1.22. The Committee follows what Illich suggested as his second model of disestablishment where "equal privileges" implicit in legislation and registration will be granted to healing arts other than orthodox medicine.

1.23. Like orthodox medicine, "fringe" or "alternative" medicine relies very heavily on psychological factors in effecting cures.

1.24. It was a common scenario that patients turned to fringe practitioners after a collapse of confidence in an orthodox physician. Typically, a patient would consult a doctor, in whom he had a high level of expectation, for a back complaint. The doctor's treatment failed to relieve the symptoms and the patient withdrew his confidence.

1.25. Very often the patient would be advised by a relative or workmate to consult a fringe practitioner. After some hesitation he would consult a chiropractor or osteopath, initially with scepticism and a low level of expectation. The fringe practitioner would apply manipulation, frequently resulting in rapid relief of symptoms. This would often produce a strong psychological reaction against the orthodox practitioner and in favour of the fringe practitioner.

1.26. At an early stage in its work, the Committee thought that fringe practitioners might devote more time than doctors to each consultation and that this might account for a greater sense of confidence in the treatment. This does not seem to be the case. Fringe practitioners generally have a similar case load to that of medical practitioners and the actual manipulation may take only one or two minutes (sometimes even less). However the actual laying on of hands may have a strongly reassuring effect on the patient.

(1) Minutes of Evidence, p. 3167.
(2) Medical Nemesis by Ivan Illich, p. 78.
But as with many forms of folk-medicine which defy objective scientific analysis, chiropractic works for many patients because they want it to work.

1.27. Symptoms have two aspects—the objective loss of function as observed by tests and the subjective perception of pain or discomfort by the patient. From the patients' viewpoint the subjective factors are far more significant.

1.28. The Committee was grateful for the evidence given to it on patients' perception of symptomology and recovery by the psychiatrists Dr. Richard Ball, Professor William McLeod and Dr. William Orchard.
HISTORY OF FRINGE HEALTH PRACTITIONERS IN VICTORIA.

2.1. Sands and McDougall’s "Directory of Victoria" is a useful guide in working out the chronology of fringe medicine but there are some significant gaps.

In 1909 Edgar W. Culley and James Brake appear in the Melbourne alphabetical listing as "doctors of osteopathy" at 450 Collins Street, Melbourne.

2.2. By 1911 there was a separate listing "Osteopaths" in the Professional and Trade section with five names:—Isabella Brake, James Brake, Albert B. Culley, Edgar W. Culley and Emmaline T. Culley; all at 450 Collins Street, Melbourne. A sixth name, Louis Brann, 475 Collins Street, Melbourne, was added in 1912.

However the listing was reduced to two by 1918 and then rose to four by 1923 and eight by 1928.

Blackney Chiropractic Institute Pty. Ltd., 441 St. Kilda Road, Melbourne, appeared in 1931 under the "Osteopaths" listing. There were thirteen osteopaths listed in 1936.

2.3. The 1936 Directory provides listings under "Chiropractors" and "Naturopaths" for the first time. The chiropractors listed were:

Blackney Chiropractic Institute, 441 St. Kilda Rd., Melbourne;

C. H. Mathieson, 233 Collins St., Melbourne;

C. H. Wells, 220 Collins St., Melbourne.

Two naturopaths were listed in 1936. They were:

J. L. Brander, 182 Collins St., Melbourne;

F. G. Roberts, 428 St. Kilda Road, Melbourne.

2.4. The complicated history of fringe medicine in Victoria, and indeed Australia, is graphically illustrated by the career of F. G. Roberts.

2.5. Roberts appears to the Committee as an important figure in developing a local variety of fringe medicine. His advanced age and declining health made it impossible for him to be interviewed.

2.6. Frederick George Roberts was born in Hobart on 28th November, 1892, educated to Leaving Certificate at Hobart High School, then worked his passage to England as a deck hand.

He studied part-time for two years at the London School of Natural Therapies where he became interested in naturopathy and electro-chemistry.

He returned to Tasmania in 1914, continued his studies in natural healing by corresponding with overseas naturopaths and set up rest homes in Queenstown, Burnie, Launceston, Kingston and Hobart.

2.7. In the 1929 Sands and McDougall Directory, Roberts is listed at 327 Collins Street, Melbourne, as a "Herbalist", then in 1930 at 342 St. Kilda Road as a "Naturopath", moving in 1934 to 430 St. Kilda Road.

The 1936 Directory lists Roberts at 428 St. Kilda Road, and he appears under the Trade and Professional heading as a "Naturopath". The 1938 edition shows a return to 430 St. Kilda Road and then in 1940 Roberts is listed as a "Health Academy" at 284 Little Bourke Street, Melbourne.

From 1943 to 1947 he was listed in the Trade and Professional section of the "Directory of Victoria" as an "Osteopath". In the Directory for 1943, 1946 and 1947 the advertisement appeared as follows:

"F. G. Roberts, D.O.
Osteopathic Clinics in all States
284 Post Office Place, Melbourne, C.1.
Telephone Central 3394."

After 1947 Roberts was not listed under the headings—"Naturopaths" or "Osteopaths".
F. G. Roberts set up clinics in Ballarat, Geelong, Sydney, Newcastle, Brisbane, Ipswich, Toowoomba, Maryborough (Queensland), Bundaberg, Mackay, Adelaide, Perth and Fremantle. He visited all these clinics regularly and gave public lectures on natural healing.

2.8. The Brisbane clinic is still run by F. G. Roberts' grandson, Peter Roberts, and the Melbourne clinic in Commercial Road, Prahran, by C. R. Sorensen. Most of the clinics closed thirty years ago.

2.9. F. G. Roberts took a leading role in the United Practitioners Association of Australasia Ltd., of 224 Post Office Place and was an unsuccessful nominee in May, 1943, after some bitter feuding within the Association, for appointment to the Dietitians Registration Board. On 28th January, 1944, he was registered as a dietitian.

2.10. However his British and Australian Institute of Naturopathy was refused registration as an approved teaching body on 31st March, 1944, by the Board. A report by Prof. R. D. Wright dated 25th February, 1944, found that—

"There is a good deal of evidence that there has been a deliberate attempt to mislead the Board."

Professor Wright and another Board member inspected the Institute on the 21st March, 1944, and reported that evening classes were held five nights per week in physically inadequate facilities. At that time F. G. Roberts also operated a factory in Prahran where students were occasionally taken to watch the preparation of special health foods.

2.11. On the 27th April, 1945, the Board resolved to request the police to investigate alleged breaches of the Act by F. G. Roberts relating to misleading advertising. The Board found on the 6th September, 1946, that Mr. Roberts had removed offending signs and was complying with the law. It was resolved that no further action should be taken.

2.12. Later in the 1940's F. G. Roberts established a Health Academy at 289 Malvern Road, South Yarra; however this was not listed in the Directory until 1952.

The South Yarra listing remained until 1965, when the area was redeveloped.

2.13. In 1959, the Academy became "The Chiropractic and Osteopathic College of Australasia". It was from 1965 to 1968 at Greville Street, South Melbourne, and later at 301 Cecil Street, South Melbourne. From 1950-57 he was listed at 284 Little Bourke Street, under "Health Foods" and appeared under "Health Academy" as well.

2.14. In 1955 F. G. Roberts Health Foods, 40a Chapel Street, St. Kilda, is listed in the alphabetical section of the Directory and in the classified section under "Health Foods". In 1957 the name disappeared from all listings.

F. G. R.'s Health Foods Products Pty. Ltd. still survives in Bayswater as a large supplier of soybean products and herbal remedies. However the founder sold out his interest many years ago. F. G. Roberts' Health Academy appears in the classified list of the Professional and Trade Section under "Health Colleges" for the first time in 1957.

From 1958 to 1973 the classification "Health Foods" lists "F. G. R.'s Health Academy" at 146 Burwood Road, Hawthorn.

2.15. Mr. Roberts appears never to have visited the United States of America. However, he apparently received curricula and teaching manuals from Western States College of Chiropractic and Iowa Chiropractic College.

2.16. In 1964, he led a deputation of chiropractors to the then Minister of Health, (Honorable R. W., later Sir Ronald, Mack, M.L.C.) seeking registration. That Minister advised the deputation that a training institution of acceptable standards would have to be established before registration could be considered.

2.17. Following the deputation F. G. Roberts incorporated The Chiropractic and Osteopathic College of Australasia Inc., later renamed The Chiropractic College of Australasia. The 1969 Directory listed this College for the first time at 195 Greville Street.

2.18. This College occupied premises in Cecil Street, South Melbourne, and was reported upon by a Western Australian Chiropractic Registration Board when considering registration of its graduates. This Committee (on 30/7/73) and the N.S.W. three man Committee also visited this College and did not report favourably upon its operation while recognizing the good intentions of the staff.

2.19. F. G. Roberts was obviously a man with a flair for adopting fashions in the healing arts and consequently had little difficulty in using various methods of healing which captured the imagination of supporters of drugless therapies in various forms for more than fifty years.
In 1965 F. G. Roberts retired from active participation in The Chiropractic College of Australasia due in part to his age.

2.20. There was also a major philosophical difference between F. G. Roberts, who was a "mischer", making use of various techniques (naturopathy, osteopathy, chiropractic, herbalism) and the second generation of chiropractors—the "straights" who wanted to practise one discipline exclusively.

2.21. Mr. Roberts, after fracturing his pelvis, became semi-invalided and went into retirement.

2.22. Curiously Mr. Roberts was listed as a chiropractor for the first time in the 1970 Directory as practising at 182 Commercial Road, Prahran. This listing remained until 1974.

F. G. Roberts is described in the "Practical Osteopathic Course" brochure of The Chiropractic and Osteopathic College of Australasia Inc. as—
Aust. Principal
F. G. Roberts N.D., D.O., D.C.

The qualifications represented diplomas in naturopathy, osteopathy and chiropractic. The origin of the diplomas is unknown.

2.23. Mr. Percy Alfred Jacka, Victorian President of the National Association Naturopaths, Osteopaths and Chiropractors (of Australia) has followed a philosophy close to that of Mr. Roberts.

Mr. Jacka obtained a Diploma of Electrical Engineering from the Gordon Institute of Technology, and is a Member of the Institute of Engineers (Australia).

He did a correspondence course with the British Naturopathic College and was awarded a naturopathic diploma and in his own publications claimed a chiropractic diploma (D.C.) as well.

2.24. Mr. Jacka is a prolific writer on the various aspects of natural therapies and is the Dean of the Southern School of Naturopathy.

He has produced some crude lecture notes. They are generally summaries of a wide range of philosophies from various writers on natural therapies.

2.25. Mr. Jacka's efforts to establish a significant school have been remarkable and he has produced abundant evidence to support his enthusiasm for the need to have adequate training.

2.26. Mrs. Judith Taylor is the Director of Jacka's Southern School of Naturopathy which the Committee visited at 16 Molesworth Street, Kew.

Mrs. Taylor informed the Committee that the students graduated after three years with a Diploma of Naturopathy and a fourth year of study gave them the Diploma of Chiropractic.

Mrs. Taylor was a trained nurse who graduated through Jacka's school to acquire Diplomas in Naturopathy (N.D.), Chiropractic (D.C.) and Osteopathy (D.O.).

2.27. The forerunner to the Southern School of Naturopathy was the Naturopathic Training College at 184 Victoria Parade, East Melbourne. The Southern School is now at 729 Burwood Road, Hawthorn.

2.28. Mr. Jacka was a shareholder in Blackmore Laboratories (Sydney) and a supporter of colloidal remedies. His school recommended the use of Blackmore remedies but the only evidence of their value was the faith of their supporters.

2.29. Typical, again of the "mixers", was the unimpressive effort of Mrs. Petronella Hendrika Laws, 2 Beaumont Street, Canterbury to establish the Laws School of Naturopathy and Chiropractic. Mrs. Laws taught students and prescribed remedies for diseases from her school. She charged at the rate of $14 per month or $160 per year for her courses of instruction.

Mrs. Laws was insufficiently trained to conduct instruction yet she claimed in evidence to teach anatomy, physiology, iridology, naturopathic principles, chiropractic, osteopathy, some knowledge of herbs and some homoeopathy.

2.30. The "mixers" also had various "professional" associations such as The National Association Naturopaths, Osteopaths and Chiropractors (of Australia) (N.A.N.O.C.).

With the philosophical change at the end of the F. G. Roberts era there was the establishment of the Australian Chiropractors', Osteopaths' and Naturopathic Physicians' Association Limited (A.C.O.N.P.A.L.).

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2.31. Mr. Alan Robertson Wilkie, holder of a Diploma of Chiropractic from training part-time by F. G. Roberts, was the Secretary of A.C.O.N.P.A.L. and had previously been Secretary of the Chiropractic and Osteopathic College of Australasia Inc. where F. G. Roberts was the Australian Principal.

Wilkie, prior to becoming Secretary to A.C.O.N.P.A.L., had been honorary secretary of an organization promoting Blackmore Laboratories' remedies in Victoria.

2.32. Those who elected to become "straight" in the philosophical upheaval formed The United Chiropractors Association of Australasia (U.C.A.) and became the supporters of The Chiropractic College of Australasia in South Melbourne. This is a national association with State branches. The U.C.A. followed the advice of the Minister of Health and adopted a code of ethics, set their own professional standards, supported The Chiropractic College of Australasia and made their own rules for admission of membership of their association.

2.33. The U.C.A. in their own booklet, "Chiropractic in Australia", said—

"The first Australian Chiropractic College—now recognised as the leading chiropractic institution in this country—was founded in 1959.

Before 1959, people wanting Chiropractic training had to visit foreign countries. The Chiropractic College of Australasia was formed by members of the practising profession to eliminate this anomaly and to encourage the development of the Australian-styled chiropractor—educated to Australian standards, and of higher ethics.

Students wishing to enter the College must have obtained at least the education level required to enter an Australian university . . . ."

2.34. Between 1920 and 1938 the number of foreign trained chiropractors in Victoria probably never exceeded ten. Mr. Anthony R. Hart, D.C., in his report to the Committee on the family history said, "When my father (Mr. J. R. V. Hart, D.C., Ph.C.) arrived from New Zealand early in 1938, there were only four chiropractors in Victoria who had received training in the United States of America."

2.35. Mr. A. R. Hart returned from training at Palmer College and began practice with his father in January, 1949, at about the same time as a Mr. R. Le Breton. Both men were inspired by the need for chiropractic and undertook an extensive student recruitment campaign. The foreign trained chiropractors between 1949 and 1960 increased from seven to approximately forty. At the same time F. G. Roberts was putting emphasis on chiropractic training. This was the beginning of a collision course between the U.C.A. and the Australian Chiropractors, Association (A.C.A.), which later developed a national association with State branches. A.C.A. is a foreign trained group of chiropractors, the majority of whom are Australians.

2.36. The A.C.A. had a petty reason for disfavour with the U.C.A. The A.C.A. members had to pay dearly to get training in their profession at recognized colleges overseas.

2.37. However, the A.C.A. did question quite reasonably—in the view of the Committee—that the standard of training, previously part-time under F. G. Roberts and latterly full-time in South Melbourne and Sydney Colleges, was not of an acceptable educational quality. The A.C.A. made close bonds with the American training institutions and professional associations and evidence in the Committee's view, showed that they did act quite wrongly in obstructing the foreign lecturers from being lecturers at U.C.A. seminars.

The Committee on the other hand believes that U.C.A. did not present the true picture of the divisions between U.C.A. and A.C.A. when seeking support from the American chiropractic associations. Both the U.C.A. and the A.C.A. supported the principles of better training, an Australian chiropractic education system, higher professional standards and registration of chiropractors. Although often misguided and with too much enthusiasm for these aims, both co-operated fully with this Committee.

2.38. The A.C.A. continually advised the Committee of the visits to Australia of lecturers and highly regarded proponents of chiropractic registration and training. Senator William S. Day, State of Washington (U.S.A.), who had been the leading legislator to improve the recognition of chiropractic in the United States of America, also addressed the Committee.

2.39. However, the A.C.A. have correctly, in the Committee's view, pointed to the necessity of professionally acceptable standards in the training and quality of chiropractors so that the public can maintain its faith in all branches of the healing arts.

A.C.A. complained of the standards of the U.C.A. as practitioners but there was a remarkable lack of evidence to substantiate their claims. In fact, the Committee found that practitioners from U.C.A. and A.C.A. did make errors in treating patients. It also found that evidence could be provided that showed errors from the practitioners in the general medical field.
2.40. There was insufficient good faith on the part of both the U.C.A. and A.C.A. to provide a united association. Although there were some dissidents in the ranks of the A.C.A., and they practised without membership, it is more obvious that those trained under the F. G. Roberts school or The Chiropractic College of Australasia will form "splinter" groups.

The Victorian Chiropractic Association is such a group. It was formed with Mr. James Kehnahan, D.C., D.Ac., as President. It had fifteen members, with one foreign trained chiropractor in 1975.

2.41. Acupuncture was highlighted to the Western World (as a method of healing) after 1972 and in 1974, Mr. Ferenc Hegyi, a member of the Victorian Chiropractic Association, became the first President of the Australian Acupuncture Association (A.A.A.). Eight of the fifteen members of the V.C.A. were in the Acupuncture Association. Mr. Hegyi claimed a Statewide membership of seventeen chiropractors, naturopaths and osteopaths who were mainly Australian trained. The members of the A.A.A. generally have Diplomas of Chiropractic (D.C.) from Australian training and Diplomas of Acupuncture (D.Ac.) from a few weeks course either of Australian origin or claimed such an honor after a fortnight’s lesson in South Korea, Hong Kong, or Japan.

2.42. The history of fringe medicine and their professional associations has always been one of fragmentation and this will be a constant source of agony for legislation whether registration is recommended or not. It is also difficult to maintain constant supervision of their activities, philosophies, codes of ethics, titles, membership, and educational and professional standards as related to health care and the consumer.

### DETAILS OF ASSOCIATION MEMBERSHIP.

<table>
<thead>
<tr>
<th>Association</th>
<th>Victorian Membership</th>
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<tbody>
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<td>Australian Acupuncture Association (A.A.A.)</td>
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<td>Australian Chiropractors' Association (A.C.A.)</td>
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<tr>
<td>Australian Naturopathic Physicians' Association Limited (A.N.P.A.L.), (until early 1975) this association was known as &quot;The Australian Chiropractors', Osteopaths' and Naturopathic Physicians' Association Limited&quot; (A.C.O.N.P.A.L.)</td>
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<tr>
<td>National Association of Naturopaths (of Australia), The, (N.A.N.), (until recently, this association was known as &quot;The National Association of Naturopaths, Osteopaths and Chiropractors of Australia&quot;) (N.A.N.O.C.)</td>
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<tr>
<td>United Chiropractors Association of Australasia, The (U.C.A.)</td>
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<td>Victorian Chiropractors Association (V.C.A.)</td>
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<tr>
<td>Victorian Society of Specialist Osteopaths</td>
<td>3</td>
</tr>
<tr>
<td>Others (being persons who are not members of any of the above associations)</td>
<td>25</td>
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</tbody>
</table>

* These people are also members of one of the above associations.
† Eight (8) of whom are members of the V.C.A.
CHAPTER 3

CHRISTIAN SCIENCE PRACTITIONERS

3.1. Apart from orthodox medicine, osteopathy, chiropractic and naturopathy, the most significant "healing art" is probably Christian Science, founded by Mary Baker Eddy (1821-1910) whose textbook "Science and Health with Key to the Scriptures" (1st edition 1875) contains her basic teachings.

3.2. The New Yellow Pages Telephone Directory for Melbourne, 1974/75, under the heading "Christian Science Practitioners", lists 15 names. Listing in the directory is not controlled by the Church of Christ, Scientist and one entrant is not regarded by Church officers as fully qualified. The Christian Science Journal a monthly published in Boston, Massachusetts, the world headquarters of Christian Science, under the heading "Practitioners and Teachers", gives 34 names in the Melbourne metropolitan area. All names in this list are authorized by the Church.

3.3. There are no ordained clergy in Christian Science, but lay people may be authorized to teach or go into Christian Science practice. All teachers are practitioners: the reverse does not apply.

3.4. Unlike all the other "healing arts", Christian Science rejects the use of physical methods of diagnosis or treatment. As a result, training in anatomy, physiology or other medical subjects is not relevant. If any Christian Science practitioner attempted to use physical means of diagnosis or treatment he would presumably be struck off the list of authorized practitioners.

3.5. It is significant that Christian Science, like osteopathy and chiropractic, began in the United States in the last quarter of the 19th century.

3.6. Dietary reform, linked with religious observance, was an essential part of Seventh Day Adventist teaching which began in the United States a generation earlier. The brothers Will K. and John H. Kellogg and Charles W. Post were all Adventists and began what has been called "the cornflake crusade" between 1878-1900. (Post was also a "mental healer"). Adventists, like Christian Scientists, rejected the use of alcohol, tobacco and drugs. (There are some parallels between the work of Mrs. Eddy and that of the Adventist leader Ellen Gould White (1828-1915).)

3.7. The period 1875-1900 in America was marked by great impatience with the traditional orthodoxies of Europe, coupled with a desire to innovate and a prevailing optimism that patients could be cured without reliance on drastic measures such as drugs or surgery.

3.8. The Churches of Christ, Scientist Incorporation Act 1958 (No. 6439) sets out in the First Schedule the tenets of the Mother Church, the First Church of Christ, Scientist (Boston), including the following:—

"4. . . . we acknowledge that man is saved through Christ, through Truth, Life, and Love as demonstrated by the Galilean Prophet in healing the sick and overcoming sin and death.

5. We acknowledge that the crucifixion of Jesus and his resurrection served to uplift faith to understand eternal life, even the illness of soul, spirit, and the nothingness of matter."

3.9. Christian Science teaches that real life is spiritual, part of the "divine Mind" (also called "God" or "Principle") and that the belief of "mortal mind", such as a belief in disease or injury, "a form of "error". To eliminate the "error" will result in eliminating the apparent symptoms.

3.10. Healing is seen as a by-product of salvation or spiritual regeneration, and coming to a better understanding of God and His presence.

3.11. The work of the practitioner consists in reminding the patient of the omnipotence of "divine Mind" and that accepting a belief in symptoms of disability is "error". Prayer is the main form of healing. Many consultations are carried out by telephone. The patient may describe to the practitioner the apparent nature of the symptoms and the practitioner may remind the patient of the nature of "divine love" and point out that it is not necessary to accept any belief in illness. Christian Science healing has always had a central place in the church's teaching and in the last century many remarkable cures have been claimed.

3.12. It appears that practitioners do not attempt to analyse the particular symptomology of the patient because in terms of church teaching it hardly matters whether there is a pain in the back, or the arm or the leg, since to accept any such beliefs would be "error" and a denial of God's omnipotence.
3.13. Christian Scientists are enjoined by Mrs. Eddy's teaching to be obedient to the law. Human laws are seen as an expression of principle as evolved through society and it is considered that obedience helps to bring about healing. This leads to several apparent anomalies in Christian Science teaching:

(a) Christian Scientists are requested by the church to comply with regulations imposing chest X-rays, or vaccinations for overseas travelling, without claiming exemption on the grounds of conscience.

(b) Practitioners will advise patients that they must comply with the requirements of section 162a of the Health Act 1958 that certain infectious diseases must be notified to the Commission of Public Health. Accordingly if a parent tells a practitioner that her child has the symptoms of whooping cough or scarlet fever, the practitioner may well reply—"In human terms the child appears to have whooping cough or scarlet fever. You should now notify the Commission of Public Health in accordance with the law. However, in Christian Science, you do not have to accept a belief in these diseases."

(c) Mrs. Eddy wrote (pages 401–402 of the 1971 edition of "Science and Health")—
"Until the advancing age admits the efficacy and supremacy of Mind, it is better for Christian Science to leave surgery and the adjustment of broken bones and dislocation to the fingers of a surgeon, while the mental healer confines himself to mental reconstruction and to the prevention of inflammation. Christian Science is always the most skilful surgeon, but surgery is the branch of its healing which will be last acknowledged."

Practitioners consider that certain types of surgical procedure such as stitching up of wounds or the setting of fractures are permissible. The Christian Science patient is given a choice: if his faith is not sufficient for him to rely on metaphysical healing for these considerations then he can resort to a medical practitioner for immediate treatment while the Christian Science practitioner continues with the spiritual healing.

However, surgery for conditions such as cancer is disapproved. Mrs. Eddy asserts that the success of a healing depends very largely on the patient's thought: therefore to rely simultaneously on physical and metaphysical treatment would be impossible.

Normally a Christian Science practitioner would not provide post-operative care for a patient who had undergone a major operation, e.g. for cancer. However, Mrs. Eddy also urged that the principles of "common sense and common humanity" should be observed.

