

THE
EVOLUTION OF CHIROPRACTIC

**ITS DISCOVERY AND
DEVELOPMENT**

BY

A. AUG. DYE, D.C.

(P.S.C., 1912)

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FOREWORD

The story of Chiropractic, its discovery, its development and its evolution, as an Art, Science and Philosophy, since its discovery by Daniel David Palmer on September 18, 1895, to its present position as an outstanding branch of the healing arts, under the leadership of its Developer, B. J. Palmer, D.C., Ph.C., is a very interesting subject.

I have written this story in the following pages in a form that I hope will be interesting to the layman and woman, and, at the same time, instructive. I have done this so that it may be read by them, that they may get a comprehensive review of its evolution in its forty-odd years,—scoffed at by educated people as but another quack system of healing, respected by them today as a scientific health service of service to millions of people throughout the civilized world.

I first became acquainted with the Art, Science and Philosophy of Chiropractic in April, 1910. Since that time I have had a sincere reverence for Daniel David Palmer, the Founder and Discoverer of Chiropractic. I had the rare fortune of knowing personally the Discoverer the later years of his life, a memory that I shall ever cherish.

B. J. Palmer, the Developer of Chiropractic, was but a young man at that time. I have known him during those years since 1910, and have observed his struggles gone through in the development of Chiropractic from a proven theory to an established scientific fact, due to his individual work, study and research through the passing years. In the writing of this book, I owe much to assistance given me by B. J. Palmer in checking the manuscript repeatedly, from its first inception in skeleton outline. I make this explanation in the light of the fact that I have written the story of the evolution around the historical steps in that process, and B. J. Palmer has helped me solely in the checking as to historical accuracy. He was the only source in Chiropractic where this information could have been procured, because in his files are publications, letters, data, affidavits, certificates—everything essential to having absolute historical accuracy. That B. J. has gladly, willing done, and notwithstanding the book is written around B. J.'s work for Chiropractic's development, yet in no instance has he suggested anything as to what I should write or how it should be written.

This book is dedicated to Daniel David Palmer, II, D.C., who was a lad of some four years or so at the time I first became acquainted and identified with Chiropractic, and who has since his maturity been in active charge of the business management of the Palmer Industries, and who has within the past few years graduated from the institution of which he is manager. It is my hope when his father, B. J. Palmer, passes on, that "Dave" will carry on where the Developer leaves off.

Sincerely, A. AUG. DYE.

July 1, 1938.

CHAPTER I

Introduction; Discoverer of Chiropractic

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Introduction; Discoverer of Chiropractic

September 18, 1895, the first step in the development of a new health service was taken—that of ADJUSTMENT of the CAUSE of DIS-EASE, rather than the beginning steps of a new system of healing, the objectives of which would be the treatment of effects or the mere alleviation of human ills. Since that first step, this service to humanity has undergone a constant evolution in its development as an Art, its establishment as a Philosophy of the functioning of life's forces in man, and as a proven Science in the removal of that CAUSE of DIS-EASE.

In a later chapter, I will define that health service as it is conceived today as a result of the research of that man popularly—and very properly— known as the Developer of Chiropractic, B. J. Palmer. Now I will merely give a brief introduction to that Art, Science and Philosophy. That health service is Chiropractic, discovered by Daniel David Palmer, at the time a magnetic healer in a small midwest city, Davenport, Iowa. When first announced, by many it was scoffed and sneered at as but a new quackery, another means for defrauding the sick, a rank imposition on the sick it purported to serve. Often I will speak of Daniel David Palmer as the Founder, for at the insistence of his son, within a few short years after his discovery he organized the first school for its teachings. I will also speak of him as D. D., for by those simple initials he is best known throughout his profession. Of the Developer, I will most often speak of him simply as B. J., a designation by which he prefers to be known.

Many in Davenport and the countryside about were soon restored to normal health through adjustment of their spines by the Discoverer and his son. But it was little understood how this was accomplished in those seemingly hopeless cases,—cases that came to D. D. as a last resort, without any real hope, having been given up as “incurable” by the “regular” healing profession of medicine.

The patient of today has little concept of the process of evolution through which Chiropractic has gone in its brief forty-odd years. Many who profess to practice its art do not comprehend this evolution. The patient, naturally, is unfamiliar with the story of the evolution of Chiropractic, the many steps through which it has gone to reach its present recognized scientific standing, recognized by most of the state legislative assemblies and by all systems of healing as a strong competitor in their fields of service.

The Chiropractor of today, whether he is practicing the Chiropractic originally dreamed by the Founder or practicing what the profession knows as mixing under the guise of Chiropractic, probably has forgotten much that he heard in his student days about the Chiropractic of the pioneers. The

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Chiropractor who graduated in the early years may have followed through with a good part of the evolution in his private practice, yet with little realization of that fact, so gradual has it been,—excepting in the past decade, when the evolution has been so rapid as to seem revolutionary. For within that decade much of that theory which had been accepted as established fact, through results, has been discarded and replaced by scientific discovery, with far greater and more rapid results.

The CAUSE of DIS-EASE was conceived by the Discoverer as being the result of the numerous misalignments of the spinal column to which it is subject. Every jar, jolt and concussion to which any part of the body is subjected, because of the construction of the bony framework of man, is transmitted to the spinal column as the center of that framework,—the skeleton. Reasoning thus in the early years of his study, the Discoverer conceived that where those concussions were severe enough in their reception at the spine, misalignments of the vertebrae were certain to result, with resultant impingements of the multitudinous nerve fibres emitting from the spine and going to all parts of the body, with dis-ease as a natural sequence of the interference with normal nerve transmission caused by the irritation of the nerve fibres.

For some months after his discovery of the Chiropractic principle, D. D. limited its application to that small number whom he could personally serve. It was only at the repeated insistence of his son, B. J., that the Discoverer undertook the training of a selected few in the Art of Chiropractic as it was understood in the 90's. That son realized that the two Palmers could serve but a very small part of the great mass of humanity needing Chiropractic, though he was but a lad entering his fourteenth year when the discovery was made.

Today Chiropractic is honored and revered by thousands as a boon to humanity for the good it has done, in turning them from a life of "incurable" disease, from a life of constant worry to their friends and relatives, from a life of drain upon their loved ones, to a life of useful service and happiness. Where before they had been given up by other healing professions, doomed to a life of aches and pains, anguish and drudgery, through Chiropractic they were given a new outlook on life. Instead of being known in a very limited scope in the midwest, Chiropractic is today known throughout the civilized world. Instead of being looked upon as a fraud designed to impose upon the sick, it is recognized as a distinct scientific achievement. Its trained graduates are practicing in every city of the United States and Canada, and in many of the smaller towns and villages. It is also practiced in many of the larger centers throughout the foreign countries of the world.

How has Chiropractic achieved this position? It has done so because, first, its original premise was correct, and, second, since its discovery it has

gone through a constant process of evolution. At first it was but a logical theory, proven so by the results attained from its application; today it is a proven scientific fact, proven scientific through the research of its Developer. Chiropractic has been the medium of service through which countless numbers have been restored to normal health, usefulness and happiness. Yet as well as the benefits from this service are known to those thousands, its evolution is too little understood. Because of this, in the following pages, I hope to give an accurate, unbiased account of the major steps taken in this onward march. In so doing, I will touch briefly on some events that have, undoubtedly, had a deterrent effect on this forward movement,—although not for long.

Throughout the following pages constant reference will be made to both the Founder and Developer. The two Palmers are so indelibly interwoven into this fabric of Chiropractic, its discovery and its evolution, following this first “accidental” adjustment to its present achievement, that it is impossible to do otherwise. I know, of course, some have tried to ignore the younger Palmer—but this you will understand before you have read far in this story.

I hope to present a clear story of this development and evolution, in such language that the layman may grasp it readily, without having to study the meaning of a mass of technical or scientific terms and without having to wade through a mass of mystical phraseology. I have recently read a book concerning a phase of Chiropractic technique that I thought I was reading a book on astrology before I had completed the first chapter. In the past numerous articles and books have been written about Chiropractic. Many of these have been of a technical nature, intended for professional reading and use by the student. Several books and numerous articles have been written, purportedly about Chiropractic, but too often with the idea of personal aggrandizement of the individual and all too often with a vehement condemnation of the two Palmers,—particularly the younger Palmer.

I have said there are many Chiropractors who do not comprehend the import of the revolutionary steps taken in recent years. In so stating I do not mean only those who have adulterated its practice with many things not a part of Chiropractic as the Founder understood it and intended it to be taught when he gave his discovery to the world. Many who practice in line with his original concept have apparently not grasped the fact that Scientific Chiropractic is but the latest step in that evolution.

It is not my aim to harshly criticize those active in the profession who do not agree with me, who may not hold the same belief I do of this scientific development. Nor do I propose to condemn those who because of not understanding Chiropractic go outside its pale in serving their public. On the other hand, I cannot condone those practices injurious to the efficient removal of

the cause of dis-ease or that have had an influence detracting from the process of evolution. But I hope I can so present this process to them that they too may get a clear understanding, that they too may understand the advances made in the past decade have been toward upbuilding the Chiropractic idea, not toward tearing it down or tending to destroy the confidence of the public.

Although, at a liberal estimate, there are approximately 25,000 Chiropractors scattered throughout the civilized nations, serving thousands of patients daily, there are countless millions who do not comprehend the import of Chiropractic as a health service, a service that may solve their problems in their search for health. Even in the United States and Canada, where Chiropractic is best known to the public, a vast majority of that public, even among its otherwise well-informed people, have not the slightest conception of it. I have been astounded at the ignorance of educated people—even physicians—to whom Chiropractic was barely more than a word. Where they had a faint understanding of it as a system of healing, they have too often confused it with osteopathy or some other drugless therapy.

Before discussing the evolutionary steps I wish to give a review of the man who discovered the Chiropractic principle. I am reserving my word portrayal of B. J. Palmer for a later chapter, because it is there he has played his most important role. B. J. Palmer has had a leading role in all those steps—early and late—but those for which he merits the utmost credit are those enacted within the past decade or so of Chiropractic's history. For background only, I will also review some of the more important early troubles faced by Chiropractic

The history of Chiropractic begins with its “accidental” discovery by D. D. in 1895. The evolution of Chiropractic really begins with the departure of the Founder from active teaching of his discovery and his leaving the management of affairs in early Chiropractic history to his son, in 1902.

I have stated Chiropractic was first brought to public light following an “accidental” adjustment. I use the term “accidental”, although the facts show this to be a misnomer. It may have been accidental, yes, in the particular application, even though it was but a step in the study and investigation that had been conducted by the Founder for some five years or more. D. D. had been studying all those years to find a more efficient means for “treatment” of the sick, more efficient than those then followed by the “regular” medical profession and the “irregular” healers and religious cults.

In the summer of 1937, when checking up on certain points, on which I wanted information, I asked B. J. if he knew when his father began his study that led to his discovery. I recalled at some time in the many talks I had reported, B. J. had related how he used to collect scraps of paper on

which D. D. had made notes and then thrown into the wastebasket. Let me state the answer in B. J.'s words:

“Beginning back in 1890, five years before father discovered Chiropractic, he was writing along the lines of his investigation his early ideas on scraps of paper as they occurred to him. He never tore up his longhand notes but merely wadded them up as so much waste paper and threw them in the basket. Every night, even though I was but a young boy, I used to go to that basket and pick out those scraps, straightened them out, and kept them. I now have those early notes made long before Chiropractic was discovered.”

“From that time until today, I have been gathering everything, anything, and all things which in any way are analogous to or associated with the Chiropractic movement, cataloging them, card-indexing them, and filing them away in my scrap book. This scrap book has every detail filed in it concerning Chiropractic, and is filed away in fireproof vaults,—containing a multitude of notes and data above the Chiropractic movement.”

“This Scrap Book has never seen the light of day, but is buried as it is and when the history which you say is today unknown is recorded, it will be written by someone who will then go through that Scrap Book and gather all of the data he wants, to bring out point by point the faces and figures of every step in Chiropractic history—because it is all there.”

That history, of course, will record many things not necessary to record in this story of Chiropractic's evolution. It will record the battles of Chiropractic for its right to exist as a separate, pure and unadulterated system of health service, both within the ranks and without its fold. In later pages I will review parts of this factionalism within the ranks, just as I will also review the medical persecution and legal prosecution—this latter usually instigated by the former. But all of this had to do with retarding the process of evolution, so I will not now review those struggles, reserving reference to them for later chapters.

Daniel David Palmer was a unique character in Davenport where he had lived for many years prior to 1895. He was rarely spoken of by those who knew him as “Dr. Palmer” but was known to all simply as “D. D.” So it is by that familiar title I will most often speak of the Discoverer and Founder. He was born March 7, 1845, in a small Ontario town, Port Perry. Soon after reaching manhood he became interested in healing the sick, and for many years practiced various forms of “irregular” healing. For several years prior to 1895 he had been engaged in magnetic healing at What Cheer and Davenport, Iowa, the latter of which Chiropractic has made known throughout the world. On occasions he would delve into some of the other forms of healing known to him to ease the sufferings of his patients. Old time druggists in Davenport will tell you occasionally he even prescribed pills even though it was in violation of the medical practice act for him to do so. I merely cite this to show the fearlessness of the Founder and his disregard for statute law when he felt his public would be served by a slight infraction

of it. He was successful as a magnetic healer and in 1895 had a large clientele. As an irregular healer, D. D. was, of course, a thorn in the sides of the medical fraternity of his city.

Davenport had the usual small town jealousy of its local successes. The local residents who knew D. D. and his professional success were jealous of him. By some he was looked upon as an amiable “quack”, because he was liked by all even though they disagreed with his mode of earning a living. Some looked upon him as just a little bit cracked, even perhaps as you and I do upon those with whom we do not fully agree. The medical profession was just coming out of the itinerant practitioner stage and was seeking to establish itself in the minds of the people as the only scientific mode of healing, as “regular”, all other systems as “irregular”. So the local medical fraternity encouraged local residents to look upon D. D. as a quack and a fraud. Nevertheless, D. D. was a successful healer and had the sincere respect and admiration of the majority of people in and about the Birthplace of Chiropractic.

D. D. was of that rare type that stands out from the common herd. Physically, he was rather short of stature, heavy set, usually wearing a broad-brimmed black sombrero of the well-known Western type. He had the western love of the horse, and drove about the city and countryside calling on the sick behind a team of thoroughbreds. People who knew him well always comment on his invariable custom of driving the best horses money could buy in his day, and of his having won many a race with the sporting bloods of the community. His hair was jet black, straight, dressed in that style known to us of today as the Buffalo Bill style. He wore a heavy black beard, trimmed in full fashion, never the effeminate sissy Van Dyke or Kentucky Colonel type. No, D. D. was a real he-man. But woe upon the poor innocent who crossed his path. He was a master of English when it came to expressing himself verbally. His neighbors, and even his friends, of whom he had legion, might have looked upon him as an amiable “quack”—which he was not—but were careful not to let him hear them express the thought aloud. They feared his ability to express his biting humor and sarcasm with too forceful a logic.

D. D. was not practicing magnetic healing, nor was he hoping to discover some more effective method of healing, for the sake of making more dollars, nor for deceiving the public. He was sincere in his belief that he was rendering a genuine service in the practice of laying on of the hands in magnetic healing, and he was sincere in his search to discover a means of rendering a still more efficient health service.

Unfortunately he was not of that type that records its thoughts in the written word. He was the author of but one large volume, now long out of

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print, with few copies available, if any. That was his book, THE CHIROPRACTIC ADJUSTER, published in 1912. He was the author of one other small volume, also out of print in its original form. These two, however, have been incorporated in one volume by B. J., under the same title, which volume was used for some years as a text at the P. S. C. This was edited by B. J., solely to eliminate some of the extremely controversial features found in the original books, features felt to add nothing to the philosophical value of the portions published. That is Volume VI of the P. S. C. publications, itself now practically out of print, having been superseded by other books on the science in the passing years. He often lectured on his discovery, not only in the classes of his several schools but before the public as well. It is regretted that none of those lectures were recorded and are not now available to the student or historian.

In his late years, following his last return to Davenport, in 1911-12, he was associated for a brief period with the Universal Chiropractic College on its faculty. During this period he lectured on the Philosophy of Chiropractic, but no stenographic report was made of those lectures, so again his spoken words go unrecorded. While it is possible in those lectures his concept of the Philosophy of Chiropractic differed a trifle with that of his son, there is no doubt he did his utmost to keep the students at the U. C. C. from straying from the straight, pure and unadulterated Chiropractic he and his son had both spent their lives in upbuilding. For D. D. was not a man to swerve from his path, once he had started the journey, convinced he was going the right way. His desire was to see Chiropractic reach its ultimate destiny unmixed with elements and practices purloined from other healing systems.

Located in the same building in which D. D. had his office was the office of Cornelius Murphy, Esq., a successful lawyer and a political power in Iowa. He had been District Attorney of Scott County, of which Davenport is the county seat, and had made an enviable record of his stern upholding of the law of his state. Mr. Murphy successfully defended D. D. when the Founder was prosecuted on a trumped-up charge of illegally practicing medicine. He formed a sincere liking for both D. D. and B. J., and a deep respect for the new science because of those business and friendly relations. Mr. Murphy, D. D., B. J. and some others organized the first institution for training future Chiropractors. This was the Palmer Infirmary & Chiropractic Institute, located in the same building.

A few years after its founding the P. I. C. I. came on hard times and D. D. left Davenport to resume work anew in what he hoped would be more congenial climes, where he could pursue his own methods in the teaching of his discovery. He first went to Oregon, then to Oklahoma, finally to California. In all those states he organized small schools, none of which were

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successful. During his migrations he, for a time, joined forces with a medical doctor, Dr. Alva Gregory, in the organization of a school in Oklahoma. This school taught Chiropractic for some years and numbered many graduates in its day, although the Founder himself did not remain long with either the school or Dr. Gregory.

There has been so much discussion about the Chiropractors throughout the United States, in particular, that B. J. Palmer had stolen the original school from his father, and had wrongfully usurped the place of the Discoverer at the head of the Chiropractic movement. Because of this “understanding”, I think it will be well for me to briefly review the facts here, as I know them, and as I have been informed by reliable sources—sources entirely independent of the Chiropractic field and practice.

The original school, The Palmer Institute & Chiropractic Infirmary, was burdened with a terrific load of debt, which the Founder was hopeless of ever repaying. At the time of his leaving the scene of the birthplace of Chiropractic, in 1902, this indebtedness amounted to over \$8000. In talking with many of the old-timers in Davenport and vicinity in past years—back in 1910-13, when I first became associated with Chiropractic, and more particularly in 1936-37, when I started writing this review of the evolution of Chiropractic, I heard many stories about the old gentleman not resounding to his credit as particularly ethical in his business conduct. It was not considered by them so much that he was deliberately purposeful in not paying some of his bills, or that he was, in the vernacular, a dead beat. It was simply that he was not considered a Class A risk in Dun’s or Bradstreet’s or in the minds of many who had extended him credit in the past, and suffered unpaid bills.

