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FROM “QUACKS TO COLLEAGUES?” Viewing the evolution of orthodox tolerance of deviant medical practice

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ABSTRACT

The last two decades of this century have seen a veritable revolutionary change of attitudes within mainline medical practice toward those dissenting schools of therapy derided in the majority of the 20th Century as “quacks, cultists or charlatans.” This attitude was reflected in medical literature such as the annual Bibliography of the History of Medicine of the National Library of Medicine, which until 1983 indexed any mention of chiropractic under the designation, “Therapeutic Cults.” An examination of these pejorative labels and the influence they would have on healing, practitioners, patients and public policy will be examined, as will the attitudes and work of med-

ical historians and sociologists, who for most of this time viewed unorthodox medical movements as aberrations. Revisionist approaches in these areas in recent times will be discussed, along with the wide popular acceptance of alternative medicine in the past decade.

Introduction

As librarians, I assume you are also good browsers, and as your speciality is health and medicine it is natural that you would turn to that section of book stores which categorize these in special sections. We all may lament the passing of the old traditional bookstores which offered up the possibilities of exploration and discovery of old titles along with the new editions, but as realists can only accept the end-of-the-century chain bookselling industry.

If you have browsed
Border's or Barnes & Noble

in recent years you know that there are new sections that are almost as large as medicine: wellness and health, exercise and fitness, women's health and a whole new dimension-- Alternative Medicine. On my last visit to the neighborhood Barnes & Noble store, this section had equal space with Medicine. Clearly, a revolutionary change for bibliophiles of health care.

A new title, of almost a thousand pages, entitled *The Encyclopedia of Natural Medicine* is published by a little-known California house and according to the dust jacket went into a second edition in its first year of publication after selling 400,000 copies. At a \$24.95 list, that is a respectable dent in a growing, complex, specialized and even confusing health care trade market (1).

I cite this book because its two authors both happen to be naturopaths--survivors of a once very disorganized and numerically ineffective sect on the fringes of early 20th century medicine. Naturopathy--or naturopathic medicine as its practitioners prefer to be known, always gained a few paragraphs in the disparaging references to the "medical cults" chronicled by Morris Fishbein and others. It was usually dismissed as a collection of would-be pseudo-

physicians, utilizing a grab bag of modalities and therapies that were dismissed as but sheer quackery.

From a sociological perspective, the growth and maturation of occupational health groups can be hindered when their identity is classified as "marginal" by the most sympathetic observers, and "fringe," "cultish" or outright "quackery" by those who consider them as but aberrations on the medical landscape.

Sometime in the 1950s--when chiropractic was in the middle stage of its own educational reform movement--naturopathic degrees were with few exceptions earned through additional course work, sometimes a few months or as much as a year--at the larger broad scope or "mixer" chiropractic schools. The larger such schools were located in Chicago, Los Angeles and Portland,

Oregon. Then, by 1956 the dual degree arrangement was terminated, and naturopathy was without any substantive educational institution.

I recite this capsule history because it is a significant factor in the theme that I am addressing today--that the

cults of yesterday have in different forms entered the mainstream of health care at the pre-Mellenium. This assertion is made with qualifications--for the halls of orthodoxy within medicine have conceded only little as the popularity of these "other practitioners" congregating at the gates of their fortress of healing dominance. There is yet to be any equal space for these "outsiders" as there is shelf space at the chain booksellers. In 1982 Paul Starr, who won a Pulitzer Prize for his *Social Transformation of American Medicine*, discussed the evolution of the dominance of the medical profession:

"Its authority spills over its clinical boundaries into arenas of moral and political action for which medical judgment is only partially relevant and often incompletely equipped. Moreover, the profession has been able to turn its authority into social privilege, economic power and political influence (2)."

It is essentially this "moral and political action" which won the initial public relations battle among those who make policy within the medical and health care communities. I do not say the larger public, for there is enough subjective evidence to make a case for the medical dissenters in achieving their own significant victories in the court of public

opinion and the legislative arena.