(d) A pamphlet, issued in 1972 by the Christian Science Committee on Publication for Victoria, entitled "Legal Rights and Obligations of Christian Scientists", includes the following from p. 15:

"OBSTETRIC CASES.

When the birth of a child to a Christian Scientist is expected, the expectant mother and father should employ a duly qualified physician or midwife to perform the medical or surgical service needed at such time. Furthermore, a Christian Science practitioner or a Christian Science nurse, even if technically qualified, should not undertake to render the medical or surgical service which is required at such a time. For their own protection and for the protection of Christian Science, they should limit their services to their profession's vocation. This policy has the approval of The Christian Science Board of Directors."

The explanation is that the church believes that the law requires medical supervision in childbirth and the Christian Scientists should act in conformity with the law; thus if a physician advised a blood transfusion for an expectant mother, then Christian Scientists would be expected to accept the advice.

Christian Science nurses receive some training in obstetrics. They are not eligible for registration as nurses in Victoria unless they have been examined and registered by the Victorian Nursing Council. Christian Science nurses are instructed that—

"In obstetric cases they should not undertake to render the medical or surgical service which is required at such a time."

(e) While Christian Science practitioners claim success with some dental conditions such as straightening children's teeth, it appears that Christian Science is not successful in conservative dentistry. Christian Scientists generally attend dentists for fillings or extractions. The explanation given is that "not enough spiritual work has been done in that area."
(f) The Legal Rights pamphlet (page 8) urges that that section of the Medical Act which prohibits unregistered medical practitioners from charging fees for the treatment of cancer should be "meticulously observed". (The pamphlet wrongly refers this to section 17 (4) of the Act; the current section is 28 (b) of the Medical Practitioners Act 1970 (No. 8061)).

(g) The Church Manual, Article VIII, S. 23, provides that where a practitioner "has a patient whom he does not heal and whose case he cannot fully diagnose, he may consult with an M.D. on the anatomy involved. And it shall be the privilege of a Christian Scientist to confer with an M.D., on Ontology, or the Science of being".

This appears to be quite inconsistent with the general philosophy of Christian Science but it is explained that it helps the practitioner to understand the false belief of the patient.

3.14. Christian Scientists, since they place primary importance on the quality of thought, are enjoined to turn away from menial pictures of debility, and symptoms of suffering because these are considered detrimental to healing. Practitioners do not go into details of symptomology. Indeed many Christian Scientists avoid using the names of diseases in conversation or writing.

3.15. Christian Science practitioners who are listed in the Journal are required to devote themselves to full-time church work and to have no other occupations. People are drawn into practice because they have had success in providing metaphysical treatment for family or friends over a period of some years. Candidates must undergo a two-week course of "class instruction" from a registered teacher before being eligible for registration as a practitioner. There are no other academic prerequisites.

3.16. It is difficult to estimate the precise number of patients treated by Christian Science practitioners, but the extreme upper limit according to Mr. H. W. Eastman, the Christian Science Committee on Publication for Victoria, and an authorized practitioner, would be up to 30 per day, with ten (10) as a realistic average.

3.17. In her "Miscellany," Mrs. Eddy recommended that practitioners should charge fees equivalent to those of other professional people. A common fee charge would be $5 per treatment—that is if a patient had time devoted to him over three consecutive days, then a fee would be charged for each day.

3.18. The Commonwealth does not grant tax deductibility for payments to Christian Science practitioners although representations have been made.

3.19. It is possible that Christian Science practitioners may be operating in contravention of the Psychological Practices Act 1965 (No. 7355).

Section 2 (3) of the Act exempts "anything done by any person who is a priest or minister of a recognized religion in accordance with the usual practice of that religion."  

3.20. As pointed out above, there are no ordained clergy in Christian Science. Indeed marriage services for Christian Scientists are performed by clergy of other denominations.

However, it is doubtful whether the work of Christian Science practitioners comes within the definition of "psychological practice" or "practice of psychology" in section 2 (1) of the Act, since the practitioner does not administer tests or rely on objective evaluation of physical or mental problems.

3.21. On 31st October, 1966, the then Minister of Health (Hon. Vance Dickie, M.L.C.), advised the Christian Science Committee on Publication for Victoria that in his opinion "accredited practitioners of that Church would have no difficulty in demonstrating that the restrictions and bans imposed by the Psychological Practices Act 1965, do not in any way apply to that Church and its practitioners."

"As you will realize, I cannot exempt the Church of Christ, Scientist, and its practitioners from the penalties imposed by breaches of the law but, nevertheless, I have no hesitation in assuring you that, as long as the practitioners of the Church of Christ, Scientist, continue to operate in the manner set out in your letter and do not employ psychology, hypnotism or any form of mental or physical manipulation, and the Church of Christ, Scientist, does not adopt any system associated with or derived from the writings of Lafayette Ronald Hubbard, the Psychological Practices Act 1965, does not apply to the practice of Christian Science."

3.22. The Committee sought the advice of the Solicitor-General, Mr. Daryl Dawson, Q.C., on this matter.
The Committee asked three questions—

(1) Does the work of Christian Science practitioners contravene the Psychological Practices Act 1965?

(2) Does the work of Christian Science practitioners constitute psychological practice or practice of psychology within section 2(1) of the Act? and

(3) Should section 2(3) of the Act be amended to add the words “or authorized practitioner”?

He answered “No” to questions (1) and (2). In answering (3), he wrote—

“If it were thought desirable that the exclusion of the practice of Christian Science from the ambit of the Act be put beyond doubt, the most appropriate method appears to me to be a declaration by Order in Council that the Act does not apply to Christian Science practitioners. Such an Order may be made under section 2(7) of the Act and would, I think, be a simpler and speedier solution than amendment of the Act.”

3.23 *The Committee recommends*, pursuant to S. 2(7) of the Psychological Practices Act 1965, that the Governor in Council be asked to make an Order declaring that the Act does not apply to Christian Science practitioners duly registered in accordance with the following recommendation.

3.24 *The Committee recommends* that the authorized officers of the Church of Christ, Scientist in Victoria should certify annually a list of authorized Christian Science practitioners to the Minister of Health, and the law should provide a penalty of de-registration if a practitioner uses any physical means of diagnosis or treatment.
CHAPTER 4

OSTEOPATHY AND CHIROPRACTIC

The Relationship of Osteopathy and Chiropractic to Orthodox Medicine.

4.1.1. Historically, osteopaths and chiropractors offered a comprehensive "healing art" as a complete alternative to orthodox medicine. The use of drug therapy and/or surgery was rejected. Osteopaths and chiropractors used to assert, and many still do, that adjustments to the neuro-muscular-skeletal system, especially the spine, could not only relieve mechanical strains of joints and muscles but would enable the body to promote its natural resistance and relieve the symptoms of cardiac, circulatory, alimentary, skin, nervous and visceral diseases as well as relieving deafness and eye trouble. For many years osteopaths and chiropractors rejected the teachings of orthodox medicine and the systems continued to diverge until the 1960s. Many of the more recently trained chiropractors have limited their range of treatment to neuro-muscular-skeletal problems and refer the treatment of disease to allopathic or orthodox practitioners. Osteopaths, especially in the U.S., have followed the basic courses of orthodox medical schools and are seen, increasingly, as manipulative specialists working in areas where the orthodox (allopathic) physician has no particular expertise. Both osteopaths and chiropractors have primary contact with patients. Some receive internal and unethical, in the A.M.A.'s view referrals from orthodox physicians. Both chiropractors and osteopaths advertise; some maintain an ethical code comparable to the medical profession but many insert advertisements in local newspapers.

4.1.2. Osteopaths and chiropractors, especially the younger and more highly trained operators from the U.S. schools, reject the doctrinal absolutism of their professional forebears and are seeking to work in co-operation with orthodox medicine. Certain sections of the medical profession recognize the great skill not only in manipulation but also in diagnosis in their special field by particular osteopaths and chiropractors. Eminent physicians have told this Committee that the medical profession has shown "gross ignorance" of the principles of active conservative treatment of many serious neuro-muscular-skeletal problems and too much reliance on drug therapy. Many orthodox physicians, particularly teachers in medical faculties, point out that the doctor's ability to diagnose neuro-muscular-skeletal malfunctions is not matched by his ability to provide rapid relief of symptoms by physical contact. It may be too much to ask the physician to be a skilled manipulator himself, but the Committee feels that he ought to know enough about the theory and practice of manipulation to be able to recommend it with confidence and to supervise it effectively. Too often the prescription for neuro-muscular-skeletal malfunctions has been bed rest, avoidance of conditions placing a strain on the back and limbs, analgesics or other drugs; less often, referral to a physiotherapist, or—rarely, and in the case of the most serious and chronic lesions—surgery.

4.1.3. There is unquestionably a gap in conventional medical treatment. The question for this Committee is whether this gap is best filled by chiropractors and osteopaths.

4.1.4. The training of osteopaths overseas gives them diagnostic skills similar to those of the allopathic physician.

4.1.5. Chiropractic training overseas was limited in range until the 1960s, and still is limited to Australia. Many chiropractors will concede that their skill in relieving symptoms by manipulation may conceal deeper causes than the misalignment of vertebrae or muscular strain and that pathological conditions such as tuberculosis may not be detected.

There is little doubt that many chiropractors acquire great expertise at diagnosis by palpation and that by concentrating on neuro-muscular-skeletal problems they may acquire greater practical expertise in that field than orthodox physicians whose practice covers all bodily systems.

4.1.6. The apparent "convergence" of orthodox medicine and chiropractors and osteopaths raises a dilemma: if the "fringe practitioners" want recognition by legislation, if their skills in treatment are recognized by medical orthodoxy, and if chiropractors and osteopaths now concede that their skills are largely mechanical and best confined to neuro-muscular-skeletal problems, then why seek separate registration at all? By providing common courses of instruction, would it be possible to integrate all the "healing arts" (as chiropractors and osteopaths often call them) in the same way that physiotherapy is integrated with medicine? The answer is not easy to arrive at. If chiropractors and osteopaths are to act on a referral basis from physicians, they have less need to master the general range of diagnostic skills and can concentrate on their own area of expertise. But the ear, nose and throat specialist, or the psychiatrist (although not, of course, the psychologist
who may possibly be thought to operate at a less serious level) has to master that general range of medical skills before he can practise his specialty and he almost invariably operates on a referral basis. It is easy to be wise after the event and difficult to be sure whether chiropractic/osteopathic patients have received the benefit of accurate diagnosis or whether they have received unnecessary treatment. Of course, the same can be said for many patients of orthodox physicians, especially in their first years of practice.

The Relationship between Osteopathy, Chiropractic and Physiotherapy.

4.2.1. Physiotherapists provide manipulative therapy either under direct medical supervision (e.g. in a hospital) or by referral from an orthodox physician. They have limited training in diagnosis. The philosophic basis of physiotherapy is orthodox medical teaching. The Ethical Principles of the Australian Physiotherapy Association state inter alia, that it is unethical for a member—

1. To act in a professional capacity except on referral by a registered medical or dental practitioner; and ..............................................................

5. To advertise or canvass directly or indirectly for patients.” (1)

4.2.2. Although in theory physiotherapists should not have ‘primary contact’ with patients, in practice many appear to do so. There are 209 physiotherapists listed in the yellow pages of the telephone directory. The doubling up of many names and listing of group practices does not suggest that they live on referral.

Is Chiropractic/Osteopathy Scientifically Based?

4.3.1. The original principle of osteopathy as laid down by its founder, Andrew Taylor Still (1828-1917) was the “rule of the artery”—that is, that manipulation of bones, joints and ligaments would relieve any physical interference with blood flow and assist the body to use its natural recuperative powers against disease. The name “osteopath” is often used in Australia by dubious qualified practitioners who employ some osteopathic techniques, based on Still’s ideas, often in conjunction with chiropractic and naturopathy. The handful of Australians who are members of the Australian Osteopathic Association and have all been trained in the U.S. or Great Britain repudiate any association with the local multi-purpose “osteopath”.

4.3.2. In the U.S. and Great Britain, osteopathic students study a common core of medical subjects. In most States of the U.S. qualified osteopaths are deemed to be duly qualified medical practitioners and are entitled to practise in all fields of medicine. In fact they concentrate on their own area of expertise, where they rely on manipulation rather than drugs or surgery. They no longer contend that the treatment of neuro-muscular-skeletal problems will necessarily relieve symptoms in other bodily systems, although it may well contribute to a general sense of well-being. Patients with other symptoms would normally be referred to orthodox (allopathic) physicians.

4.3.3. Still’s strict orthodoxy has in effect been abandoned and the osteopathic courses in the U.S. and Great Britain have a scientifically-based curriculum.

4.3.4. Chiropractic was devised in the United States of America by Daniel David Palmer (1845-1913) and can be defined as “a system of diagnosis and treatment, in which physical illness or malfunction is treated primarily by adjusting the articulations of the spine by hand alone in order to relieve interference with nerve transmission.”

4.3.5. The Committee is unable to find that chiropractic is scientifically based in the sense that orthodox medicine claims to be. It is unable to see clinical confirmation of the claims made by chiropractors. It is conceded that chiropractic treatment often relieves symptoms, often very acute, such as muscle-spasm, in neuro-muscular-skeletal problems, often with great rapidity. It might be more accurate to say that it appears to relieve them and the patients certainly claim relief. The Committee has received hundreds of testimonies from satisfied patients and this evidence was very impressive.

4.3.6. Chiropractors may take a more detailed and specific case history of muscular lesions than an orthodox physician and certainly give some psychological support. But to say that the effects of a lesion are relieved is not to say that the cause is removed. As a matter of simple mechanics, it is hard to see how a chiropractor can—

1) select which of the 24 vertebrae is likeliest to relieve physical symptoms; and

2) apply enough manual force to change the relationship of one vertebra with another.

4.3.7. Chiropractic manipulation as observed by the Committee did not appear to differ from physiotherapy techniques although the philosophical basis is quite different.

4.3.8. In diagnosis, chiropractors rely heavily on palpation and X-ray. Palpation certainly appears to be effective both as diagnosis and remedy but it is not clear why this should be so. For example, in palpating the spine chiropractors do not feel the vertebrae themselves but the spiny ridges or spurs (spinosus process) at the back. They make judgements on the misalignment (subluxation) of the vertebra working from the relative position of the spur although there is no doubt that a perfectly functional spine may have many misplaced spurs. Also chiropractors appear to put excessive emphasis on the idea that deviation from anatomical normality is pathological. The Committee is satisfied from the evidence it has heard that many spines are bent, twisted or curved and have been since birth, and yet give great satisfaction to their owners, while others that appear to resemble a spine on an anatomist's chart can be highly disfunctional in practice.

4.3.9. The use of X-rays poses a problem—its use ought not to be encouraged without safeguards, yet a skilful reading of a precise X-ray may provide vital evidence of the size and placement of a lesion and give a warning of conditions which ought not to be treated by manipulation.

4.3.10. There is considerable controversy about the reading of chiropractic X-rays. The eye of faith enables chiropractors to claim that they can make interpretations of X-rays which cannot be confirmed by orthodox specialists. Proof by "before" and "after" X-rays that a chiropractic manipulation had relieved a "subluxation" proved astonishingly elusive. Even Dr. Fred W. H. Illi, an eminent Swiss research chiropractor, conceded the difficulty of identifying a "subluxation" of the vertebrae by X-ray.

But claims from orthodox physicians that chiropractors had caused gross harm also proved to be elusive. The Committee was often warned in the early months of its inquiry about numbers of chiropractic victims—but as it searched for them they receded into the mists like the Angels of Mons.

4.3.11. Some evidence to the contrary is referred to in paragraphs 4.5.4 to 4.5.12.

4.3.12. Philosophically "knowledge" and "belief" are complementary. Belief begins where knowledge ends.

The word "science" is derived from the Latin word scientia ("knowledge"). The Committee is prepared to believe that chiropractic does much good in the sense that symptoms are relieved in an area where orthodox medicine often fails—neuro-muscular-skeletal problems, especially backache—but it is unable to say why they are relieved and it is sceptical as to how far the cause of the symptom is treated. The Committee has "beliefs" on the subject. It has evidence of varying kinds—but does not have any certainty. It has not been demonstrated and perhaps is not susceptible of proof—as in the case of folk-medicine or faith-healing, both of which produce impressive results.

4.3.13. Accordingly the Committee is unable to find that chiropractic is scientifically based. Many chiropractors would accept this verdict and see their work as an art rather than a science. As Daniel David Palmer, its founder, wrote "Art relates to something to be done. Science teaches us to know, and art to do."

Are Manipulative Techniques available in Orthodox Medicine?

4.4.1. There is far greater recognition of the importance of manipulation now than there was five, 10 or 15 years ago. Many general practitioners are making increasing use of physiotherapists on referral. Few general practitioners practise manipulation themselves. Most deplore the lack of provision for the demonstration of manipulative techniques to students and the availability of tuition as an option in the medical course. As a result most physicians confine their prescriptions, as mentioned in paragraph 4.1.2, to bed rest and drugs.

4.4.2. Senior orthopaedic surgeons have been very strong in their criticism of medical training for its neglect of manipulation and have called it "gross negligence". Some senior general practitioners and orthopaedic specialists have repeatedly referred patients to particular chiropractors and osteopaths with considerable success. Most physicians have no direct knowledge of chiropractic/osteopathic techniques. Because referral constitutes a breach of the A.M.A.'s code of ethics there is little incentive for physicians to investigate the "fringe practitioners".

What Harm to Patients is caused by Chiropractic/Osteopathy?

4.5.1. Many months passed before firm evidence was presented to the Committee to prove that harm has been caused to chiropractic patients by chiropractic techniques. There are, of course, many cases of treatment which do not relieve the symptoms.

4.5.2. The Committee notes that it may be difficult to establish a direct causal link between treatment and injury, and that deterioration over a period may not be related to treatment. The Committee was only aware of a single case (Williams) where damages ($2,000) were received from chiropractors for incompetent treatment.
4.5.3. Dr. D. C. Burke, Medical Director of the Spinal Injuries Centre at the Austin Hospital, gave the Committee some details of five case histories whose clinical cause was affected adversely by treatment from fringe practitioners.

In no case was there medical observation of the chiropractic treatment, and Dr. Burke conceded that there may have been some tendency on the part of patients to exaggerate the effects of that treatment because they recognized that orthodox medicine disapproved of chiropractic. Dr. Burke also conceded that he had dealt with more cases of paralysis following failures in orthodox treatment.

4.5.4. Of the cases cited, the Committee was only able to hear evidence from one of the patients involved, whom it shall call Mrs. "A". Mrs. A, a 32-year old woman, was injured in a fall from a boat trailer. She was taken to the local hospital suffering from "pins and needles" in the legs and arms. She was X-rayed at the local hospital and advised to go to the Austin Hospital for further X-rays.

Mrs. A was subsequently admitted to the Austin Hospital suffering from a partial paralysis of the hands and legs. After an examination of X-rays taken at the Austin, she was found to have a partial dislocation forward of the fifth cervical vertebra on the sixth cervical vertebra. After treatment at the hospital, which included some weeks in traction, Mrs. A was X-rayed (approximately two months after the accident) and it was found that her spine had been fully re-aligned.

She complained of stiffness in the neck and doctors told her that she could expect to have some arthritis in her neck. Mrs. A decided to visit a fringe practitioner, who had previously treated her and her husband, to have this stiffness cured. She was subsequently treated on three occasions.

On one occasion she lay on a table, half inclined, while the practitioner placed his knee on the thoracic spine and applied manipulation by placing his arms through her armpits and applying a reciprocal motion.

4.5.6. On returning to the Austin approximately five months after her accident—three months after she had been X-rayed and found that the spine had been re-aligned—she was again X-rayed and doctors said that her neck had been re-dislocated. Mrs. A advised the doctors that she did not want any further treatment from the Austin and would continue to see her fringe practitioner.

Mrs. A agreed to give evidence to the Committee during which she claimed to be feeling "so much better" and she "felt more movement" in her neck. She further stated that she did not believe that the X-rays disclosed a fresh dislocation.

4.5.7. Mrs. A gave the Committee approval to obtain her X-rays from the Austin Hospital. When asked who she would believe if the Committee showed her X-rays to five leading specialists to view independently and was told by each that a fresh dislocation was present, she stated that she would believe her fringe practitioner.

4.5.8. The Committee did in fact obtain Mrs. A's X-rays and showed them to a leading chiropractor, a consultant orthopaedic surgeon and to a diagnostic radiologist and his team of radiologists at a leading Melbourne hospital. All persons who saw the X-rays were of the opinion that a fresh dislocation was shown up by the latest set of X-rays. They were further unanimous in that after the X-rays were taken showing that the spine had been re-aligned, under no circumstances would they have done or recommended any mobilization of the neck within six months and the orthopaedic surgeon suggested twelve months.

4.5.9. All who saw the X-rays expressed fears for the future of Mrs. A, especially if she continued to have manipulation by her fringe practitioner. Fears were also expressed that an accidental bump or knock or even the normal ageing of the spine could cause Mrs. A to become paraplegic, if not quadriplegic, because of this re-dislocation.

4.5.10. A second case which came to the Committee's notice involved a Geelong man who also gave evidence to the Committee on an injury which he sustained at the hands of a chiropractor. In this case he experienced pain in his shoulder when playing bowls. He visited a chiropractor who manipulated his back. After this treatment he experienced pain when moving his head and a few days later his fingers went numb. He went back to the chiropractor after a few days, as initially told to do by the chiropractor, and explained that he had lost the feeling in his fingers.

At this visit, the chiropractor did not carry out the same treatment as on the first visit but started to manipulate the head and neck. "He lifted and twisted my head in various directions" said the witness. He also said that during the second treatment he heard the neck bones click. Similar treatment was administered two days later but still the patient's condition deteriorated.
4.5.11. After the third visit the patient realized that his condition was worse than before the first treatment so he went to a second chiropractor about whom he had heard good reports. The patient told the second chiropractor the full story, who then diagnosed the problem as a nerve jammed in the spine near the shoulder. Neither chiropractor X-rayed the patient during his diagnosis of the complaint.

The second chiropractor’s treatment was more gentle than the first but still did not assist the injury.

Because of the intense pain suffered by the patient, his wife called a doctor who arranged for X-rays to be taken. As a result of the X-rays taken, the doctor made the same diagnosis as the second chiropractor. The doctor put the patient in hospital where he was put into traction. As a result of the traction, the pressure was released and the condition gradually improved.

4.5.12. Subsequently, the patient took legal action and was advised by his counsel that he should join both chiropractors in the action. The case was settled out of court and the patient received damages. The patient advised the Committee that he would not say that the second chiropractor was entirely to blame as he was trying to undo the damage previously done, but he should have recognized when the case was beyond his help and admitted the fact.

4.5.13. Commenting generally, Dr. D. C. Burke of the Austin Hospital said that a much larger number of patients were admitted to the Spinal Injuries Centre paralysed following various operations on their spines. He said “The commonest cause of paralysis following operation is the operation of laminectomy for prolapsed discs; this is a very small but nevertheless known risk of such surgery. It is caused by an unavoidable interference with the blood supply of the spinal cord. I must stress that it is a very uncommon happening following such operations, but they do occur, and certainly the number of paraplegics and quadriplegics caused by spinal operation in my experience has been greater than those caused by chiropractors or osteopaths. The difference is that one group are unavoidable ‘accidents’ of surgery, the others though small in number, could have been avoided had the manipulator had more knowledge of what he was doing”.

4.5.14. On the evidence before it, the Committee regards the doctor’s words as fair comment. It feels some anxiety about the fringe practitioner’s diagnostic training. Diagnosis is done mainly by X-ray and/or palpation with inadequate training in anatomy, physiology and other basic medical sciences.

4.5.15. Dr. Burke’s principal anxiety related to possible inadequacies in chiropractic training especially in knowledge of anatomy and pathology, leading to some danger of inadequate diagnosis, he recognized that many general practitioners lacked expertise in treating back pain. He concluded “I am looking well ahead but I can see a chiropractor as part of my team.” *(1)*

Should Chiropractic/Osteopathic treatment be Conditional on Referred by Medical Practitioners?

4.6.1. The Committee believes that this is one way in which the problem can be solved. The Committee recommends that the A.M.A.’s code of ethics be varied in order to provide that general practitioners should be able to refer patients to osteopaths or chiropractors where they are satisfied of their professional competence and where they are prepared to accept personal responsibility for their referral, in the same way that physicians refer patients to physiotherapists. However, the Committee is not prepared to recommend that all “primary contact” by osteopaths and chiropractors be placed outside the law.

4.6.2. If the Committee’s recommendations are given statutory form, then non-compliance would necessarily result in substantial penalties. The law could not then “let sleeping dogs lie” as it has in the past.

4.6.3. The “fringe practitioners” must be clearly placed within the law, and protected by it, or excluded from practice by the same law.