Personally, I do not believe that D. D. was a dead beat, out to defraud all who would extend him credit, although I would have ample reason to believe it from the stories told me by people in his community—people unconnected with and disinterested in the Chiropractic movement. His failures in matters financial were probably due to his over-enthusiasm and over-extension of his credit, so that he got to the point where he simply could not meet just obligations. D. D. was a man who, once he became interested in anything, laid everything else aside—forgot it—and went ahead with the work which he deemed more essential at the moment. It is in those periods that I believe D. D. Palmer incurred obligations which he found later on he was unable to meet.

In the many talks that I have reported stenographically of Dr. B. J. Palmer, in class and conventions, and the talks I have heard at meetings of Chiropractors in various parts of the country, I have heard him make the statement that he had repeatedly taken the old gentleman into the first

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school after he had cleared up its load of debt, through proper business management, and that on again taking the old gentleman into the management, the institution was again overloaded by debt. It has been a good many years ago when I first had conversation with residents of Davenport concerning the old gentleman himself, most of whose names I do not now recall, who confirmed the impression I had gained from Dr. Palmer's talks in class. Mr. Murphy, whom I know personally, and have since 1910, is one source of my information, as well as "Joe" Schillig, who later became a student at the P. S. C., graduated, and practiced for several years in Newark, Ohio. But the fact remains that there is documentary evidence of the fact that a final settlement was made between B. J. and D. D., as I will soon show. Dr. Schillig was one of a committee of business men in Davenport who effected the final settlement between father and son in 1906, when the Founder returned to Davenport for a very brief period and sought a voice in the management of the institution B. J. had built up within a short two years at the Top of Brady Hill.

As stated, the old gentleman deserted the scene of Chiropractic's birth in 1902, and went to Oregon, and other states, engaging in the practice of Chiropractic, and organizing sporadic schools composed of a very few students, rarely exceeding half a dozen in number. At the time of his leaving the P. I. C. I. in 1902, there was the indebtedness of over \$8000, which the son, B. J., had to make good, if he was to carry Chiropractic on further in the light of his own ideas. In 1904 the Palmer School of Chiropractic was organized, and incorporated in 1905. Now, this organization of The Palmer School of Chiropractic was an ambitious undertaking, and required the purchase of valuable property at the Top of Brady Hill, in Davenport, then the aristocratic section of the city. This property comprised a frontage of about 150 feet by about 200 feet or so in depth. On this property were two large ten- or twelve-room houses, three stories in height. Naturally, the acquisition of this property required quite a sum of money, and B. J. doubtless had to look, and did look, to outside assistance in the Tri-Cities, and through assistance from those sources he was able to acquire this property, where the first real institution for the teaching and development of Chiropractic was organized in the United States.

Dr. B. J. Palmer has an exceptional business ability, and an ability of organization, and an ability to keep that for which he is working a place in the public eye. Because of this ability, Chiropractic and the Palmer School of Chiropractic soon became known particularly well throughout the United States, and within a very few short years in all the larger centers in the entire civilized world. When the Founder left Davenport in 1902, he was convinced that B. J.'s methods of broadcasting Chiropractic throughout the

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world, and teaching it to whoever desired to enter its practice, was a fallacy, and he had every reason to believe, within his own mind, that the son would be unable to carry on, particularly under the terrific load of debt. He had no thought that the business of teaching Chiropractic would build up to the extent that it did, within the four years following his desertion from Chiropractic's birthplace, and Chiropractic. But in 1906, we find the Founder returning to Davenport for a very brief period, and seeking a voice in the management of the institution B. J. had built up within a short two years at the Top of Brady Hill. I have no doubt that B. J. would have taken him back in the institution, and given him a voice in its management that the old gentleman sought, but B. J. was prevailed upon not to do this, by the same responsible people in the City of Davenport—who had no interest in Chiropractic, other than to see it succeed as a system of service to humanity, their obligation having been paid off in full long before by Doctor B. J. Palmer. These people knew the old gentleman's previous record in getting into financial difficulties and scuttling the ship. So they advised B. J. against taking the old gentleman back in.

In the face of that advice, and knowing full well from his own experiences with his father, that a business could not be conducted successfully with him having a voice—and that would be a controlling voice, or the old man would not last long—B. J. decided to dissolve the business, he either buying D. D. out, or D. D. buying him out. The two Palmers attempted to agree between themselves. That was, of course, an impossibility. They then agreed on an arbitration committee, and during the period of arbitration of the issues, all properties, titles, money, etc., were deposited and controlled by this committee.

Under the original offer of D. D. Palmer to sell his "right and interest" in the new institution to B. J. Palmer, the following is his statement:

"I will take \$2000 for my interest in the bones that we have bought jointly and those I put in.

"I will take \$650 for my one-half interest in all the stuff, including office, bedroom, kitchen, and dining room furniture, etc.

"Half of the cash on hand—\$850.

"There will be nothing charged for the good will of the business, nor literature on hand, and that which is written up.

"I will reserve the spinal column at my residence and one abnormal, the one I had in prison, and six individual vertebrae which I shall pick, and not to exceed one dozen books.

(Signed) D. D. PALMER."

B. J. thought this price excessive, so arbitration became necessary, and Messrs. Joe Schillig and R. H. St. Onge were appointed a committee of arbitration. Following is the agreement made by and between the two Palmers and Messrs. Schillig and St. Onge, the committee:

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“We, the undersigned, have this day decided to divide, sell or buy out the interests of the property of the first or second party and agree to abide by the decision of the Committee composed of Mr. R. H. St. Onge and Joe Schillig. They to take an inventory of all stocks owned by each and come to an agreement whereby a report is presented.

“In case either party, Dr. D. D. Palmer, or B. J. Palmer, D.C., does not agree with the decision of this Committee they are to forfeit \$500.00 (Five Hundred Dollars).

“It is further agreed that all moneys in the treasury is placed in the hands of this Committee and is to be divided according to their judgment to both parties. The moneys spoken of includes notes of those students that have graduated.

“It is hereby agreed that Dr. D. D. Palmer will not go into business in Davenport, Rock Island or Moline. That the good will of the business goes to B. J.

“It is hereby agreed that not to exceed one dozen hooks leaves the library and one normal and one abnormal spinal column and six individual vertebrae are to be granted to Dr. D. D. and are not up for consideration.

(Signed) “D. D. PALMER.”

“April 30, 1906.

(Signed) B. J. PALMER.”

The following is the Committee’s report, made by them after due, deliberate, and careful consideration:

“Davenport, Iowa, 4/30/06.

“Allowance of services on earned money of		
“Invoice of Dr. D. D. Palmer, \$2563.45		\$2563.45
“For rent on Putnam Bldg. 2 mo.	\$350.00	
“Mortgage on bones	100.00	
“One month of new class		83.34
		<hr/>
	\$450.00	\$2646.79
“Less		450.00
		<hr/>
“Bal. Due Dr. D. D. Palmer		\$2196.79

“The above does not include old notes of which a copy is attached to this statement which are to be divided equally when collected.

(Signed) “JOE SCHILLIG.”

(Signed) “R. H. ST. ONGE.”

Following is a copy of D. D. Palmer’s receipt to B. J. Palmer:

“Davenport, Iowa, May 1, 1906.

“Received of Bart J. Palmer 12196.79 (Two thousand, one hundred and ninety-six dollars and seventy-nine cents) in payment for my interests in The Palmer School of Chiropractic as according to agreement with Committee selected by myself and Bart Palmer for that purpose.

(Signed) “DR. D. D. PALMER.”

(Signed) “MRS. D. D. PALMER.”

It is noted that the above was signed by Mrs. D. D. Palmer as well as by the Founder himself, although Mrs. Palmer—who, by the way, was a step-mother of B. J.—was a source of much of the misinformation broadcast about B. J. Palmer’s having stolen Chiropractic from his father.

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Among his private papers, Dr. B. J. Palmer has numerous affidavits attesting, in the main, to the facts set forth in the above agreement and findings mentioned by me, substantiating the fact that no part of Chiropractic or its activities were stolen from the Founder. Among these affidavits is one by Dr. Joe Schillig, who was the committeeman selected by the Founder to serve in this arbitration, and another is a joint certificate, signed by the two committeemen, Messrs. Schillig and St. Onge. Another one of the affidavits is an affidavit of people who had inspected the papers quoted by me in the foregoing on the 24th of July, 1913.

The next time any of my readers are confronted with the statement that "B. J. stole Chiropractic from his father", it is my suggestion that they refer to these statements and agreements which I have just quoted as support of the fact that their informant is, to state it mildly, talking about something of which he knows not the facts. In my opinion, it is about time that a lot of the damnable lies with regard to the Developer of Chiropractic having defrauded and stolen Chiropractic from his father be stopped, once and for all, and that the Developer of Chiropractic be not faced with the repeated necessity of defending himself against a mass of lies, or misinformation, malicious or otherwise intended.

While it may have no place in the story of the evolution of Chiropractic, it will perhaps be well to state personal observations about the Discoverer, particularly in his declining years when I first knew him. It had more to do with retarding the forward movement under the son's leadership. D. D. was a sturdy individual, opinionated to a very marked degree,—so much so that he could not work with any other man or group of men long in harmony. He was jealous of the success B. J. was having with the new school, and although he had been repaid his share in the two schools, time and again, he persisted in the belief that he had been cheated out of what he felt was rightfully his—head of the leading school in Chiropractic and leadership of the profession. In this feeling he had been encouraged during his travels by other people of varying importance in Chiropractic—people themselves jealous of the success and position to which B. J. had raised himself in bringing a practically insolvent school into a state of prosperity and leadership. On the other hand, D. D. had been unsuccessful both in his several schools and business associations, and in being unable to regain leadership of Chiropractic.

At the time of his last return to the Birthplace of Chiropractic D. D. was at loggerheads with nearly every person of prominence in the Chiropractic movement. At the time he was having his most serious controversy with Willard A. Carver, D.C., who was conducting a school in Oklahoma. This controversy was about Dr. Carver's writing and lectures as to the proper methods for practicing the Art of Chiropractic—also its philosophy. This

and minor controversies he was having with other Chiropractic educators induced a feeling in the Discoverer's mind that the entire Chiropractic world was united against him.

It was because of this feeling, I believe, that he wrote "THE CHIROPRACTIC ADJUSTER" in 1911-12. Although that book is interpreted by most commentators as condemnatory of the son, it really is much more in condemnation of the teachings of Dr. Carver. The late day commentators seek to place all of D. D.'s condemnation on his son, ignoring his severe lashing condemnation and criticism of Carver. For one thing, D. D. had held steadfastly to his original teachings of Chiropractic, and to his belief that all dis-ease was caused only by interference with the normal transmission of nerve force or mental impulse current circulating throughout the human system over the nerves,—and he was constantly seeking for ONE place to adjust to remove that cause—and that at the spine. Carver, on the other hand, leaned toward the osteopathic theories of interference with both the blood and nerve force circulations as being the cause of dis-ease, and advocated the adjustment of numerous places along the spine in combination with manipulating other joints, tissues and structures

In the next chapter, I will relate more particularly the details and circumstances before, at the time, and after an accident D. D. is alleged to have sustained at the Annual Parade of Chiropractors and students in August, 1913. In this chapter I am merely referring to it, and stating the events leading up to a renewal of the differences between the father and son, fanned into a bitter flame by those in Chiropractic leadership seeking to destroy the Developer, B. J., by any means, whether ethical or otherwise. D. D. returned to Davenport in 1911. Again he sought a voice in the management and in the teachings of the P. S. C. Again B. J. was prevailed upon by his associates in the school organization, and his faculty members,—and people in Davenport who knew the past unsavory reputation of the Founder in ignoring creditors.

Unsuccessful there, he found a ready market for an association with Drs. Otto and Moyer at the U. C. C. So unable to regain control, or a voice, in the P. S. C., he associated with the U. C. C., hoping to wreak his vengeance on both B. J. and the P. S. C. Soon after this association, he was convinced by mutual friends of the two Palmers that he had not been wronged by the son, that he had lost his position as head of the first school in Chiropractic by leaving when it was in financial difficulties, and that his passing from the scene of Chiropractic's birth with no permanent location for nearly a decade of wandering had resulted in his loss of leadership of the profession he had founded.

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Following this intercession, on the surface at least, peaceful relations were restored between father and son. The old gentleman returned to California, where he stayed for approximately a year or so, before again returning to the scene of his discovery. While he was supported in large part through contributions of the son, and had no need to enter the field of Chiropractic teaching, still the Founder persisted in overthrowing the hand that was feeding him. In July, 1913, he returned to Davenport to give a series of lectures on Chiropractic at the Davenport College of Chiropractic, and after a very short term here he returned again to the U. C. C., to finish the series of lectures, and had just concluded them when the U. C. A. convention and Annual Home-Coming were being held at the P. S. C.

Because there has been so much misrepresentation made concerning an accident that is alleged to have occurred to the Founder at that time, I have reserved a separate chapter for it. There is no doubt that his concept of an imaginary wrong done him by his son still persisted in the old gentleman's mind, because on his deathbed in Los Angeles he stipulated to his wife and made her vow that B. J. should not attend the funeral. Thus the Founder of Chiropractic died on October 20, 1913, with such bitterness that he stipulated the Developer of Chiropractic, his only son, be not permitted to attend the final rites.

The original concept of the Discoverer, which he held to his dying day, was that Chiropractic should be retained in the Palmer family as a family secret. Although he formed the first school to teach Chiropractic, the P. I. C. I., D. D. never forgave B. J. for wanting to teach Chiropractic to the world. During the short time D. D. was in Davenport, during 1911-12, I personally enjoyed a friendship with the Founder and had many a chat with him. He lived for a time just a few blocks below where I roomed on Harrison Street. It was apparent to me that he would never forgive B. J. for his social concept of giving Chiropractic to every "whippersnapper" that wanted it—as he expressed it. I avoided as much as possible discussion on this subject with D. D., because I did not want to become embroiled in what I considered a family quarrel. Besides I was but a minor employee at the P. S. C. and could have done nothing to help the Founder or to induce him to resume peaceful relations with his son and forget an imaginary wrong. It would perhaps have only widened the rift, because D. D. was not a man to brook argument and from a very minor employee particularly.

Both in and out of Chiropractic, particularly while the Founder was alive, there were frequent arguments offered to show that Daniel David Palmer was not really the discoverer of Chiropractic, that he had purloined it from some other system of manipulative healing and publicized it as his "discovery". In closing this chapter on the Founder, and his personality, I

will review some of the factors in this endeavor which while directed toward D. D. were really intended to backfire on the son, because about a decade or so after the Founder's death those same factors suddenly took on a deep reverence for D. D., as the Founder and Discoverer of a system of healing so favorably known throughout the civilized world.

D. D. was an omnivorous reader of literature dealing with the past history of treating the sick. Of course, at that time of his study of man's anatomy and the healing of dis-ease, there was not the great mass of literature so readily obtainable today at any public library on almost any subject, to say nothing of literature dealing with treatments for the ailments of man. Medicine had a fairly extensive literature, however. It was just coming out of a mass of nostrums, "sure cures" and itinerant practitioners, into the realm of a more or less standardized "regular" scientific study. Not many people of that day though had the respect for medicine that it is reported to have today. Much less did D. D. respect medicine, for he had too often observed its failures. Believing that external agents in the treatment of dis-ease was not the proper method for curing the sick, whether medicine or any of the several drugless therapies or the religious cults, he became interested in putting more effectively into operation the laws of nature, within man, so mankind could cure itself without the use of external remedies.

Aside from magnetic healing probably the best known system of drugless healing was osteopathy, a system first made known to the world in 1874 through the teachings of Dr. Andrew T. Still, at Kirksville, Missouri. Dr. Still was an old-time medical practitioner who had gained much of his early experience in medicine and surgery while serving with the Union Army in the dark days of the War between the States. Out of his studies of manipulative surgery, started at that time, Dr. Still finally evolved the system of healing that he later termed osteopathy. Dr. Still founded a school to bear his name, which school is yet the most widely known school teaching that system, although many other osteopathic schools have been organized since.

Before the days of Dr. Still some form or other of manipulative surgery had been practiced by many different schools of thought in the drugless methods of treating dis-ease as well as in the medical school of surgery now known as ortopody. There was the system brought to this country from their homeland in Central Europe by the early Bohemian settlers. Their methods of healing were, in 1904-05, attempted to be coordinated into an organized system of healing and taught to its students as naprapathy. Investigators of recent years have found the aboriginal tribes of Africa and Asia following a more or less crude form of manipulation in the treatments for the tribal diseases, some of which bear a very faint resemblance to Chiro-

practic, although by no means in anything like the specific adjustment of the Chiropractor.

Ever since the days of Hippocrates, the Father of Medicine, the spine has been deemed an important part of human anatomy, and as such treatments of the spine play a considerable part in the annals of medicine. Those annals contain many interesting comments about the results of the work of ancient orthopodists in their efforts to correct various deformities of the spine. But none of their work in this connection resembled in the slightest degree that specific procedure used by the Chiropractic profession, either in locating the cause of the patient's trouble or in its adjustment. Neither their practices nor their annals can be considered as forecasting Chiropractic or as antedating the specific Chiropractic idea discovered by Daniel David Palmer forty-odd years ago.

The senior Dr. Palmer was what we would call, in the vernacular of the day, a rugged individualist. He was not what we would call an "educated" man, if an academic Braining and a college doctorate are requisites to that designation. Neither was he an ignorant or unlearned man. But what education he possessed was attained by him through wide reading and his powers of observation, strengthened by a contact with a hard, rough world. No, D. D. was extremely practical. Because of this, after years of study of the existing literature and observation of his large practice, he became interested in adjustment of the spinal subluxation as a means of putting into operation the laws of nature in restoring the sick to health and usefulness. His study had convinced him that none of the existing therapies had discovered the real basic cause of dis-ease. He knew magnetic healing had not. Nor was he satisfied that Dr. Still's osteopathy or any other of the known forms of drugless healing were the alpha and omega. D. D. was interested further than finding a more efficient treatment for the effects of dis-ease. He was seeking to discover its cause and having done that to effect its correction. He considered dis-ease as but an effect following a cause, and he knew, as all logical thinkers know, the best method for the removal of an effect is the removal of its cause

In the beginning D. D. may not have thought so much about removing the cause of all dis-ease as he did of more efficiently curing or treating the effects of the more common diseases then incurable under known forms of treatment. But when he discovered the efficacy of the practical application of the Chiropractic principle, the specific adjustment, he very soon became interested in seeking a means for the removal of the cause of all dis-ease. It was not, however, until several years after its discovery that we find any real evolution of thought of Chiropractic being anything other than treatment of the effects of dis-ease. That is the Philosophy of Chiropractic,

developed by the son, B. J. Palmer, when he built up a distinct philosophy explaining from a theoretical reasoning the basic, underlying facts of the discovery of his father. In later chapters I will show it is this same B. J. Palmer who through his researches for the past decade and more has established his father's discovery on a sound scientific base so that no longer does it have to depend on logical reasoning in explanation of how and why Scientific Chiropractic adjustment is followed by a restoration to normal health where dis-ease predominated before.