This took place in roughly the first quarter of the century, when an upstart osteopathic profession achieved universal legal recognition in the states and began the struggle for “separate but equal” treatment in many other sectors of society as primary care physicians. It continued with chiropractic, which did not seek the “parallel professional” status of the Doctors of Osteopathy (DOs) but only the independence of legislative recognition. By their philosophical nature, osteopaths and chiropractors were in conflict with their medical adversaries in their growth years, but by mid-century it would be the DOs who had achieved a begrudging medical acceptance and the DCs (the Doctors of Chiropractic) who would be not only in continual conflict, but a target for a literal “final solution” by the anti-quackery bureaucracy of the American Medical Association (3,4).

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Those who have discussed both osteopathy and chiropractic--as the two largest challenges to orthodox medicine--have largely done so from the medical model: that these were either misinformed or uneducated pretenders or outright charlatans, deserving the harshest treatment that society could administer.

The intent of this presentation is to trace the transformation of public image of the medical literature in the past quarter century (the necessity took form, conveniently--with the recognition of chiropractic institutions by the United States Office of Education--and then through Medicare inclusion, in 1975) from its previous dismissal of their legitimate role in providing health care to the acceptance that exists today. The pejorative labels that flowed freely from the Committee on Quackery of the AMA had its spiritual roots in the writings of Morris Fishbein, whose editorship of the *Journal of the American Medical Association* parallel that of the era of unquestioned dominance by medicine in America, the “cultural authority” described by Starr. This was Fishbein's 1928 assessment of medicine's chief competitors: “Osteopathy is essentially a

method of entering the practice of medicine by the back door. Chiropractic, by contrast, is an attempt to arrive through the cellar. The man who applies at the back door at least makes himself presentable. The one who comes through the cellar is besmirched with dust and grime; he carries a crowbar and he may wear a mask (5).”

Fishbein represented that gentrified MD elite which characterized the profession through the post-war years (his use of words recalls Abraham Flexner, who condemned American medical education in his classic 1909 report, and who referred to obstetrical cases in teaching wards as “material”). The Fishbein injunction was a seedbed for another generation of “quackbusters” subsidized by the AMA.

One chiropractic historian calls Fishbein “the most important non-chiropractor to influence the chiropractic profession,” and it may be worthwhile to capsule how one man, in his post as secretary and editor for the American Medical Association, would actually restrict the development of a competing health profession. For Fishbein was not only the foremost medical politician of his time, he understood the importance of the print and broadcast media

and utilized it to the fullest. His anti-chiropractic message thus reached millions, as he was a frequent contributor to popular magazines such as the *American Mercury*, *Collier's*, *Cosmopolitan*, *Good Housekeeping*, *McCall's*, *Reader's Digest* and the *Saturday Evening Post*.

Fishbein also authored 22 books between 1924 and 1947, three of which (“The Medical Follies,” “The New Medical Follies” and “Fads and Quackery in Healing”) dealt with his favorite lecture topic of “quackery.” As he recalled, the AMA began to reflect his own concern in 1921 about “the rise of antivivisectionists, chiropractors, osteopaths and other non-medical cults.” This was a post-World War I year in which osteopathic and chiropractic schools were filled with returning veterans and legislatures were licensing both dissenting schools. The Fishbein crusade became that of organized medicine, and it would continue until a federal court found the AMA in violation of anti-trust actions in a landmark 1989 decision (6).

By 1949 *Time* magazine had acknowledged his influence in a cover story declaring that he had converted the AMA from a professional society “into the most terrifying trade association on earth,” and that his personal obsession involved

“two absorbing hatreds—quacks and socialized medicine.” By that year Fishbein's tenure ran out and he was removed in an in-house coup. The damage he did to chiropractic in public perception can only be estimated, but was evident in the same year he departed the AMA as the central theme in a long-running New York stage play, “Come Back Little Sheba.” Later made into a movie with Bert Lancaster playing an alcoholic chiropractor, the memorable line for this study is when “Doc” laments that had he not been forced to leave medical school “I might have become a real doctor (7).

The standing of a profession in the eye of the public is largely a reflection of its image in the popular and cultural world. Plays and movies and the occasional walk-on cartoon strip character of a “bone-crushing” chiropractor created an image that took decades to overcome. It may be a subjective argument as to the therapeutic value of chiropractic that it survived in this adversity, with outright prosecution (and as the chiropractors contended, persecution) between 1906-1974 when almost 700 of them were jailed in unlicensed or mixed jurisdictions for “practicing

medicine without a license” (8).