The Committee was adamant in opposing the introduction of a “grandfather clause” which would permit registration on the basis of length of practice.

Should Chiropractic/Osteopathy be registered, if so, on what basis?

4.7.1. Yes, the Committee recommends the setting up of a Manipulative Therapy Board which would provide for the registration of osteopaths, chiropractors and physiotherapists. The Board could have two divisions. One could examine the specific qualifications of osteopaths and chiropractors, the other those of physiotherapists and masseurs. But the Committee believes that both branches of manipulative therapy have too much in common to be professionally segregated and the common Board would have to regulate the standards of any training institutions in existence, or to be set up, in conjunction with medical faculties of the universities and the teaching hospitals.

*(1)* Minutes of Evidence, p. 3279.
4.7.2. The Masseurs Registration Board, as mentioned earlier, is responsible for the registration of physiotherapists. The position of masseurs is ambiguous. Of the eleven masseurs under that heading in the Yellow Pages, six are also listed under the heading "Physiotherapists". The others are listed elsewhere as offering sauna, massage, and physical culture generally.

4.7.3. Like chiropractors, osteopaths and physiotherapists, masseurs perform manipulation ("the forced passive movement of a joint beyond its active extent of movement") (i) in addition to massage ("manual manipulation of bodily tissues") (i). It seems paradoxical that masseurs already require registration while chiropractors and osteopaths who undertake treatment of more serious illnesses do not. The Committee recommends that the Masseurs Registration Board should become a division of the Manipulative Therapy Board.

What form of registration should be adopted?

4.8.1. The Committee makes no recommendation about pre-conditions for the registration of physiotherapists and masseurs, which is outside its terms of reference.

4.8.2. The Committee recommends two forms of registration for osteopaths and chiropractors—"O" registration and "R" registration.

4.8.3. A chiropractor or osteopath receiving "O" or "Open registration" will have the right of primary contact with the public—as he enjoys at present—without any form of safeguard or requirement as to minimum standards of training. Any "O" practitioner would, of course, be able to receive patients on referral as well. "O" practitioners would be subject to an ethical code which would forbid display advertising although a strong case can be made for some discreet form of coding in "Yellow Page" telephone entries to indicate a particular area of expertise. "O" practitioners would have to satisfy the Board that they had passed examinations which were comparable in standard to Victorian University medical schools in anatomy, physiology, medical pathology, biochemistry and radiology and were able to satisfy the Board of their skills in diagnosis and manipulation.

4.8.4. Any chiropractor or osteopath receiving "R" or "Referral registration" would have no right of primary contact with the public. They would not be able to advertise directly. "R" practitioners would be dependent on referral from physicians. The Committee is satisfied that there are a number of practitioners in Victoria of very great skill who have secured many patients by referral from eminent physicians and specialists and treated them with considerable success but who are extremely unlikely to be able to satisfy the requirements of "O" registration.

4.8.5. The Committee while opposed to a "grandfather" clause is nevertheless reluctant to force out practitioners who, despite their lack of formal qualifications, have won the support of orthodox physicians. It sees "R" registration as a practical compromise. Many eminent physicians are already referring patients to skilled "fringe practitioners" but most doctors are deterred by the A.M.A.'s code of ethics.

4.8.6. The Committee believes that if the code is modified many more patients will be referred to chiropractors and osteopaths by doctors. If physicians are prepared to take this step (and obviously many will not) the protection for the patient will be the professional qualification of the physician himself.

4.8.7. The Masseurs Act 1958 (S. 3 (3) (b) (ii)) already provides, in effect, for an equivalent to the proposed "R" registration—"Nothing in this Act shall debar any person—

(i) . . . .

(ii) who performs massage under the direct instructions or supervision of a medical practitioner—from . . . performing massage as aforesaid or from recovering in any court any fee or charge therefor:

Provided that the section of this Act relating to the assumption taking or using the name or title of "masseur" is not infringed by any such person."

4.8.8. Of the 200 chiropractors in the Melbourne Yellow Pages (allowing for a certain amount of doubling up and numbers of practitioners in group practice) the Committee would assume that perhaps 70 might qualify for "O" registration and that another ten might survive professionally on the "R" registration. But it would anticipate that for perhaps 120 of the original 200, registration would mean exclusion or retirement or the taking up of retraining opportunities, hopefully with the support of the Australian Government. Certainly practitioners who do not qualify under "O" and receive no referrals under "R" will have to complete rigorous courses of training, perhaps extending over several years, before they can re-enter chiropractic or osteopathy.

(i) Butterworths Medical Dictionary, 1965.
Can Chiropractic/Osteopathy and Physiotherapy be combined?

4.9.1. It seems likely that they will continue to converge and that each discipline will find some merit in the other but the Committee can see no point in forcing them together. However, the recommendations in paragraphs 4.7.1. and 4.7.3. are restated.

Should Chiropractors and Osteopaths be limited in the range of Medical Conditions they can treat without Medical Diagnosis?

4.10.1. Yes. The chiropractors and osteopaths eligible for “O” registration are experts in neuro-muscular-skeletal problems but they are not experts in diagnosing general pathology. The Committee believes that they should be limited to treating neuro-muscular-skeletal conditions.

4.10.2. The treatment of children raises particular problems. An adult may have an established medical history involving headaches, stomach upsets or backaches which are predictable after periods of overwork, violent physical activity, e.g. in sport or other forms of over-indulgence. In such cases relieving a headache by manipulation may well be preferable to relying on analgesics.

4.10.3. However if a child of ten complains of headache or stomachache where there is no long established pattern of symptomology, the Committee believes that there must be an independent diagnosis by a medical practitioner before a chiropractor or osteopath applies manipulative treatment.

4.10.4. Where a medical practitioner diagnoses the complaint as one best treated by manipulation, then treatment should only be carried out by a chiropractor or osteopath upon a written referral from a medical practitioner.

4.10.5. Whereas the adult can possibly give a detailed case history which explains the cause for the condition, the same may not apply with a child. Many serious complaints may be first felt or become apparent in the form of a headache or stomach upset.

Approach to Patients.

4.11.1. The chiropractic profession places a great deal of emphasis on the presentation of chiropractic as comprehensive health care.

Many chiropractors stress that their clients should undergo regular “servicing” in order to maintain physical health and the analogy of regular servicing of motor vehicles was often mentioned.

4.11.2. The motivation of many was obviously commercial—others were obviously sincere and explained with pride how their own families received constant chiropractic adjustment.

4.11.3. Ability to meet the psychological needs of patients was a most important facet of the ability of the chiropractor and other fringe medical practitioners to attract patients and indeed this appears to be a part of their training.

Chiropractors’ Clinics.


Mr. Jaquet’s book “An Introduction to Clinical Chiropractic” is a well known text book among chiropractors and gives the model approach to the patient and the development of the clinic.

4.12.2. The Committee commends the functional design of many clinics in Victoria.

The Chairman of the Committee was of the opinion that the following clinics would match the design of Mr. Jaquet’s clinic.

They were—

Mr. W. R. Macpherson, Traralgon;
Mr. A. R. Hart, Chadstone; and
Mr. S. J. Bardsley, Mornington.

“Patient Promotion” of Chiropractic.

4.13.1. The Committee noted the activities of PACE (Patient Action for Chiropractic Education) which was designed to encourage a clientele for chiropractors. PACE was associated with some U.S. or Canadian-trained chiropractors in the A.C.A. and “chapters” of PACE were set up in conjunction with chiropractic clinics following a pattern well established in the U.S.
4.13.2. PACE's activities had two main purposes—
   (1) to stimulate the growth of chiropractic generally; and
   (2) to steer new patients in the direction of A.C.A. members and away from
       Australian-trained practitioners.

4.13.3. Many U.S. and Canadian chiropractors had also attended courses given by the
        Parker Chiropractic Research Foundation of Fort Worth, Texas.

        The Parker Foundation is a high intensity promotional organization which encourages
        many chiropractors to engage in aggressive selling—for example by pushing pamphlets which
        explained how chiropractic could relieve "Louie the Liver", "Matt the Migraine", "Constantine
        Constipation", "Si Sciatica" and many other complaints.

4.13.4. Examples of the Parker Foundation's work are given in paragraph 11.13 of this
        Report.

4.13.5. In fairness, the Committee notes that many U.S. and Canadian-trained chiropractors
        disapproved of the Parker techniques.

Other Inquiries into Chiropractic.

4.14.1. The Australian Chiropractors' Association brought to the Committee's notice a
        number of Inquiries held into chiropractic.

4.14.2. During the course of this Committee's inquiries the Committee in New South Wales
        brought in its report in 1974. The Commonwealth Government set up a committee in 1974,
        which had discussions with this Committee.

4.14.3. The report of Mr. J. M. J. Jens and comments by Dr. H. A. Luke were broadly
        consistent with the findings of some of the earlier reports from overseas and Australian
        committees.

        These Inquiries were—

1950—Royal Commission on the Workmen's Compensation Act of Ontario, the
Honourable Mr. Justice W. D. Roach, Commissioner.

1960—Royal Commission on the Workmen's Compensation Act of British Columbia,
the Honourable Gordon Sloan, late Chief Justice of British Columbia, Commissioner.

1961—Honorary Royal Commission to enquire into the Provisions of the Natural
Therapists Bill in Western Australia—H. N. Guhrie, M.L.A., Chairman.

1964—The Medical Services Insurance Committee of Ontario—Dr. J. G. Hagey,
Chairman.

1965—The Royal Commission on Health Services—Quebec—The Honourable Mr.
Justice Emmett M. Hall, Chairman.

1965—Royal Commission on Chiropractic and Osteopathy—Canada—The Honourable
Mr. Justice Gerard Lacroix, Commissioner.

1966—Commission of Inquiry into the Workmen's Compensation Act of British
Columbia—The Honourable Mr. Justice Charles W. Tysoe, Commissioner.

1967—The Royal Commission in the Matter of the Workmen's Compensation Act
of Ontario—The Honourable Mr. Justice A. McGillivray, Commissioner.

1967—Commission of Inquiry into Health and Social Welfare for the Government
of Quebec—Mr. Claude Castonguay, Chairman.

1974—Committee of Inquiry into the Question of the Registration of Chiropractors—
N.S.W.—Mr. J. C. Teece, Chairman.

1974—Committee of Inquiry into Chiropractic, Osteopathy and Naturopathy—Australia
—Professor E. C. Webb, Chairman—(still meeting).

4.14.4. Mr. J. M. J. Jens in a general conclusion in his report to the Committee said
        "There is a necessity for the establishment of an official system that controls education, training,
        ethics and evaluation of graduates in the manipulative therapy professions. This includes the
        official control of educational institutions for such graduates."

4.14.5. After the Committee had decided to recommend that osteopaths, chiropractors and
        naturopaths should be registered, it then spent a considerable time on the practicalities of general
        registration including the incorporation of physiotherapists in the umbrella of fringe medicine.

4.14.6. The Masseurs Act 1958 appeared to the Committee to be a practical basis to its
        considerations and it has accordingly presented recommendations rewriting the Act and proposing
        controls under a "Manipulative Therapy Act."
Manipulative Therapy Board.

4.15.1. In recommending the appointment of a Manipulative Therapy Board, (see paragraph 4.7.1) the Committee suggests the following broad outline for legislation which it believes should establish the Board.

(i) The Masseurs Act 1958 should be repealed as a separate Act and re-enacted as part of the Manipulative Therapy Act.

(ii) Chiropractic should be defined in the Act as "a system of diagnosis and treatment, based on theories originated by Daniel David Palmer, in which physical illness or malfunction is treated primarily by adjusting the articulations of the spine by hand alone in order to relieve interference with nerve transmission."

Osteopathy should be defined as "a system of diagnosis and treatment based on theories originated by Andrew Taylor Still, in which physical illness or malfunction is treated by manipulation of bones, joints and ligaments, in order to relieve interference with blood flow and assist the body to use its natural recuperative powers."

Physiotherapy should be defined as "the use of external application to the human body by massage, manipulation, therapeutic exercises, electricity, heat, cold, light, sound or any other proclaimed method for the purpose of assessing, curing, evaluating or preventing any physical disability or abnormality of movement or posture and includes the application of any medical or surgical appliance so far as the application is necessary in the use as aforesaid of massage, manipulation, therapeutic exercise, electricity, heat, cold, light, sound or any other proclaimed method."

(iii) The Manipulative Therapy Board should be created with two divisions—(1) a Physiotherapy Registration Board; and (2) a Chiropractic and Osteopathic Registration Board.

(iv) The Physiotherapy Registration Board should take over the functions of the Masseurs Registration Board as prescribed in section 5 of the Masseurs Act 1958 (No. 6307) and should determine the registration of physiotherapists (as it does already, although they are nowhere referred to or defined in the Act) and masseurs. The present members of the Masseurs Registration Board should be appointed to the Physiotherapy Registration Board for the remainder of their terms.

The Masseurs Registration Board at present comprises six members (section 4 (3))—
2 medical practitioners,
4 persons engaged in the practice and teaching of massage.

The Physiotherapy Registration Board should add one more member to the original six—an academic not involved in teaching medicine. The quorum should be four members, one of whom should be a medical practitioner.

(v) The Chiropractic and Osteopathic Registration Board should regulate the admission of chiropractors and osteopaths to practise.

The Chiropractic and Osteopathic Registration Board should comprise seven members, consisting of:
2 chiropractors,
1 osteopath,
1 orthopaedic surgeon,
1 medical educator,
1 general practitioner, and
1 academic not involved in teaching medicine.

The members should be appointed for three year terms. Of the original members two should be appointed for one year, two for two years and three for three years, all being eligible for re-appointment. The Board should elect its own chairman. The quorum should be five members.

(vi) The Manipulative Therapy Board's two divisions should meet together not less than three times each calendar year, and at such times as the Minister may direct—
1 to make recommendations to the Minister on matters of mutual concern; and
2 to prepare an annual report to Parliament.

The chairman of the two divisions should alternate in chairing meetings of the Manipulative Therapy Board. The chairman should have a deliberative, but not a casting, vote.
(vii) The Chiropractic and Osteopathic Registration Board should have similar powers to those set out in section 5 of the Masseurs Act 1958 e.g.—

“(1) Subject to this Act the powers and duties of the Board shall be—

(c) to issue or cancel certificates of registration;
(d) to suspend the registration of any person under this Act and to annul such suspension;
(e) to cancel the registration of any person under this Act and to annul such cancelation;

(g) to take proceedings for offences against this Act or any regulation;

(h) generally, to do any other act or exercise any other power or perform any other duty necessary for carrying the provisions of this Act into effect.

(2) The Board—

(a) may appoint a registrar and lecturers demonstrators and other persons necessary to conduct the prescribed course of training and such clerks and servants as are necessary for the purposes of the Board;
(b) may pay to any person so appointed such salary or remuneration as the Board thinks fit; and
(c) may remove any person so appointed.”

(viii) There should be two types of registration for chiropractors and osteopaths—

(1) Open (“O”) registration which will enable chiropractors and osteopaths to deal directly with the public subject to the regulations; and

(2) Referral (“R”) registration which will restrict chiropractors and osteopaths to treating patients who are referred to them by a registered medical practitioner.

(ix) It should be an offence for a chiropractor or osteopath with “R” registration to treat patients without written referral from a medical practitioner. Penalty—$100 per day.

(x) It should be an offence for any person to practise chiropractic or osteopathy without registration. Penalty—$100 per day.

(xi) The penalties in sections 11 and 12 of the Masseurs Act should be brought into line with chiropractic and osteopathic penalties.

(xii) Subject to this Act, chiropractors and osteopaths who receive “O” registration should treat neuro-muscular-skeletal conditions only.

(xiii) No chiropractor or osteopath should treat a child under the age of twelve years without a written referral from a medical practitioner.

(xiv) Chiropractors and osteopaths with “O” registration should exhibit in a prominent position in their place of business a printed placard in not less than 18 point type face with the following wording:

“Treatment by a chiropractor or osteopath is limited to neuro-muscular-skeletal conditions such as back-ache, sprains and muscular stiffness and does not include organic diseases. No child under the age of twelve will be treated without a written referral from a medical practitioner.”

(xv) Chiropractors and osteopaths with “R” registration should exhibit in a prominent position in their place of business a printed placard in not less than 18 point type face with the following wording:

“Treatment by a chiropractor or osteopath with ‘Referral registration’ is limited to patients with a written referral from a medical practitioner.”

(xvi) Failure to comply with the provisions of recommendations (xii), (xiii), (xiv) and (xv) should be an offence.

(xvii) The Manipulative Therapy Board should have power to make regulations about all forms of advertising for chiropractors, osteopaths and physiotherapists and to provide penalties for breach.

4.15.2. Chiropractors and osteopaths to be appointed to the Chiropractic and Osteopathic Registration Board shall themselves be practitioners registered subject to the Act.

4.15.3. The Act should give the Minister of Health power to appoint an interim Board of four members which will have power to confer registration for chiropractors and osteopaths until the permanent Board is appointed. A quorum for this purpose should be four members.
CHAPTER 5

NATUROPATHY

5.1.1. Mr. P. A. Jacka, (1) President of the Victorian Branch of the National Association of Naturopaths, Osteopaths and Chiropractors (of Australia) in his book “Naturopathy—Natural Healing” writes that “Naturopathy postulates that there is a Divine Creator, and that there are certain fundamental natural or Divine laws, the contravention of which creates ill-health. Regarding these fundamental laws of the universe, which have a bearing on health, it is the Naturopathy’s duty to find out where the patient contravenes these laws and, as far as he or she is able, to advise the patient in regard to the correct mode of living, so that these laws do not continue to be contravened.”

5.1.2. While not rejecting orthodox medicine, naturopaths see their work as complementary to that of the physician.

5.1.3. Mr. Jacka’s school bases its philosophy in part on a 19th century controversy between Louis Pasteur and a French medical scientist named Beauchamp (first name unknown, even by Mr. Jacka’s school, and the Committee could not find him in any reference books).

Mr. Jacka writes that “Beauchamp took the view that bacteria were not the prime cause of disease but, rather, that disease resulted in a body that was enervated and full of toxic wastes and that a strong, clean (inside) body resisted disease automatically. This view of Beauchamp is a very definite part of the philosophy of naturopathy”.

5.1.4. Naturopaths in Victoria use a variety of techniques including osteopathy, chiropractic, electrotherapy, therapeutic acupuncture, hydrotherapy, diet, and internal medication.

5.1.5. The naturopathic view of chiropractic is that “suitable internal medication must go ‘hand in glove’ with manipulation. Also, far less manipulation will be required, . . . if, . . . it is combined with proper internal medication.”

5.1.6. Internal medication prescribed by naturopaths is of two types—
   (a) homeopathy, referred to in Chapter 6, and
   (b) colloidal mineral “celloids”.

5.1.7. Mr. Jacka describes these “celloids” as “a specialized system of colloidal mineral salts specially prepared under controlled laboratory conditions by Blackmore Laboratories (pioneered in this country by Mr. M. C. H. Blackmore—now retired) to make absorption of the minerals into the body much easier. Used extensively by most of our practitioners throughout Australia with very successful results. This method of medication works on the deficiency principle—that is, deficiencies are caused by sub-standard diets (diets lacking in the basic building materials of the body) or by food grown on soil deficient in the materials that the body needs. Results with this method of medication are extremely good (far better, we believe, than anything orthodox medicine offers as we obtain very successful results in the great majority of cases where orthodox medicine has previously failed). Selection of the appropriate remedies are based on certain symptoms which are the reflection of the underlying causes but, with a number of practitioners further confirmed by iris-diagnosis (to be referred to later). The symptomatology which is the guide to the use of these remedies has been found by long experience to be similar to that of the Dr. Schuessler tissue salts (pioneered along homeopathic lines in the last century), but these colloidal remedies are not homeopathic as they involve comparatively large amounts of medicinal material prepared in a quite different way. We regard the “Celloids” as detoxifying, energizing and able, in the great majority of cases, to repair diseased internal organs and parts. They work well in practically every internal medicating case we tackle. However, in certain cases (e.g. papilloma) homeopathy works quicker.”

5.1.8. The Committee visited the Blackmore Laboratories in Sydney in November, 1973. It was not impressed by measures taken to ensure precision in mixing Blackmore’s “celloids”.

5.1.9. In the book “Mineral Deficiencies in Human Cells” by Dr. M. C. H. Blackmore, N.D., D.C., D.O., M.B.A.N. published by the Blackmore Naturopathic Organization Pty. Ltd. of 26 Roseberry Street, Balgowlah, New South Wales, the prescription of the “micro-nutrient” celloids is described at length.

5.1.10. It is argued that photosynthesis converts crude minerals to colloidal states which provide immediate results in combating acute conditions. These substances are readily assimilable and readily eliminated. Thus, it is claimed, that over-prescription will do no harm. The Committee received no clear answer to its enquiry as to whether prescription of these "celloids" would confer any benefit either.

5.1.11. There are eleven principal colloidal compounds all of which had an amazing versatility.

Celloid S.P.98, according to p. 43 of Blackmore's book, has Celloid Sodium Phosphate as its principal content and appears in three forms, S.P.98 (red colour) for men, S.P.96 (green colour) for women and S.P.94 (white colour) for children. It is recommended for acne, alcoholism, anaemia, appetite (loss), arthritis and atrophy, and numerous other complaints beginning with other letters of the alphabet.

Celloid C.F.43 (Calcium Fluoride) is even more versatile. It is prescribed for, among other complaints—

- Fistula of the Anus (where tissue is excessively tight),
- Prolapse of the Uterus (where tissue is excessively loose),
- Fear of financial ruin,
- Indecision,
- Blurred vision,
- Taste bitter in the morning,
- Doughy joints,
- Cataract,
- Piles,
- Corns.

In each case the recommended dosage is one tablet twice per day, irrespective of the seriousness of the condition.

5.1.12. Mrs. Judy Taylor, Director of Mr. Jacka's Southern School of Naturopathy, said that a "good percentage" of remedies prescribed from the school came from Blackmore's and another 30 per cent from Martin & Clarke Pty. Ltd., tablet and chemical manufacturers, of Balgowlah, N.S.W. Mr. Jacka is or was a shareholder in Blackmore's.

5.1.13. When asked how fluid remedies were dispensed at the Southern School, Mrs. Taylor replied (1)—

"With a twenty-ounce jug, which should be somewhere here—an ordinary plastic jug from Coles; you are not dealing with drugs.

Question:
Do you not use a pipette?

Answer:
No, we measure it in ounces.

Question:
That means then that when you are mixing up compounds that the precise relationship of volumes of different ingredients is not absolutely critical?

Answer:
No, it is not with herbs.

Question:
It is really a matter of approximation?

Answer:
Yes. You would find that all the old herbalists would not do that. They are like cooks in the kitchen really."

5.1.14. The Committee expressed its concern at the casual way in which naturopathic remedies are dispensed.

5.1.15. Mr. Jacka also emphasized that "there are a few small areas in the world (for instance, the 30,000 odd people in Hunza land in the Himalayas) where there is no disease whatsoever and people live to 120-150 years of age. While in this polluted and tension-ridden society of ours this is not possible we believe that Naturopathy, properly utilized in this country, could produce a far healthier people and a much longer life span than at present."

(1) Minutes of Evidence, p. 945-946.
5.1.16. The training received at the Southern School of Naturopathy and the Laws School only gives a superficial view of the medical world and it is dangerous when the student applies his little knowledge and lack of clinical experience to a specialized field such as the anatomy, physiology and pathology of the eye.

From this lack of training which can produce inadequate or wrong diagnosis the patient is prescribed a variety of pills.

These pills, claimed to be harmless by Mr. P. A. Jacka, are prescribed on a regular basis at a substantial fee to the patient.

5.1.17. The pill supplied by the naturopath can provide psychological support for patients, but the scientific value of the treatment is very doubtful in spite of patient testimonials. The question of value for money is essentially a matter for the State's consumer protection laws.

5.1.18 The Committee was unable to have an analysis made of the pills prescribed by the naturopaths and was unable to obtain any recent reports of an analysis.

5.1.19. In Mr. Jacka's defence it should be pointed out that the Committee received many testimonials in favour of his treatment and none against. He claimed to have treated 40,000 different patients over 21 years and offered more than 30,000 cards to the Committee for inspection.

Mr. Jacka asserted that over 2,000,000 patients in Australia have been treated by naturopaths in the past 10 years. The Committee was unable to verify this figure.

5.1.20. The Committee recommends that every prescription should carry on its label a description of the quantities of the various items which make up the prescription.

5.1.21. The Committee recommends that all persons who, in any way, purport to diagnose or prescribe treatments for physical or mental conditions should first be registered with the Department of Health.

5.1.22. The Committee recommends that all persons who purport to carry on any business or activity for the purpose of diagnosing conditions or prescribing remedies shall be required by law to have passed an examination in knowledge of, or been assessed as having a satisfactory knowledge of, disease, pathology, physiology and anatomy.