Back in the innermost corners of his thinking mechanism, there is no doubt that D. D. was interested in discovering and removing the cause of dis-ease. Unfortunately he lacked the scientific facilities that the passing years have made available to the son. Among these is the X-ray which had only been discovered, also accidentally, by Dr. Roentgen some three months before D. D. discovered Chiropractic. He had not the electric apparatus that has been developed within the past decade for use in electro-physiological research. All of this B. J. has had, and succeeding chapters will show he has ably made use of them. But practical man that he was, D. D. hoped to find a method for scientifically removing that cause, so the sick may be permanently cured of their ailments, as shown in his reasoning in "THE CHIROPRACTIC ADJUSTER". He was not merely seeking a means for temporarily alleviating their ills,—as is the objective of all other forms of treatment, whether medical or manipulative in character, or the prayers and incantations of the religious and psychological cults.

Within the past year or so a book has been published, written by Dr. T. K. Ligeros, of Athens, Greece, entitled "HOW ANCIENT HEALING GOVERNS MODERN THERAPEUTICS". Dr. Ligeros shows that in the days of Hippocrates and medicine, in Ancient Greece and in medieval times, much attention was given to manipulation and massage of the diseased tissues, muscles, viscera and joints of the human body,—the spine included,—and that weird mechanical racks and devices were used to stretch or straighten the contorted spine. He apparently seeks to show that Chiropractic, in a crude manner, was used in the days of Ancient Greece in those practices. He does not, however, show that specific adjustment of the spinal column was ever recorded as having been attempted, in any form even remotely resembling the manner in which it has been adjusted by the Chiropractic profession the past forty-odd years.

I have mentioned the early Bohemian settlers in this country, the United States. In the north central part of Iowa and particularly about Iowa City, there were several large colonies of these immigrants. Naturally they had brought with them many of their homeland customs, and among these were their methods of treatment, peculiar to them, for human ailments. Those

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treatments in part consisted of a massaging, rubbing and kneading of the tissues and structures of the back, about the spine. In some cases a barefoot child would walk up and down the center of the back of the sufferer. It has been claimed that D. D., having observed these Bohemian settlers giving their treatments, "stole" Chiropractic from them. Now, those practices were not in general use among the other American residents about those communities, and there was no known literature available descriptive of them. The first general mention made of Bohemian methods was in 1904-05, ten years after D. D.'s discovery of the Chiropractic principle. That was when the American School of Chiropractic at Cedar Rapids first took up the napravit system of healing, building the idea about the healing practices of those Bohemian settlers in and about Iowa City. Their practices had, of course, been followed in their homelands for perhaps hundreds of years, because everybody, literate and illiterate alike, realized the importance of the spine to mankind and its frequent subjection to injury because of its upright position. There is, however, no credence to be given the early statements of the originators and followers of the napravit methods, that D. D. "stole" Chiropractic from the Bohemians.

Certainly this must be true when the system of naprapathy, or its progenitor, the Bohemian methods, were practically unknown, except in a few isolated Bohemian communities, when D. D. made his discovery. In fact, when the American School of Chiropractic, in 1905, came out with a book entitled "MODERNIZED CHIROPRACTIC", contending that D. D. had "stolen" Chiropractic from the Bohemians, D. D. very strenuously fought against those assertions and wrote numerous articles and letters denying their truth. In the passing I might mention the American School of Chiropractic was organized by Dr. Langworthy, an early graduate under D. D. Associated with him in its organization were Minora Paxson, D.C., and Oakley G. Smith, D.C., the latter of whom originated naprapathy. Dr. Smith had been a Chiropractor for some years before he conceived the idea of originating this method of naprapathy as his own. When he brought out his system of healing and styled it naprapathy, he greatly enlarged on the procedure followed by the simple Bohemian immigrants, so that it included the manipulation of all parts of the body for loosening, soothing and easing of tensed, tender muscles, ligaments and tendons. With Chiropractic having attained such a prominent position in the world of healing by that time, Dr. Smith promulgated the theory that such manipulation and breaking up of adhesions of ligaments, tendons, etc., would remove pressures from nerves that were impeding the normal flow of nerve force and, at the same time, would correct impedance with the normal flow of the blood stream. But I must reiterate, since naprapathy or its progenitor had no general publicity until after 1904-05,

and Chiropractic having been discovered by Daniel David Palmer in 1895, after at least five or six years of study, the Bohemian methods of healing could have had no influence or bearing on that discovery.

Chiropractic in either the form first practiced in immediately after its discovery, or in any of the several forms in which it is practiced by straight Chiropractors, cannot be considered as an evolution of the practices of Ancient Greece, medieval medicine, the Bohemian settlers in America, or those other forms of spinal manipulation followed in the past by either the orthopedic surgeons of the civilized nations or the tribal healers of the aborigines. Those treatments were given for the purpose of curing or alleviating an effect at the immediate point of treatment. They were not given with the specific procedure of the Chiropractic adjustment, nor were they given with the objective of removing an effect oftentimes far removed from the scene of manipulation or treatment,—as is the objective of the specific Chiropractic adjustment.

In this review of the high spots of therapeutic treatment of spinal conditions, I have not attempted to give a comprehensive review. To do so would fill a library of medical, surgical and manipulative lore. All it would prove is that in past centuries, since the days of the first recorded medical history, the spine has been deemed an important part of the human anatomy, so important that even the unlettered and uneducated tribal healers of the aborigines realized the necessity of creating spinal conditions. But in all that recorded history known to man, there is no record of specific location of the cause of dis-ease at the spine,—where the effect was exhibited at some distant part of the body. Nor is there any record of specific adjustment of that cause at the spine, or any of its segments, either for correction of the immediate misalignment or to alleviate, treat or remove conditions in those parts far removed from the scene of treatment.

It was left to the practical ingenuity of D. D. Palmer, the Founder of Chiropractic, to be the real and only discoverer of the principle of Chiropractic, as a method of adjustment of the cause for the ultimate removal of effects found in all parts of the body, not at the spine alone. In relating this story of the evolution of Chiropractic from those principles discovered by Daniel David Palmer, I will have to make frequent mention of B. J. Palmer as its Developer. It is inevitable that this should be, and I do so with no apology. I have to do it because he alone stands out in that work of developing the principle discovered by his father, in carrying forward the evolution through its many stages to its present scientific standard. Others prominent in the Chiropractic work have perhaps had an influence in its practical phases as an Art, although in too many instances their influence

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has been to the detriment of real Chiropractic and to the injury of the public in regarding that development.

Many who completed their course of study in a Chiropractic school ten, fifteen, twenty or more years ago, in the passing years, have built up large practices, yet have not kept seep with the developments during those years. They have too often contented themselves with believing they are practicing Chiropractic along the lines originally laid down by the Founder, overlooking the fact that D. D. himself until his dying day was searching for the ONE place to adjust that would remove the CAUSE of ALL DIS-EASE. Knowing the old gentleman as I did, there is little doubt in my mind that he would be one of the first to hail with joy the present-day developments brought to light by the son in that constant process of evolution. D. D. was always critical of the practices and teachings of those whom he felt had strayed from the straight and narrow practices originally laid down by him, of adjusting only at the subluxated vertebrae of the spinal column. He felt their detraction from those principles of practice only helped prevent their assisting him in the ultimate discovery of that ONE place to adjust for each particular type of dis-ease or that ONE place to adjust for the removal of the CAUSE of ALL DIS-EASE. He had no sympathy with them, because he felt they were traitors to the Chiropractic cause,—and he had absolutely no use for a traitor to his beloved discovery.

CHAPTER 2

The Discovery of Chiropractic

CHAPTER 2 The Discovery of Chiropractic

Linked with the name of the Discoverer and Founder of Chiropractic is that of its first patient. That patient was Harvey Lilliard, the negro janitor of the Putnam Building in which D. D. had his office. That was a small Office, divided into two rooms, one of which D. D. called his Treatment Room, the other his Reception Room and private office. Harvey was so deaf that he could not hear the noises of the horse-drawn traffic on the street four floors below, nor could he hear the rumbling of the trolley as it rounded the corner. Being interested in the welfare of the sick, as a practicing healer and as a student in search of a means to more effectively treat the sick, D. D. was naturally interested in Harvey's case.

Just how D. D. noticed the spot on the back of Harvey's neck, which he thought might have some relation to the cause of his deafness, there is no recorded history other than as I shall relate it here,—an incident every Palmer graduate and student has heard from the lecture platform or read in articles on early Chiropractic. I mean the exact circumstance that induced D. D. to look to Harvey's spine in the first instance. The deductions leading D. D. to do this are doubtless pasted in B. J.'s Scrap Book, in the Founder's notes made at the time. All that is now definitely known is that D. D. discovered it as a part of his investigation. I have heard B. J. relate the incident in many a lecture before the student body at the P. S. C., and D. D. himself has described it to me in very much the same manner as B. J. tells it.

One day when Harvey was doing his work, the Founder asked him, "How long have you been deaf, Harvey?"

Harvey answered him, "Over seventeen years, Dr. D. D."

D. D. then asked, "How did it happen? What brought it on, Harvey? Do you know?"

Harvey answered that one day as he was bent down in a stooped position doing his work, all at once he heard something pop in his back, and he became deaf almost immediately after and had been deaf ever since. D. D. asked if his back had hurt him at the time he heard this popping, and if it still hurt him. Harvey said that it did hurt him at the time, that he still had pain there.

D. D. then asked Harvey if he could see his back, thinking perhaps he could find something there to give him a clue as to the cause. Harvey removed his clothing so D. D. could examine his back, to see if he could find this clue or any evidences remaining of the location of that popping sound and the pain Harvey noticed at the time he became deaf and which pain he still had.

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D. D. examined Harvey's spine. In so doing he discovered an unusually large lump or bump at the back of the neck, at the region since determined to have been the fourth cervical vertebra. He examined all about the place, pressing about it and on it, much as the Chiropractor does perhaps in making a nerve tracing today. While doing so he asked, "Does that hurt, Harvey?"

Harvey said, "Yes, doctor, that is sore all of the time."

D. D. then asked, "Is that where you felt sore right after you heard this popping sound?"

Harvey answered that it was, and that it had been more or less tender ever since. D. D. asked if he might "treat" that bump, to which Harvey assented. Following this, in a fashion that in the light of later developments in Chiropractic adjustic technique must be considered crude, the first adjustment was given. D. D. had Harvey to lie down on the floor, face downward, and he gave the first Chiropractic patient a poke or a push in the neck to see if he could reduce that bump and perhaps help Harvey rid himself of the deafness.

Lo and behold! Following this adjustment—for adjustment it must be considered, no matter how crudely done—when that lump was given a push or a shove by D. D. the deaf man was almost instantly enabled to hear the noises of traffic in the streets below and to hear D. D.'s voice spoken in a normal tone, something he had not been able to do for over seventeen years. After repeated "treatments" for several succeeding days, Harvey Lilliard was as able to hear as any other person possessed of normal hearing. For several years thereafter he worked at his trade about town, his last employment having been as janitor at the Davenport City Hall.

From its discovery made in that homely, crude fashion, in the simple adjustment of a lump discovered at the back of the neck of this lowly workman, on that date memorable in Chiropractic's history—September 18, 1895,—dates the beginning of the evolution of the Art, Science and Philosophy of Chiropractic. Along with its Discoverer and Founder, the name of Harvey Lilliard, a humble, lowly janitor, is revered by all who have a love of the Chiropractic principle for the benefits it has conferred on humanity.

D. D., following his success in this, his first Chiropractic patient, continued his experimenting and adjusting of bumps and lumps at the backs of the necks of those of his patients who would submit to the torturous thrusts and pokes then given by him. He was remarkably successful from the very start in this new form of hand treatments, as D. D. called his early adjustments.

One among those pioneer Chiropractic patients was Rev. Samuel H. Weed, a minister in one of the churches in a little village located a few miles down the Mississippi River from Davenport. Rev. Weed, because of

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his training for the ministry, had been a student of Greek, and to him must be given credit for naming the new discovery. Rev. Weed was so well pleased with the results in his own case and its success with other patients, that he thought this new form of "hand treatments" should have the dignity of a distinctive name, not merely to be known as hand treatment of the spine. I have doubtless heard what D. D. called his early practice but have long since forgotten it. Anyhow, Rev. Weed got D. D.'s permission to give it a dignified descriptive name, and he named it from two Greek words,—“cheir” meaning “hand” and “pratikos” meaning “practice”, or “Chiropractic”,—“done by hand”.

At the entrance to 'Twildo, a favorite recreation spot for the students at the P. S. C. and visiting Chiropractors at Lyceum time, stood a memorial statue to the Founder, containing his ashes. On the occasion of its dedication on August 21, 1921, I made a stenographic report of an address by Rev. Weed, in which he related to that Annual Home Coming his early experiences with the new discovery and the story of how he came to name it. In a general reporting experience of several years, this stands out as one of the most interesting.

Following his success in “treating” Harvey, D. D. began experimenting more and more with other patients in “treating” their dis-eased conditions. He soon noticed that his success was far beyond what it had theretofore been with magnetic healing, also that the results were far more lasting. He realized he had really found something new and effective in the “treatment” and removal of the effects of dis-ease after his years of study. His first case being that of deafness, it was natural that much of this early experimenting should be with similar incoordinations, and the adjustic process was limited to a reduction of the lumps and bumps found in the cervical region. There is little doubt, though, that D. D. had in mind the adjusting of other lumps and bumps in the entire back, along the spine, for the “treatment” of other types of dis-ease, but for some months the work of adjusting was limited to the cervical region.

D. D., being an intensely practical man, and having had much experience with human nature during his fifty years, conceived this new practice to be so extremely simple that he was afraid someone else might attempt to steal it from him and become competitors in the healing business through its practice. He therefore sought to keep his discovery and method of practice a family secret, only for him and his descendants.

Bonesetting was then fairly well known, although practiced in but a few isolated communities, in various parts of the United States. The most prominent bonesetter was “Bonesetter” Reese in Akron, Ohio. There was another well-known bonesetter in Wisconsin, whose name I do not now

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recall. The efficiency of the bonesetter in getting the results he did from his manipulations was thought to be due to some inherent sense of touch and ability of manipulation in the individual. It was not thought to be due to his having done something that could be taught to others, just as in some phases of surgery and orthopody today we have much the same belief. In the manipulation of the bones of the foot by the much publicized Dr. Locke, a pediatrist in Ontario, it is thought the results attained are due to an inherent ability within Dr. Locke himself, that he perhaps could not impart to others. Or, as in the case of skilled surgeons, they believe the operative ability of the Drs. Mayo or the ability of Dr. Fred Albee, the famous internationally-known orthopedic surgeon, due to some inherent ability, something they could not impart to other surgeons.

These bonesetters were very zealous in keeping their practices a secret from all other healers, and would allow no one—not even a patient—to observe their practices. They sought to keep their skill a family secret, to be imparted by them only to their oldest sons, by them to their first born. With this before him, the original hope of the Founder was to keep his discovery a family secret, to be passed on by him to his son, B. J., then a lad of but fourteen years, and by B. J. later on to be passed to his son,—not to be taught to all members of the public who might desire to learn it as a scientific mode of healing.

Looking at it superficially, Chiropractic is an extremely simple procedure, consisting as it does of locating the cause of the patient's dis-ease in the spine and its adjustment by an apparently simple thrust in the back. When one seeks to acquire this ability of locating the cause and its adjustment, he very soon realizes the practice of the Art of Chiropractic is not nearly as simple as it looks. I well remember the first patient Dr. Brown, the Medical Director of the P. S. C. Public Clinic, assigned to me, back in the spring of 1912, and my first attempt at an adjustment of his misaligned vertebrae. Now, before that time as a student in class and an employee at the school, for the greater part of two years, I had seen many an adjustment given. I also remember that first patient of mine never came back—not to me any how. He did not get an adjustment from that first feeble effort. And my experience was not a new one in this clinic. Other Senior students had had the same thing occur to them, when they first attempted to give an adjustment. Of course, most student Chiropractors attempt the giving of adjustments on their fellow students almost on the same day they matriculate, even though it is ground for expulsion if known to the faculty.

Illustrating the idea of the simplicity of the Chiropractic procedure held by the Founder, B. J. often relates an amusing incident. In the early days, in his Treatment Room, D. D. had a large mirror hanging from the wall,

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more for his personal use in observing the patient's reactions to the adjustment than as a mere article of furniture. To keep the Chiropractic procedure a family secret, D. D. was careful to see that none of his patients were able to watch him in the act of adjusting. The patient's face was kept turned away from the mirror while the adjustment was given. In the few instances where it was necessary for the patient's face to be turned toward the wall on which the mirror hung, D. D. stood between it and the patient. But one day D. D. neglected to take this precaution and he noticed the patient watching him in the act of adjustment through this mirror. D. D. took the mirror from the wall and shattered it on the floor in a mass of fragments, and from that time on no mirror was permitted to hang in his Treatment Room.

B. J. Palmer very soon realized, long before he took control of the helm of Chiropractic, he and his father could not hope to "treat" everybody who needed this new method of healing. He realized the masses of humanity needing it were too great for one man or two men to attempt to administer it to even a small fraction. B. J. finally prevailed upon his father to select a few people to whom its principles and practices could be imparted, so they too may go out in the world and carry forward the Chiropractic message to a broader field, rather than seeking to confine it within the very narrow scope that could be handled by him and his father in a small midwest city. Therefore, in the latter part of the '90's we find D. D. putting on a very limited course of instruction, teaching a few selected students the simple practices and Art of Chiropractic as it was then conceived. This instruction was given in this school I have mentioned, the Palmer Infirmary & Chiropractic Institute.

The original course was limited to a few weeks, with a brief course in Anatomy and the rudimentary principles of Physiology, such as may be found taught today in the studies of almost any grammar and high school throughout the United States and Canada. There was also a brief course in Symptomatology, Pathology and Diagnosis from, I believe, Dr. Pierce's "FAMILY MEDICAL ADVISER", a classic found those days in nearly every farm home throughout the nation. There were also lectures on Chiropractic's philosophy as then understood by D. D., and as liberal a training as possible in the practical phases of the new science. These last consisted of a digital palpation of the lumps and bumps, later termed "subluxations" of the spinal vertebrae, and their reduction or correction by a stiff arm push or shove adjustment.