In March 1998, Dr. Steven Martin of the Albert Einstein School of Medicine at New York University addressed the C.F. Reynolds Medical History Society at the University of Pittsburgh Medical School. Dr. Martin is one of the few physicians and graduate medical historians who has researched and written on chiropractic. He has published in *Chiropractic History* and was both a panelist at the chiropractic section of the American Association for the History of Medicine and later in 1995 delivered remarks at the Davenport commemorations of the centennial of chiropractic.

His commentary, then, might reflect the evolution of medical thought from the days of Morris Fishbein. His address may be an extension of the transformation made in health care in the past decade or so: “Chiropractors: From Quacks to Colleagues?” (9) His title was an inspiration for this paper. The “quack” designation was a staple in AMA literature for most of the century, and Martin was addressing what would have been the “outrageous” of a few years ago--that DCs would be on a professional par with MDs, at least as primary providers in consultation, referral and in new hospital and clinical set-

tings. “The history of chiropractic,” Martin said, “demonstrates the limits of medicine’s authority. Its success in the face of spirited medical opposition should be understood in the framework of social acceptance of alternative medicine.”

His largely physician audience did not rush to the stereotypes of another time--in fact, the first response lamented the supposed dominance of chiropractors in the worker compensation sector. Martin also suggested that greater public acceptance of alternative medicine in general and chiropractors in particular may be rooted in a comparable decline of medicine as a cultural institution.

“Stepping outside the medical model,” Martin continued, “we should begin to ask what does chiropractic, or any other alternative model of healing, offer that is different from orthodox medicine and why that difference is attractive to patients?” He said that in the first third of this century, chiropractic had emerged “as a vibrant competitor to medicine, a phenomenon that defied easy explanation.” From 16,000 practitioners in the 1930s, chiropractic has grown to almost 50,000 in the United States, making it the second largest primary provider profession (9). Was this a change of attitude or a reflection of the realities

of factors which were separate but interrelated? Martin and Starr have suggested that medicine lost much of its cultural authority in the 1960-70 decades when fundamental questions were being asked by the population regarding traditional public and private sector institutions.

Government, industry, the professions, large organizations and even the church were under assault or examination by their own constituencies. Medicine was not an exception, and its loss of face in opposition to social reform movements from the Roosevelt New Deal days through the Great Society caused a retrenchment and loss of membership in the AMA and other groups. Said Starr: “Medicine, like many other American institutions, suffered a stunning loss of confidence in the 1970s. . .the economic and moral problems of medicine displaced scientific progress as the center of public attention. Enormous increases in cost seemed ever more certain, corresponding improvements in health ever more doubtful. . .in a short time, American medicine seemed to pass from stubborn shortages to irrepressible excess (2).” All of this took place during a parallel period of renewal

for the “sectarian cults” of medicine. Osteopathy, far from being submerged into allopathy, doubled and then tripled its teaching schools by 1990, finding a new niche in family practice. The obituary for naturopathy was premature, with recognition of its two schools by the Office of Education and a resurgence coupled with interest in homeopathy. The natural living and wellness movements coalesced with a public supporting the anti-tobacco and anti-drug movements. And for chiropractic--Little Sheba came home, with a new respectability won through activist roles in the courts and public policymaking areas.

Their rhetoric had little resemblance to professional decorum: “We are not talking about regulating chiropractors,” one physician-assemblyman told the New York State Legislature in 1945, “we are talking about eliminating them, removing them as one does a plague.” Said the chairman of the Quackery Committee: “rabid dogs and chiropractors fit into about the same category. . .they kill people” (4,10).