Iridology.

5.2.1. Iridology is a subject taught to and practised by naturopaths. Bernard Jensen, N.D., D.C., described it as "the science of determining acute, sub-acute, chronic and destructive stages in the affected organs of the body through their corresponding areas in the iris."

5.2.2. Iridology is taught at the Southern School of Naturopathy, Kew, and the apparatus used in this so-called science is claimed to be a diagnostic aid.

5.2.3. Iris diagnosis was discovered by Ignatz von Peczely of Egervar, Hungary about the year 1850.

von Peczely as a boy captured an owl with a broken leg. He observed a prominent marking which appeared in the lower area of the iris on the same side of the body as the injured leg.

After the leg healed he noticed that the marking had undergone a distinct change.

von Peczely later qualified as a doctor and carried out work on the correlation of disease and iris markings on patients in Vienna General Hospital.

These markings on the iris are called lesions and indicate pathological and tissue changes.

5.2.4. Dr. August Zueppritz, a prominent Berlin physician, published in 1886 the first chart of Dr. von Peczely's observations. However, observations of changes in and around eyes were recorded in the works of Hippocrates. In 1670 Philippus Meyes of Dresden published a book "Chromatica Medica" and commented on signs in the iris and their interpretation.

5.2.5. Iris analysis is carried out by means of an apparatus which magnifies the iris and with the aid of an iris chart a diagnosis is made.

The apparatus contains a hand operated magnifying lens and a source of illumination.

The operator carries out a detailed examination of various sections of the iris and records the results to form his diagnosis.

5.2.6. The iridologist claims that discoloration of the iris indicates accumulation of drugs, intoxicants, and poisons.
5.2.7. The iris can also show effects of trauma generally as a result of physical injury or surgery or certain visceral complaints.

5.2.8. The lesions are indicated by four signs according to the iridologist. They are: acute lesions—white; sub-acute lesions—light grey; chronic lesions—dark grey; and destructive lesions—back.

The locations of the lesions or markings will vary according to the organs involved.
The lesions vary in shape and size and the nature of the borders around the lesions also vary.

5.2.9. It is difficult to relate these white signs to medical diagnosis because the terms of over stimulation and increased activity would run counter to every known response. Over activity produces redness, heat and swelling and not whiteness.

5.2.10. The more modern apparatus in iris diagnosis is the camera which is modified for this work. A colored transparency is projected on to a screen on which there is a reproduction of the iris chart. This chart shows the iridologist's anatomical regions of the body.

It is claimed that this method of diagnosis enables the operator to make a more comprehensive, detailed and accurate analysis and retains a permanent record.

5.2.11. There is some scepticism about the efficacy of iris diagnosis because iridologists take a detailed case history of the patient.

In the course of relating his history, the patient is likely to detail all the trauma, stimulations, drugs and poisons that have occurred or been administered.

The evidence drawn from the iris may well be confirmatory rather than revelatory.

5.2.12. Orthodox medicine is not attracted to iridology and it is a discarded method of diagnosis.

However veterinary surgeons make some use of iris diagnosis, especially for respiratory and renal conditions.

5.2.13. However naturopaths found that the technique suited their philosophy and they continue to use it as an aid because it appears to the uninformed that it is a technical and scientific aid.

5.2.14. The Committee found that persons with varying trades and academic qualifications are naturopaths who practise iridology. The knowledge imparted to these naturopaths from reading and teaching comes from tutors who were students from the medical fringe.

5.2.15. There are only rare cases of orthodox medical doctors attending or lecturing in naturopathic schools.

5.2.16. There is a clear distinction between the use of iris diagnosis used by the orthodox medical field and the subject of iridology.

5.2.17. Professor G. W. Crock(1) in evidence said "The iris is absolutely central to all important medical diagnosis. The changes in the iris can be central to the whole management and can spell out a matter of life and death."

Professor Crock gave an example, "A cardiac surgeon is prepared to give up attempts at resuscitation in the case of cardiac arrest if after 40 to 60 minutes the pupil has failed to respond". "We (medically-trained people) look for extreme constriction of the pupil as in pontine haemorrhage or terminal intoxication with drugs such as morphia. We look for extreme pupil dilatation such as in cardiac arrest."

5.2.18. Crock's evidence supported the Committee's doubts that iridology was based on science but the information supplied from naturopaths gave it all the trappings of a science. Medical evidence supports the hypothesis that a general state of the function of a body can be read from signs in the iris.

5.2.19. Theodore Kriege in "The Fundamental Basis of Iris Diagnosis" gave two scientific methods of diagnosis: viz.—examination of the iris by the hand lens of three to four magnifications and black and white photography. The later modification is color photography.

These methods were used by the members of the local naturopathic groups.

(1) Professor Gerard William Crock, M.B., B.S., F.R.A.C.P., F.R.C.S. (Eng.) F.R.A.C.S. He is the Ringland Anderson Professor of Ophthalmology at University of Melbourne; Director of the Ophthalmology Research Institute of Australia.
5.2.20. Mr. H. S. Grimes of Adelaide applied technology to this so-called science and produced highly impressive data from a computer.

However the result of the application of the technology is not medical fact but rather computer jargon used for sales promotion.

In the training of naturopaths there is a lack of clinical observation in hospitals. This also apparently applied to the producer of the computer technology in devising a theory.

5.2.21. Evidence and reading on iridology showed inadequate physiological bases and the pathological evidence was unconvincing.

There is no evidence that the study of lesions by iris diagnosis and the theory of iridology as practised by the naturopaths is scientifically based.

It does not appear to fulfil the postulates that are required in science.

5.2.22. Therefore the Committee finds that iridology is inadequate for the diagnosis of lesions.

5.2.23. Most statements given in evidence on iridology have no acceptable scientific basis and its supporters seem to be guilty of wild statements. The following are examples of wild generalizations,

Kriege's book makes the statement "transversal = cobweb sign in the pleural area."

The author says it means "The separation of the iris fibres and the distribution of dark spots over the whole of the ciliary zone can also be seen."

5.2.24. The Committee accepts Professor Crock's assurance that one cannot see the ciliary zone in the iris because of "total internal refraction."(1)

In order to look at the ciliary zone one must apply a contact lens with a prism called a gonioscope to enable one to look at the area.

5.2.25. Another example from Kriege's book (P. 58) is—"All these symptoms can be confirmed singularly or in association, in persons with short finger nails. Short nails frequently recede behind the finger tips especially when they are continually bitten off. This is pathological and no child should be punished for the condition. Headaches cease after menopause. Further it is found with especially small nails that there are some diminutive nipples with deficient lactation in childbirth. On the other hand nature makes up for these deficiencies by giving an easy normal digestion, so these persons are seldom slim."

(1) Minutes of Evidence, p. 2594.
CHAPTER 6

HOMOEOPATHY

Background.

6.1.1. Homoeopathy is a therapeutic method based upon the principle "similia similibus curantur" (like cures like). The name Homoeopathy is derived from the Greek terms "homoeos pathos" meaning "similar disease".

Harris L. Coulter described homoeopathy as "a system of drug therapy, a set of rules governing the administration of drugs to sick people". "These rules enable the physician to understand the patient's illness and to prescribe the drug which will act curatively."(1)

6.1.3. The essential principle of homoeopathy is the administration of minute doses of drugs which in larger doses would produce symptoms of the disease. For example where allopaths would treat a fever with drugs designed to reduce temperature, a homoeopath would administer a micro-dose diluted to perhaps a potency of one active part to 10,000 of the dilutant of a drug which in massive doses would raise temperatures.

6.1.4. The homoeopathic system was introduced in 1796 by Dr. Christian Samuel Hahnemann (1755-1849), a native of Meissen, Saxony (Germany). Dr. Hahnemann became a doctor in the orthodox way as well as doing research in pharmacology.

Hahnemann became so disillusioned by the general inefficiency of the orthodox medicine of his time that he abandoned his flourishing practice.

6.1.5. Succeeding generations of allopaths have conceded the merit of Hahnemann’s criticism of contemporary medicine, particularly over-prescription.

6.1.6. In 1790, Hahnemann was experimenting with the drug known at that time as Cinchona Bark (quinine) when he observed that this drug given in strong doses to a healthy person would produce symptoms of ague (malaria) for which the disease was treated by this drug and was prescribed by physicians.

Hahnemann’s question was “Does the Cinchona Bark, which cures ague, produce the same ?” He continued to inquire into the principle which he had considered “proven”.

6.1.7. In 1796 Hahnemann published the essay, “On a New Principle for Ascertaining the Curative Properties of Drugs” and made this conclusion—

“Every powerful medicinal substance produces in the human body a peculiar kind of disease—the more powerful the medicine, the more peculiar, marked and violent the disease. We should imitate nature, which sometimes cures a chronic disease by super-imposing another, and employ in the disease which we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured, similia similibus”.

6.1.8. However, Thomas Sydenham (1624-1689) considered many to be the father of British Medicine propounded another point of view on the “likes” proposition of Hahnemann.

Sydenham argued on disease, “How prejudicial so ever its cause may be to the body, is no more than a vigorous effort of nature to throw off the morbidle matter, and thus recover the patient.”(2)

6.1.9. Dr. Hahnemann continued to experiment and apparently achieved some success. Hahnemann had strong opposition from orthodox medical practitioners and chemists who believed that their lucrative businesses would be destroyed.

Hahnemann “survived the malice of his enemy; before his death he had become an internationally respected figure and homoeopathy was established in many countries”.(3)

6.1.10. Homoeopathy declined because allopathic medicine advertised continually improving scientific treatment. Allopathy produced drugs which generally provided rapid relief in treatment of diseases.

Patients adopted treatment which returned them quickly to their occupation. This appealed to the patient and families. Allopathic remedies were publicized to their advantage.

(1) Homoeopathic Medicine by Harris L. Coulter p. 1.
(2) Fringe Medicine by Brian Inglis, p. 75.
(3) op. cit. p. 78.
6.1.11. Homoeopathy by contrast was a slow and unspectacular system of treatment. Lack of the spectacular played into the hands of the allopath who denigrated homoeopathy.

6.1.12. Allopathy dismissed homoeopathy as "placebo-effect" and later homoeopaths have not challenged this claim.

Dr. Frederick Foster Harvey Quin was a discontented allopath who in 1857 became the first homoeopathic practitioner in England. Through his social connections homoeopathy had an easier passage to recognition in England.

This is not to deny that Quin suffered some humiliation, yet by 1850 a homoeopathic hospital had been established in Golden Square, Soho.

Quin lobbied hard in the House of Lords and in the amendment to the Medical Registration Act 1858, homoeopaths still despised by orthodox medicine were safely within the profession. Quin believed in the ethics of the medical professional and would not approve of practices which could be considered objectionable or discreditable.

6.1.13. Doctors practising homoeopathy rose from the initial ten in 1858 to 300 when Quin died in 1878. Homoeopathy declined slowly and by 1960 it was claimed that there were fewer than the 1878 era.

Even Royal Family blessing to the homoeopathy case and the support of Sir John Weir, Royal Physician, could not produce more support.

6.1.14. The heyday of homoeopathic medicine in the United States of America came after 1830 and by 1900 there were more than 15,000 practitioners. Doctors who embraced homoeopathy in U.S.A. were expelled from medical societies and consultation with homoeopaths was specifically prohibited by the American Medical Association Code of Ethics.

6.1.15. In the United States Constantine Hering (1800-1889) was proclaimed the "Father of American Homoeopathy". He produced the rules which homoeopaths consider to be the only real addition to Hahnemann's theory.

6.1.16. Hearing's Law was based on the observation that "symptoms appear and disappear in a definite order when the sick person is treated in accordance with the homoeopathic rules. In the first place, they disappear in the reverse order of their appearance. . . . In the second place, the symptoms will move from the more vital organs to the less vital and from the interior of the body towards the skin. In the third place, the symptoms will move from the top of the body downward. . . ."

6.1.17. The struggle of Victorian homoeopaths, their desire for their own dispensaries and hospitals are well described in the book—" Prince Henry's, the Evolution of a Melbourne Hospital 1869-1969 " by Jacqueline Templeton (Robertson & Mullens). When the Homoeopathic Dispensary was set up in 1875, it had very powerful patronage. Amongst some of the patrons were the Dean of Melbourne, the Very Reverend Fussay Burgh Macartney, the Lord Bishop of Melbourne, the Right Reverend Charles Perry, and the Chief Justice of Victoria, Sir William Foster Stawell.

6.1.18. Between 1885 and 1900 there were at least six doctors practising homoeopathy with three hospitals and dispensaries. The British Medical Association maintained a rigid opposition to the homoeopaths in Australia. The Victorian Medical Act of 1890 and its later amendments set down the equivalent years of training of overseas doctors with that of the University of Melbourne.

6.1.19. The Melbourne Homoeopathic Hospital survived because the employment of doctors for that hospital was exempted from the Bill.

The Melbourne Homoeopathic Hospital in the early 1900's depended on American trained homoeopaths to maintain a service to the public.

The first homoeopathic dispensary was established in Melbourne in 1869 and the Melbourne Homoeopathic Hospital opened in 1885. The hospital was renamed Prince Henry's Hospital in 1934.

Operations, Methods, Treatments, Techniques, &c.

6.2.1. There are two ways in which homoeopathy is operated in Victoria. One category of homoeopaths is qualified medical practitioners. The second category consists of those people who have only a homoeopathic qualification. These people (of whom there are less than four in Victoria) were trained at the Indian and Sri Lankan Colleges.

(i) Homoeopathic Medicine by Harris L. Coulter pp. 4-5.
6.2.2. The Committee has evidence that homoeopaths are practising in Australia as primary contact physicians. Homoeopathy seems to be preserved on an experimental basis by conventionally trained physicians who find allopathic medicine inadequate. Accordingly homoeopaths treat or experiment with difficult cases. Many of these cases, which are referred to them by allopathic physicians and naturopaths, are terminal . . . Patients generally go to the homoeopath as a "last resort" and on receiving relief from their illnesses, continue to use his services. The patient and sympathetic approach of the homoeopath on evidence gives the patient confidence in the treatment.

6.2.3. When allopathy is under attack at any time, investigations from other sources indicate that the homoeopath still retains his adherents.

6.2.4. Two doctors in the allopathic field, with post-graduate training in homoeopathy, readily acknowledged that they used anti-biotics, drugs, and surgery. These homoeopaths are trained to acknowledge the scientific theories in all areas of health care.

6.2.5. All homoeopaths spend a great deal of time on diagnosis. Some have charts to be completed by the patient while other homoeopaths complete the chart on the patient by oral examination.

6.2.6. Iridology is one of the diagnostic aids used in homoeopathy. Evidence tendered to the Committee by leading medical men outside the homoeopathic field casts grave doubts on the credibility of this form of diagnosis as a general aid. Iridology is, however, dealt with in paragraphs 5.2.1 to 5.2.25.

Standard and Suitability of Training, &c.

6.3.1. The second category of homoeopaths, those holding only a homoeopathic qualification, stated that they spent several years in apprenticeship-type training. Their pharmacopoeia and other books on health care were virtual museum pieces, and certainly gave the Committee the impression that they were of very doubtful scientific value.

6.3.2. Their method of administering drugs in treatment is both unscientific in determining which potency is appropriate and imprecise in the measurement of the dosage. Under close questioning, they could not confirm the scientific value of their dosages or whether there was any deterioration in the drugs through their methods and periods of storage. There was a clear indication that their training was based mainly on folk-lore.

6.3.3. The Committee is not satisfied that Indian or Sri Lankan-trained homoeopaths now resident in Victoria have an adequate standard of training.

6.3.4. Two homoeopaths qualified in allopathic medicine before going into homoeopathy were unanimous in saying that it was essential for a homoeopath to have full allopathic training.

6.3.5. Brian Inglis in "Fringe Medicine"(1) disagrees and stages that "The homoeopath needs to know quite a lot about allopathy, but he should not be required actually to qualify in a method with which he is fundamentally in disagreement". One homoeopath, who qualified in allopathic medicine from Zagreb and Charles Universities, agreed with this view.

6.3.6. The Committee recommends that if homoeopathy is to be practised, then the homoeopath should have completed a medical course in the allopathic field before developing his homoeopathic field.

Degrees in homoeopathy are obtained as a post-graduate course at the Royal London Homoeopathic Hospital.

(1) op. cit. p. 93.
CHAPTER 7

HERBALISM

7.1.1. Herbalism is the oldest method of treating disease and injury. Brian Inglis wrote (1) "In the East herbal treatment had become systematized long before Hippocrates: the "Pen Tsao" or Great Herbal of China, appeared around 3000 B.C., with details of many herbal medicines; and one of the oldest medical books in existence—the Ebers papyrus, dating from 1500 B.C. lists about 700, including castor oil, that were used in Egypt."

7.1.2. Many orthodox doctors prescribe drugs for treatment which are derivatives from the herbs used by herbalists for centuries. Peter Blythe (2) listed digitalis, serpasil, strophantin, emerine, picrotoxine and aspirin as some of the drugs "used in allopathic medicine which really belong to the herbal pharmacopoeia."

7.1.3. Herbalism lost favor in the 19th century when orthodox (allopathic) medicine produced more dramatic results in relieving disease. In the 19th and early 20th centuries in Australia most herbalists were Chinese or Indian.

7.1.4. Alum Khan who has a visiting service for towns between Albury and Mildura and Claude Pang (practising as J. Yin Kee, Bendigo) are believed to be the only two herbalists with extensive practices in Victoria. Mr. Pang was a college graduate of Kwangchow, Kwang Tung Province, China in 1934. He studied and trained for nine years under his father who was a Chinese herbalist. Mr. Pang's practice appears to be quite extensive.

Operations, techniques, methods, treatments.

7.2.1. Herbalists no longer claim in advertisements that they have a remedy for every ailment.

7.2.2. Mr. Pang explained to the Committee his method of taking a patient's history followed by diagnosis and prescription. The prescription is prepared from herbs, generally imported, and held in stock in a large storage on the premises of the practice.

7.2.3. This Committee was not satisfied that there was more than a rough approximation in mixing ingredients but there was no evidence produced that the herbal remedies had, at anytime, led to injury or to legal remedy for negligence.

Standard and suitability of training.

7.3.1. The Committee could not assess the standard or suitability of Mr. Pang's training in herbalism despite his obvious desire to co-operate.

7.3.2. Similarly, criticism by medical doctors about the training of herbalists could not be substantiated either.

7.3.3. The National Institute of Medical Herbalists course in the United Kingdom is of four years duration but this is primarily a correspondence course although not available to overseas students because of weekend seminars. The educational values are not assessed.

7.3.4. The Committee quotes again from Blythe's book (3) on the curriculum

"First year
Anatomy, Physiology, Elementary Biology, Elementary Chemistry, Elementary Physics, Theory and Practice of Medical Herbalism.
Second year
Advanced Anatomy and Physiology, Herbal Materia Medica, Symptomatology and Principles of Diagnosis, Pathology.
Third Year
Nutrition and Dietetics, Differential Diagnosis, Physiomedical Philosophy and Materia Medica, Disease of Women and Children,
Practical Course: Structural Diagnosis and Principles, Manipulative Treatment.
Fourth year
Ethics and Medical Jurisprudence, Clinical Psychology and Psychosomatic Medicine, Physiomedical Therapeutics.
Practical Courses: Clinical Pathology and Laboratory Diagnosis, Physical Diagnosis, Pharmacy, Clinical training."

(1) Fringe Medicine by Brian Inglis p. 66.
(2) Drugless Medicine by Peter Blythe p. 48.
(3) op. cit. p. 55.
The Facilities and Conditions for this practice.

7.4.1. In the case of Mr. Claude Pang there was little to criticise other than an apparent lack of accuracy in measuring the quantities of herbs for each dosage. The herbs were labelled in the store and gave off an exotic aroma. The Committee recommends that every prescription should carry on its label a description of the quantities of the various items which make up the prescription.

7.4.2. The Committee recommends that the Consumer Affairs Ministry should supervise the prescription of herbal remedies by registered herbalists.

The Extent to which, this practice is carried on.

7.5.1. As mentioned earlier the Committee was made aware of two practising herbalists and one who was aged and retired from active practice.

Was Treatment beneficial, detrimental or harmless?

7.6.1. No evidence was produced to answer this question. However, the size of Mr. Pang's practice indicated that many people had faith in the prescriptions and service from this practice.

Desirability of Regulation in the Public Interest.

7.7.1. The Committee believes that herbalists should be registered and that before any can practise in this State, they should have passed or been assessed as having a satisfactory knowledge of anatomy, physiology, pathology and knowledge of disease.

7.7.2. Where herbalists prepare their own prescriptions then they should be assessed as having a satisfactory knowledge of pharmacy.

7.7.3. It is recommended that herbalists be required to have a satisfactory knowledge of medico-legal matters.

7.7.4. It is recommended that herbalists should have an ethical code that bears a relationship to orthodox medicine.
CHAPTER 8
ACUPUNCTURE

8.1. Although acupuncture is not within the terms of reference, the Committee considered it desirable to refer to its use in this Report.

8.2. Physiotherapists, orthodox medical practitioners and chiropractors all use acupuncture but the Committee has no way, short of a study trip to China, Korea or Japan, of establishing whether the method practised in Australia is the traditional acupuncture used in the preventive medicine field as found in China, or is some imitation. (See paragraph 8.10.)

8.3. Acupuncture has been well known for centuries but it was not until the 1960’s that it was brought to the attention of Australians. There is an association of acupuncturists in Victoria which has been trained through orthodox medicine.

There is also an Australian Acupuncturists Association the members of which are locally trained fringe practitioners who are eclectic in their choice of names and disciplines, sometimes advertising their services as chiropractors, osteopaths or acupuncturists. Mr. Ferenc Hegyi is the President.

8.4. These practitioners are locally trained, either by F. G. Roberts, The Chiropractic College of Australasia or the Southern School of Naturopathy. They may be called eclectic practitioners because they readily choose from whichever source of doctrine that pleases them or the customer and do not accept ideas exclusive to opinion or taste. Validity of treatments and results are secondary to service. This eclectic group is with any swing to alternative medicine and soon gather a waiting list of patients.

8.5. Already the Committee has found that there are laymen ready, for a fee, to “train” other laymen and these new disciples are quick to add to their list of qualifications D.Ac., (Diploma of Acupuncture) and advertise this “qualification” on letterheads, telephone directories, in their clinics and through other means of display.

Some laymen travel to Korea for ten-day courses of instruction in acupuncture.

8.6. The Committee interviewed a practitioner who denied on oath that he was an acupuncturist, conceded that his premises were advertised in the Yellow Pages under the heading “Acupuncture”, but admitted “I use acupuncture”. He had a steady clientele who supported his methods of treatment.

8.7. There appears to be no clear scientific explanation how acupuncture cures. The Committee was told that it has variable success, depending on the relationship of patient and acupuncturist.

8.8. Several medical practitioners have travelled overseas to study acupuncture as have many fringe practitioners. Some of these fringe practitioners, upon their return, have even begun “training” colleagues here in Australia.

8.9. The Committee regards the practice of acupuncture by unqualified practitioners or “quacks” as extremely dangerous.

8.10. The Committee recommends the appointment, by the Minister of Health, of a technical committee to investigate—

(i) the value and benefits of acupuncture; and
(ii) all institutions teaching acupuncture both in Australia and overseas.

8.11. The membership of the committee should not be confined solely to orthodox medical practitioners. This Committee has found too often that the orthodox medical groups are antagonistic towards any new forms of healing and as far as possible all committees established for the purposes of investigating any methods of healing should include members of the public not involved in the healing arts and members of the proponents of the subject being investigated.
8.12. The Committee should be asked to recommend whether—
(i) acupuncturists should be registered as a separate discipline; or
(ii) acupuncture should be confined to use as a technique following prescription by a
medical practitioner.

8.13. The Committee emphasizes that a “tunnel vision” approach in research or
investigation should be avoided at all costs.
CHAPTER 9

X-RAY EQUIPMENT, RADIOACTIVE SUBSTANCES AND PERSONS EXPOSED TO IONIZING RADIATION

9.1. By letter dated 15th April, 1974, the Committee advised the Premier of its dissatisfaction with the prevailing standards for the installation of X-ray machines discovered during the course of its Inquiry into chiropractors, osteopaths and naturopaths.

9.2. The Premier, the Honorable R. J. Hamer, E.D., M.P., by letter dated 13th May, 1974, requested the Committee during the course of its Inquiry to "bring in a special report on the use of irradiating equipment, paying special regard to standards required for the installation of X-ray machines, the need for registration and control of operators of X-ray equipment, the qualifications desirable for operators, and any other matters which the Select Committee may deem desirable to ensure more efficient control in the future".