D. D. was one who believed in taking what he rightfully could and keeping it. He was not the type that believes in giving away freely to all who seek it the knowledge and ability of doing good for all of humanity I do not mean to say D. D. was a hard-hearted old man, but he had received

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his training and position in society through working in the school of hard knocks. He very properly thought, in the light of his day, others should forge ahead on the same road he had been compelled to travel, or fall by the wayside. He was willing that his own flesh and blood, in the person of B. J., his son, should acquire all of this newly discovered knowledge, but he did not believe in imparting it to any who may desire to learn it and thereby become possible professional competitors for the new business he hoped to build up by its use. Also he did not want anybody else to learn it and possibly blunder in its application and thereby give Chiropractic a setback that would reflect in his own practice.

Even after the new school was organized, he followed the practices since followed by many later self-styled "leaders" in Chiropractic, that of making the student pay the utmost to acquire knowledge of and training in the new healing art. D. D. was not grasping in this sentiment, but he believed those who wanted to learn Chiropractic should pay him well. The Founder was a kindly enough man in his conduct with the public and in his practice to merit its sincerest and kindest regards. But since he had had to pay dearly for what he knew, he felt the new students should pay dearly for what he had to give them.

B. J. Palmer differs from this concept in many ways. Perhaps the greatest difference is that, while he too has been educated in that same school of hard knocks and has had to rub against its rough spots in many a battle, he had the broader concept of a social duty to humanity than had the Founder. It is to this concept of a social duty that the world owes credit for a constantly increasing dissemination of knowledge of the scientific principles of Chiropractic to all four corners of the world today. It was partly because of this difference in the concepts of the two Palmers that in 1902 there came a parting of the ways between the Founder and the man soon destined to become the Developer of Chiropractic. It was this same difference that played a very large part in the endeavors of the Founder to wrest control of the P. S. C. from B. J. and regain a lost leadership of the profession on his two returns to Davenport, in 1907 and midsummer 1911.

When the Founder left Davenport first in 1902, B. J. had been forced to assume control of the P. I. C. I. and pay off an indebtedness of over \$8000 if he wished to continue with his idea of broadcasting Chiropractic throughout the world. D. D. did not leave Davenport merely to evade meeting an obligation incurred by the original school, although he thought it would never be a financial success. D. D. was of that temperament that soon wears out when working in cooperation with others in the management of an institution or the development of an idea. My conviction is that he left the scene of his discovery because he thought by so doing the son would

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be unable to work out of it unassisted by his influence and advice. But the son was successful in working out of the financial difficulties by paying every dollar due, and was able to continue his work of developing a real Philosophy of Chiropractic out of a mass of disorganized ideas and theories, as well as developing a distinctive art in its practical application. D. D., on the other hand, in the nine years he had been away from Davenport, had been unable to prove that his idea of operating a Chiropractic school was successful. He had failed. B. J. was forging ahead; the Discoverer had slipped into the background. And quite naturally, rugged individualist that he was, this handwriting on the wall of time did not please him. As a result he became embittered toward both B. J. and the successor school, the P. S. C. Not only did he become bitter toward B. J. and the P. S. C., but he was at controversy with nearly every other Chiropractic educator. However, this bitterness toward B. J. and the P. S. C. was finally calmed, through the intervention of mutual friends, and D. D. withdrew from active participation in Chiropractic affairs, to spend the last few months of life in California in comparative retirement.

The history of the early days of Chiropractic instruction is today unknown to almost all present-day Chiropractors,—that is prior to incorporation of the P. S. C. Very few old-timers are alive today, if any, and the recorded history is practically non-existent. The early student bodies comprised but a very few people, rarely over a half dozen at a time. As familiar as he must be with this early history, I doubt if even B. J. has more than a most meager recollection. Those early years were too fraught with financial difficulties and strife between the factions of the profession, around the two Palmers as the main target, to leave any distinct recollection, other than to know they were confined to the bare principles of the Art, an unorganized Philosophy, and the rudiments of Anatomy, Physiology, Symptomatology, Pathology and Diagnosis.

Of course, in those early days, the principles of Chiropractic as they were then conceived were very simple. They consisted merely of locating the “bumps” along the center of the patient’s back, over the spinous processes of the vertebrae, and their forcible reduction by a shove, a push, a stiff arm adjustment. No extended or widely diversified system of instruction was given serious thought at first by the Founder. In fact, it is not until about 1904-05 that we find Chiropractic being seriously taught as an Art and a Science, and it is not until then that the first organized discussion was held as to their being a philosophical logic governing not only the new branch of healing but its practices as well. In that first decade of Chiropractic history, among the two Palmers and their students, there was much discussion and argument pro and con, but no really organized system of instruction in

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the Philosophy and Science as understood today. Those early exponents were more interested in acquiring the technique of locating the place or places at which to adjust and how to adjust them, than they were in establishing it as a Science and Philosophy of the healing arts, separate and distinct from any other form of healing known.

Many of the early graduates of this first school of Chiropractic instruction, after acquiring the elementary fundamentals of the new system, in a course of instruction covering a period of but a few weeks or months, immediately upon completion of it began the organization of small schools elsewhere and teaching therein Chiropractic according to their individual concepts, too often in most instances with little regard for their earlier teachings under the two Palmers. Notable among those early teachers of Chiropractic are Dr. Langworthy, who organized the American School of Chiropractic at Cedar Rapids, Iowa. Another is Dr. Parker, who was in association with Dr. Langworthy at first, then later under his own name, when he organized the Parker College of Chiropractic at Ottumwa, Iowa. Then there is Willard A. Carver, D.C., who organized a school at Oklahoma City after receiving his early instruction at Dr. Parker's school. Another early teacher is N. C. Ross, D.C., who organized a school in Michigan at Grand Rapids, later removing to Fort Wayne, Ind., where it is today operating under the name O'Neil-Ross Chiropractic College. In his migrations about the west and southwest, D. D. for a time joined forces with Alva Greggory, M.D., and the two organized the Palmer-Greggory College of Chiropractic at Oklahoma City. The Founder did not remain long with this setup, although the Palmer-Greggory school continued for several years and numbered a goodly number of graduates. D. D., unfortunately, was of that temperament that cannot long work with somebody else, and Dr. Greggory was no exception. Another early school was that of the two Foys in Topeka, Kansas. All of these schools had a concept of the practice and philosophy of Chiropractic considerably at variance with that of the Developer and his school, the P.S.C.

As I have stated, on his leaving Davenport in 1902, D. D. was himself instrumental in organizing several small schools in various localities, none of which survived long. Numerous small one-man institutions sprang up like mushrooms all over the country, but they were generally short lived, their demise usually following soon after their graduates tested their qualifications in competition with those who had come from better equipped and qualified schools. All of those small schools in those early years, on the passage from the scene of their founders, whether through death or into financial oblivion, disintegrated or became merged with other schools. It is for that reason that I say the early educational methods in training the pioneer Chiropractors

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is practically non-existent, because on their passing the records of those small schools were either lost or destroyed. The better organized schools, of course, kept records which are now stored away in some dark musty corners of their storage rooms.

With all new ideas, particularly those relating to a new philosophy of healing, government or religion, those who are its early exponents are considered by the rest of us as more or less radical or even mentally cracked. Those who promulgated the early Art, Science and Philosophy of Chiropractic were not excepted from this rule. At the time of its discovery, Chiropractic was entering upon a realm of service sought to be held by the medical profession solely for its exploitation. That profession sought to exclude the Chiropractors from their logical field and disturbing its monopoly. To aid in this exclusion of the Chiropractor from his field of service, the medical profession aided by the other “learned” professions of the law and ministry, sought to deride the Chiropractors as being men and women of little or even subnormal intelligence. It sought to hold them up before the public as ignorant and deluded fanatics, or as quacks seeking to defraud a deluded public of its hard-earned money—money it wanted to reserve to its own members. It also sought to ridicule those people who went to Chiropractic for its service as deluded fools and ignoramuses. One result of this was that many patients of those early pioneers went to their Chiropractor in secrecy, oftentimes in the dead of night, so they would not be observed going there.

It is quite true many of those early students of Chiropractic were men and women who had received little schooling, many of them not even beyond the common school grades. A very, very few had gone through a course of training in a high school, and some had been to a college or a state university. Nearly all of those who had a college or academic training were people who had graduated in medicine, a good portion of which M. D.’s had attained eminence in their profession. But they were not satisfied with their outlook on medicine as a means of adequately serving their public. Those medical men took up the study of the new healing art in an earnest endeavor to broaden the scope of their health service.

And, of course, in those early days of Chiropractic, it was but natural that some of the students were of the charlatan type, men and women who took up the new healing art because they felt that by becoming graduate Doctors of Chiropractic they could take advantage of the early publicity and cash in on the early returns before, as they thought, the public realized its worthlessness. In this connection, however, I am glad to state that many of these would-be charlatans became firmly convinced of the merits of this new

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system and became truly worthy exponents of its practice on entering the field as graduated Doctors of Chiropractic.

However low may have been the average educational attainments of those early students and practitioners of Chiropractic, it must be recognized they were recruited mainly from the ranks of those people who had been given up by the medical profession as incurable, after years of treatment, and had attained health or well on the road to it through Chiropractic. Because of this, they were anxious to acquire the new science so they too may be able to go abroad throughout the country and the world and impart their ministrations to countless others who likewise were sick and given up as "incurable" by their local M.D.'s. It is due to the zealousness of those early advocates of Chiropractic, lowly in educational attainments though many of them were, that the Chiropractor of today owes his constantly increasing public recognition. Without their zealousness for their newly acquired knowledge, and their willingness to fight for it and even to be among those early recruits to the ranks of the martyred Chiropractors and suffer imprisonment in a local jail or workhouse rather than give up to the prosecution of the law and persecution of the "educated" classes, Chiropractic would not exist today as a separate and distinct arm of the healing arts. It was also because of this zealousness and willingness to fight and suffer for their Chiropractic, that upon their graduation as Doctors of Chiropractic, they became such outstanding successes in its practice.

I would like to speak here of just a very few of those most outstanding types, both as to their preliminary educational attainments and as to their final successes as practitioners. At the time I first became acquainted with Chiropractic, in 1910, there was a middle-aged woman, named Mary Baldwin, who did some of the menial work about the school buildings and offices and the Palmer residence, such as scrubbing floors, washing clothes, and the like. She had received great benefit to her health through the ministration of this still new science as a patient of Dr. B. J. Palmer. As a result she was intensely desirous of becoming a Doctor of Chiropractic so that she too may administer its benefits to others. Well Mary, it was felt by the Faculty and Dean of the P. S. C., did not have the educational attainments that would enable her to grasp the instruction given by the school, so she was not allowed to matriculate as a student. However, at her insistence, she was permitted to attend the lectures without having to pay any tuition fee and without being listed as a matriculant. At that time to those students who had completed eight of the twelve months' required attendance, a degree of Chiropractor was granted. Many students left their classes and entered the field to practice under this degree, returning after several months with sufficient funds to finish their course and qualify for

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the graduate degree, Doctor of Chiropractic. After several years' attendance in this manner in the classes, more to get rid of her insistence than anything else, the Faculty finally conferred upon Mary this degree of Chiropractor.

On receiving her coveted degree, she left the P. S. C. and the city of Davenport, and went to a nearby city in Illinois, where among her own types of society she performed much beneficial service. "Jack" Baker, who was the Chief Clerk of the Correspondence Department, often told me that Mary would come into his office, give him a large order for disease tracts and other advertising literature, as well as office supplies, and when the bill was made out, Mary would pull out a roll of bills big enough "to choke an ox" as Jack would put it, to pay her bill and take her purchases along, without telling him where she was located or what she was doing.

Another prominent Chiropractor among those early pioneers was Heinrich Dueringer, D.C. Dr. Dueringer graduated from the P. S. C. in 1909 and went to New York City, where he built up one of the largest practices ever established by a Chiropractor, greater perhaps than that of any other Chiropractor even of today, with the one possible exception of B. J. Palmer. Dr. Dueringer was of German descent, and in his homeland had attended an academy, receiving an education equivalent to that attained in a high school in the United States. He came to the United States and settled in Connecticut, where he obtained employment as a landscape gardener, supervising the landscape work on the estates of various wealthy New Yorkers' summer homes. As such he was a high-paid workman, and a success in his work. In this work he sustained a serious accident, in which his spine was very badly injured and from which to his teeth he carries a fractured lower lumbar vertebra that never completely healed. After extended treatment by the medical profession, his case was diagnosed as incurable, and he was given up to remain a permanent cripple the rest of his days. But some good friend of Heinrich told him of Dr. Thomas Francis, a pioneer P. S. C. graduate who was practicing in South Norwich, Conn. Heinrich went to Dr. Francis and was restored to perfect health except for this fractured lumbar, and was enabled to resume his former occupation as a landscape gardener.

However, because of the results attained in his individual case, Dr. Dueringer elected to study Chiropractic. Following his graduation, he built up this large practice in New York City. Many days he adjusted as many as two to four hundred patients daily. Among those patients he numbered many of the leading financial, social and political leaders of that metropolitan city. He also adjusted many well-known actors and actresses from the stage, musicians and singers from the concert stage, as well as many leading members of the various sporting fraternities. He also adjusted many men and

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women prominent in the educational life of the city and the political life of the city, state and nation.

Dr. Dueringer established his first office in a small room in a building at the southwest corner of 58th street and Broadway, and remained there for nine months without a patient crossing the doorsill, although he constantly talked about his beloved Art, Science and Philosophy to anybody who would listen. One of his very first patients was a wealthy woman from New York's Four Hundred, prominent in society, who was suffering from a scalp condition that one would only expect to find in a denizen of the Bowery, among the great unwashed. Of course, lack of sanitation was not responsible for this woman's incoordination, which Heinrich diagnosed as "head lice", but a misalignment of her spinal vertebrae was the real cause. Because this statement was made in a public hearing by Heinrich of the type of case handled and the results, Chiropractic has frequently been held up to ridicule,—Chiropractors themselves often scoff at the idea. Adequate publicity to the fact cannot, however, be given because of professional ethics in protection of the patient, a member of a family whose name appears almost daily in the social news of the city and nation.

After this inauspicious start of near starvation for the first nine months, and following the case just cited, Heinrich built up one of the largest and most successful practices in Chiropractic history. He was most active in sending men and women from his practice to become students at his alma mater, the P. S. C. Notable among these were Joseph Webber, D.C., now president of the American Federation of Musicians, one of the most powerful branches of the American Federation of Labor. Gizella Webber, D.C., the wife of Dr. Webber, herself a violinist famed for her skill as an artist on the concert stage in both America and Europe, was another student at the P. S. C. sent there by Dr. Dueringer. Up to the time of his death in January, 1927, Dr. Dueringer influenced many prominent people to study Chiropractic at the P. S. C., and to name them would seem like a roster of world famous people.

Alfred F. Walton, M.D., D.C., before becoming a student of Chiropractic at the P. S. C., had been a leader in medicine and surgery. He was a graduate in medicine from the Medical College of Harvard University, and before enrollment at the P. S. C. had been a member of the Faculty of the Medical College of the University of Pennsylvania, as well as being on the Consulting Staff of several prominent Eastern hospitals. Dr. Walton was well known as a successful, outstanding practitioner of medicine and surgery in his home city of Philadelphia. Because of his keen intellectual abilities, Dr. Walton became interested in the new science, Chiropractic, and he became one of the early graduates of the P. S. C. from the course then

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given graduate M.D.'s. Since his graduation, he made many talks and wrote numerous booklets and articles on the subject of Chiropractic.

These three people just named among the early advocates of Chiropractic represent people from their several stations in life, who became ardent, able and successful exponents of its principles, regardless of their intellectual attainments—or lack of them—and their early lives. First, I have mentioned Mary Baldwin, Chiropractor, who had little or no education, a woman from the lowliest walks of life. Next, Heinrich Dueringer, D.C., a graduate of a course of instruction equivalent to our present-day high school, a man who before taking up Chiropractic as his life's vocation was a skilled artisan, a high-paid workman, as a landscape gardener in Connecticut. Finally, Alfred F. Walton, M.D., D.C., a Harvard graduate, a member of the Faculty of a noted Eastern university, a physician of outstanding qualifications, a skilled surgeon, a man with a broad, liberal education. These three are but a very small fraction of the outstanding examples of early Chiropractors. The reason I am not naming others whom I know and could name is solely because to do so would occupy too much space in the limited space of this book. Men and women from all walks of life, from the farms and from the bank, from the school and college classrooms, from the ranks of skilled and unskilled labor, from the U. S. Military and Naval Academies, and other activities, have been students at the P. S. C and other Chiropractic schools, and have gone into the field and become zealous, outstanding advocates of Chiropractic.

One of the major criticisms of Chiropractic has always been and still is—that students of Chiropractic are uncultured, unlettered, uneducated, deluded people, or else are designing people, hopeful of foisting a quack system of healing on a deluded public. None of the three I have just mentioned were of the designing type, but are representative of the types that took up the early study of the then new science. Today, because of legislative requirements prerequisite to admission to examination for Chiropractic licenses, the educational attainments of the present-day students of Chiropractic at any reputable Chiropractic school will compare very favorably with those of the students at any school or college of law or medicine or any theological seminary.

CHAPTER 3
“With Malice Aforethought”

CHAPTER 3 “With Malice Aforethought”

Feeling that it had nothing to do with the evolution of Chiropractic, I had intended giving little mention to circumstances arising around the time of the death of Dr. D. D. Palmer, both before and after. However, within recent months a book has been published, MEDICAL MUSSOLINI, one chapter of which was entitled “The Coming of the Second Christ”, intended by its author presumably—and by its sponsors—to cast sinister reflections upon Dr. B. J. Palmer. Dr. B. J. has been accused of almost every opprobrious name during his years at the head of the Chiropractic profession, and like all other names directed toward him by his enemies within the profession, and a few hangers-on outside the profession, when unfounded rumors were started on a day in August, 1913,—which I will briefly relate in the following—it is not to be wondered that people of the same type should even seek to hang the title of murderer.

I was not an eye-witness of the incident, and do not seek to have my reader believe that I was. I was, however, but a few blocks from the scene, and some of the things that I will have to say in the following but verify affidavits in the possession of the criminal court records of Scott County, Iowa, and of Dr. Palmer himself. In so doing, I do not propose going into a minute refutation of all that Mr. Bealle says in MEDICAL MUSSOLINI, or that others said in perjured affidavits filed to substantiate the charges made by the satellites of the International Chiropractors’ Association, and the Universal Chiropractic College. A book has been written and published entitled “WITH MALICE AFORETHOUGHT”, in which the entire case of affidavits pro and con, and the case that was presented before the Scott County Grand Jury in 1914, together with affidavits of the defense, are contained. This book is a complete historical review of this entire charge, and the affidavits in defense to the allegations in that charge, but for reasons of his own, B. J. has not issued this book up to the time of publication of this book. Only three copies have been issued up to the present time (July, 1939) and, as B. J. told me just recently, whether any more will be issued is problematical. I might state that one of these three copies has been given me, and it is from that book that I have made the quotations that I have herein.