Unwittingly, the committee’s activities became the basis of what would be a successful landmark anti-trust suit which the chiropractors won in federal court in 1989. Its own doc-

uments and correspondence--obtained through the discovery process, demonstrated that the AMA was intentionally planning to wipe out a competing profession--not just fighting "quackery." What was called a "mother lode of files on chiropractic" emerged and the AMA disbanded its committee, at a time of declining membership and financial cutbacks. The fight was passed on to the attorneys, who were faced by what would become known as the Wilk Case. Wilk was an Illinois chiropractor who was joined by three other DCs in a massive restraint-of-trade case that was aimed directly at the medical dominance of the health care industry. The initial federal court ruling in 1987 found that the AMA and its officials "instituted a boycott of chiropractors" in the mid-1960s by informing the membership of the AMA who for the most part distanced themselves from the "other healers" who remained on the medical landscape. By the 1960s, when the pre-chiropractic college curriculum was adopted among the professional schools, there was an awareness that there was little, if any vocational guidance materials other than those of the chiropractic associations. Some realized that their attitudes had been shaped by such widely-read profiles like "Can Chiropractic Cure?" in the Reader's Digest, a 1946 pickup

from the AMA's monthly lay magazine which also commissioned a 1969 book called *At Your Own Risk: the Case Against Chiropractic*, then marketed by state medical societies (4).

The growth of chiropractic education (12,500 students in 15 colleges in the United States in 1997), the acceptance of the first of some of its peer-reviewed journals by the National Library of Medicine and the acceptance of DCs on the staff of more than 100 hospitals accelerated the need to designate chiropractic as a specialty. Interdisciplinary involvement began in such institutions as the American Back Society, pain management groups, the American Public Health Association and the World Health Association.

It was a long way from the 1982 listing of "Therapeutic Cults" for any dissenting school activity in the annual bibliography of the National Library of Medicine. The establishment of the National Institute for Alternative Medicine at the National Institutes of Health in 1996 was another watershed. It signaled the end to the era in medical literature with frequent remarks that chiropractors were unscientific practitioners and that it was

unethical to associate with them in any form. The boycott's effectiveness may be seen in reviewing old chiropractic college catalogues through the mid-1920s and those after World War II: there may have been as many as four or five times the number of MDs on faculties of the early period schools to the occasional physician of the 1960-80 decades. All of this contributed, of course, to the perception among other health professionals that chiropractic was indeed off-the-wall quackery.

Image, of course, should not determine final professional judgment. The federal courts in Wilk found that the AMA "conduct constituted a conspiracy...and an unreasonable restraint of trade in violation of Section 1 of the Sherman (Anti-Trust) Act" in its internal and external informational programs about chiropractic. It should be noted that there was never an introduction of the issue of therapeutic value in the proceedings under Wilk--just a determination on anti-trust. The watershed aspect of this decision was that it effectively ended more than 70 years of harassment, investigation, organized anti-chiropractic publicity and threats to withdraw privileges of physicians who "consorted" with "nonphysicians" (11).

All of this world influence the literature of the period. Librarians, archivists, those who taught medical history and social policy in health care for the National Institutes of Health, with studies indicating that 70 million or more seek out the services of alternative healers sometime during their life provided a different dimension to understanding these other schools of practice. No longer would the dictates of an agency of the mainline provider group suffice to deal with what had been lumped as “quacks, cultists or charlatans.”

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It should be of concern to those who research, write and publish textbooks on medical history and medical sociology that little, if anything, has changed to reflect this seachange within the health care community. Despite the work of Wardwell and Gevitz and a few others, books on the sociology of medicine either do not mention alternative practitioners at all or relegate them to footnote importance. The millions who utilize alternative providers today, and who subscribe to unorthodox diet and fitness programs and a range of self-help treatments, should be the object of scholarship and factual research by those who write the texts for new health care professionals. In a similar manner, those who write the history of medicine

should explore why the topic has eluded them for so long, for conventional medical histories have always considered unorthodox medical movements as but aberrations--not worthy of consideration because “scientific opinion” had relegated them to a “cult” status. It may be significant that the first paper on chiropractic read before the 70-year old American Association for the History of Medicine was not delivered until 1977 and the first published paper in the *Bulletin of the History of Medicine* not until 1981. Similarly, medical sociologists ignored chiropractic until Wardwell contributed to the *Handbook on Medical Sociology* in 1963 under “Limited, Marginal and Quasi-Practitioners” (3,12).

Wellness, in addition to illness, are primary concerns for most of the population today, not just the ever-increasing senior segments. The negative consequences of unregulated aspects of food production, the impact of tobacco and other health issues demand that a full and objective evaluation of all therapies be given to the public and those select few within it who choose health care as their life's work.

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