9.3. The Committee believes that it is in the best interests of the Parliament that this information should be brought before it as a matter of some urgency and that it appears to be closely related to the original terms of reference and that a close examination of the practices of what the fringe practitioners are doing in X-ray work leads to a realization that elementary safeguards are missing also in orthodox medical practice.

9.4. When the investigation began into the practice of osteopathy, chiropractic and naturopathy in Victoria, the Committee was soon confronted with the wide and almost compulsive use of X-ray by many fringe and some orthodox practitioners.

It appeared that many chiropractors used X-ray for financial gain and some orthodox medical practitioners ordered X-rays as a matter of routine prior to taking a detailed case history, or undertaking alternative diagnostic procedures.

9.5. Radiographers, radiologists and the Australian Medical Association have asked for registration of operators of irradiating apparatus without success.

9.6. In recent times the only obvious restraints on unlimited use of X-ray was the banning of machines to X-ray feet in retail stores.

9.7. The following advertisement (1) illustrates the basis of the Committee's alarm about the unlimited use of X-ray.

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EXCITING NEWS!

"This month we will be taking FREE X-rays for your family and personal friends. The cost of these X-rays normally is $27.50

"This program is part of new study into the provision of CHIROPRACTIC services to relatives and friends of our valued patients.

"Because of the tremendous expense involved we have to limit this offer for the month of June. Now you can help your family and friends to gain optimum HEALTH THROUGH CHIROPRACTIC."
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The Committee sighted this advertisement in a leaflet in a chiropractor's clinic. It was also distributed in Melbourne suburbs.

9.8. The National Health and Medical Research Council (2) has made recommendations on the use of irradiating apparatus and general safety and protection standards which are accepted internationally.

9.9. Strict controls are lacking in Victoria but some States of Australia have been policing the use of X-ray machines for about twenty years. Victoria has annual registration but the Industrial Hygiene Division of the Department of Health is inadequately staffed. Mr. Ernest

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(1) This advertisement was criticized by the A.M.A. in an article "Chiropractic 1972," which was published as a supplement to the Australian Medical Association (Victorian Branch) Monthly Paper No. 118, March, 1973.

(2) The National Health and Medical Research Council has been in existence since 1937. It has become recognized throughout the world as an authoritative body in matters of general health, public health and medical research. Over ninety advisory committees and sub-committees have been appointed in association with the Council, and advise on important aspects of such specialized fields as antibiotics, dental health, epidemiology, food analysis and related aspects of food technology, maternal and child health, medical statistics, occupational health, poisons and toxicology, preventive medicine, radiation, therapeutics, traffic injury, tropical medicine and veterinary public health.
John Kearley said "The Department could not manage any more inspections than once in three years". He told the Committee that he had made recommendations many years ago to the Department of Health on various aspects of examination. Mr. Kearley holds a Bachelor of Science degree and is the Senior Scientific Officer of the Industrial Hygiene Division of the Department of Health.

9.10. Codes of practice are available from the National Health and Medical Research Council and should be imposed by law in Victoria.

The Committee could find no reason why there should not be legislation in Victoria for the control of radioactive substances and of apparatus producing ionizing radiation.

9.11. Furthermore, the Committee recommends that Victoria in spite of its past failures in this field should now initiate representations to all States and the Commonwealth Government to achieve enactment of uniform legislation.

9.12. The Committee recommends that in the meantime Victoria should legislate using the codes of the National Health and Medical Research Council as the basis of essential legislation.

9.13. Acknowledged radiologists and radiation physicists made it clear to the Committee that undoubtedly lives were saved each year by use of X-ray but radiation in all forms was a threat to the hereditary constitution of the population.

Mr. Walter Gilbert-Purssey (member of the Victorian Branch of Australasian Institute of Radiography) told the Committee that the destructive effect of X-rays was irreversible.

9.14. Mr. Donald James Stevens, Director, Australian Radiation Laboratory, brought before the Committee the recommendations of the National Health and Medical Research Council(1) which said "Although a great deal of information on the biological effects of radiation on man has been accumulated, knowledge is incomplete. It is the responsibility of the medical practitioner and the dentist in using X-rays in diagnosis for the benefit of their patients—

(a) to evaluate carefully the clinical necessity for each X-ray exposure and to avoid substituting X-ray examination;

(b) to reduce the radiation dose from each necessary examination to the absolute minimum consistent with efficient radiological practice".

9.15. Consistent with these two areas of responsibility the Committee was convinced that there were gross misuses of X-rays. There were incompetent radiographers. General practitioners, in spite of their medical knowledge, were not trained sufficiently in the use of X-rays. Too many chiropractors used X-ray far too often as a diagnostic aid.

9.16. Mr. George Harold Simcoe, Chairman of the Victorian Branch of the Australasian Institute of Radiography, said that he deplored the haphazard approach of the Department of Health in the area of radiation. He said Victoria was far behind in enforcement of restrictive use of X-ray. Mr. Simcoe advocated control by registration and a statutory control of all people who utilised ionizing radiation in a medical context.

Dr. Henry Andrew Luke, Director of Diagnostic Radiology, Alfred Hospital, supported Mr. Simcoe's proposal and agreed that users of X-ray equipment should be frequently checked.

9.17. The Committee recommends that a Radiological Advisory Council should be established and be responsible to the Minister of Health.

The Council should include a diagnostic radiologist, a radiological physicist, a radiographer, and a person experienced in the disposal of radioactive substances and wastes or a physician in nuclear medicine, and a person who uses X-ray in research.

The Department of Health, general practitioners, dentists, the patients, and users of X-rays in other professions should also be represented on the Council.

9.18. The Committee recommends that the Radiological Advisory Council should elect a chairman from within its Council.

The Committee makes this recommendation because it believes that such an expert council should not be bound to accept that the Department of Health nominee, automatically, is the best person to be chairman.

9.19. The Minister of Health should canvass widely for nominations to this Council so that the best available people can be obtained.

Mr. D. J. Stevens supports this view in terms of expertise and knowledge possessed by members to produce effective advice to a responsible Minister.

9.20. In Bendigo the Committee found a chiropractor using an unregistered machine but it was also assured by a general practitioner that there were receptionists, nurses and other assistants in clinics and hospitals who were called upon to take X-rays although untrained to do so.

The Committee witnessed inadequate training methods of The Chiropractic College of Australasia. The X-ray unit was in a passageway. Yet, in evidence, it was shown that graduates of this college were licensed.

9.21. The Committee recognized the problems facing outback areas where emergencies required immediate X-rays to be taken but this can be overcome by a licence being given to the operator to match the capacity of the X-ray machine.

9.22. The Committee recommends that all operators should be licensed.

9.23. Many chiropractors were unable to satisfy the Committee that they understood the mechanics of irradiating apparatus. They claimed that they trained for a given number of hours in American colleges in the subject of roentgenology.

Another chiropractor told the Committee that he reduced the temperature of developing fluid by adding ice-cubes to the fluid.

9.24. Initially the Radiological Advisory Council should examine all people who use irradiating apparatus and thereafter, either by its own examination or by use of training institutions, require an adequate standard and knowledge of irradiating apparatus before issuing a licence.

9.25. Two types of licences should be issued. One type of licence should permit the holder to operate any irradiating apparatus. The second type of licence should give the holder, because of limited knowledge, only qualified use according to the capacity of the machine.

Where the licence matches the machine the holder of the second type of licence may only take specific X-rays of extremities (e.g. hands, feet).

9.26. The tremendous energy of X-ray beams is not fully recognized by the public. For example if too many X-rays are taken in the reproductive area the chances of genetic defects are substantially increased in all off-spring or of sterility.

It is possible that any radiation dose to the gonads or the pelvic section of women not only carries risk but research shows that the probability of cancer is increased.

9.27. Mr. E. J. Kearley told the Committee that there were no radiographers and no radiologists on his staff.

The inspectors in the Industrial Hygiene Division receive their guidance from Mr. Kearley who, on his own admission, possesses only a reasonable knowledge of radiation. He received expert advice from the Australian Radiation Laboratory before its support was withdrawn.

The Committee makes no criticism of Mr. Kearley's efforts. He was always co-operative and made efforts to make the Department of Health aware of radiation and shortcomings in X-ray supervision.

9.28. In the opinion of Mr. Kearley, chiropractors generally had sound X-ray equipment. He said "The chiropractor purchases equipment which is powerful enough to do the job, with proper filtration, light beam and collimation."(1)

9.29. Mr. Kearley also stated that the examination of the chiropractor was "somewhat superficial". The inspector inquired as to the ability of the chiropractor to take a radiograph. Other knowledge of radiation was not apparently checked.

Nevertheless a Geelong chiropractor had taken X-rays of everyone of his patients for twenty years. After the dangers of radiation had been brought to his notice he took action to see that all regulations on installation and placement of the X-ray equipment were observed.

9.30. It is the opinion of this Committee that, as it proved deeper on the use, values and risks of using X-ray, many chiropractors quickly recognized deficiencies in their approach and improved their education program in X-ray technique and dangers of radiation.

Mr. Felix Bauer (Sydney) is the chief advisor to the A.C.A.'s committee and he gave evidence to the Inquiry that he had tried to ensure that all members of the A.C.A. understood the dangers of radiation.

(1) Minutes of Evidence, p. i722.
9.31. However, the chiropractors in Victoria who graduated from the Palmer school still take full length radiographs of the spine. The radiograph is 14 inches by 36 inches. Roger W. Herbst's book "Gonstead Chiropractic Science and Healing Art" (1) says—

"The Gonstead system of analysis always includes two 14 in. by 36 in. full-spine films, of the A—P—and lateral views. There may be times when smaller than 14 in. by 36 in. films are indicated, such as "spot shot" of the specific area. However, in order to ensure continuity of the entire spine, the 14 in. by 36 in. film is required."

The Committee does not accept the Gonstead ideas.

The Committee recommends that this 14 inches by 36 inches type of radiograph be banned in Victoria because of the ever exposure of the patient to radiation.

9.32. Chiropractors usually take their own radiographs of patients even when they have been X-rayed by another chiropractor, clinic or hospital. Chiropractors in general believe that only X-rays taken by themselves have any validity.

Yet, where a chiropractor has sought radiographs from hospitals or radiologists he is nearly always denied this privilege because of the traditional ethical objection of the Australian Medical Association.

9.33. The Australian Medical Association in its pamphlet "Chiropractic 1973" (2) said—

"3. X-rays are the main, if not the only, diagnostic tool of the modern-day chiropractor, and they are used constantly and indiscriminately. From this two problems arise.

The first is that chiropractic X-rays are frequently of such poor quality, again because of the inadequate training of chiropractors, that they are virtually useless as a means of diagnosis."

The Committee finds that this is an exaggerated generalization by the A.M.A.

In paragraph 9.23 the Committee covered the chiropractor's situation and other comments were made in paragraphs 9.29 to 9.32.

9.34. The Committee while criticizing the chiropractors also found from evidence that it was critical of some orthodox medicine, hospitals and clinics where they were not always conscious of the need to protect the patient from undue exposure to radiation.

9.35. Mr. Robert Rubin Diskin, chiropractor, 602 St. Kilda Road, Melbourne, claimed he recognized the need for radiation safety, yet, gave the Committee the worst examples of misuse of X-ray when he claimed that he X-rayed four out of five of his children soon after birth and continued to X-ray them at least once annually for several years afterwards.

9.36. The relevance of comments in the A.M.A.'s "Chiropractic 1973" could apply in the case of Mr. Diskin.

9.37. It is agreed that A.C.A. members did use X-ray as a diagnostic aid far more than chiropractors who were members of other associations.

9.38. The Committee was convinced that, in far too many instances, gonadal shields were not always used when radiographs were taken of the pelvic region. Insufficient examination of women who were of child bearing age was undertaken by the operators of the X-ray machine before a radiograph was taken, and, too often, children were exposed unnecessarily to radiation through needless X-rays.

9.39. Claims by chiropractors that they could see misalignment in X-rays before an adjustment and that the results of adjustments could be seen in X-rays taken after, was not proved to the Committee's satisfaction.

9.40. Dr. Fred Illi, chiropractor and X-ray researcher from Switzerland, told the Committee that the correction could not be seen.

9.41. The fact that patients may be relieved of symptoms is conceded.

9.42. The Committee sought advice on many occasions from Dr. H. A. Luke who contested professionally many aspects of the operations of the chiropractor in his adjustments and X-ray techniques.

9.43. However, to a direct question by the Committee—"Would you be prepared to comment on the question that they (chiropractors) were not charlatans?".

Dr. Luke said (3)

'I think they are not charlatans. In actual fact they summed it up for me when I was at the conference. One of them was a Mr. Hart and he said "Compared with many doctors who are not trained in this field we, at least, take a good history. We at least examine the patient carefully and our manipulations may not do much good but they do not do as much harm as some doctors who put their patients on drugs such as B.T.Z." I think I almost agree with that.'

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(1) Minutes of Evidence, p. 3156.
(3) Minutes of Evidence, p. 3158.
9.44. The Memorandum on implementation of the second report of the Adrian Committee (1) on radiological hazards to patients prepared by the Radiation Protection Committee of the British Journal of Radiology Volume 37 (July) 1964 gave the Committee a clear guide to its need for recommendations.

The following comments were supported by witnesses and the Committee recommends that
they become the basis of practice in the proposed Radiological Advisory Council.

"The Adrian Report details the results of a national survey of present radiological practice and techniques. In the light of this survey the following recommendations are of general interest.

(a) There should be clear-cut clinical indications before any X-ray examination is undertaken, and it should be ascertained whether there has been any previous radiological examination which would make further examination unnecessary. For this purpose, the case notes should have a section labelled "previous X-ray examinations" and "previous isotope investigations" should also be recorded.

(b) When a patient is transferred from one hospital or department to another, any relevant radiographs should accompany him.

(c) All requests for examinations should state precisely the clinical indications and the information required.

(d) There should be consultation between clinician and radiologist before extensive or repeated radiological examinations of young individuals are undertaken. It must be realized that radiological exposure is just as much the responsibility of the clinician as the radiologist. The necessity for "progress" examinations is recognized but the frequency of such examinations should depend on the demands of the individual case. Junior hospital medical staff, who may unwittingly offend in this respect, should receive guidance and instruction on the matter from their seniors.

(e) Special precautions should be adopted in the radiography of pregnant women. Only essential examinations should be carried out during pregnancy.

A particular danger is the irradiation of uterus in early undiagnosed pregnancy; in general medical and surgical practice the possibility of pregnancy should be considered and inquiry made concerning the recent menstrual history of any women of child-bearing age before any abdominal radiological investigations or the use of radioactive isotopes is instituted.

(f) There is a need for a greater awareness of the fact that fluoroscopy results in a much greater dose than radiography. The use of image intensification is desirable; where this is not practicable, adequate dark adaptation is of the greatest importance.

Particular care is needed when screening units are in use outside X-ray departments, e.g. in orthopaedic and cardiac units. Such units should always be fitted with fluoroscopic timers and should be under radiological surveillance."

9.45. Although it was submitted that mobile units for chest X-rays do not create hazards for the public, Mr. Stevens, Director of the Australian Radiation Laboratory advised that the queues for patients inside the units should be banned.

The Committee agrees that patients in queues can get more radiation exposure by working their way along the queue than they would receive from actual radiation exposure at the time of the X-ray.

9.46. Mr. A. T. Gardiner, Acting Secretary, Department of Health, on 5th September, 1975, forwarded the following details of qualifications and training required of people involved in regular chest X-ray survey.

9.47. These details were prepared by Mr. R. S. A. Marchman, Director of Tuberculosis—

"TRAINING OF PERSONNEL INVOLVED IN ROUTINE CHEST X-RAY SURVEYS.

Most chest X-ray surveys are carried out in Victoria in the main by staff classified as Typist/Technicians under the supervision of qualified Radiographers.

Typist/Technicians are recruited as qualified typists prepared to undergo a course of training to fit themselves as X-ray technicians on 70 m.m. X-ray machines and when deemed competent in this field are paid a gratuity of $40 a year. Public Service Board Determination No. 37 reads:

"Any Typist who has satisfied the Deputy Director of Tuberculosis (Radiology) of her ability to efficiently operate an X-ray machine shall be paid an allowance at the rate of $40 a year when engaged on Typist-Operator duties."

The Course of Instruction for Typist/Technicians consists of 4 weeks training in procedures and techniques followed by a period of 3 months practical work on mobile carsavans. At the expiration of this 4 month period and on the issue of the prescribed Certificate of Competency by the Deputy Director of Tuberculosis, the typist is classified as Typist/Technician.

(1) "Radiological Hazards to Patients—Second Report of the Committee—Her Majesty's Stationery Office, 1960".

The Committee was under the chairmanship of Lord Adrian, O.M., Nobel Laureate in Medicine (1952) and former President of the Royal Society.
All Typist/Technicians are under constant surveillance, both in the metropolitan area and in the country, by qualified radiographers, that is persons holding a Certificate of Competency in Radiography of the Conjoint Board of the Institute of Radiography or its equivalent.

Typist/Technicians are used on caravans specially adapted and calibrated for use in mass chest radiography. Exposure are automatically controlled by in-built photo-timers.’

9.48. The courses of instruction for Typist/Technicians are—

"COURSE OF INSTRUCTION—TYPIST/TECHNICIANS.

1. Introduction to Division.
2. Administrative Procedures.
3. Public Relations.
4. Typing Procedures.
5. Statistics and Card Filing.
6. Roll Checking.

Part 2. Senior Radiographer.
1. Function of Dark Room.
2. Visit to Caravan.
3. Radiographic techniques and Positioning.
5. Types of X-ray machines used by Division and their operation.
6. Grids—Bucky—Tube Distance.
8. Supervision of Radiographic work on Survey.

Part 3. Senior Dark Room Attendant.
1. Photographic Sensitive Substances.
   Chemistry of Development.
   Characteristics of Meâl and Hydroquinone.
   The Alkali or Accelerator.
   The Preservative.
   The Retainer.
   Antifoggants.
   Developer Exhaustion.
   Fixation.
   The Hardener.
   Changes occurring with use.

2. Formation of a Photographic Image.
   (a) using visible light.
   (b) using X-rays.
   Development of the Image.
   Photographic Materials.
   Emulsification.
   Ripening.
   Removal of Soluble salts.
   Digestion.
   Suspension Medium of Emulsion.
   Properties of Gelatine.

3. X-ray films.
   Base.
   Exposing ordinary type film.
   Non-screen film.
   Screen film.
   Speed of film.
   Screens and Cassettes.
   Fluorescence.

4. Mixing of Solutions.
   Film Faults.
   Darkroom Hints.
   Safe lights.

5. Taking and Processing of Test Films.
   Rinsing and Washing.

6. Production of X-rays.
   Types of X-ray Tubes.
   Rectification."
9.49. *The Committee recommends:* that a radiologist should be in attendance at all mobile chest X-ray clinics and that he should control techniques and technicians and see as far as possible that all errors are eliminated.

9.50. The Committee did not accept the view that a chest physician untrained in radiology could carry out the best control.

9.51. Throughout the inquiry the major threat by X-ray to the genetic inheritance of children, both conceived and unconscious, was constantly being brought to the Committee’s notice.

There was sufficient evidence also to cause the Committee to support strongly the advice from the Adrain Committee (1) to obstetricians and gynaecologists which says—

"Osteotrias"

(a) While diagnostic radiology in obstetrics has undoubtedly contributed to the saving of lives of many mothers and babies, in general all radiological examinations should be kept to the minimum during pregnancy. In particular, radiological examinations of the urinary and alimentary tract should, whenever possible, be avoided during pregnancy. Those of the sacro-iliac joints and lumber spine should, whenever possible, be deferred until after confinement.

(b) Hysterosalpingography for the diagnosis of early pregnancy is quite unjustified and even straight X-ray examination should be employed only in exceptional circumstances. Radiological examination for the estimation of foetal maturity should be undertaken only when there is clear need. Multiple pregnancy or breech presentation may properly be established by X-ray examination when the clinical diagnosis is in any doubt. Other mal-presentations and suspected foetal abnormality fully justify X-ray examination, as does suspicion of placenta praevia when accurate clinical diagnosis is not immediately feasible.

(c) Pregnant women should be submitted to pelvimetry only after thorough clinical examination by an experienced obstetrician. The full radiological examination is necessary for only a small proportion of primigravidae and a very few multigravidae, but once decided upon the examination should be thorough.

(d) When routine chest X-ray examination is carried out in pregnancy, full-sized films should be used with all precautions and preferably not after the twenty-fourth week of pregnancy to reduce to a minimum the small genetic hazard.

*Gynaecology*

(a) Hysterosalpingography is a procedure that demands special co-operation between clinicians and radiologist to restrict the number of films and the amount of fluoroscopy. Image intensification should be employed in this procedure whenever feasible. To reduce the exposure in fluoroscopy, full dark adaptation should be achieved before it is performed. Hysterosalpingography should not be carried out after the presumed day of ovulation.

(b) In urinary stress incontinence clinical diagnostic methods are efficacious and cysto-urethrography is required only in quite exceptional circumstances."

9.52. In spite of the tremendously valuable evidence from Mr. D. J. Stevens and Dr. H. A. Luke, the Committee felt that it lacked the technical expertise to write a precise report on many aspects of radiological hazards to patients in diagnostic use of X-rays.

9.53. The Committee received warnings on the dangers to tomographic procedures, bronchography performed under fluoroscopic control, ante-natal radiography, fluoroscopy in cardiac disease and lung disease, repetition of intravenous pyelograms, cysto-urethrogram and treatments by radiation.

9.54. These warnings highlighted a strong demand by the Committee that a Radiological Advisory Council was essential to the proper administration of the Industrial Hygiene Division of the Department of Health.

9.55. *The Committee recommends* that the Radiological Advisory Council should also be given the power to establish expert technical committees to investigate and carry out research into any aspects of radiation where it believes that it is not satisfied that sufficient service is being provided by already established research institutions.

9.56. *While the Committee recommends* the expert personnel on the Radiological Advisory Council, it is nevertheless undecided whether one of these persons should be a person experienced in the disposal of radioactive wastes or a physician in nuclear medicine.

9.57. *The Committee recommends* that the person selected to fill this position on the Radiological Advisory Council should be expert in assessing the risks of radioactive substances, the stage at which it is biologically safe and its effective disposal.

If the Minister of Health accepts this advice the Committee suggests that he should canvass widely and also seek advice from people such as Mr. Stevens and Dr. Luke.

(1) op. cit.
9.58. The Committee, on 27th August, 1975, obtained a copy of the lecture programme which takes place in the third and fifth years of the course at the Royal Dental Hospital of Melbourne.

9.59. The Committee received a copy of comments on "Teaching in Radiography and Radiology by the Department of Dental Medicine and Surgery" made by Professor Peter Reade in which he recommended that—

"(1) Radiography and Radiology teaching continues to remain to be largely the responsibility of the Department of Dental Medicine and Surgery.
(2) That the teaching of various aspects of Radiography and Radiology as it occurs in the School, be more closely integrated under the guidance of the lecturer in Radiology (at present Mr. G. Spurway)."

9.60. The Committee accepts the recommendations of Professor Reade.

9.61. However a survey of the course of study of a trained radiographer makes the Committee doubtful of the skills of a dentist to take good radiographs after such a short introduction to radiography in the Dental Course.

9.62. The Committee recommends that all dentists, if using X-ray machines, shall be licensed. (See paragraph 9.22.)

9.63. This year, 1975, the N.H. & M.R.C. produced its "revised code of practice for radiation hygiene in dentistry". This code had been approved by the Council at its Seventy-seventh Session, in November, 1973.

9.64. The Committee recommends that this code should be supported by introducing regulations to impose penalties for dentists who commit breaches.

9.65. The Committee is also satisfied that general medical practitioners receive only minimal training in the use and operation of X-ray machines, radiography and the processing of films during their medical course.

9.66. However, all medical practitioners who gave evidence stressed the risks of radiation, their problems of being called to take radiographs in emergencies when no radiological clinics were readily available, e.g. country areas such as the far east and north-east of Victoria.

9.67. The Committee recommends that all general medical practitioners, if using X-ray machines, shall be licensed. (See paragraph 9.22.)

9.68. The Committee was advised of the increasing use of X-ray by veterinary surgeons but it is not able to obtain sufficient information on the training that they received in the use of X-ray machines and other irradiating apparatus.

9.69. The Committee recommends that all veterinary surgeons, if using X-ray machines, shall be licensed. (See paragraph 9.22.)

9.70. Where other codes of practice from N.H. & M.R.C. are recommended for implementation then regulations should impose penalties.

9.71. The Committee paid many visits to chiropractic, osteopathic and naturopathic clinics. In addition, it also visited the Royal Melbourne Hospital, the Alfred Hospital and the Peter MacCallum Clinic.

The Peter MacCallum Clinic needs more space to operate its equipment which is confined in inadequate areas in an old building.