At the time I first became acquainted with Chiropractic, in April, 1910, Dr. Palmer was beginning to see his way to start his real work, that of placing Chiropractic on a solid scientific footing, unimpeded by other activities. He had the business of his school organized in what he felt were capable hands. He was surrounded by a Faculty able to conduct the teaching

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of the students in his school. He had his own department, that of Philosophy, in the hands of people who he felt were competent to teach that subject as he felt it should be taught. He had the protective organization on a solid foundation and slowly growing, and he was able to relinquish the task of its management to others.

During the first few months of my association with B. J., he often expressed the thought that he would get more and more out of the business activities and the teaching, and devote more and more of his time to philosophical, research and writing activities. But some darned thing always came along to bring him into the firing line of Chiropractic's battles for existence as a pure, unadulterated system of healing uncontaminated with medicine, osteopathy, hydro-therapy, mechano-therapy, or any of the other forms of healing that he felt were inferior to straight Chiropractic and whose practices had no part to play in Chiropractic. The state organizations for legalization of Chiropractic were largely controlled by straight Chiropractors, so he could stay more or less in the background there, only coming out in the open when the mixing elements in such associations seemed to have too much influence over the wobbling straights.

The mixing element in Chiropractic was growing in numbers and power, as well as certain disgruntled straights—who did not quite agree with the Palmer methods of practice and instruction. Consequently, it was impossible for him to withdraw entirely from these phases of Chiropractic activity at this time. In fact, it was not until 1925 that he withdrew from association activities and ceased to be more than an adviser in legislative matters. He never forsook the position of an active instructor in the Department of Philosophy at the P. S. C., although he relinquished a large part of the lecture work to other instructors.

The very first week of my association with B. J. and Chiropractic, I witnessed the formation of the first school in Chiropractic that was to be a real competitor with the P. S. C. That school was the Universal Chiropractic College, the founders of which had different views on Chiropractic Philosophy from those held by B. J. and taught at the P. S. C., and they also had visions about higher educational requirements and “quality” instruction. However, at that time, their visions on ethical business conduct were negligible—if they had any at all.

There were a few other large schools which began to take a more active part nationally in the teaching of mixing under the guise of its necessity to the successful practice of Chiropractic,—you know, to be able to give a more comprehensive health service (with half-baked instruction). As a matter of business competition for students, those schools were not content with ordinary business methods and ethics of inducing the prospective student

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that they had a better product to sell. They sought at the same time to discredit any activity of the Developer, whether business, association or teaching.

In 1911-12 the Founder returned to Davenport to again seek his place in the sun of Chiropractic, as its leader, a position that he had forsaken when he left the old Palmer Infirmary & Chiropractic Institute in 1902, with its \$8000 load of indebtedness on the shoulders of a boy not yet out of his teens to protect, if Chiropractic was to forge ahead. I have explained that before, so won't repeat it now. D. D. sought first to secure control of the P. S. C., in the first stages of a long and prosperous existence. I have also related that briefly. Failing in that, he sought to disrupt the P. S. C. organization through associations with the U. C. C., the strongest competitor of the P. S. C., just a few short blocks down Brady Hill.

Along with the growth in favor in the public's mind throughout the world, there was coming a change in the hearts and mind of the Davenport people, business and fraternal organizations, toward Chiropractic and the Palmer School of Chiropractic. In the passing, I might say that for years B. J. had endeavored to become a member of the Masonic organization in Davenport, and every time his friends in the local organization suggested proposing his name for membership they were advised not to do so because of the probability of being blackballed and thus practically forever barred from membership. Although the P. S. C. was one of the largest business organizations in the city, Dr. Palmer was not welcomed as a member of the local Chamber of Commerce or the local branch of the Rotary, although for years friends had been trying to get him and his organization accepted into those bodies.

But in 1912 came a change of heart, because that year the U. C. A. held its annual convention in another city, and the business of Davenport suffered a loss of several thousand dollars from the usual group of visiting Chiropractors. In 1913 the Annual Parade of the visiting Chiropractors through the main parts of the city was first openly recognized by the decoration of the streets in visible recognition of Chiropractic's honor and the P. S. C.'s merit as a stable business institution, and the U. C. A. as an association of Chiropractors the world over. In July, 1913, the Founder had come to Davenport to give a series of lectures at the Universal Chiropractic College, and had just finished them, and was planning to return to his California home the day following the parade.

Finally came the day of the Annual Parade, and as the lineup was forming along came the Founder with a large American flag calmly announcing to the bystanders that he, being the Discoverer of Chiropractic, proposed to head the parade. Long before the parade was to start, although D. D. was helping to build up a competitor institution, and the parade was a com-

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bined P. S. C.-U. C. A. affair, still the son had invited the old gentleman to take an active part in the parade, either to ride with him in his personal automobile, which was to come first in line after the band, or, if he did not want to do that, to occupy a seat of honor in the Faculty Section. This the old gentleman would not listen to.

Doubtless knowing full well that D. D. would try to do something that would smirch the parade on this fateful day of its first march honored by the local people and business houses, B. J. was keeping a particularly watchful eye on the formation, and the officers of the parade had instructions to see that the old gentleman did not start something that would destroy the effect. For you who do not know the climatic phenomena in Davenport in August, permit me to tell you that it is most diabolical, either hot enough to fry eggs on the pavement in the broiling sun or else cold, nasty, and disagreeable enough to require one's winter clothing to be comfortable. Well, this particular day was hot enough to melt the hinges of hell, and the sun was exercising its strength to its utmost. It would have been humiliating to the officers of the parade to have had the Founder of the Chiropractic then being honored by the city of its birth march at the head of the parade down through the broiling, stewing city streets, for several miles, while the son of the Founder and the organizers of the parade rode in automobiles in comparative comfort, coolness, and ease.

So again B. J. had the invitation repeated to his father to ride with him and Lieutenant-Governor Morris, in the leading automobile, or in a Faculty car. But, no, the old man, nearing 66 years, refused this invitation, insisting that he was going to head the parade as the Discoverer of Chiropractic or not participate at all. So the organizers of the parade gave definite instructions that Chiropractic, the P. S. C., and the U. C. A., were not to be humiliated by any untoward action of the Founder, and that he was to be kept on the sidewalk, out of the parade. So the Chief Officer of the Parade, a Mr. Smith, led the old gentleman to the sidewalk and told him to stay there or he would put him out again and again, and he did not want to be rude about it.

Just before the parade made its start down the hill, Dr. Palmer again observing his father edging towards the front of the parade, drove over near him and invited him again in the car with him and Mr. Morris, but without reply other than that he was going to head the parade “or else—”. Then Mr. Smith and some other officers started to lead the old gentleman away, and shortly after the incident rumors were rife that B. J. had driven his automobile into the Founder, striking him, knocking him to the ground, and severely injuring him.

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I personally was not near the scene of the formation, so was not an eye-witness to the facts. I preferred to watch the parade at a vantage point downtown in the cool shade. But by the time the word got downtown, the old gentleman was rumored to have been taken to the hospital severely injured and so on. This, of course, was disproven later on by the fact that the police officer at the corner of Third and Brady streets was observed by several to lead the old gentleman to the sidewalk and forcing him to remain out of the parade, and that, on the following day, he was in the vicinity of the P. S. C. bidding good-bye to friends when on his way downtown to the Rock Island station to depart for his California home.

Nothing more was thought about the incident, until in October when word came that the Discoverer of Chiropractic had passed to his rewards. Then the reports were circulated throughout the profession that the Founder of Chiropractic had died as the result of an alleged accident in Davenport on the day of the parade. I have mentioned the bitter competition for students, and the unethical methods used, and the competition used in the field to get members of protective associations. Among those competitors was an association of Chiropractors, known as the International Chiropractic Association, the legal department of which was headed by a Col. Sol L. Long.

Col. Long, prior to this connection, had sought the offices of B. J. to get a position with the Legal Department of the U. C. A., he having been active in legislative endeavors of a few state associations. Unsuccessful in this, the Colonel sold himself to the other Chiropractors, who merged the mixers, who had an ineffective association, and a few disgruntled straights, into the International Chiropractic Association, and, of course, competitors of B. J. and particularly interested in disrupting the business of the P. S. C. and disrupting the building organization of the Universal Chiropractors' Association, were prompt in enlisting the willing hands of Col. Long to profit by the Founder's death so soon after a rumored accident, to create the impression that the Founder had, in effect, been brought to an early grave at the hands of the son.

First in this series of steps of misrepresentation, we have Willard H. Carver, whose early inauguration into Chiropractic has already been described, writing a history of Chiropractic, in which one of its chapters brought out allegations that B. J. had defrauded the old man out of his position as head of a business teaching fledgling Chiropractors. This was in July, 1913.

When that was finally retracted by Dr. Carver and the U. C. C., the school most actively instrumental in publishing the allegations, we find the next step—the behind-the-scenes urging of D. D. to steal the show from

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B. J. in the annual parade, and the allegations of an accident—whether premeditated or not.

Next, we have the accusation made before the Scott County Grand Jury in March, 1914, that B. J. had grievously assaulted his father in this alleged accident in August, 1913, and the indictment sought charging B. J. with having murdered his own father. This charge was supported by a series of perjured affidavits obtained how, the Lord only knows,—the rest of us can only suspect,—affidavits of alleged eye-witnesses of the incident and circumstantial affidavits after the event.

Naturally, as any man would, confronted by such a serious accusation, B. J. devoted his efforts and those of his associates, to a refutation of the allegations and a quashing of the charges by affidavits secured from actual eye-witnesses. Among these affidavits of eye witnesses, we have statements that Dr. Palmer’s car was at no time closer than six feet to the old gentleman, and affidavits from others as to the old gentleman’s actions immediately and shortly after belied any possibility of even a minor accident having happened to him. Other affidavits were secured from people as to the actual cause of death, and as supported by the death certificate itself, that the cause of death was typhoid fever, with no record of a contusion or discoloration of the body that might have been left following an accident of such violence as to have caused death. Statements were secured even from those whose affidavits had been filed with the charges before the Grand Jury denying the truth of the affidavits.

These charges were presented to the Grand Jury, as I have said, in March, 1914, and a strong effort was made by Col. Long, as a Special Prosecutor, to secure an indictment. But the prima facie evidence presented before the first Grand Jury was not sufficient to satisfy it, and Col. Long asked the Grand Jury and Prosecutor to give him further time to secure additional evidence in substantiation of the charges, which request was granted.

Then follows a series of attempts to secure evidence which would be against the credibility of the charges, among which was a letter written to Dr. Otis Cronk, wherein D. D. had said in April, 1913, that he was fearful of being hit some of these days by an automobile and killed or severely injured. That letter was sought, of course, because it was feared some attempt would be made by the accused to establish an unsound mental condition of the Founder’s mind, as he was alleged to have said that B. J. had sought to hit him with his automobile,—the object to kill any circumstances against the charges. But after further hearings, and the presenting of all his evidence, perjured and otherwise, the Grand Jury finally voted no bill, meaning that the evidence wasn’t even sufficient to maintain a prima facie

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case let alone a case to be heard in open court. For, you may know, the evidence before the Grand Jury is generally only that evidence in substantiation of the charges,—never that in denial.

Of course, there could be no bill for there was no evidence of a commission of a malicious or even accidental striking. Instead there was a mass of evidence that there was no striking, that there was no accident, that at quite sometime after the alleged incident the Founder was removed from the parade by an officer at the corner of Third and Brady streets, a good three-quarters of a mile from the alleged scene.

Now, I could have quoted the affidavits in support of the foregoing statements, but in the interests of brevity have not, because, after all, any informed person realizes there were no facts submitted sufficient to present even a prima facie case against Dr. Palmer of having maliciously or otherwise injured his father. As stated, my first thought was to omit even a brief reference to what follows, feeling that it was only a historical incident having no relation to the evolution of Chiropractic. Oh, yes, it had a deterrent effect, of course, to the forward march of the evolution of Chiropractic, because it detracted the Developer’s attention for several months to defend the malicious charges—months that might have been used otherwise for the good of Chiropractic.

I have only mentioned it now because of a maker that has but recently come to my attention in the book, MEDICAL MUSSOLINI,—now sold in an expurgated edition by the only competitor of a protective Chiropractic association, the C. H. B., of which B. J. is the President—the National Chiropractic Association, to which I have quite frequently referred in later chapters on the battle between the “mixers” and Straights, and the only Chiropractic association interested in distribution of Mr. Bealle’s book. Bealle writes as follows:

“The story is told that B. J.’s ego and desire to be the whole hog in something his father created was at least the indirect cause of his father’s death. It was during the 1913 lyceum parade at Davenport. B. J. was the self-appointed High Muckamuck, was playing chauffeur for himself and driving his own car at the head of the procession. As the band burst out with its empahs and rum-bums the elder Palmer, who was standing on the sidewalk with an American flag, stepped out to lead the procession down the main street of the Iowa city.

“ ‘Get the hell out of the way,’ B. J. is said to have roared to his father, ‘or I’ll run over you’. D. D. paid no attention to his offspring. Whereupon, so the story goes, B. J. drove his car into the curb and ran into his father. His defense was that he lost control of the automobile and that it was an accident.

“The elder Palmer lived until November. For years the impression had been rampant in the profession that the accident was not unavoidable. They claim that Palmer was jealous of his father because the latter had discovered

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the science of Chiropractic and that B. J. wanted everybody to look on him who had developed the business side of it only, as the whole show.

“After a search for authentic information I contacted Col. Sol L. Long of Fort Wayne, nestor of the Indiana bar. Col. Long seemed to have made a thorough investigation of the incident and appeared well informed in the matter. His connection with Chiropractic had been a professional one. He was retained as an attorney by the International Chiropractic Association, after B. J. had wrecked the then existing national body of Chiropractors. The I. C. A. had absorbed all but 60 members of B. J.’s Universal Chiropractic Association after they had discovered that B. J. had helped himself to \$170,000 of the U. C. A. funds, and blithely charged this sum to ‘expenses’. With reference to the death of D. D. Palmer, Col. Long says:

“ ‘Sworn affidavits by eye witnesses who heard what was said by B. J. to D. D. just before he (B. J.) ran him (D. D.) down. There were some two score or more of these affidavits. One in particular that has seared itself into my memory was one by a man and his wife who stood fifty feet away. According to this affidavit B. J. yelled to his father to take his American flag and get out of the way, bellowing: “This is my parade, you old, get out of the way, or I’ll run over you.” Other versions in affidavit form were, “Get off the street or I’ll run you down” and “get out of the way, or I’ll run over you”.

“ ‘From some of these affidavits it appeared that D. D. had come to Davenport some few days in advance of the opening of the 1913 Lyceum and, as usual, had stopped at the Universal Chiropractic College (a rival Chiropractic college which sprang up because of B. J.’s high-handed methods) to pay his respects before proceeding further up the hill to the Palmer School. When he (D. D.) finally did arrive at the School, his prior stopping had been relayed to B. J., and a bitter quarrel resulted, ending in B. J. ordering his father off the premises. Some of the affidavits claim that B. J. gave D. D. the bum’s rush by forcibly ejecting him in person.

“ ‘On the morning of the parade D. D. appeared on the sidewalk in front of the main entrance of the Palmer School carrying a large American flag. B. J. sent out two of his bouncers who forced the old gentleman to move down the street toward the U. C. C. As the parade came down the hill from the Palmer School, D. D. stepped into the street waving his flag and called out to the effect that he was the originator of Chiropractic, that it had been stolen from him, that it was his right to lead the parade and that he was going to do so.

“ ‘At this juncture, B. J. bellowed the above remarks and followed them up by running into his father, knocking him to his knees and with the front wheel and bumper of his automobile pushed him hard up against the curb. D. D. was first struck by the fender of B. J.’s automobile. The impact was in the upper lumbar region and this contusion later developed into an abscess involving the kidneys, from which complications D. D. died three months later.’

“Tom Morris, of LaCross, a former Lieutenant Governor of Wisconsin, was one of Palmer’s lawyers. He was in the automobile with the Mad Mullah of Chiropractic at the time. He later told Col. Long that B. J. yelled at D. D. two or three times and finally told his father to get out of the way or he would run over him.

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“Morris said he started to remonstrate with B. J., tried to dissuade him. But before he could utter more B. J. stepped on the gas and hit his father. The old man fell against the curb. This is as near to an eye witness account of the mortal wounding of D. D. as it is possible to get.”

I do not know Bealle, and do not know at whose instance or why he wrote the foregoing. But since his publication is sponsored by the one association of Chiropractors opposed to the teachings of B. J. and the P. S. C., and the scientific findings developed by the research of Dr. Palmer, an organization which is interested in disrupting the one Chiropractic association designed solely for the protection of the Straight Chiropractor (whether H. I. O., B. T., or general adjustment), I do not care whether the book was written partly designed to cast a shadow on the only man teaching Chiropractic who has sincerely been interested in its scientific development, or whether it was written designed solely to discredit Chiropractic in the minds of the public and sought to do so through injuring publicly the greatest living Chiropractor of today. Whatever the objective, and whatever the motivating factors, it is a damnable piece of cowardly underhanded work, hiding behind the crime of slander and almost criminal libel by crediting the statements to a man who, to be charitable, is cursed with a faulty memory if not with an evil intent.

In this connection, I might state that at one of the subsequent meetings of the U. C. A. which I reported at Davenport, in one of the years from 1915 to 1925, the exact one of which I do not now recall, and my notes and copies of the proceedings having been lost, I am not able to verify the exact date, Colonel Long appeared before the Board of Directors and officers of the U. C. A., and asked permission to appear in person before the convention assembly, to offer to the profession at that convention a public apology for his actions as a special prosecutor in attempting to nail the damnable charge of patricide to the many other opprobrious terms B. J. had been subjected to in the past. Col. Long was permitted to do so, and he did appear before that entire convention body, at which time he publicly admitted that he was completely wrong, and at which time he made a complete retraction of all the allegations made in those charges, and in correspondence to the membership of his own association, and humbly asked the pardon of the convention body for his actions in that entire proceeding.

In the first place, the recollection—still being charitable—of Col. Long is inaccurate. The U. C. A. had a far greater membership than 60 at the time and was not being injured by the I. C. A. Personally, I was Business Manager of the U. C. A. at the time, and had been partly instrumental in building the association up to a membership of over 900 dues-paying members on the occasion of the 1913 Annual Convention. During my term of office, which had started but the January before, I had brought back into the asso-

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ciation many members who had for some reason or other let their memberships lapse by non-payment of assessments, many having been in such a state for over a year, yet who became fully paid-up members, not by filing a new application as they could have done, but paid the back dues and fines.

The association was in a state where the membership was entirely content with the results achieved by the association and its officers and legal counsel and with the association's treatment of them. For several years thereafter the U. C. A. had a phenomenal growth, and within a few years had a membership of upwards of 2500 members,—this notwithstanding the repeated efforts of Col. Long, the I. C. A., and the mixing schools who disagreed with the Palmer leadership, were jealous of the P. S. C. success in growing in numbers of students, were envious of the property acquired by the school to take care of its growth. As for the other incident, the \$170,000 affair, all another mess of perjured evidence, that could not have occurred by or before 1913, for the simple reason that the total dues collected in all the eight years before would not have amounted to this sum. Need I say more? No, I do not, although I will. Under the system of collecting dues, no sum of money was ever amassed approximating a small fraction of \$170,000, and all moneys expended were done so under the watchful eyes of a Board of Directors, not all of whom were friends of Palmer.

Shortly after this incident of the parade, and but a week or so before the death of the Founder, I personally left the services of the U. C. A. and the P. S. C., and lest any insinuations be cast that I did so because of differences of opinion with either the officers of the U. C. A. or Dr. B. J. Palmer, permit me to state that I left the association with general good feeling between everybody. My sole reason in leaving the U. C. A. was to come east and marry, and enter what I had hoped would be the more remunerative practice of Chiropractic and not an employee of its only protective association worthy of the name,—not to sever an association that had always been pleasant, either by request or desire. In all of my associations with Dr. B. J. Palmer since 1910, we have never had any differences of opinion that disturbed our friendly relations, one with the other. In the only serious difference of opinion that I ever had with B. J., was one in which he was in the right and I totally in the wrong—and that difference was not on the question of Chiropractic, but merely a matter of relationship between employer and employee—and at the time I wasn't even on his payroll. In all the nearly thirty years that I have known Dr. B. J. Palmer, I have always found his actions professionally to be of the highest type. In his teachings of Chiropractic, in my opinion, he has always been true to his principles and practices, both in his teachings at the school, in his contact with the profession throughout the field, and with the public in general. In this connection,

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since he has started his new clinic, I have had occasion to talk with a good many people who were patients of the clinic, and in all of his practices in that clinic, he still proves to me that professionally he is still of the high type that he has maintained throughout his entire career in Chiropractic. He has consistently followed throughout his practice and teachings the strictest interpretations of practicing straight, pure and unadulterated Chiropractic for which he has fought ever since his leadership of the profession.

In a later chapter I will have something more to say about a word portrayal of this man, as I see him. Just for the moment, all I wish to say is that he has during the years proven himself to be an able business man, and notwithstanding in the years he has been under the head of Chiropractic, and the head of the largest school for its teaching, he has maintained a Class AA record in Dun’s and Bradstreet’s.

Knowing this to be the record of the man, it is things such as written by Bealle, in his book, *MEDICAL MUSSOLINI*, and others who have written in the past in Chiropractic lines, that make my blood boil; particularly so is this true when at this late date, 25 years after, when a muckraking writer writes such as he has, going to the unreliable sources that he doubtless has, and having his product marketed by an allegedly Chiropractic association, still seeking to discredit the one man who above all others has meant more for humanity and for his own profession, by his work, than any other man in Chiropractic. I have no criticism of Mr. Bealle, other than the bit of advice that before he seeks to write anything tending to blackmail or slander or libel any individual, regardless of that person’s station in life, that he investigate all the facts—yes, go right to the man he intends to criticize.

To all who will give an ear to the truth, and will disregard lies, insinuations, blackmail, slander and criminal libel, I hope they will reread this chapter,—an accurate and brief resume of the truthful version of a damnable, vicious attack by an organization and men, most of whom have passed out of Chiropractic activities, legally and otherwise today, while the man they deliberately sought to injure is still very active in an ungrateful profession for its scientific advancement.

So, for once and for all, I ask those in the profession who may read this chapter, that they remember the untruth of the charges that B. J. Palmer sought to commit patricide, and that they may remember the facts that D. D. Palmer lost his position as head of the leading school in Chiropractic, first, because he *deserted* it when it was insolvent in fact if not legally so, and, second, because he over his own signature acknowledged payment in full for all his interest in that leading school.

CHAPTER 4

Early Development; Early Schools

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The first school, as I have related, was the Palmer Infirmary & Chiropractic Institute, founded in the late '90's, which school ceased operations approximately two years after the Founder first left Davenport in 1902. It was succeeded by the Palmer School of Chiropractic, organized in 1904 and incorporated in 1905 under the laws of Iowa as an educational institution. The P. S. C. is also known and recognized throughout the profession as the Fountainhead School of Chiropractic. A number of small one-man schools were organized in the years following D. D.'s first teaching of Chiropractic, as well as the larger schools that I have named in the preceding chapters. All of these small one-man schools were short lived and played no important part in either the development of Chiropractic or in building up its educational background.

The first really organized instruction in the academic subjects begins with the organization of the Palmer School of Chiropractic, and from that date also started the many evolutionary stages through which Chiropractic has traveled to reach its present scientific aspect. The first instruction at the P. I. C. I. was meager in academic subjects, although very liberal and sound in the practical phases of locating the cause by digital palpation and the specific Chiropractic adjustment to remove it. But in 1902, if B. J. Palmer were to continue with his ideal of Beaching his father's discovery to the world, and to continue with his ideal of developing it into a real science, it was necessary for him first to assume the position the Founder had deserted as head of the first school and as head of the profession he had founded. Not only was it necessary that he assume this control of both the school and the pioneer movement of Chiropractic, but he had to meet an indebtedness of over \$8000 before he could continue on the research to establish his ideal, a really scientific Chiropractic and a distinctive philosophy.

B. J. was successful in meeting this load of debt, because he has a remarkable ability of organization. He surrounded himself with able business advisers and an able body of instructors in both the academic and practical phases of Chiropractic. Within two years after his father's leaving Chiropractic, B. J. had built up so large a student body that the limited space in the Putnam Building in downtown Davenport could not accommodate it and have room to grow. So he acquired the property which formed the nucleus of the present Palmer Interests at the "Top of Brady Hill", at 828-34 Brady street. This property consisted of two old residences in the then fashionable aristocratic section of the city. Just below it was the Petersen residence, owned by one of the wealthy merchants in the city business life. Across the

street and above it, on the same side, were several fashionable homes in which lived the elite of Davenport and its wealth.

The first classroom of the P. S. C. was in the basement of the first of these two houses, at 828 Brady street. Dr. Palmer and Mabel Heath Palmer, his wife, lived in the adjoining house, at 834 Brady street. It was here Daniel David Palmer, II, was born. Later on, as the student body enlarged—and it enlarged very rapidly—a barnlike structure, known as the “Old Barn” was erected on those two lots just back of the two houses. This structure was erected for the combined purposes of lectures on the academic subjects in the morning sessions, and practical instruction and the free public clinic in the afternoon and evening. Often after the evening clinic was over, a special entertainment was provided for the students, and frequently a lecture by B. J. or some member of the Faculty was given to the student body and such of the clinic patients as chose to remain. The general public was invited as well to stay or to come. Every Friday evening during my association with the Record Club there was a special lecture by Dr. Palmer to the entire student body.

Recently, at the 1937 Lyceum, Roy C. Keene, D.C., practicing in New York State, related to B. J. and myself how Dr. Keene’s father, the Palmer family and the student body, together with a few carpenters and masons erected the structure between the two original houses, to provide additional office space and sales rooms, space for the new X-ray laboratory, etc. Much of this was in back of the well-known Lannai, a favorite resort for the students of 1912-21, now used as a storeroom and slated for destruction on the next move for enlarging the classroom facilities of the school. The “Old Barn” was erected in 1908-09, and has long since been torn down, on the erection of new classroom buildings,—the D. D. Palmer Memorial Building, the Administration Building, and the Classroom Building,—the latter of which now houses the B. J. Palmer Chiropractic Clinic, about which more will be told in later chapters. The Memorial Building was in course of completion at the time of the Annual Home Coming in 1916.

Dr. Palmer acquired the Petersen residence in 1911, and remodeled the major part of the downstairs portion to serve not only as part of the Palmer residence but his private offices as well. The garage-barn back of the residence was for a time converted into classrooms for both academic and practical instruction, because by 1912 the “Old Barn” had become inadequate to serve the needs of the ever-increasing enrollment. For several years he conducted negotiations to acquire the property between the residence and the remaining original school buildings. This property had become a rooming house to accommodate a few of the P. S. C. students, and was finally bought by Dr. Palmer in 1915, when it was promptly demolished and the groundwork

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begun for the D. D. Palmer Memorial Building. The Memorial Building was finally completed in late 1916, part of the work having been done in one of the most torrid summers Davenport had ever experienced.

The Administration Building was next constructed to provide facilities for the business administrative offices, the Printery, the Shipping Department, and offices and private adjusting rooms for the Faculty. In the basement was installed the P. S. C. Cafeteria, at which most of the students had all of their meals and, for a good many years, it catered to a goodly number of Davenport's residents. The P. S. C. Printery is a busy establishment, printing the many booklets, dis-ease tracts and advertising literature for the profession, and office forms as well. In the upper floor of this building are located the offices of the Tri-City Broadcasting Company, operating Radio Station W-O-C, one of the several Palmer Interests. At the top of this building is a tower on which B. J. installed a powerful telescope for the use of students and visitors in looking at the landscape about the winding Mississippi, and the heavens at night. Early in the development of radio broadcasting, B. J. was one of the pioneers in this movement for public education and amusement, and atop the building is installed Radio Station W-O-C, the first radio station west of the Great Lakes, known in many distant countries for the reception of its programs. This station is a member of the Columbia Broadcasting System.

The Classroom Building, just to the north of the administration Building, and separated from it by the recreation spot I have mentioned, 'Twildo, was constructed at about the same time or shortly after, as the Administration Building. The Memorial Statue to the memory of the Founder is at the entrance to 'Twildo, just off the sidewalk, and in a crypt within it are the ashes of the Founder. For a time when the depression made it unnecessary to use this building to accommodate the student body, the classes were all removed to the Memorial Building, and in the upper floor was installed a small factory for the manufacture of mops, brushes, etc., to provide employment for students compelled to work their way through school. All of this has long since ceased however, and the building is now devoted solely to the uses of Dr. Palmer's clinic, and the Museum of Early Chiropractic. A movement is now under way to establish the first fully equipped hospital facilities for complete Chiropractic Hospitalization.

From the time he first began his investigations of the healing arts and his study of the human body, which eventually led to his discovery of Chiropractic, the Founder started his collection of osteological specimens. B. J. still possesses, and frequently studies, the first complete spinal column owned by his father. Following the discovery of Chiropractic these few early specimens were augmented by the collection of numerous skeletons, spinal columns

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of all known types of anomalies, curvatures, contortions, twists and humps, and various other bony specimens. His son, the Developer, has very greatly enlarged this collection with the specimens purchased by him and given to him for his researches into the discovery of the CAUSE of ALL DIS-EASE. Many were obtained on the occasions of his several travels around the globe and visits to foreign parts. All of these were assembled into an Osteological Studio and placed in a room on the third floor of the building at 810 Brady, where they could be conveniently studied by the students. In 1910 there were upwards of 10,000 specimens in this studio, and even then it was known to the professors of anatomy in many of the nearby state medical colleges. These specimens were available to them, and were often studied by them to better qualify themselves for carrying on their lecture work in their own classes. Each year since the Developer has been at the helm of Chiropractic finds him adding more and more specimens to this collection. Today, in the B. J. Palmer Chiropractic Clinic, to which this studio has been removed within the past two years, he has one of the largest (over 19,000), if not the largest collections of anomalies of the bony framework of man.

The first classes of the P. S. C. were conducted in the basement at 810 Brady. They were seated on stones, boxes and adjusting stools about the stone and brick walls of the basement, while the instructor stood in the center giving his talk on Chiropractic and demonstrating the principles of the practical phases of the science. Often after the thaws of the rigorous winters of Davenport had set in, or following an exceptionally heavy rain storm, the floor of this basement classroom would become a mass of mud and water. Thus those early students of Chiropractic had many uncomfortable moments there while acquiring their knowledge of the principles and practice of Chiropractic. Fortunately at that time the classes were small as compared with the classes in the average Chiropractic school of today. The student body of the P. S. C. from 1904-05 to 1908 averaged from a couple dozen or so to less than fifty. But as more loyal P. S. C. graduates went into the field and delivered the Chiropractic idea, more and more students kept coming so that in 1908-09, when the "Old Barn" was completed it was needed to accommodate the enlarged attendance. It was from such meager circumstances that Chiropractic has grown from a small body of students in a basement classroom and a few pioneer practitioners scattered in a few cities and country villages in the west, to its present status of several hundred students annually, even in these days of depression, and approximately 25,000 practitioners spread throughout all the civilized world.

I have mentioned an old friend in the profession, Dr. Dueringer. He delighted in chatting with his friends at the Annual Homecomings, and at meetings in New York and surrounding cities, how in the early days the

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students sat in a circle about the walls of this old basement and how the arguments waxed fast and furious about the budding Philosophy of Chiropractic, the methods of practice then in vogue, what Chiropractic meant, what it could do, what its true philosophy was and what its limitations were—although it must be stated, with those early enthusiasts, there were no limitations to the field of service of the Chiropractic profession—and of how they were often flooded out when an unusually heavy rainstorm came on or when the winter snows were melting. Heinrich was a student there just about the time the first improvements were being made, when the “Old Barn” was erected.

The “Old Barn” was a large frame building, about a hundred feet long by fifty or so wide, heated with a large Round Oak hot air furnace under the center of the building. At the north end was the lecture and clinic platform. Students were divided into three classifications—Freshmen, Juniors, and Seniors—but they all received their academic instruction in the one large class. At the time beginning students matriculated at any time. Often a Freshman would enter class in the “Old Barn” and start in with the subject of Neurology in Mrs. Palmer’s Anatomy class. Or they may have found B. J. lecturing on that most intricate and difficult subject in Chiropractic Philosophy—Cycles. For many an early Freshman, in those formative years of Chiropractic, many of the subjects being lectured upon in the “Old Barn” were all so much Greek to him.

Personally I do not recall any time when the classes were flooded out, because I did not enter the scene until long after the basement classroom had been abandoned. I have seen it, however, when the classes were almost frozen out while attempting to listen to the lectures when the old hot air furnace was unable to overcome the outside cold. And, in the wintertime in Davenport, it used to be a common thing to see the thermometer hovering about the twenties below. I have also seen it when the students and patients were done almost to a crisp when the blazing hot summer sun sent its blistering rays down on the tin roof atop the “Old Barn” in Davenport’s usually torrid summers.

This building was erected in 1908-09, some four or five years after the founding of the Fountainhead School of Chiropractic, when the student body numbered approximately a hundred. So rapidly had the public esteem for Chiropractic grown that by 1910 the student body numbered approximately 250. Even that was inadequate to supply the constant demand for more graduates, for the other schools operating at the time were having similar experiences. By 1915, notwithstanding the Great World War which had started the year before and was creating a tremendous demand for young men abroad in the armies of the fighting nations and men and women in the

munition factories in the United States, the number of the students at the P. S. C. had mounted to nearly 600, and it was necessary to provide greater facilities, leading to the construction of the buildings I have related.

In 1910 the standard course of instruction in all existing schools required twelve months' full-time attendance. Attendance in a Chiropractic school, as is true now, meant 100% attendance in all classes for every school day of the twelve months. No 20% or 25% allowance as is made even today in most medical colleges. Eight months qualified one, on passing the necessary examinations, to a degree of Chiropractor. This was very convenient to the student who was short of funds and wanted to go out to practice for a time to recuperate his finances so he could continue with the remaining four months and get his D.C.—Doctor of Chiropractic degree. The degree of Chiropractor has been discontinued since 1921, and a full twelve months' attendance was required thereafter before one received permission from his school to go abroad in the field and practice. To those who completed the twelve months' course with grades in all subjects over 90% and an average of 95% the degree, Philosopher of Chiropractic or Ph.C., was given.

With the exception of instruction in the subject Philosophy of Chiropractic, the course of instruction given at the P. S. C. may be considered as the standard of all really important schools at that time, 1909-10. The course at the P. S. C. comprised the following subjects: Anatomy; Physiology; Symptomatology, Pathology and Diagnosis; Toxicology, Obstetrics and Dissection; and the Science and Philosophy of Chiropractic. Lectures were given on these and related subjects during the morning hours, from eight until noon, with a short intermission for recess. In the afternoon the practical instruction was given in Palpation, Nerve Tracing, Drills and Adjustment. The public clinic usually started at two p. m., continuing until after four; the evening clinic at half-past seven until after nine. Lectures by the instructors in charge of the practical work were often given in the morning hours, in conjunction with the other classes or as a separate subject. The classes in Dissection were rare, limited to perhaps three or four a year, whenever B. J. was able to obtain the corpse of some poor unidentified unfortunate at the City Morgue, and were usually held at the morgue of some friendly undertaker.

The great majority of the early pioneers in Chiropractic came from those people that numbered the less educated types,—that is, they were “uneducated” if “book learning” or graduation from a high school or other superior type of education is a mark of education. They were not illiterate nor were they ignorant. Most of those early pioneers had been “cured” of their ailments by taking Chiropractic adjustments after all other methods of healing had been tried, found wanting, and they had been given up by them as

incurable. Nearly all had suffered years of sickness and pain, and were well into the middle years of life. Consequently they had not had the opportunity of education that is so prevalent nowadays in any village or hamlet in the land. Because of their individual experiences in having once again been restored to a happy, normal, useful life, it is but logical that many of the pioneer patients of Chiropractic should turn to it as a means of service to their fellowman, that they too in their turn could deliver the message of Chiropractic to its Garcia, the incurably sick. Even today, most of its successful practitioners are those who have recovered health and usefulness to society after taking a series of adjustments, either from their local Chiropractor or while a student at a Chiropractic school.

While those pioneers in Chiropractic, its early Chiropractors and Doctors of Chiropractic, may have been ignorant of the intricacies of Higher Algebra, Geometry and Latin, or even a modicum of the subjects taught in a course of liberal arts, they were nevertheless earnest, enthusiastic students of all they could possibly acquire in their endeavors to master the Art, Science and Philosophy of Chiropractic. They were particularly keen students of the Philosophy, in learning the how and why Chiropractic accomplished the seeming miracles in their individual cases. There was a very good reason for this. They too wanted to go abroad, to all parts of the land and the four corners of the earth, that they could do their part in seeing other sick people restored to a life of usefulness. I have said that among these earnest seekers for knowledge of the new science, there were a few designing persons who were taking it up for the purpose of cashing in on the early favorable publicity. Many of these, too, when they mastered its knowledge, became sincere advocates of its practice. Now, Chiropractic is not alone in this. The medicine, the law and the ministry—all have these same self-seekers among their students. They always will have them, and so will Chiropractic.