9.72. The Committee recommends that a licensee shall appoint a person employed by him as a radiation safety officer who shall have qualifications and/or experience approved by the Radiological Advisory Council. The licensee may nominate himself as the radiation safety officer.

9.73. Many chiropractic clinics had X-ray equipment installed in consultation rooms or treatment rooms.

9.74. Although witnesses generally agreed that there could be no ill effects from this installation the Committee recommends that X-ray machines should be installed in separate rooms from the public and treatment or consultation rooms.

9.75. The Committee discovered that when X-ray units were shifted from their registered position, the Department of Health was not notified.
Many X-ray units were so placed as to cause radiation exposure to public in streets and parks, occupants of adjacent rooms and visitors.

9.76. The Committee recommends that in determining the location of irradiating apparatus, these questions should be answered—

(i) Should irradiating apparatus be installed in the suggested area?
(ii) What is the construction of the surrounding walls?
(iii) Who occupies the space within the walls?
(iv) What is the occupancy of the neighbouring rooms and what is general traffic outside the walls?
(v) What is the workload on the equipment?
(vi) What is the predominant direction in which the X-ray beam should be pointed?

When these questions are answered then satisfactory inbuilt protection can be designed. The radiation dose could be limited to prescribed levels for the person-occupying space.

9.77. The N.H. & M.R.C. sets out levels of radiation doses for members of the public in the vicinity of the radiation facility and the Committee recommends that these levels be fully recognized in the functions of the proposed Radiological Advisory Council.

9.78. Once the location has already been defined in terms of radiation protection design then the following procedure can be undertaken—

(a) equipment can be installed;
(b) equipment can be tested before use on patients; and
(c) monitoring of radiation levels within and without the walls of the area of installation can be carried out.

9.79. Once the installation of radiation equipment has taken place the Committee recommends that an inspection should be made of the premises at least once a year.

9.80. Inspectors should report on the processing facilities. It is considered that bad processing can lead to over exposure to radiation because of the need to repeat an X-ray of a patient. The diagnostic quality of radiographs should be checked and the radiographer should be competent to recognize whether it is good, bad or indifferent. The quality of radiographs depends on the radiographer’s ability to position his patient correctly, understand the X-ray machine and recognize signs of deterioration.

9.81. The Committee recommends that the owner and/or operator of an X-ray machine who alters the installation of his machine should be required to advise the Department of Health immediately.

9.82. The Committee recommends that all X-ray machines shall carry a label stating that the seller, purchaser or distributor of an X-ray machine shall be required to notify the Department of Health of any changes or transfers of installation or ownership.

9.83. The Committee found a chiropractor/acupuncturist who purchased a second-hand X-ray unit from a storehouse centre. He tried, unsuccessfully, to convince this Committee that he was trained and competent to take radiographs.

9.84. The Committee recommends that a register of all X-ray machines and radiation equipment in Victoria be kept by the Department of Health.

9.85. The Committee recommends that where a manufacturer or distributor employs a person for selling, purchasing, supplying, transporting or storing irradiating apparatus or a radioactive substance then such person shall also be registered and may only demonstrate the use of irradiating apparatus for purposes of teaching, supplying or selling if a licence is held.

9.86. The Committee recommends that all persons owning, leasing, or using irradiating apparatus or a radioactive substance must first have a licence before owning, leasing or using such apparatus or substance.

9.87. The Committee is concerned that radiographs presently taken may show only part of the area of the patient’s body exposed to radiation. The Committee recommends that each radiograph should have an unexposed border. This will ensure that the radiation beam is confined to a specific area.
9.88. Special beaming devices can be attached or are attached to all X-ray machines today and this should make it easy for the operator to cut down the area of skin to be subjected to radiation. The Committee does not accept the view that technicians need to subject a patient to a wider beam just to make sure of his picture.

The ability to position the patient is an essential part of the operator’s training.

9.89. The Committee considers it essential and recommends that the public be educated about the dangers of radiation not only on themselves but also on the future generations due to the accumulation of radiation within the body.

9.90. Every effort must be taken to reduce exposure to the minimum needed to achieve an effective radiograph. Restriction should be placed on the width of the beam needed to X-ray the portion of the body being examined.

9.91. The Committee recommends that the internationally recognized radiation warning symbol be used in Victoria.

9.92. The Committee was advised that some medical clinics, but more particularly chiropractors, would not permit patients access to the radiographs of themselves.

9.93. It is conceded that easy access might not always be in the interests of the patient. However the patient unquestionably has legal rights of access.

9.94. The Committee recommends that where a patient is refused access to his radiographs, he should be able to apply to the Radiological Advisory Council for the right of access.

9.95. The Committee examined the legislation establishing radiological advisory councils in the other States. Appended to this Report is a summary of the membership, appointment, duties and powers of these councils. (Appendix U).

9.96. Mr. J. M. J. Jens, as a result of his wide medical experience and his observance of radiological facilities while acting as advisor to this Committee, made several recommendations on the control of the use of X-ray and the training of people handling X-ray machines.

9.97. Two of these recommendations, now embodied in the Committee’s recommendations, are—

(a) Some authoritative control of the use of X-rays and the standard of training for the people handling X-ray machines is recommended for this State.

(b) . . . a Radiological Authority should be set up by the State for the control of all radiological practice to supervise the technical safety aspects.
Chapter 10

EDUCATIONAL AND TRAINING INSTITUTIONS.

10.1. The Committee accepts the findings by Mr. Jens and Dr. Unthank that in recent years there has been a major upgrading of the scope and scientific discipline of many overseas chiropractic training institutions. This has been confirmed by overseas observation by two Committee members.

10.2. Nevertheless, the Committee recommends that possession of an overseas chiropractic degree should not be an automatic qualification to be entitled to practise in Victoria.

10.3. The Committee also notes that attempts are being made to heal or ease the schism between the United Chiropractors Association (Australian-trained chiropractors) and the Australian Chiropractors' Association (overseas-trained chiropractors) and that a principal, Mr. A. M. Kleynhans, has been appointed to the International College of Chiropractic in Melbourne.

10.4. The Committee has investigated training facilities in Sydney as well and disagrees with the majority finding (7.2.10) of the New South Wales Committee of Inquiry (1) into the Question of the Registration of Chiropractors that criticism of standards at the Sydney College of Chiropractic, Ashfield, and The Chiropractic College of Australasia, then at South Melbourne, were not objective or justified.

10.5. The Sydney College of Chiropractic, which was known as the Sydney College of Chiropractic and Osteopathy, now omits the reference to osteopathy in its title.

10.6. The Committee believes the reference was deleted because it saw chiropractic as a more popular cause.

10.7. 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.

10.8. The Committee was not impressed with the educational standards of the Sydney College of Chiropractic. The reasons were that—

(a) facilities appeared to be inadequate;
(b) scientific and laboratory facilities were lacking;
(c) there was no evidence of any type of research;
(d) 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.”

10.9. The Committee inspected The Chiropractic College of Australasia when it was established in an old house in South Melbourne and appeared to be what Americans would call a “Mickey Mouse College.” The Committee felt that—

(c) students were inadequately housed;
(b) there appeared to be little understanding of developing education standards within the healing arts;
(c) the educational standards of staff were inadequate;
(d) the college's X-ray machine, used for practical work, was located in a passage near the kitchen.

10.10. While the establishment of the International College of Chiropractic (I.C.C.) in Melbourne, 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.

10.11. Single purpose institutions are outside the mainstream of Australian tertiary education.

(1) See Paragraph 4.14.3.
10.12. 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 and this will probably take some years.

10.13. The I.C.C. will have to go through a virtual probationary period before it is fully accepted for Commonwealth funding through the Tertiary Education Commission.

10.14. Its degrees must be accredited by the Australian Council on Awards in Advanced Education, presumably through recommendation by the Victoria Institute of Colleges, before the public is entitled to have confidence in its graduates.

10.15. To have an institution which granted "non-accredited" degrees would not be in the best interests of the community, the students, the healing arts generally, or even chiropractic itself.

10.16. It is most unlikely that a tertiary institution in Victoria would select Mr. A. M. Kleyhans to head up a college if the position he presently holds had been subject to open advertisement.

10.17. The personal integrity of Mr. Kleyhans was not questioned by the Committee.

10.18. Mr. Kleyhans, under interrogation, lacked knowledge of course of structure, outline of curricula, staffing and their academic qualifications to support submissions for accreditation of tertiary courses.

10.19. Although he is not an Australian he should have possessed this basic knowledge which is common to all academics throughout the tertiary training institutions of the world.

10.20. In spite of the well-intentioned actions of the Australian Chiropractors Association to promote better educational training within its Association and the establishment of a tertiary course of chiropractic training in Australia it lacked the understanding of the requirements of the Tertiary Education Commission and the funding that is required.

10.21. The New South Wales College of Osteopathy did not impress the Committee as an educational institution.

10.22. 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.

10.23. Mr. Brown resigned at midnight on the day before the Committee's inspection and appointed Mr. David James, N.D., D.C., D.O., as principal.

10.24. Mr. Brown was sentenced to six months jail in October, 1973 by a N.S.W. Court for illegally treating leukemia.

10.25. Mr. James conducted the Committee around the College. He succeeded in evading most of the important questions put to him.

10.26. This College would not be accepted into any Australian education system because of its lack of qualified staff, equipment and standards of admission of students which were generally not of matriculation level.

10.27. The Heidelberg Chiropractic Clinic is a training institution which uses a form of apprenticeship system to train its chiropractors.

10.28. Mr. Lionel L. Walters, a graduate of the Palmer College of Chiropractic, is in charge of this clinic with four adults who have taken up chiropractic because they believe that they have some "special feel in their hands" which will make them good "adjusters".

10.29. This clinic is most impressive and the Committee did not receive any complaints from patients.

10.30. The chiropractors trained under Mr. Walters did not have a sound academic background.

10.31. Mr. Walters' approach to teaching and training is not recommended by the Committee and is another institution which would not get tertiary funding.

10.32. The Laws School of Naturopathy and Chiropractic at Canterbury was established by Mrs. Petronella Hendrika Laws (see paragraph 2.29).
10.33. Mrs. Laws' school gives the Committee the obligation to point out the glaring inadequacies of the educational abilities of the principal and her so-called educational institution.

10.34. Mrs. Laws' answers to questions on most subjects were unacceptable. She often gave an answer which was contrary to logic or evidence.

10.35. This school should be closed so that the students cannot be misled by information which is contrary to logic or evidence.

10.36. The Southern School of Naturopathy was commented upon in paragraphs 2.25 to 2.28.

10.37. The College of Naturopathy and Chiropractic Australia had Professor Mervyn Judge as its principal. Reference is made briefly to this college in paragraphs 12.8 and 12.9.

10.38. If fringe practitioners are to play their part in the healing arts then they must be brought into the mainstream of tertiary education.

10.39. The so-called college system of chiropractic and osteopathy operated at present by the various associations is used unsuccessfully, firstly, to impress Committees of Inquiry and, secondly, to prove that they are improving their own standards of training.

10.40. It is the opinion of the Committee that 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 own specialty.

10.41. A common beginning in tertiary education for all students in the healing arts would serve to get a common interest in treating patients.

10.42. There is a common funding process from the Commonwealth Government and when recognition is granted to a profession, the educational institutions for tertiary education should prepare courses which can be accepted by the Tertiary Education Commission.
CHAPTER 11

ADVERTISING

11.1. “Every profession”, said Bernard Shaw, “is a conspiracy against the lay public”. The ethical ban against advertising in all traditional professions was intended to prevent practitioners who advertised from gaining economic advantage over those who did not. However, in some respects the lay public is disadvantaged by the ban on professional advertising. Most professionals develop particular expertise and would not claim that their skills are equally useful. A solicitor in general practice may be far more expert in common law matters than in conveyancing but there is no ethical way in which he can advise the public of his expertise.

11.2. Medical practitioners are not permitted to advertise their expertise, except (as with solicitors) on opening practice at a new address.

11.3. In the Yellow Pages under “Medical Practitioners” there is nothing to distinguish between General Practitioners, Specialists or Surgeons except where a group practice advertises under a joint name, e.g. Melbourne Anaesthetic Group, Melbourne Cardiovascular Clinic, Melbourne Diagnostic Group (with sub-headings such as “X-ray”, “Path.” and “ECG. Dept.”).

11.4. When members of a family have had some association with a general practitioner over a period of years they will become aware of his strengths and weaknesses. They may have no difficulty in securing referral to specialists where necessary.

11.5. Many general practitioners develop particular expertise, for example in geriatric medicine, pediatrics, orthopaedic complaints, cardio-vascular complaints or skin disorders, without wanting to withdraw from general practice or become specialists. One would not necessarily want to attend the same physician for stroke as for eczema and the patient ought to be able to exercise a wider range of options than at present.

11.6. When people move to a new area or suffer a sudden illness away from home, the ethical ban on advertising may cause serious inconvenience. Inability to obtain information likely to result in rapid relief of symptoms is a major factor in leading patients to fringe practitioners who generally have not hidden their lights under a bushel.

11.7. The Committee recommends that consideration be given to adopting a simple code so that listings in the Yellow Pages could indicate specific areas of expertise.

11.8. The medical practitioner’s name should be followed by the letters G.P., Sp. or Su. (for General Practitioner, Specialist or Surgeon) and then by a number code which refers to an explanatory note in the Yellow Pages section on medical practitioners.

For example, the number code could run thus.
1. Family Medicine.
2. Orthopaedics.
3. Skin complaints.
4. Geriatric medicine.
5. Anaesthetics.
7. Obstetrics.
8. Ear, nose and throat.
9. Manipulative medicine and so on.

11.9. Entrants should be limited to two numbers e.g., Maugham, W. Somerset (G.P., 3, 4) would indicate that the entrant was a General Practitioner claiming expertise in skin complaints and geriatric medicine.

11.10. The explanatory note in the Yellow Pages should indicate that in the case of specialists or surgeons there should be an initial reference to a general practitioner.

11.11. The Committee recommends that the Manipulative Therapy Board should have power to make regulations about all forms of advertising for chiropractors, osteopaths and physiotherapists and to provide penalties for breach.
11.12. The Committee was particularly concerned about the various pamphlets issued by chiropractors which, in the Committee’s view, misled the public—

“For SOMEONE YOU KNOW”, issued by Piera Center of Chiropractic.

Among your friends...

... among those you hold near and dear, perhaps, is someone who is suffering needlessly... simply because he or she does not know what you know about MODERN chiropractic care.

A word from you to this friend or relative... about what chiropractic has done for you... could very well prove to be the greatest act of kindness it would ever be your privilege to bestow upon any person.

Your friend or relative will understand that you are not a doctor and will not expect a technical explanation from you. Just tell him, in your own words... how you have been helped, and urge him to investigate for himself.

TEN DANGER SIGNALS WHICH USUALLY INDICATE THE NEED FOR Chiropractic

1. Recurring headaches.
2. Nervousness.
3. Constipation.
4. Backache or leg pains.
5. General weakness.
6. Dizziness.
7. Grating and popping noises when turning head.
8. Seek pain or ‘crick.’
10. General body muscle tension.

WARNING
Should any of these symptoms be evident
Don’t wait...

CONSULT YOUR CHIROPRACTOR

11.13. The following are samples of pamphlets drawn up by the Parker Chiropractic Research Foundation, U.S.A. and found in many chiropractic clinics in Victoria—

Example A: “TRICKY TOXIN”

“I’m Tricky Toxin. I give you sore throats. I cause respiratory disorders—bronchitis, pneumonia.

You blame your sore throats or respiratory ailments on germs. You may even single out the person who passed those germs along to you.

I hear this line so often: “You gave me this sore throat, Herman!”

It always amuses me. Sure, Herman may have passed along the germs. But without me, they would have been utterly harmless.

I’m a poisonous substance that your body, when it’s working perfectly, quickly eliminates. But if any of your elimination processes—the kidneys, bowels, or skin—are’t functioning properly, I hang around inside you.

I spread venom. I weaken your resistance. I allow those germs you picked up from Herman to get a foothold.
Also, if the mucous membranes are weakened from any cause—exposure, overwork, lack of rest, too much smoking—your venom invites inflammation.

Spreading that inflammation from throat to lungs, along your body's mucous membrane-lined passageways, is no more than a pleasant stroll for me.

And what began as discomfort—sore throat and, perhaps, fever—can be compounded into bronchitis or pneumonia.

The guy who can get rid of me in a hurry is a Doctor of Chiropractic. He gives me the bum's rush."

Example B: "ALGERNON ACNE"

"To understand why, you have to realize just where I come from, and why.

I appear, you see, when your oil and sweat producing glands fail to function properly.

To work normally, the glands of the skin must receive vital energy from the nervous system.

If they don't, gland tubes become clogged. Your skin, you know, eliminates approximately three pints of fluid every 24 hours. It evaporates as rapidly as it reaches the surface.

When gland tubes become clogged, that area is poisoned. There is localized inflammation.

Swelling, congestion and redness result in—guess who? Me!

The chiropractor doesn't prescribe any of that goop that I lay up.

He's an expert on the nervous system. He has spent thousands of hours in college—six years in most cases—and thousands more in practice studying it.

He knows I appear because of interference along the path of some nerve trunk. It's usually in the spine.

He tracks it down, and corrects it through gentle adjustment of the misaligned vertebra.

So instead of treating me, he eliminates my cause.

Then the energy from the nervous system returns to the glands of the skin.

The result: For you, a natural, normal recovery.

But for me? I lose my head!"

Example C: "CONSTANTINE CONSTIPATION"

"Go see your Doctor of Chiropractic.

He will explain to you about the peristaltic system and how nerve energy is necessary for this system to work correctly so you will have proper elimination. Nerve energy must flow down the main highway, your spinal column, through the nervous system. If vertebrae are misaligned—and the Doctor of Chiropractic is the best trained and qualified person to know this—he can make the gentle adjustments to get your body processes functioning normally. This lets nature take over and keep things on its well-ordered schedule.

Of course, I don't like your digestive juices to flow properly. They are necessary for the normal functioning of elimination processes. The flow of these juices is also dependent on vital nerve energy.

The Doctor of Chiropractic will also carefully examine you, and will correct the cause of any abnormal nerve energy supply that he finds. This sends me looking for a new home.

The Doctor of Chiropractic and I have one thing in common. We both hate laxatives—but for different reasons. I hate them because of a temporary inconvenience. They knock me out of the picture for a day or two. The Doctor of Chiropractic hates them because he knows that if you come to depend on them, you can do serious harm to your entire system of elimination. He also knows that the more you depend on them, the less effective they become for you.

Chalk one up for the doctor and me. But basically I still hate the Doctor of Chiropractic. I once wrote on some walls, "Connie hates Chiro," but nobody knew what it meant. I just couldn't bring myself to write "Constipation Hates Chiropractic." (I seem to have inherited that thing my parents had about using our last name.)

But the fact remains, I do hate chiropractors because they can eliminate me from your body, so you can eliminate normally!"

Example D: "PHOEBE FEMALE TROUBLE"—pamphlet on menstruation.

"He'll (a Doctor of Chiropractic) explain that a free flow of vital nerve energy from the brain controls the endocrine glands (the pituitary, pineal, parathyroid, thyroid, ymuis, adrenal, pancreas and sex glands). Each of these glands takes materials from the blood and produces secretions governed in amount and timing by the nervous system.

Each of the glands is dependent upon the others. Just one out-of-order gland fouls up the works.

The result: Physical, mental and emotional problems.

The most common cause of poor nerve function is irritation of nerves at the point where the nerve trunks exit from the spine.

A slightly out-of-place vertebra can create enough irritation to snarl up the entire communications system.

A chiropractor is trained by years in professional college to locate the trouble spot, and, through gentle adjustments, relieve the pressure and irritation.

Then the energy flows freely again, and the periodic pains and miseries—the suffering I'm blamed for—are eliminated by nature's own healing power.

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If every female were knowledgeable enough to seek chiropractic help from puberty through menopause, there'd be so old wives' tales—no "difficult years."

Then Phoebe would be "phinished."

Example E: "CAREY THE KIDNEY"

"Actually, I'm twins. I'm a pair of organs that lie at the lower border of the rib cage, one on each side of your spinal column. I am a glandular organ, but unlike most of the other organs which manufacture substances to be used in the body's metabolism, I perform a completely different function. I remove useless—and sometimes even dangerous—materials from the body's fluids.

Each of us twins is honeycombed with thousands of tiny tubules, each directly or indirectly terminating in a central cavity. This cavity drains into the bladder, from whence the wastes are expelled.

How do you know if I am functioning properly—or, more important, improperly? The most commonly recognized symptom will likely be an aching sensation in the small of your back. Swollen feet are a good indication that I'm giving you trouble.

If the condition is severe you may experience nausea, diarrhea, dry skin, and dry mucous membranes. One important thing to remember, I am a hard worker, but I can't stand to be ignored if I am in trouble.

See your Doctor of Chiropractic at once. You see, if I have a problem it generally means that one or more of my tubules is not functioning properly. And why would this occur? Usually it means that the tubules are not receiving their necessary supply of vital nerve energy.

This nerve energy is supplied through your entire nervous system, and its super highway is down through your spinal column. Then it branches off to its proper access roads between the vertebrae. If one of these routes is shut off, or even slightly detoured by a misaligned vertebra, causing irritation to nerves, the proper nerve supply will not get to the various organs.

If this happens, you will know it at once. If the cause is in the spine, no amount of pills and potions will do you any good other than perhaps providing temporary, but also possibly dangerous, relief.

Your Doctor of Chiropractic has spent years in college, and thousands of hours in training and practice, so know precisely how to search out these misalignments in vertebrae, and the resulting interference with nerves. Then he knows how to make the gentle vertebral adjustments that are so important to restoring the nerve energy supply to its normal state. At this point, nature takes over with its own marvelous healing processes."

11.14. The following example is taken from the Melbourne Telephone Directory 1975 (Yellow Pages).
CHAPTER 12

NAPRAPATHY

12.1. This form of treatment was founded in the United States of America in about 1898 by Mr. Oakley Smith, who, at one time, was a friend of D. D. Palmer—the promoter of chiropractic.

12.2. The Committee met one of two of Australia's naprapathsists, "Professor" Mervyn T. Judge, Diploma of Naturopathy, Diploma of Chiropractic and Doctor of Naprapathy in Sydney. His son is the other naprapathist.

Mr. Judge is a graduate of the Chicago College of Naprapathy, Chicago and began practice in Sydney in 1937.

12.3. Mr. Judge explained to the Committee that naprapathy is the study of the ligamentous structure and by use of the hands to remove tension on the ligaments which have caused the interference of the nerves in the foramen.

12.4. Naprapathy is closely related to the practices of chiropractic and osteopathy.

12.5. Apparently Mr. Judge found it very convenient to adapt to chiropractic and osteopathy and by his shareholding in Blackmore Laboratories also brought naturopathy into his stocks in trade.

12.6. The naprapathist has a Naprapathic Chart Book for each patient for "Chardosis and Directoplan". The naprapathist takes down a "Prodromal History" of the patient when he arrives. It includes questions on appetite, digestion, varicosity, haemorrhoids, back and headaches, belching flatulence, vertigo, tongue (sic) edema &c.

12.7. The directoplan sets out a mechanical diagram of the skeletal aspects of the body and the corrections made on each visit.

12.8. There does not appear to be any future for naprapathy in Australia and it should disappear with the passing of Mr. Judge.

Mr. Judge is the Dean of the College of Naturopathy and Chiropractic Australia, 18 Whistler Street, Manly, N.S.W.

12.9. There were no students in attendance during the Committee's visit and a study of the prospectus would not cause students to rush and fill the vacancies.
**CHAPTER 13**

**UNDESIRABLE ASPECTS OF FRINGE PRACTITIONERS**

13.1.1. Throughout most investigations any committee of inquiry will find some undesirable aspects. This Committee also found such aspects. The following examples are not to be considered as general but the activities of the following people cause the Committee to bring them to the notice of Parliament.

13.1.2. **John Joseph Mik**, Traralgon. Age: 68. He was born in Austria and migrated to Australia in 1949. Mr. Mik is a share farmer who milks 100 cows and practises acupuncture.

He claimed that he learned acupuncture from a friend of his father between 1920 and 1925.

13.1.3. Since arrival in Australia he has practised acupuncture, herbalism, homoeopathy, a form of chiropractic and electrotherapy. He has no formal qualifications in any of these arts.

13.1.4. **Treatment** were for: peritonitis, childbirth, gall stones, sciatica, arthritis, diphtheria, measles and cholera. Peritonitis was treated by inserting acupuncture needles at a point "two inches below the knee on the outside". Gall stones were treated at a pressure point on the left leg. The cancer point, according to Mr. Mik, is between the big and second toe on the right foot.