When I first became acquainted with the new science, several of the old-time citizens of Davenport with whom I talked often related to me how it used to be a favorite pastime for many of the good citizens to come up the hill and sit on the stone walls across the street from the P. S. C. and watch the “freaks” as they termed them leaving class and the public clinics. Many a hearty laugh was had by those good citizens at the expense of many of Chiropractic’s able early exponents. Even in 1910 there were a number of members of the student body that many of us thought would never make a good professional appearance in the field—yet all of them were, without hardly an exception, very successful when they did go out to serve the public. By 1910, however, the good citizens of Davenport had lost their former zest for watching the comings and goings of the students and the patients. They were beginning to have a wholesome respect for the school and its

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students and the patients that desired adjustment at the Fountainhead, because Chiropractic was making known their city throughout the entire world, not only as the Birthplace of Chiropractic but for its many industries, its civic beauties and the majestic Mississippi River on whose western bank it is located. They realized too that as Chiropractic grew in the world's esteem and service, it meant that future students would bring an ever-increasing flow of dollars to be spent in its mercantile establishments.

It is but natural as men like Dr. Dueringer and Dr. Walton, and countless others went into the field from the P. S. C. and achieved such marvelous success in their practices in many of the larger centers of population in the United States and Canada, as well as in many foreign lands, that the mental attainments and social accomplishments of the student bodies should be raised far above those of its early exponents. In fact, in 1910, there were a good number of men and women attending the P. S. C. holding college degrees from other than medical courses. Also a more general attention was given toward presenting a more genteel personal appearance, realizing as they did that upon graduation they were to attain the standing of professional people in their local communities and would be expected by their prospective clientele to have a dignified appearance.

Most of the early one-man schools that I have mentioned as having been started in the decade or so after D. D. discovered Chiropractic had a short life. But by 1910 there were a number of schools teaching Chiropractic as its organizers thought it should be taught, often in a form quite different from the Chiropractic conceived by the Founder and taught by the Developer. In his talks on the Philosophy of Chiropractic, B. J. Palmer was advancing many theories widely different from the commonly accepted medical theories of that day. Also many of these one-man schools were teaching the practices of the Art of Chiropractic in forms greatly different from the concepts of the two Palmers. I will discuss this phase of differences in teaching in later chapters devoted to the mixing Chiropractic as opposed to the straight Chiropractic so seriously fought for and advocated by the Palmers and their supporters.

The Foys were conducting their school in Topeka, Kansas, in the year 1910, teaching along lines similar to those followed at the P. S. C. Another fairly large school was the Ratledge Chiropractic School. This school started first in Missouri, then later removed to Los Angeles, California. Dr. Ratledge was the founder of a number of small schools, which were later incorporated in the Missouri school and later transferred to California. His California school became quite a large organization, and has graduated many practitioners, most of whom have located in the western states, along the Pacific Coast, although several Ratledge men and women are practicing in other

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parts of the United States. A number of Hole-in-One practitioners were former Ratledge graduates, who in recent years have either taken post-graduate work at the P. S. C. or attended its Pre-Lyceum and Lyceum Courses to acquire the philosophy and technique of the latest scientific developments.

In 1910 there was a school operating in Chicago, known as the National College of Chiropractic, under the leadership of a Dr. Schultze. The personal attendance was quite small at that time, but for several years prior to 1910, since 1906, it had conducted a school teaching Chiropractic by mail. This school, incidentally, is the only school of any importance that conducted an extensive training by mail. It later got into financial difficulties and was taken over by the group now operating it, as the National College of Chiropractic and National College of Drugless Physicians, teaching only to students in personal attendance. The original school claimed that it taught only Chiropractic, although its curriculum included many subjects that could hardly be considered those of straight, pure and unadulterated Chiropractic. Its Philosophy of Chiropractic was nil—it made no pretense of teaching a philosophy. The present school, on the other hand, makes no pretense of teaching Chiropractic exclusively, although it purports to be a Chiropractic school. It is but one of several schools today teaching many phases of drugless healing beside the Chiropractic principle and practice.

A few minor correspondence courses in Chiropractic have been instituted at various times, quite frequently by medical groups who were hoping to ridicule Chiropractic in the public mind and thus do away with the new science entirely, leaving the care and treatment of the sick again to the medical profession. For a short time, from 810 Brady street, there was conducted an extension course in the theory of Chiropractic, with the idea of better preparing its matriculants for the theory and practice in the personal attendance course. This activity lasted but a very few months, under the name, The Palmer School of Correspondence. All of these correspondence school activities, with the exception of the National, were of very brief life, and today, so far as I have been able to learn, no correspondence courses are given or attempted in Chiropractic, in any phase of it.

Probably the largest school, next to the P. S. C., in 1910 was the Carver College of Chiropractic, conducted by Dr. Willard A. Carver, at Oklahoma City. Dr. Carver had graduated from the Parker College of Chiropractic conducted by Dr. Parker at Ottumwa, Iowa. His methods of instruction in the principles and practices of Chiropractic were considerably at variance from those followed by D. D. and B. J. at any of the Palmer schools. In fact, in his book, "THE CHIROPRACTIC ADJUSTER", D. D. criticized at considerable length many of the teachings and ideas advocated by "The Ad-

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juster”, as Dr. Carver was colloquially known. Dr. Carver’s school operated for many years at its original location, and he then removed, about 1915-16, to New York City, where he organized a new school under his sponsorship but with which school he has long since ceased direct or active association.

An interesting sidelight in the case of Dr. Carver is that before taking up the study of Chiropractic he had been an attorney-at-law. He tried to prevail upon the Founder to take him in as a student on the ground that he needed a lawyer associated with him in the school, and he would give free legal advice in exchange for tuition. D. D. couldn’t quite see it that way. He was besides ably protected legally by Mr. Murphy. So Dr. Carver went to the school conducted by Dr. Parker, from which he graduated and from which he went to Oklahoma City to found his own school. Ever since Dr. Carver has been instrumental in building up a group in Chiropractic ranks favorable to his individual concepts of Chiropractic, which are quite different from the Palmer concepts—particularly to the Art and the Philosophy of Chiropractic as advocated by B. J. Palmer.

At the time I became associated with the P. S. C. Record Club as its stenographic reporter of lectures, Dr. Palmer was engaged in a series of lectures on Philosophy, which some students interpreted as an attempt to build up a religious cult around the Chiropractic idea. At the same time there was a movement on foot to organize a new school of Chiropractic in Davenport. Ever since he had organized the Palmer School of Chiropractic, B. J. had been very much occupied with numerous activities, and he was seeking someone to take his place in lecturing on the Philosophy of Chiropractic to give himself more time to devote to those activities. He was busy developing a Philosophy of Chiropractic and revising the book he had written on that topic. He was engaged in writing other books, booklets and articles on various phases of Chiropractic. He was the Secretary-Treasurer of the Universal Chiropractors’ Association, and as such often accompanied its General Counsel in the conduct of trials throughout the country. He also had the business affairs of the P. S. C. to oversee, and he had a tremendous mass of correspondence with practitioners in the field who sought his advice at all times on all subjects—Chiropractic, impending arrest for alleged violation of the medical practice acts, and what not. B. J. was also busy managing, editing and writing articles and editorials for the “CHIROPRACTOR” and planning to launch another personal organ, “THE FOUNTAINHEAD NEWS”. Among the Senior students he discovered Joy M. Loban, whom he thought proper material to take his place as lecturer on the Philosophy of Chiropractic, and on Dr. Loban’s graduation he was put on the faculty for that purpose. However, Dr. Loban could not be content with teaching Philosophy, so in 1909 he severed his relationship with the P. S. C. and went

into the field to practice. He was, however, a typical instructor and educator, and the field practice did not meet with his desires in promulgating the Chiropractic idea. He became associated with Dr. Moyer and others who were hoping to inaugurate a new school in the Birthplace of Chiropractic in competition with the P. S. C., and teaching Chiropractic along somewhat different lines than that taught at the P. S. C.

There were a number of students at the P. S. C. who had come to it for the purpose of getting its diploma, so on entering the field they could advertise themselves as Palmer graduates,—because graduation from the P. S. C. had a distinct advantage to the man or woman in the field. Many of them were not however fully in accord with the teachings of the Art, Science and Philosophy of Chiropractic as taught by B. J. Nor were they content with the simple yet exacting procedure in the practical phases of Chiropractic,— the palpation, the Palmer Recoil adjustment, and the very recent introduction of X-ray into the curriculum, although this latter was an optional subject at that time. The originators of the proposed new school knew of all these factors, and were hopeful of creating such a rift in the student body at the P. S. C. that out of the remnants they could form their own school and have a large student body to start with. In the middle of B. J.'s lecture on Philosophy one morning in mid-April, 1910, as if by a prearranged signal, forty or fifty of the students arose and marched out of the classroom, down the hill to Brady and Sixth streets, and the next thing everybody knew a new school of Chiropractic was in operation in Davenport. That school was the Universal Chiropractic College, which school remained at this location in Davenport for several years, during which time it graduated many able Chiropractors. Later the school was removed to Pittsburgh, Penna., where it is still operating.

A short time before the organization of the Palmer School of Chiropractic, we find the daughter of one of the early teachers in the Palmer Infirmary & Chiropractic Institute,—William Heath, D.C., or “Daddy” Heath as we best knew him,—as a patient. That young woman was Miss Mabel Heath, now known throughout the Chiropractic world as Mabel Heath Palmer, D.C., Ph.C., or still more popularly as “Mabel”. “Daddy” Heath was the Outside Clinic Director on the Faculty Staff of the P. S. C. in 1910, and for several years thereafter until his death. In 1910 we find Daniel David Palmer, II, the son of B. J. and Mabel, then a lad of but four; today he is the General Manager of the P. S. C. and the other Palmer Interests, particularly Radio Stations WOC and WHO, relieving his father from much of the business cares and free for scientific research. At the moment, the fall of 1937, Dave as he is best known from the western habit

of calling people by their first names in abbreviated form, is a Senior student at the P. S. C., thus making the third generation of Palmers in the profession.

Mrs. Palmer has been one of the steadying influences in the development and evolution of Chiropractic. Like all men engaged in scientific development, B. J. Palmer very often loses sight of the financial angle, and it has needed her hand to keep him under control so he could continue his research and development of Chiropractic without complete fear of financial oblivion. She became instructor in Anatomy in the early stages of the educational development of Chiropractic at the P. S. C., after completion of a special course in that specialty at one of the outstanding medical colleges of the midwest. She still maintains a very active interest in that phase of instruction, although most of the actual classroom work is now conducted by other Faculty members. Mrs. Palmer is the author of "CHIROPRACTIC ANATOMY", which is used as a textbook on that subject at the P. S. C. and other Chiropractic schools.

Fortunately for the entire world of healing arts, we find the X-ray discovered in June of the same year the Founder of Chiropractic made his discovery. Early in 1910, after considerable difficulty, we find B. J. Palmer the owner of his first X-ray outfit, to further carry on the work of research into the unknown realm of Chiropractic. The development of X-ray in Chiropractic is such a vast topic that it will be discussed more fully in a later chapter. I am mentioning it now merely as one of the steps forward in the early history of the evolution of Chiropractic—for that only. This X-ray outfit was installed at the P. S. C., in Dr. Palmer's private office, in the late winter and early spring of 1909-10. In April of that same year, 1910, the Spinographic Department was starting its work under the supervision of B. J. with C. C. McAdams, D.C., as instructor in charge.

Much of the development of Chiropractic, and its evolution from a logical theory in its early years into a proven scientific achievement has been through the research work and study of B. J. Palmer and assistants working under his direction. Most of this has happened too since 1910. Of course, considerable research has been done by the individual in the field, but most of this has been within very recent years, since the introduction of the Neurocalometer and since X-ray has become a vital necessity in office equipment in the field or available to the practitioner in a nearby X-ray laboratory. It is regrettable that very little scientific development in Chiropractic research has been accomplished by other leaders and educators in Chiropractic. Of course, the explanation for this is that most of the other Chiropractic schools, associations and factions were started by men or groups of men who were antagonistic to the theories and philosophy of B. J. Palmer and too much of their time was consumed in an attempt to tear down and to criticize those

Palmer ideas. Most of them were strongly opposed to the ideas advanced by B. J. Palmer in the fields of Philosophy and his theories advanced with regard to the functioning and operation of vital parts of the human organism. He could hardly advance a theory but they would at once, with all the media at their disposal, hotly contest even the sanity of such a theory, much less the theory itself. They were opposed to his theory with regard to the Sympathetic Nervous System and his theories with regard to the functioning of the ductless glands. While they perhaps were not particularly opposed to the Palmer Recoil method of adjustment then being prominently brought forward by Dr. Palmer, they were strenuously opposed to his efforts to restrict the application of the Chiropractic adjustment solely to the spine.

They were most violently and vehemently opposed to B. J.'s teachings that if the Philosophy and Science of Chiropractic were correct, the use of methods other than scientific analysis of the cause of dis-ease and its removal by adjustment scientifically applied at the spine only, as a part of the Art of Chiropractic, were unnecessary in the scientific practice of Chiropractic. Many of them held to the idea that outside factors were needed besides the Chiropractic analysis and adjustment and directed their effort—not research, mind you—to developing modalities, adjuncts, treatment methods, etc., etc., and instructing their students and followers in their use as a part of Chiropractic. What little research they did, if such it can be considered, was directed toward discovering “new moves” from individual discoveries or appropriations from other systems of healing, much in the same manner as the American College of Chiropractic in 1905 advanced the theory of naprapathy as “modernized Chiropractic” after appropriating it from the Bohemian settlers.

I am not severely critical of the methods in themselves. I believe much good is accomplished in the alleviation of conditions in the use of these outside factors. Much as I detest the medical principle, I do not dispute that much benefit has been accomplished by the medical profession in the use of drugs and narcotics. Some of those “new moves” and manipulations purloined from other healing systems and sold to the public as Chiropractic doubtless do occasionally effect even an adjustment of the cause of dis-ease, even if not applied with the specific intent of a scientifically delivered Chiropractic adjustment. But when the motivating influence behind the introduction of those elements is with the deliberate intent of retarding the forward evolution of the Chiropractic idea,—that I cannot help but criticize and condemn. Although Chiropractic has made a record of almost miraculous achievement in its forty-odd years, there are yet too many occasions for continued evolution, and too many occasions for reasonable differences to appear in its scientific thought and procedure, to permit of personal differences,

hatreds and petty business jealousies entering into the picture. But that is the one disturbing factor that has continually entered into the evolutionary progress of Chiropractic, retarding its development, when those differences should have been directed toward promoting its forward movement.

It is true that many of those early ideas of B. J. Palmer, particularly those with relation to the once so-called Sympathetic Nervous System and the operation and functioning of the ductless glands, were largely the result of reasoning and theorizing and were without positive proof supported by anatomical findings at the time they were advanced. Momentarily I might say—for I intend going more fully into its discussion later—much of Dr. Palmer's study at the present moment is directed toward the perfection of precision instruments to prove his one-time theories to be scientific facts. Today the world's anatomists consider the so-called Sympathetic Nervous System as but a secondary part of the Central Nervous System as opposed to the opinion of those same anatomists in 1910 that it was an independent system not subordinate to the Central Nervous System. The operations and functioning of the ductless glands have been proven by them to be facts pretty much in line with B. J.'s theories as far back as 1910. These researches by anatomists and medical and other scientific minds have been conducted in the light of earnest research for the fact and were not, of course, influenced by any desire to prove or disprove any theories and reasonings of a "mere" Chiropractor in the person of one B. J. Palmer. Consequently, it is all the more remarkable their scientific findings have confirmed much of the logical reasoning of this one man, the Developer of Chiropractic,—in itself but an evolution of early reasoning of the Founder.

Much of B. J.'s early philosophical teachings seemed to tread on the tender toes of many religionists, and of course that is touching a man in a tender spot, to disturb his religious tenor. But much of this early antagonism was based upon, in my opinion, nothing more nor less than jealousy of the success of B. J. Palmer in building up a tremendously strong following among the Chiropractors of the world, both within and from without the ranks of graduates of his own school. Jealousy of the success of his school in teaching the fundamentals of Chiropractic also had its important share in this factionalism. Yet commenting on the assumed religious phase of B. J.'s early philosophy, back in 1910 and some years thereafter, the mass of the adverse opinion is the result of misunderstanding of the philosophy of those talks. Ever since the state and national medical societies have been instrumental in getting legislative assemblies to enact medical practice acts, the work of the Christian Scientists in their ministrations to the sick has nearly always been exempted from the penal clauses, under the constitutional religious freedom clauses. At that time Chiropractic was fighting for its

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life and its right to continue serving the sick. Of course, if it could have been exempted from persecution of the medical profession and prosecution by legal authorities, as coming within that clause, Chiropractic would have avoided many of its early heartaches and fears. And if it had been so exempted, Chiropractic's research workers would have been freed of much of their mental burden and freed to build up its scientific study to prove many of its theories many years before they have been scientifically proven.

During most of the months from April, 1910, to November, 1913, I was occupied in reporting lectures given the classes at the P. S. C., and reported every address by Dr. Palmer before either the student body or the general public. Transcripts of those talks are on file in B. J.'s office or stored away in a storeroom by this time, and are doubtless similarly stored away or in the file of members of the Record Club. I distinctly recall that in none of them did B. J. broach the idea of forming a religious cult with the Palmer teachings of the Science and Philosophy as a foundation for the religious instruction. Yet many of the students and Chiropractors of those days took violent exception to his teachings, that he was trying to make a religious cult out of his Chiropractic Philosophy. Doubtless, too, many of today's students and graduates are sub rosa having that idea instilled in their minds.

By April, 1910, we find B. J. Palmer the author of his first five volumes covering various phases of Chiropractic—the early stages of the Art, Science and Philosophy. It is only at the P. S. C. that we find any extended course of instruction in the Philosophy of Chiropractic even today. Most of the other schools then operating ridiculed the idea of a Philosophy of Chiropractic, particularly as it was taught by B. J. As to the Science and Art, all of those other schools, large and small, differed greatly not only from the P. S. C. and Dr. Palmer, but from one another, and particularly, as they stressed, from the Philosophy taught by B. J. and his associates.