For the benefit of Mr. Mik’s services the patient is charged five dollars per visit and might have several treatments at weekly intervals. In spite of the wide variety of activities of Mr. Mik, there were no adverse reports from his patients.


Mr. Diskin claimed that he was paralysed when he was about 17 years of age and, medically, nothing could be done for him. However, under chiropractic treatment, he was able to walk and entered Palmer College in 1951.

13.2.2. Today, Mr. Diskin can be called a chiropractic addict because he claimed that he received chiropractic treatment once and sometimes twice weekly. Another chiropractor adjusts Mr. Diskin's whole spine on each visit. The whole operation takes only about two minutes.

Although Mr. Diskin claimed that he owed his good health to the work of a chiropractor he could not supply any information on the treatment that he received.

13.2.3. Mr. Diskin X-rayed almost all of his patients and did not use gonadal shields. Further he claimed that he X-rayed his children every year from soon after birth until they were about 16 years of age. He gave them chiropractic adjustments once or twice each year.

Mr. Diskin charged his patients $35 each for their X-rays and he saw 788 new patients in four months of 1973 among a total of 8,342 patient visits. His charges were $4.50, or $5.50 "if the pain is serious".

13.2.4. Mr. Diskin had a contract system whereby "there is a three month's care programme for 38 visits which is $171" (1973).

13.2.5. The Committee did not receive any complaints about the treatment by Mr. Diskin but considered that Mr. Diskin was strongly motivated by the commercial interest in chiropractic.


13.3.2. Mr. Tonkin had a lucrative practice returning about $1,000 a week from about 250 patient visits. He lacked knowledge of anatomy, pathology, X-ray machines and diseases.

The Committee was not convinced that Mr. Tonkin used ethical methods to obtain radiographs from the Dandenong Hospital. Mr. Tonkin charged patients $22 for his radiographs. In some weeks he took as many as 100 radiographs.
13.3.3. In the opinion of the Committee, Mr. Tonkin was an unsatisfactory witness. However the Committee did not receive any complaints from his patients but several letters, inspired by Mr. Tonkin, were received endorsing the success of his treatment.

13.4.1. Stephen Edward Hehir, Melbourne. He came originally from Hamilton (Victoria). He graduated from the Palmer College of Chiropractic in 1970. Mr. Hehir had a remarkable brand of sales talk while giving evidence but had little knowledge of the basic subjects of learning in chiropractic. He admitted that he X-rayed about 80 per cent of his clients and told the Committee that, generally, after treatment for a subluxation the correction could be seen on the radiograph. This was not the advice received from most other reliable chiropractic witnesses.

13.4.2. Mr. Hehir distributed chiropractic literature which in the opinion of the Committee would mislead the public. He also produced some fanciful descriptions and analogies as to how chiropractic adjustments of the spine treated the following—diarrhoea, constipation, arthritis, renal problems, bladder, menopause, menstruation and thyroid disturbances.

13.4.3. Mr. Hehir was another example of a person motivated by the financial gain. However, again, there were no complaints from patients.

13.5.1. Anton Josef Walter Cladek, alias Anton Josef Walter Cladek, alias Tony Cladek, of Sunnyside and Newmarket. He is the proprietor of the Sir Jamr Cladek Chiropractic Centre. Sir Jamr are the given names of Mr. Cladek’s son and is not a knighthood. The son, who was born in 1961, now lives in Europe with his mother.

13.5.2. Cladek claimed to be a graduate of the Indianapolis Chiropractic College. The Committee considered that the credibility of this witness was very low. Fostered through the need to survive in a war torn Europe of 1939-45, he was a man who lived by his wits. Of Czechoslovakian descent, he was born in Vienna, Austria in 1927. He apparently lived through American Service camps and went to America in 1945. He drove trucks while studying in 1945-7.

13.5.3. He returned to Europe and worked as a chiropractor for an unknown period before arriving in Australia in 1959 on the assisted migrant scheme. Although he came as a businessman, Mr. Cladek worked in a tyre factory and a food blender’s factory before writing a book “Kleine Krontent Ganz Gross” “Young Continent All Big.” Then he turned to used car sales, real estate and some share-farming before trying to negotiate with the former Prime Minister John Gorton for a site for a television school.

Between 1964 and 1967 he also studied chiropractic at The Chiropractic and Osteopathic College of Australasia in Prahran. He could be a good subject for a Graham Green novel.

13.6.1. Robert George Alexander Mair, Sunnyside and Footscray. Age: 37. Mr. Mair graduated from the National College of Naturopathy now known as the Southern School of Naturopathy. He has a chiropractic diploma and advertises himself as a chiropractor and acupuncturist. Before being a chiropractor he was a car salesman.

13.6.2. He tried unsuccessfully to convince the Department of Health and the Committee that he could operate an X-ray machine. He had a poor knowledge of pathology, anatomy, physiology, disease and radiography. He admitted perjury in his evidence on four occasions but the Committee was of the opinion that he could not help himself and that it was the product of foolishness, ignorance and panic rather than a calculated intention to deceive. There were no patient complaints about the services of Mr. Mair.

13.7.1. Alistair Graham McAlister, Paynesville. Retired, Age: 60. He graduated from the Osteopathic and Chiropractic College, Malvern in the 1950’s. He practised as an osteopath.

13.7.2. Mr. McAlister was a well-known professional athlete prior to 1940. He had been an insurance agent and then a masseur at Footscray Football Club. He treated Members of Parliament, businessmen and the general public for many years.

There were no patient complaints. However Mr. McAlister could not explain paraplegia and quadriplegia, had only a minimum knowledge of anatomy and pathology, and couldn’t read radiographs. He believed that many major diseases originate in the feet.

13.7.3. The only complaint received about Mr. McAlister’s practice came from a medical doctor at a hospital and this was investigated by the Committee.

13.7.4. Mr. McAlister is probably typical of a number of older men in the osteopathic and chiropractic profession who came through the Robertson School and relied on the axiom that practical application was better than theory or knowledge.
13.8.1. REGINALD RAEPHAL (sic) GOLD, DOCTOR of Chiropractic; Head, Department of Chiropractic Philosophy, Sherman College of Chiropractic, Spartanburg, South Carolina, U.S.A.

Mr. Gold was a chiropractic evangelist who, in the opinion of the Committee, would damage any profession with his oratory.

13.8.2. He believed that the present generation of chiropractors had deviated from the original philosophy of chiropractic as set out by D. D. Palmer and that they were working too closely with orthodox medicine. Mr. Gold promoted chiropractic as an alternative and complementary healing art to medicine.

13.8.3. Before Gold became a lecturer he said that he operated a clinic in U.S.A. where 2000 patients a week were treated. He had little regard for the dangers of radiation and X-rayed all patients before treatment. Mr. Gold lectured in Australia during June-July 1974 and was supported by the PACE (Patient Action for Chiropractic Education) group.

13.8.4. Mr. Gold had a great emotional appeal and his approach to giving evidence was basically on the public relations technique of few facts but plenty of colorful presentation.

13.9.1. HAINSWORTH THOMAS COCK, Melbourne. Age: 61. Mr. Cock is a registered dietitian and a graduate from the Robert’s School of Chiropractic and Osteopathy. Mr. Cock is one of the fringe practitioners who give gold, mineral and vitamin intra-muscular injections. However he assured the Committee that he was not giving intravenous injections.

13.9.2. Here are examples of typical obscurantist jargon used by Mr. Cock (?) in answer to questions by the Committee—

"Question (a): If a person were allergic to work would you use it (vitamin B6) on him?  
Answer: I would perhaps use it for lymphoexemia problems with an allergy. The assimilation of calcium in lymphoexemia is one of the primary uses of intra-muscular chronic bronchitis and asthma in children. One of the problems is that it affects the thyroids and takes up the utilisation of calcium. When this exists in the constitution—which is probably hereditary—the streptococcus invades the tonsils and the upper respiratory tract which means the biochemical function has to be restored. The lymphoexema system has to be restored and cleaned up. One of the calciums used in helping to clean up the system is called the calcium carbonate.

Question (b): Do you apply the principle of dilution when you are giving injections?  
Answer: This is minimal. I use the microdoses in conjunction with the clean up of the lymphatic system through the locasol which is being supplied because of the difficulties in assimilation which we are also using centrifugally to obtain the quickest possible results.

Question (c): If this last drug (nitro-glycerin) were used, can you tell the Committee the illness it was supposed to alleviate?  
Answer: It alleviated the symptoms of angina by nitro-glycerin."

13.9.3. The Committee comments: Answers (a) and (b): Full marks for expression; still searching for an examiner in comprehension. Answer (c): Not recommended for patients taking electro-cardiographs.

13.9.4. The Committee recommends that the Minister of Health should prepare regulations prescribing conditions under which injections can be administered as part of medical or health treatment and providing penalties for breach.

(1) Minutes of Evidence, p. 2176.
CHAPTER 14

GENERAL

Research

14.1.1. This Committee has commented in other sections of the Report on the failure of the Australian Medical Association and British Medical Association to accept the chiropractor and his methods of adjusting subluxations in the spine.

14.1.2. There is proof that symptoms of complaints are relieved by adjustment of the spine. However the reason for relief is not fully understood by the chiropractors or the orthodox medical groups.

14.1.3. Mr. J. M. J. Jens in February, 1975, attended a workshop on "The Research Status of Spinal Manipulative Therapy" held at Bethesda, Maryland, the headquarters of the National Institute of Health, U.S.A.

14.1.4. Mr. Jens in his report to the Committee said "From the Bethesda meeting comes the striking message that there is practically no research at this stage to establish a chiropractic lesion one way or the other."

"Nor is there any available research to explain the raison d'etre of the success of manipulative manoeuvres. It is remarkable that organized medicine and organized medical science have made little if any effort to explain the very obvious benefits of manipulative work on spinal conditions."

14.1.5. Chiropractic and osteopathy are widely used by the general public and because of this acceptence the Committee recommends that the Minister of Health arrange a similar workshop in a Victorian University on "The Research Status of Spinal Manipulative Therapy" as soon as possible.

14.1.6. This workshop should seek to bring together all the best research, practical and academic people involved in spinal manipulative therapy.

14.1.7. This could be another step in a common understanding in "brother helping brother" in the interests of the patient and having the general run of the orthodox medical group taking a broader view of the healing arts.

14.1.8. The workshop would also impress upon the fringe practitioner the importance of diagnosis, its background training and the need for knowledge of anatomy, physiology, pathology and disease.

Injections

14.2.1. The Committee was disturbed that the Department of Health has no regulations governing the prescription or administration of injections. The Committee recognizes that there may be difficulties in the case of diabetics who may require constant injections, many of them self-administered but, especially in the case of children, quite often administered by relatives.

This situation would be covered where a parent, for example, is administering an injection subject to the prescription of a medical practitioner.

14.2.2. The Committee points out that injections given unskillfully can cause pain, damage to the vein and artery walls, and infection through contamination. In many cases, treatment by injection may not be medically warranted. In any event, the Committee believes that the onus of proof should be on fringe practitioners to satisfy the Department of Health that they are qualified to prescribe and/or administer injections.

14.2.3. The Committee believes that the Department of Health has been negligent in not providing regulations in this important matter.

14.2.4. The Department of Health advised the Committee that "Administration of drugs and substances to the human body is not as a rule regulated by controlling injections but, generally speaking, is controlled by limiting the type of persons who may authorize the use of the substances".

14.2.5. This would not, however, prevent a fringe practitioner from claiming that he has a mixture which brings about miraculous cures but it needs to be injected into the system. The mixture could be nothing more than distilled water and consequently the practitioner would be free to inject as often as he likes.

14.2.6. The Committee recommends that the Minister of Health should initiate regulations as a matter of urgency to govern the prescription or administration of injections.
ACKNOWLEDGEMENTS

15.1. This Committee depended on the volume and quality of evidence presented by its many witnesses including supporters and opponents of fringe medicine, professional associations, teaching institutions, laboratories, and hospitals.

The Committee is pleased to acknowledge their assistance.

15.2. The Committee thanks Mr. R. G. Hunt for his tireless energy in bringing well qualified foreign witnesses before the Committee and seeing that evidence from the Australian Chiropractors Association was vigorously presented.

15.3. Mr. A. R. Hart was always available to assist with technical advice in chiropractic adjustments and X-rays and on chiropractic education.

15.4 Mr. J. M. J. Jens and Dr. E. L. Unthank gave expert advice on the chiropractic and osteopathic colleges in Canada, United States of America and England. The Committee thanks them for their written reports and for being readily available for consultation when called upon.

15.5. There were many technical problems confronting the Committee when it began its Inquiry and it is grateful for the valuable time given by Mr. Leon L. Marshall not only as a witness but as an expert in orthopaedics.

15.6. Dr. H. A. Luke and Mr. D. J. Stevens are especially thanked for their great patience in explaining technical details in irradiating apparatus and other matters in relation to the Inquiry.

15.7. Mr. Eric Kearley was a most helpful witness to the Committee and was always willing to bring before the Committee all relevant material although it was his section of the Department of Health which was under scrutiny.

15.8. This Report would have taken a great deal longer to complete if it had not been for the constant support of Hansard staff and the Government Shorthand Writers staff. The Committee particularly thanks Miss Elizabeth Kozlowski and Mrs. Jocelyn Halley.

15.9. The Parliamentary Library staff were regularly called upon to provide technical books and information and the Committee thanks them.

15.10. The various drafts of the Report were patiently, speedily and accurately typed by Mrs. Pearl Rischin, and the Committee is deeply grateful for the long hours she devoted to the Report. Latterly she was supported by Miss Marilyn Mogford.

15.11. The Committee was grateful to the Parliaments in Western Australia, New South Wales and South Australia for providing meeting accommodation and other facilities.

15.12. Finally, the Committee thanks Mr. Ken Davey for his work in the first eighteen months as Secretary of the Committee and Mr. Philip Mithen who has had the difficult task of assisting with the preparation of the Report and then assembling it. Their responsibility was to arrange for witnesses, evidence, transcript, reporters, accommodation, and itineraries. Both worked hard for the Committee and the Committee commends them for their support and enthusiasm.

Committee Room,
26th November, 1975.
APPENDIX A

WITNESSES

Australian Chiropractors', Osteopaths' and Naturopathic Physicians' Association Limited, Victorian Branch, represented by:—

Mr. A. R. Wilkie
Mr. M. L. Try

1

The National Association Naturopaths, Osteopaths and Chiropractors (of Australia), Victorian Branch, represented by:—

Mr. P. W. O'Dwyer

15

29, 31, 58

Patient Association for Chiropractic Education, represented by:—

Mrs. N. T. Cannon

39

Mr. L. L. Walters, Director, Heidelberg Chiropractic Clinic

87, 130, 158

Australian Chiropractors' Association, Victorian Branch, represented by:—

Mr. R. G. Hunt*
Mr. G. J. Pierag
Mr. A. G. Thomson*
Mr. J. D. Waterhouse

112, 211, 274, 302, 325, 2,087, 2,516, 2,537, 2,565, 2,650, 2,680

2,537, 2,565, 2,650

2,087, 2,537, 2,650

2,537, 2,565, 2,650

Chiropractic College of Australasia/United Chiropractors Association, Victorian Branch, represented by:—

Mr. J. J. Fawke
Mr. M. L. Hall, M.Sc., A.R.A.C.I.
Mr. B. L. West
Mr. G. J. Anthony
Mr. P. Gregory
Miss C. Wood

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182, 574, 586

Students of The Chiropractic College of Australasia:—

Mr. K. M. Neave
Mr. A. A. Morris
Mr. S. F. Wood
Mr. P. R. Brennan
Miss C. A. Illes
Mr. D. J. Williams
Mr. A. C. McArthur
Mr. P. R. Goebel
Mr. S. L. Rose
Mr. R. J. Hennessy
Mr. T. A. Langton
Mr. J. K. Hopkins
Mr. P. J. Hunter
Mr. L. A. Nelson
Mr. H. R. M. Smeeton
Mr. M. Beerin
Mr. L. W. Macaulay
Mr. B. F. Walker
Mr. J. J. Novotny
Mr. V. R. Crup
Mr. I. E. Rennie
Mrs. S. S. Llewellyn
Miss G. M. Stoba
Mr. B. A. Baahem
Mr. D. I. McClear
Mr. F. T. Miller
Mr. G. A. Roberts
Mr. D. Timamichiel

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Dr. L. Slonim, F.F.R., M.R.A.C.R., Radiologist
Dr. L. L. Marshall, M.B., B.S., F.R.A.C.S.
Miss R. Fanyiyl, Physiotherapist

252

371, 398, 701, 3,110

701

* Mr. R. G. Hunt and Mr. A. G. Thomson also represented the Australian Chiropractors' Association Federal Executive.

† Mr. G. J. Pierag also presented evidence as an individual chiropractor.
PATIENTS—continued.

Mr. P. G. Begbie
Mr. R. H. Colquhoun
Mrs. C. DiPietro
Mr. J. Lambert
Mrs. C. McCaskeney
Mr. J. W. McCallum
Mrs. M. Tierney
Mr. A. H. Ellis
Mr. G. Robinson
Mrs. J. M. Campbell

Mrs. A. M. Cogan, Naturopath
Mr. R. W. Horton, Chiropractor
Mr. A. E. Goldby, Osteopath
Mr. K. R. Weir, Chiropractor
Mrs. J. M. Doyle, Osteopath
Mr. G. F. Kinney, Chiropractor
Mr. V. F. Milhuisen, Homoeopath
Mrs. P. H. Laws, Principal, Laws School of Naturopathy and Chiropractic
Mr. P. J. Stevens, Chiropractor
Mr. D. A. Merton, Chiropractor
Mr. D. J. Piera, Chiropractor
Mr. J. B. Morgan, Chiropractor
Mr. P. A. Glynn, Chiropractor
Mr. R. H. Baker, Chiropractor
Mr. N. E. Love, Chiropractor

Australian Osteopathic Association, Victorian Branch, represented by:

Mr. M. J. Chadwick
Mr. A. G. Woodley, Ph.C., M.P.S., D.O., M.R.O.
Mr. T. A. Bowen, Osteopath
Mr. A. J. Thompson, Chiropractor
Mr. T. Cladek, Chiropractor
Mr. J. F. Benes, Osteopath
Miss A. V. Farnum, Osteopath

Australian Chiropractors’ Association, Federal Executive, represented by:

Mr. A. G. Thomson
Mr. R. G. Hunt
Mr. S. P. Bolton
Mr. M. A. Strudwick
Mr. G. F. Morris
Mr. K. R. Todd
Mr. A. O. H. Kennedy
Mr. J. E. Longbottom
Mr. W. Y. McKenzie
Mr. D. O. Winter, T.T.C. (Well.), B.A. (N.Z.)

Dr. F. W. H. Illi, D.Sc.C., Chiropractor

SYDNEY COLLEGE OF CHIROPRACTIC, represented by:

Mr. G. Slavrou
Mr. R. W. Renouf
Mr. D. Donovan
Mr. H. J. Lyttle
Mr. E. P. Devereaux

* Mr. A. G. Thomson and Mr. R. G. Hunt also represented the Australian Chiropractors’ Association, Victorian Branch.
† Mr. G. F. Morris and Mr. J. E. Longbottom also represented the Australian Chiropractors’ Association, South Australian Branch.
‡ Mr. K. R. Todd and Mr. D. O. Winter also appeared as members of the Chiropractors’ Registration Board, Western Australia.
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<td>Mr. M. Blackmore</td>
<td>Managing Director, Blackmores Laboratories</td>
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<td>E. D. Darby, Esq., M.P. (New South Wales)</td>
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<td>New South Wales College of Chiropractic, Osteopathy and Naturopathy, represented by:</td>
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<td>Mr. D. James</td>
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<td>Mr. R. E. Whittaker</td>
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<td>Mr. M. T. Judge</td>
<td>Naprapathist</td>
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<td>South Pacific Federation of Natural Therapeutists, represented by:</td>
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<td>Mrs. C. N. Gilson</td>
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<td>United Chiropractors’ Association, New South Wales Branch, represented by:</td>
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<td>Mrs. J. M. Taylor, S.R.N., Director, Southern School of Naturopathy</td>
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<td>Dr. A. Selzer, M.B., B.S.</td>
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<td>Mr. L. H. Fisher, Naturopath</td>
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<td>Mr. B. T. McNamara, Chiropractor</td>
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<td>Mr. R. Bleakley</td>
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<td>Mr. H. N. Booth</td>
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<td>Dr. S. R. Hutton, M.B., B.S., L.L.C.O.</td>
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<td>Dr. R. D. McKellar Hall, M.B., B.S., F.R.C.S. (Edin.), F.R.A.C.S.</td>
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<tr>
<td>Dr. M. C. Hay, M.B., B.S., F.R.C.S., F.R.A.C.S., Senior Orthopaedic Lecturer, Department of Orthopaedics, Royal Perth Hospital.</td>
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<td>Chiropractors’ Registration Board, Western Australia, represented by:</td>
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<tr>
<td>Mr. D. O. Winter</td>
<td>T.T.C. (Well.), B.A.(N.Z.)</td>
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<td>Mr. K. R. Todd</td>
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<td>Mr. C. E. Watson</td>
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<td>Mr. J. R. Tunney</td>
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<td>Mr. W. E. Aspinall</td>
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</table>

*Mr. D. O. Winter and Mr. K. R. Todd also represented the Australian Chiropractors’ Association, Federal Executive.*
National Health Federation of Australia, Western Australia Chapter, represented by —

Mr. M. C. Earles
Mr. L. M. Rieneis

Mr. L. M. Davies, Secretary, Medical Advisory Committee to the Radiological Advisory Council of Western Australia

Workers Compensation Board, Western Australia, represented by —

Judge N. W. Mews

Australian Physiotherapy Association, Victorian Branch represented by —

Miss P. Cosbé, Dip. Physio, M.A.P.A., T.T.T.C.
Mr. E. V. Wall-Smith, Dip. Physio, M.A.P.A.
Mr. G. T. Luke, Dip. Physio, M.A.P.A.
Mr. D. R. Worth, Dip. Physio, M.C.S.E.

Australian Orthopaedic Association, Victorian Branch, represented by —


Mr. D. J. Graley, Chiropractor...

Dr. O. K. Kewish, M.B., B.S., Member, Australian Association for Manipulative Medicine

Senator W. S. Day, President, International Chiropractors’ Association

Dr. C. H. Hembrow, M.B., B.S., F.R.C.S., F.R.A.C.S.

Professor R. R. Andrew, M.D., B.S., F.R.C.P., F.R.A.C.P., Dean, Faculty of Medicine, Monash University

The Royal Australian College of General Practitioners Victorian Faculty, represented by —

Dr. A. S. Ferguson, M.B., B.S., F.R.S.H., F.R.A.C.C.G.P.
Dr. I. L. Rowe, M.B., B.S., F.R.A.C.C.G.P.

Mr. G. Sealaf, Former Secretary, Meat Industry Employees Union, Victorian Branch

Dr. J. F. Bourdillon, B.M., B.Ch., F.R.C.S.

Department of Health, Victoria, represented by —

Mr. A. N. Mathieson
Dr. B. P. McClosey, M.B., B.S., D.P.H., F.A.C.M.A.
Mr. E. J. Kearley, B.Sc.
Mr. A. J. Christophers, M.B., B.S.
Mr. C. H. Smith, naturopathic patient
Miss J. T. Fitzpatrick, naturopathic patient
Mrs. Y. J. Hargrave, naturopathic patient
Mr. V. W. Tilley, naturopathic patient
Mrs. V. J. Walker, naturopathic patient
Mr. N. Beckham, naturopathic patient
Mrs. P. M. Beckham, naturopathic patient
Mr. M. H. Frszer, naturopathic patient
Rev. J. H. Hoane, naturopathic patient

Dr. P. S. Woodruff, M.B., B.S., Director-General of Public Health, South Australia

Mr. M. C. Fitzner, A.U.A., M.A.P.A., M.C.S.P., Physiotherapist
Dr. T. A. R. Dinning, M.B., B.S., F.R.C.S., F.R.A.C.S.

Australian Medical Association, South Australian Branch, represented by —

Dr. L. S. Coats, M.B., B.S., F.R.A.C.S.

Australian Chiropractors’ Association, South Australian Branch represented by —

Mr. G. F. Morris†
Mr. J. E. Longbottom†
Mr. M. N. Birrell

The National Association Naturopaths, Osteopaths and Chiropractors (of Australia), South Australian Branch, represented by —

Mr. B. F. Douglas
Mr. A. E. Stacy

† Miss P. Cosbé also represented the Masseurs Registration Board.
‡ Mr. G. F. Morris and Mr. J. E. Longbottom also represented the Australian Chiropractors’ Association, Federal Executive.
### APPENDIX A—continued

**WITNESSES—continued**

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<tr>
<th>Name</th>
<th>Profession</th>
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<tr>
<td>Mr. D. A. Lomas</td>
<td>Chiropractor</td>
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<td>Mr. O. Minkiewicz</td>
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<td>Dr. I. L. McVey, M.B., B.S., F.R.C.S., F.R.A.C.S.</td>
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<td>Professor Sir Lance Townsend, Kt., V.R.D., M.D., Dean, Faculty of Medicine, University of Melbourne</td>
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<tr>
<td>Professor K. C. Bradley, V.R.D., B.C.E., M.B., B.S., F.R.A.C.S., Professor of Anatomy, University of Melbourne</td>
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<td>Mr. R. R. Gold, Dean of Academic Affairs, Sherman College of Chiropractic</td>
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<td>Mr. J. C. Mackenzie, medical student</td>
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<td>Mr. B. M. Toskin, Chiropractor</td>
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<td>Mr. J. M. McLoughlin, Chiropractor</td>
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<td>Dr. J. R. B. Ball, M.D., F.A.N.Z.C.P., D.P.M., Psychiatrist</td>
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<td>Mr. R. E. Diskin, Chiropractor</td>
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<td>Dr. W. T. Gibbs, M.B., B.S., F.R.C.S. (Edin.), F.R.C.S., Executive Director, Australian Pharmaceutical Manufacturers Association</td>
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<td>Dr. J. B. Geates, M.B., B.S., M.F.H.</td>
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<td>Australasian Institute of Radiography, Victorian Branch Sub-Committee</td>
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<td>Mr. G. H. Simcoe</td>
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<td>Mr. W. Gilbert-Pursey</td>
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<td>Hon. R. J. L. Williams, M.L.C. (Western Australia)</td>
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<td>Mr. J. L. De Russa, Dean Emeritus, North Western College of Chiropractic</td>
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<td>Mr. L. O. Webster, Freelance Author</td>
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<td>Mr. J. D. Drummond, Vice Chairman, Hospital Radiation Technologists' Association</td>
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<td>The Dietetic Association, Victoria, represented by:</td>
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<td>Mrs. L. S. Loftus-Hills, B.Sc., Dip Diet.</td>
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<td>Miss J. Bacon, Dip. Inst.M.</td>
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<td>Mr. G. Schofield, LL.B., Legal Adviser, State Electricity Commission</td>
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<td>Mr. J. von Moger, M.B. (Prague), Homoeopath</td>
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<td>Mr. C. D. Ilton, naturopathic patient</td>
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<td>Dr. E. E. Alchius, M.B., B.S.</td>
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<td>Dr. L. W. Gleedell, M.B., B.S., D.G.O., F.R.C.S., F.R.A.C.S.</td>
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<td>Mr. K. H. Orake, M.Sc., F.I.P., F.A.I.P., A.R.C.S., Physiotherapist-in-Charge, Cancer Institute, Victoria</td>
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<td>Mr. A. W. Williams, chiropractic patient</td>
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<td>Mr. A. W. Jenkins, General Manager, Technisearch Ltd.</td>
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<td>Dr. R. E. Budwine, M.Sc., Ph.D., Physics Department, Royal Melbourne Institute of Technology</td>
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APPENDIX A—continued

WITNESSES—continued

Mr. M. J. Wajskop, State Secretary, United Chiropractors' Association 2,992
Mr. E. W. White, A.C.A., A.C.L.S., A.A.S.A., A.I.S.M., Manager, Education Services, Technicare Ltd.
Mr. D. Bendel, B.Sc., Dip. Ed., A.I.P., M.I.R. (Hon.), M.A.C.E., Senior Lecturer, Applied Physics Department, Royal Melbourne Institute of Technology 3,023
Mr. A. R. Hart, Chiropractor 3,038
Dr. E. L. Unthank, B.Sc., B.Ed., Ph.D., Physics (RAAF) Department, University of Melbourne 3,057, 3,170
Mr. S. Chiocchetti 3,084
Dr. H. E. Clifford, M.B., B.S., B.Sc., F.R.C.S., Medical Director, Sydney Adventist Hospital
Miss B. A. Schollenburg, M.S.C., M.A.D.A. (U.S.A.), Nutritionist and Dietician, Australasian Division of Seventh Day Adventist 3,095
Mr. D. J. Stevens, O.B.E., B.Sc., F.R.A.C.R., (Hon.), F.A.I.R. (Hon.), Director, Australian Radiation Laboratory 3,226, 3,249
Dr. D. C. Burke, M.B., B.S., D.P.R.M., Medical Director, Spinal Injuries Unit, Austin Hospital 3,265
Mr. F. Hegyi, Chiropractor 3,284, 3,314
Mr. R. G. A. Mair, Chiropractor 3,297, 3,341
Mr. A. M. Kleynhans, B.Sc., (Potch.), Principal, International College of Chiropractic 3,356
Mrs. L. I. M. Basten, osteopathic patient 3,380
Miss P. Cosh, Dip. Physio., M.A.P.A., T.T.T.C., Chairman, Masseurs Registration Board 3,405
Mr. J. P. Gore Claridge, Registrar
Mr. A. G. McAllister, Osteopath 3,424

* Miss P. Cosh also represented the Australian Physiotherapy Association, Victorian Branch.
APPENDIX B.

VISITS OF INSPECTION AND UNRECORDED INTERVIEWS.

30th July, 1973 .. .. .. The Chiropractic College of Australasia, 301 Cecil Street, South Melbourne.*
14th August, 1973 .. .. Clinic of Mr. G. Gaul, Naturopath, 59 Paisley Street, Footscray.
14th August, 1973 .. .. Clinic of Mr. F. B. McLeod, Chiropractor, 98 Paisley Street, Footscray.
14th August, 1973 .. .. Clinic of Mr. R. K. Brodie, Chiropractor, 37 Geelong Road, Footscray.*
18th September, 1973 .. .. Mr. C. H. Somerville, chiropractic patient.*
24th September, 1973 .. .. Clinic of Mrs. A. M. Cogan, Naturopath, 34 Bridge Street, Ballarat.*
24th September, 1973 .. .. Clinic of Mr. R. W. Horton, Chiropractor, 205 Donovan Street South, Ballarat.*
24th September, 1973 .. .. Clinic of Mr. A. E. Goldby, Osteopath, 425 Sturt Street, Ballarat.*
24th September, 1973 .. .. Clinic of Mr. K. R. Weir, Chiropractor, Cnr. Burnbank and Gregory Streets, Ballarat.*
24th September, 1973 .. .. Clinic of Mrs. J. M. Doyle, Osteopath, 52 Lydiard Street North, Ballarat.*
26th September, 1973 .. .. Clinic of Mr. G. F. Kinney, Chiropractor, 37 Fairholm Grove, Camberwell.*
26th September, 1973 .. .. Clinic of Mr. V. F. Milhuisen, Homoeopath, 34 Brinsley Road, Camberwell.*
26th September, 1973 .. .. Laws School of Naturopathy and Chiropractic, 2 Beaumont Street, Canterbury.*
27th September, 1973 .. .. Clinic of Mr. P. J. Stevens, Chiropractor, '22 Commercial Road, Morwell.*
27th September, 1973 .. .. Clinic of Mr. N. J. Skibeck, Naturopath, 7 Avondale Crescent, Morwell.*
27th September, 1973 .. .. Clinic of Mr. D. A. Horton, Chiropractor, 70 York Street, Sale.*
28th September, 1973 .. .. Clinic of Mr. G. J. Piera, Chiropractor, 430 Main Street, Bairnsdale.*
28th September, 1973 .. .. Clinic of Mr. W. R. Macpherson, Chiropractor, 55 Argyle Street, Traralgon.*
8th October, 1973 .. .. Clinic of Mr. J. B. Morgan, Chiropractor, 454 Murray Street, Colac.*
8th October, 1973 .. .. Clinic of Mr. P. A. Glynn, Chiropractor, 41 Gellibrand Street, Colac.*
8th October, 1973 .. .. Clinic of Mr. R. H. Baker, Chiropractor, 107 Shannon Avenue, Manifold Heights.*
8th October, 1973 .. .. Clinic of Mr. R. L. Fulmer, Chiropractor, Moonabool Street, Geelong.*
8th October, 1973 .. .. Clinic of Mr. N. E. Love, Naturopath, 79 Moorabool Street, Geelong.*
8th October, 1973 .. .. Clinic of Mr. M. J. Chadwick, Osteopath, 241 Moorabool Street, Geelong.*
8th October, 1973 .. .. Clinic of Mr. T. A. Bowen, Osteopath, 283 LtTrobe Terrace, Geelong.*
8th October, 1973 .. .. Clinic of Miss M. B. Zandren, Chiropractor, 355 Zyrie Street, Geelong.*
11th October, 1973 .. .. Heidelberg Chiropractic Clinic, 72-74 Mount Street, Heidelberg.*
17th October, 1973 .. .. King's Way Fracture and Accident Centre, 188 King's Way, South Melbourne.
24th October, 1973 .. .. Clinic of Mr. A. R. Hart, Chiropractor, 110 Vale Street, East Melbourne.*
.. .. Mr. G. Frew, patient.*
.. .. Mr. B. H. Westwood, patient.*
29th October, 1973 .. .. Clinic of Mr. C. D. Hough, Chiropractor, 47 Nunn Street, Benalla.*
29th October, 1973 .. .. Clinic of Mr. L. Maguire, Chiropractor, Ford Street, Wangaratta.*
29th October, 1973 .. .. Clinic of Mr. M. J. Fowke, Osteopath, 124 High Street, Shepparton.*
29th October, 1973 .. .. Clinic of Mr. R. B. J. Dealy, Chiropractor, 212 Fryers Street, Shepparton.*
29th October, 1973 .. .. Clinic of Mr. G. O. A. Stewart, Chiropractor, Cnr. Maude and High Streets, Shepparton.*
29th October, 1973 .. .. Clinic of Mr. G. O. A. Brittain, Osteopath, 26 Kilpatrick Avenue, Shepparton.*
29th October, 1973 .. .. Clinic of Mr. W. Holmes, Naturopath, 35 Hare Street, Shepparton.*
29th October, 1973 .. .. Clinic of Mr. K. Robertson, Osteopath, 36 Booney Street, Bendigo.*
29th October, 1973 .. .. Clinic of Mr. J. Atkinson, Chiropractor, 9 Bath Lane, Bendigo.*
29th October, 1973 .. .. Clinic of Mr. D. B. Sleeman, Naturopath, 35 Killian’s Walk, Bendigo.*
29th October, 1973 .. .. Clinic of Mr. D. Lovett, Chiropractor, 4 McLaren Street, Bendigo.*
.. .. Mr. E. Brown, patient.*
29th October, 1973 .. .. Clinic of Mr. J. Yin Kee, Herbalist, 389 Hargreaves Street, Bendigo.*
1st November, 1973 .. .. Clinic of Mr. L. S. Courtenay, Osteopath, 71 Collins Street, Melbourne.*
6th November, 1973 .. .. Sydney College of Chiropractic, 7 The Esplanade, Ashfield, N.S.W.*
6th November, 1973 .. .. Blackmores Laboratories, 26 Rosebery Street, Balgowlah, N.S.W.*
8th November, 1973 .. .. New South Wales College of Chiropractic, Osteopathy and Naturopathy, 61 Flinders Street, Darlinghurst, N.S.W.*
9th November, 1973 .. .. Mr. J. C. Tece, Chairman;
.. .. Mr. H. C. Sheath, Member;
.. .. Mrs. A. Carter, patient.;
.. .. Mr. F. D. Anslow, Secretary.
14th November, 1973 .. .. Southern School of Naturopathy, 16 Moseley Street, Kew.*
.. .. Mrs. J. Taylor, Director.*
22nd November, 1973 .. .. Mr. A. G. Woodley, Osteopath, 4 Collins Street, Melbourne.*
22nd February, 1974 .. .. Hon. J. T. Tonkin, M.P., Premier; Hon. R. Davies, M.P., Minister for Health; Peter MacCallum Clinic.*
7th May, 1974 .. .. Dr. R. W. Webster, M.B., B.S., F.R.A.C.G.P., Administrative Medical Officer.*
2nd July, 1974 .. .. The Royal Melbourne Hospital.*
.. .. Mr. L. B. Swindon, Manager.*
.. .. Mr. R. E. Lewis, Assistant Manager.*

* Evidence taken during these units. (Refer Appendix "A"—"Witnesses").
φ Unrecorded discussions held during visits, indicating the persons involved.
APPENDIX B—continued.

Professor W. S. C. Hare, M.D., B.S., D.D.R., F.S.R., F.R.A.C.R.,
F.R.A.C.P., Professor of Radiology.
A.H.A., Medical Administrator.
Mr. J. W. Callow, Chief Radiographer.
Mr. W. A. Haining, Tutor Radiographer.
3rd July, 1974 .. Austin Hospital.
Mr. P. J. Bartlett, Radiographer.
Dr. D. C. Burke, M.B., B.S., D.P.R.M., Director, Spinal Unit.
Mr. A. Lucas, Deputy Manager.
Mr. A. Hughes, Hospital Development Manager.
25th September, 1974 .. Trade Union Clinic and Research Center Limited, Footscray.
Dr. R. Gillott, M.B., Ch.B., F.R.C.S., Orthopaedic Surgeon.
Dr. G. Joslin, M.B., B.S., Medical Supervisor.
Miss J. Rodenburg, Physiotherapist.
Mr. A. W. V. Bailey, Administrator.
1st October, 1974 .. Clinic of Mr. F. G. Baehr, Chiropractor, 646 Pacific Highway, Chatswood, N.S.W.*
9th October, 1974 .. Jacka's Naturopathic Centre, 15 Village Avenue, Doncaster.
Mr. P. A. Jacka, Naturopath.
Mrs. J. Taylor, Naturopath.
Mrs. H. Kita, Naturopath.
23rd October, 1974 .. Trade Union Clinic and Research Center Limited, Footscray.
Dr. R. Gillott, M.B., Ch.B., F.R.C.S., Orthopaedic Surgeon.
Mr. A. W. V. Bailey, Administrator.
Mrs. S. Adair, patient.
Mrs. I. Narr, patient.
Rehabilitative Physiotherapy Center.
Miss J. Rodenburg, Physiotherapist.
Miss J. E. Brooksbank, Physiotherapist.
Miss J. E. Lauritz, Physiotherapist.
27th November, 1974 .. Lincoln Institute, Swanston Street, Melbourne.
Mr. B. Rechter, Director.
Miss P. Cosh, Dean, School of Physiotherapy.
5th December, 1974 .. Clinic of Mr. J. von Moger, Homoeopath, 1 Barry Street, Kew.*
11th December, 1974 .. Clinic of Mr. H. T. Cock, Dietitian/Naturopath, 15 Collins Street, Melbourne.
2nd October, 1975 .. International College of Chiropractic, Sonora House, 300 Little Collins Street, Melbourne.
16th October, 1975 .. Clinic of Mr. A. R. Hart, Chiropractor, 1417 Dandenong Road, Chadstone.

* Evidence taken during these visits. (Refer Appendix "A"—"Witneses").
# Unrecorded discussions held during visits, indicating the persons involved.
APPENDIX C.

TRAINING INSTITUTIONS IN AUSTRALIA FOR FRINGE PRACTITIONERS.

Acupuncture College of Melbourne; (Vic.)
Acupuncture Colleges of Australia; (N.S.W.)
Chiropractic College of Australasia, The; (Vic.)
Chiropractic and Osteopathic College of South Australia, The; (S.A.)
College of Naturopathy and Chiropractic, (N.S.W.)
Institute of Natural Health Co. Ltd.; (N.S.W.)
International College of Chiropractic, (Vic.)
Law School of Naturopathy and Chiropractic, (Vic.)
N.S.W. College of Naturopathic Sciences, (N.S.W.)
N.S.W. College of Osteopathy, (N.S.W.)
Queensland Institute of Natural Sciences, (Qld.)
School of Natural Science, (N.S.W.)
Southern School of Naturopathy, (Vic.)
South Pacific College of Natural Therapies, (N.S.W.)
Sydney College of Chiropractic, (N.S.W.)
Windsor School of Applied Osteopathy, (N.S.W.)
APPENDIX F.

LIST OF SUBMISSIONS.

Australian Chiropractors' Association (Victoria Branch);
Australian Chiropractors' Association (N.S.W. Branch);
Australian Chiropractors, Osteopaths, and Naturopathic Physicians Association Ltd., (Victoria Branch);
Australian Committee of Chiropractic Education, The;
Australian Federation of Chiropractors;
Australian Orthopaedic Association;
Australian Medical Association (N.S.W. Branch);
Australian Medical Association (Victoria Branch);
Australian Medical Association (Western Australian Branch);
Australian Physiotherapy Association (Victoria Branch);
Australasian Osteopathic Association;
Australian Physiotherapy Association (Western Australian Branch);
Australian Union of Chiropractic Students;

Ball, Mr. J. R. B., Psychiatrist;
Chiropractic College of Australasia, The;
Chiropractic College of Australasia, The; Student Representative Council;
Day, Mr. J., student, Canadian Memorial Chiropractic College;
Day, Senator W. S., President, International Chiropractors' Association;
Dietetic Association, Victoria, The;
Evans, Mr. D. J., osteopath;
Farmer, Mr. H. J.—chiropractic patient;
Farmer, Mrs. J. E.—chiropractic patient;
Farnum, Miss A. V.—osteopath;
Fitzpatrick, Miss J.—naturopathic patient;
Frazer, Mr. M. H.—naturopathic patient;
Friendly Societies' Health Services, Perth—Mr. R. Beakley, President, and Mr. H. N. Booth, Assistant Secretary;
Glare, Mr. R. L.—"Glafford" Health Service;
Graley, Mr. D. J.—chiropractor;
Gillott, Dr. R.—orthopaedic surgeon—Trade Union Clinic and Research Center Limited, Footscray;
Health, Department of (Officers)—Melbourne;
Hembrow, Mr. C. H., Melbourne;
Huy, Mr. M. C., Perth;
Hoare, Rev. J. H.—naturopathic patient;
Hutton, Dr. S. R., Mt. Hawthorn Chiropractic Clinic, Mt. Hawthorn, W.A.
Laws School of Naturopathy and Chiropractic;
Medical Advisory Committee to the Radiological Advisory Council;
Marshall, Mr. L.L., M.B., B.S., F.R.A.C.S.;
National Association Naturopaths, Osteopaths and Chiropractors (of Australia), The (Victoria Branch);
National College of Chiropractic, Illinois, The Australian Students;
National Health Federation (Vic.);
New South Wales College of Osteopathy;
Patients Association for Chiropractic Education; Pfitzner, Mr. M. C., Adelaide;

Royal Australian College of General Practitioners, The (Victoria Faculty);
Smith, Mr. C. H.—naturopathic patient;
South Pacific Federation of Natural Therapeutists—Mr. G. Janssen, President;
Southern School of Naturopathy—Mrs. J. M. Taylor, Director;
Sydney College of Chiropractic, The;
Tilley, Mr. V. W.—naturopathic patient;
Tonkin, Mr. B. M.—chiropractor;
United Chiropractors' Association of Australasia, The;
United Chiropractors' Association—N.S.W. Branch;
Victorian Farmers' Union, Melbourne;
von Moger, Mr. J.—homeopath, Kew;

Walters, Mr. L. L., Director, Heidelberg Chiropractic Clinic;
Walker, Mrs. V.—naturopathic patient;
Walkley, Dr. C. A. M., Perth;
APPENDIX R.

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Fact about Christian Science.
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X-ray Equipment &c.

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Dose Equivalents, Maximum Permissible Doses and Dose Limits of Ionizing Radiation†.

Minimising Radiological Hazards to Patients†.

Recommendations Relating to X-ray Exposure of Patients.*

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Revised Radiation Protection Standards for Individuals Exposed to Ionising Radiation†.

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† National Health and Medical Research Council publications.

* Photocopy Summary of N.H. and M.R.C. recommendations from Reports of Sessions 48, 57, 62, 65, 66 and 69.
### APPENDIX S.

**LEADING GROUP OF CHIROPRACTIC PRACTITIONERS.**

(Based on number of patient visits over 17 week survey.)

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Number of Practitioners</th>
<th>Number of Visits</th>
<th>Total Number of Patients per week</th>
<th>Average Number of Patients per hour.*</th>
<th>Average Hours per day.*</th>
<th>Average Number of Patients per day</th>
<th>Approximate Number of Patients in 40 hour week.</th>
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<td>Rolle</td>
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<td>5-7</td>
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<td>Brady</td>
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<td>2</td>
<td>4,270</td>
<td>310</td>
<td>68</td>
<td>4-6</td>
<td>11-3</td>
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<tr>
<td>Creed</td>
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<td>1</td>
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<td>8,342</td>
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<td>1</td>
<td>3,280</td>
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<td>Hart</td>
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<td>Hehir</td>
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* No allowance has been made for meal breaks.

### APPENDIX T.

**LEADING GROUP OF OSTEOPATHIC PRACTITIONERS.**

(Based on number of patient visits over 17 week survey.)

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Number of Practitioners</th>
<th>Number of Visits</th>
<th>Total Number of Patients per week</th>
<th>Average Number of Patients per hour.*</th>
<th>Average Hours per hour.</th>
<th>Average Number of Patients per day</th>
<th>Approximate Number of Patients in 40 hour week.</th>
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<td>2,360</td>
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<td>McAllister</td>
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<td>952</td>
<td>56</td>
<td>40</td>
<td>1-5</td>
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<td>Woodley</td>
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<td>873</td>
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<td>34</td>
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<td>Wright</td>
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* No allowance has been made for meal breaks.
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<td>Number of Members</td>
<td>5 to 10 (9 at present)</td>
<td>6</td>
<td>6 .. .. .. ..</td>
<td>Such number as the Minister thinks fit (9 at present)</td>
<td>Not more than 6 (6 at present)</td>
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<tr>
<td>Membership</td>
<td>Director-General of Health and Medical Services, Head Department Administration (Senior Officer), Nuclear medicine physician, Radiologist, Ex-professor of physics (Ph.D.), Radiation Safety Officer, University of Queensland (Ph.D.), Director of Division of Industrial Medicine (medico), Deputy Administrator, Queensland Institute of Technology (Ph.D), Radiation Health Physicist</td>
<td>Director of Division of Occupational Health and Radiation Control, Head of Safety Section, Australian Atomic Energy Commission, Professor of Nuclear Medicine, University of N.S.W., Engineer, Electricity Commission of N.S.W. (Industrial uses of radiation), Physicist (scientific uses of atomic ionizing radiation), Radiographer</td>
<td>Radiologist, Engineer (Water Supply, Sewerage and Drainage Department), Physicist, Physiologist or Bio-chemist, X-ray Engineer, Commissioner of Public Health</td>
<td>Director of Public Health, Deputy-Director of Public Health, Dentist, Radiologist, Physicist, 3 Medics, and Inspector</td>
<td>2 Medics (Dept. of Health), Radiologist, Radiographer, Physicist (non-destructive testing), Hospital physician</td>
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<tr>
<td>Selection</td>
<td>(a) Departmental appointments because of expertise in particular field (b) Research Medical Radiologist</td>
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<tr>
<td>Chairman</td>
<td>D.G. of Health and Medical Sciences</td>
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<tr>
<td>Appointment of Members</td>
<td>Governor-in-Council on recommendation of Minister</td>
<td>Member of N.S.W. Health Commission</td>
<td>Commissioner of Public Health</td>
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</tr>
<tr>
<td>Term of office</td>
<td>Up to 3 years, eligible for reappointment</td>
<td>3 years, eligible for reappointment</td>
<td>3 years, eligible for reappointment</td>
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<td></td>
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<tr>
<td>Quorum</td>
<td>Majority of members</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Duties</td>
<td>(1) May initiate and make recommendations to Minister; and (2) consider and advise Minister upon such matters and questions as the Minister may refer to it</td>
<td>(1) May initiate and make recommendations to Minister; and (2) consider and advise Minister upon such matters and questions as the Minister may refer to it</td>
<td>Consider and advise Minister—(1) with respect to application for the issue and renewal of licences; (2) upon such questions as the Minister may refer to it</td>
<td>Advise Minister with respect—(1) to granting of licences; (2) to such other matters as the Minister may refer to it</td>
<td>Advise Minister on—(1) making and contents of Regulations; (2) any other matters relating to radioactive substances or irradiating apparatus referred to it by Minister</td>
</tr>
<tr>
<td>Powers of Council</td>
<td>May appoint such advisory or technical committees as it thinks fit to advise Council</td>
<td>May establish committees to advise Council</td>
<td>May appoint such advisory or technical committees as it thinks fit to advise Council</td>
<td>May appoint such advisory or technical committees as it thinks fit to advise Council</td>
<td>May appoint such advisory or technical committees as it thinks fit to advise Council</td>
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By Authority: C. H. Rees, Government Printer, Melbourne.