Following the unprecedented growth attained by the Chiropractic idea in the years after 1914-15, and the rapid growth of the student body at the P. S. C., there came a scramble among some of these smaller schools for the overflow from the Palmer school. There were also several new schools organized in the period between 1914-16, generally by people who had graduated from the P. S. C. or had taken a post-graduate course there, for the purpose of teaching Chiropractic along lines taught at the P. S. C. There was a large number of these schools teaching Chiropractic along lines of what were styled "Palmer Methods", both to take care of this overflow and also to get the endorsement of Dr. Palmer to encourage prospective students to enroll with them. There are a number of these Palmer Methods' schools still operating teaching straight Chiropractic in line with their early objectives.

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We also find a few other Chiropractic schools professing to teach *a*—note the italic—Philosophy of Chiropractic.

Prominent among these Palmer Methods' schools is the Texas College of Chiropractic at San Antonio, Texas, under the leadership and management of James R. Drain, D.C., Ph.C., a graduate in 1912 from the P. S. C. The T. C. C. was really organized before the Palmer Methods idea became prominent, but Dr. Drain's intention—which I am informed he has consistently followed—was to teach the Art, Science and Philosophy of Chiropractic as taught him at the P. S. C. I do not know whether he has incorporated any part of the philosophy of the latest Scientific Hole-in-One Chiropractic, or not in his latest teachings, but hardly believe that he has.

Probably the first really important school, aside from the T. C. C., inaugurated with this idea of teaching Palmer Methods was the Eastern College of Chiropractic in Newark, N. J. The president of this new school was Craig M. Kightlinger, D.C., formerly a graduate of the Mecca Chiropractic College in Newark, one of the rankest mixing Chiropractic schools that ever operated in the history of Chiropractic. I say this with no intention of casting a reflection on Dr. Kightlinger, but at the time he took up the study of Chiropractic it was the only school within his reach financially.

Craig came to the P. S. C. and took a post-graduate course there under B. J. and the P. S. C. faculty. I believe he acquired the Ph.C. degree at the P. S. C., if I am not mistaken. Julian N. Jacobs, D.C., Ph.D., associated with Dr. Kightlinger in the E. C. C., was, I believe, a full-time student and graduate of the P. S. C., and so do I believe were the others associated in this venture.

The E. C. C. operated for some years in Newark, and had a large enrollment. It has since removed to New York City, where it conducts a school under the style, Eastern Chiropractic Institute, as well as under its first name. After New Jersey got its first Chiropractic law in 1921 and its Chiropractic Board of Examiners, that law was later amended, the Chiropractic Board abolished, and the profession put under control of the Medical Examining Board with one Chiropractor as a member. By this amendment the E. C. C. came under control of the State Board of Education, and then got into bad graces with that board—not because of the quality of its Chiropractic instruction but because the amended legislation gave the board authority over all schools teaching any profession licensed in the state. Because the E. C. C. could not consistently conduct a school along lines demanded by this board of education, after an extended battle in the courts all of the way up to the New Jersey Supreme Court, the E. C. C. had to give up the ghost in New Jersey and located in New York to continue teaching Chiropractic. I don't

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know how it gets along with the Board of Regents in New York State, but that probably accounts for its new name as an institute.

Another school teaching Palmer Methods, organized some years after the E. C. C., is the Minnesota Chiropractic College, located at Minneapolis. This school is still operating in Minnesota, and I understand has a nice enrollment for a small school, and is teaching yet in line with Palmer Methods. I believe also it is incorporating some, if not all, of the latest Scientific Hole-in-One technique in its instruction.

There was a number of other schools organized in the years 1915-21, teaching Palmer Methods, to meet the constantly increasing demand for Palmer trained Chiropractors. The reason I am not naming all of those schools is that I just now cannot recall them or else they are no longer in the instructional field. I do not want to be understood as critical of them that I fail to mention their schools—simply that I do not recall them or they are no longer functioning as a school.

CHAPTER 5

**Early Controversies, Universal Chiropractors'
Association; Morris & Hartwell;
Chiropractic Health Bureau, Lay Organization**

CHAPTER 5
Early Controversies; Universal Chiropractors’
Association; Morris & Hartwell;
Chiropractic Health Bureau; Lay Organization

Before discussing the early struggles of the profession, in its right to exist and serve the public, I wish to discuss some of the internal difficulties. It was but natural that there should be widely divergent ideas on the subject of Chiropractic, its mode of adjustment, how it accomplished what it did, and the like. The public, of which the Chiropractic profession and its students were but a small part, had been taught through the ages the infallibility of medical diagnosis of the effects of dis-ease. They were accepted as infallible, notwithstanding the fact that several decades ago one of its most celebrated surgeons and research workers, Dr. Richard Cabot, of the staff of the Massachusetts General Hospital, and Professor of Internal Medicine at Harvard University, announced that medical diagnoses were proven wrong in nearly two-thirds of the cases where a post-mortem examination had been made. Recent years have shown little change in this, that errors in diagnoses are yet made in over 50% of the cases where an autopsy is subsequently made.

In Chiropractic circles there was nevertheless a strongly divergent idea from the frequently expressed opinion of B. J. Palmer that the Chiropractic profession was not and should not be interested particularly in naming the form of dis-ease that a patient has. His philosophy was, and is yet, that the Chiropractor was and is solely interested in location of the cause of dis-ease and its proper scientific adjustment or removal. There were differences of

opinion as to the manner in which the Chiropractic idea should be impressed upon the minds of the public, in its philosophical and scientific phases. I am not discussing the publicity phase, because I think the entire profession is as one on that, that Chiropractic should be given the widest possible publicity, whether that be over the radio, in the public press, in magazine articles, in advertisements in the paid advertising columns, and on the lecture platform. Even here there are differences of opinion as to the particular manner of expression, of course. But that is a question of both advertising quality and ethical standards—questions on which no two persons of any profession, trade or business ever agree.

As a result of these differences during the years 1909-1925, we have the organization of numerous Chiropractic schools and state and national Chiropractic associations, each with a philosophy and modus operandi at variance with all others. It is rather difficult to express the reason for this, but I believe the principal reason is that natural desire on the part of the genus

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homo to develop a field it can dominate in which to express its individual theories, isms and ideas. Particularly in Chiropractic in those years do we find people styling themselves as “leaders”, busily engaged in building up cliques of supports for their ideas, to carry out their particular views as to Chiropractic thought, practices and instruction.

When D. D. and B. J. were cooperating in the conduct of their first school, the P. I. C. I., those “leaders” were condemning the theories and practices developed and advocated by the two Palmers. When D. D. and B. J. came to the parting of the ways, they centered their attacks on B. J., totally ignoring D. D., or else they combined as one in trying to get D. D. support their particular views and join them in combating the theories and practices advocated and developed by B. J. It is interesting to note that as B. J. Palmer grew in importance and after the Discoverer had passed from the scene of earthly activities, those same “leaders” some decade or so after his death, began lauding D. D. as the Old Master. First, they claimed D. D. “stole” Chiropractic from the Bohemians, then the osteopaths; next they sought his support to overthrow B. J. from leadership of the profession; and finally they laud him as the Old Master, tricked out of his rightful position as head of the profession by his son, the Developer—not that they privately shed tears over D. D.’s passing but that they were putting on a show to get support in their controversy with B. J.

In regard to the so-called Sympathetic Nervous System and the ductless glands, B. J. had for years been searching into medical knowledge concerning these two organisms particularly, and he finally arrived at theories greatly differing from the then generally accepted view. In announcing his theories, he knew he had the mass of opinion against him, both within and without the profession. He discussed those theories of his with his student bodies during his period for discussion on the Philosophy of Chiropractic, purely as theories of his for which he had no anatomic proof—and the anatomical authorities of that day were accepted as positive truth by nearly all. In stating his theories he perchance differed from the views—if they had any real views on the subject—held by many other educators and “leaders” in Chiropractic holding as gospel truth the medical teachings. He was condemned by those “leaders” as teaching heresy to his classes, and even many of his own students opposed him in them. In his discussion, Dr. Palmer frankly admitted at the time it was but theory on his part, arrived at by him after an extended study of all known facts, accompanied of course by his observations of the results from adjustments. It is indeed a strange coincidence, as well as proof of his sound logic that many of the things he taught then as purely theoretical are today accepted as established fact, proven by

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anatomical study and dissection. Of course, those anatomic experts were not interested in proving or disproving any theory advanced by B. J. Palmer—they were after facts.

His theory of a serous circulation in the functioning of the ductless glands was one consistently ridiculed by those who chose to differ from his reasoning. Yet today we find much of his early theory about a serous circulation accepted by medical authorities as fact, that there is an independent circulation between those glands, independent of the vascular system and the lymphatic circulation, and that there is some dependent interrelation between the various ductless glands having much to do with the metabolism of the human system in its normal or abnormal functioning.

Now, the theories advanced by exponents of Chiropractic—the Palmerites and the anti-Palmerites alike—are so widely divergent from the commonly accepted medical theories, and the beliefs of the public, medically trained as it has been through the centuries, that even in Chiropractic circles we find many preferring to adhere to the medical theory. They are afraid to do any independent thinking, or else too lazy to do so. They are afraid of ridicule perhaps, and to overcome ridicule requires work. Others do not controvert much of the medical theory with which they do not agree, in toto or in part, because they have a fear it may retard rather than advance the growth of the Chiropractic idea in the public mind. In so doing, of course, they do nothing to advance its evolution. But to the real thinker nothing is deemed fact until proven. The Chiropractic profession, having seen so many medical theories and practices disproven in their work, had many thinkers indisposed to accept as absolute truth many of what they termed unproven theories of medicine.

If there is one point on which the entire Chiropractic profession can agree concerning B. J. Palmer, it is that he thinks. Now, the most of mankind is too lazy to do independent thinking. To do so and be independent in expression, necessitates building logical reasoning for the thought. That is, if your business or profession requires you to present logical reasoning to support your thought—and most human activities do. Since its practice and philosophy differ so widely from the practices and philosophies of other healing systems or cults, the Chiropractic profession must convince its public of its logic, or else it cannot survive. Therefore where the easy course to pursue is to accept the existing thought as truth in preference to doing independent thinking, the tendency has always been in many Chiropractic circles to “let well enough alone” and not dispute ideas with which it may not fully agree. B. J. Palmer in his work of developing Chiropractic from a theory to scientific fact foresaw all of this when he became the leader and head of the profession, but in his work to establish the fact he had to work

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against the bulk of the trend to “let well enough alone” almost unaided by any, certainly unaided by the other “leaders”.

In the theory as to what Chiropractic really was and is, we find many divergent ideas. On the one hand we find the B. J. Palmer school of thought, which includes the schools teaching the Palmer Methods, not merely the P. S. C., advancing the idea that the objective of Chiropractic is the removal of the CAUSE of ALL DIS-EASE. The anti-Palmer schools of thought teach that it is but another system for the treatment of the effects of dis-ease. In 1909-10 we find Dr. Palmer speaking of “dis-ease”—note the hyphen— rather than “disease”, that all forms of human ailment are but an expression of lack of ease rather than each individual form of human ailment being an individual entity disease. Oh, of course, he did not—never has—dispute that different forms of human ailments have different forms of expression and different loci for expression, and as such are properly described by characteristic names, whether in Latin, Greek, German or plain every-day English. But to him philosophically they are all but an expression of a lack of ease, or dis-ease.

As it will be discussed more fully in later chapters devoted to mixing and straight schools of thought and practice, I will now merely mention another divergence of opinion in Chiropractic. That is the bane of all Chiropractic, “new moves” and the attempt to enlarge the arena of Chiropractic adjustment to every joint almost in the human body, not only at the spinal column. Not only were “new moves” brought out for correction of spinal misalignments, but it was sought to correct misalignments of other joints by movements either resembling the thrust movement used in spinal adjustment or some other movement purloined or taken from osteopathy or even orthopedic surgery. Also the use of other external modalities, treatment adjuncts, sunray lamps, varicolored lamp rays, ad infinitum, for the treatment of effects, either as an “aid” to Chiropractic “treatment” or often advocated and “sold” the patient as a part of Chiropractic.

Aside from the internal difficulties, in those early days, and more particularly in the years 1909 to 1921, we find the profession beset by legal restrictions. Before Chiropractic became generally approved by the public, those legal restrictions had been dormant, although included in the penal sections of nearly all medical practice acts. Generally speaking, those restrictions were so broad that anyone who attempted to do anything for the sick, other than giving first aid treatment, for which service a fee was asked by the one rendering the service, they were liable to prosecution on the charge of the illegal practice of medicine,—that is, practicing medicine without a license. Religious cults were the only healers excepted from those penal clauses. Dr. Palmer was, at that time, devoting much of his time and

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thought to the protection of Chiropractic and Chiropractors from the persecutions of the medical fraternity and the prosecutions of the officers of the law, in those states where the medical profession had a legalized monopoly of caring for and creating the sick. An unlicensed healer having anything to do with caring for the sick was under the law guilty of violating some one or more sections of the act, and because of such legal guilt he was amenable to severe money fines and even to imprisonment in the local city carcel or the county and state penal institutions.

The definition of medicine in those acts may have played a part in the terminology developed by Dr. Palmer descriptive of the practical phases of Chiropractic. For example, the word "adjustment" used by all true Palmerites in preference to the word "treatment". The word "treatment" has a history of centuries in speaking of care of human ills. Regardless of the form of service used in seeking to cure or alleviate the sufferings of the sick, the word "treatment" was the commonly accepted term descriptive of the service rendered by the doctor, whether he be an M.D., a D.C., a D.O., or what-not. Under a strict interpretation of the defining clause of medicine, "treatment" of human ailments whether by "adjustment" or medicine, was the practice of medicine, regardless of the fact that medicine itself denied that Chiropractic "treatment" was, taught in any medical college. Those taking up the practice of Chiropractic were doing so to serve the public and make a living while doing it. Many of them felt it easier to sell the public the idea of Chiropractic service if it were sold as a system of creating human ills by adjustment of the spine rather than on the more scientific thought of adjusting a vertebra and removing the cause. For that reason, even today, we find many Chiropractors speaking of their service as a treatment rather than as an adjustment. I think they err in doing this, for, after all, in speaking of one's lifework, the terminology should be accurately descriptive.

The use of the word "adjustment" in preference to the term "treatment" is not a matter of evasion. B. J. never intended it to be so used, solely as a means of getting around medico-legal terminology, even though he thought it might help some even in that circumstance. Giving it the broadest possible interpretation the adjustment of a vertebra of the spine cannot be considered treatment of an effect far removed from the spine. That was, of course, B. J.'s objective in speaking of Chiropractic "adjustment" rather than Chiropractic "treatment", for he is a stickler for accuracy in terminology.

Prior to very recent years, we find practically no reference in medical literature to the word "subluxation", a word now so generally used in Chiropractic. In isolated instances we find medical literature using the term in contradistinction to the wording "dislocation" and "partial dislocation" when speaking of misalignments at joints. But it was the Chiropractic profession

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that adopted the use of the word “subluxation” as descriptive of spinal misalignments, so much so that almost any school boy today knows it. In recent years we find a more frequent use of the word in medical literature. It was not altogether as a subterfuge that the word was so generally used by the Chiropractic profession, although that may have had some influence in its being adopted in Chiropractic terminology.

It is only in very, very rare instances that an adjustment of a spinal vertebra is in fact a treatment. If one has an occasional cause of a trauma at the spine which results in the misalignment of a vertebra, it might then be a treatment although the procedure is a Chiropractic adjustment. But such a case is very rare. Yet many compensation insurance companies today desire the use of a Chiropractor’s service in correcting such acute misalignments occasioned by the fall of a laborer or through an excessive sprain in his work at the spine with resultant misalignment and pain.

Even on the Chiropractor’s going into the field and setting up an office for the practice of Chiropractic, the use of his title D.C., or Doctor of Chiropractic, subjected him to the liability of prosecution. In some states today where he is licensed to practice Chiropractic, the licentiate is prohibited from using the title “Doctor” on the door or his card without the additional wording, showing he clearly holds himself out as a Doctor of Chiropractic. That is because of the erroneous reasoning that by calling himself a doctor he was holding himself out as a doctor of medicine. In the early days, because of this, some of the pioneer Chiropractors held themselves out to the public simply as Chiropractors and not as doctors, although this has since been generally discontinued.

Personally, I prefer the British system of confining the use of the title doctor to men possessing special educational qualifications and training, either in the ministry, government or literature, and not as a title solely descriptive of a man engaged in the healing arts. In Great Britain a man practicing medicine is a plain mister until he has established himself as an outstanding exponent of medicine or surgery, when he is granted a special designation of fellowship in the Royal Academy of Medicine or Surgery and perhaps knighted by the Crown. But being a democratic country, in the United States, we place a great reverence on certain titles, such as doctor or judge. But the title of doctor really means little, where even the barber may be called “Doc”.

Most of the early pioneers in Chiropractic were exceptionally successful, because they were zealous advocates of their beloved Art, Science and Philosophy. Because they were successful, there arose a very strenuous opposition by the “educated” physician. The medical associations asked protection of their monopoly by the use of the penal clauses in their practice acts. It

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wasn't a very happy situation, naturally, for a physician to be met on the street or elsewhere by someone whom he had given up as hopelessly incurable, and have it known about the community that his one-time "incurable" patient had recovered health at the hands of the humble untutored Chiropractor. Doubly unhappy was the M.D., if he had deigned to notice the Chiropractor and tell his friends far and wide what an ignorant so-and-so quack that Chiropractor was.

The result was—still is for that matter—that the successful Chiropractor was very soon the corpus delicti of a grand jury investigation and an indictment. Under the very broad terms of the average medical practice act, it was a certainty that the indicted Chiropractor would be convicted and often branded as an undesirable criminal. I say "certainty". If he were tried before the court alone, and the judge were a stickler for the law—being "educated" he usually was—the Chiropractor was doomed to prompt conviction. In those cases where the criminal law code, or the practice act itself, provided for jury trials, the jury often, in the face of the court's direction to find the Chiropractor guilty, as promptly filed back into the courtroom with a verdict of not guilty. To offset as much as possible this danger of conviction and a possible heavy fine, and imprisonment even in the local carcel for anywhere from thirty days to several months, we find Chiropractors organizing state and national associations. The state associations were organized primarily to seek favorable legislation for granting licenses to practice within the law. The national associations were organized mainly for the purpose of protection of its members who were indicted, and to protect Chiropractic as an Art, Science and Philosophy of healing, separate and apart from medicine or any other healing art.

Shortly after the incorporation of the Palmer School in 1905, we find an occasional Chiropractor being arrested on the charge of the illegal practice of medicine. In 1906 Shegataro Morikubo, D.C., a Japanese practicing Chiropractic in La Crosse, Wisconsin, was arrested on this charge. Dr. Morikubo, of course, was held out by the medical fraternity and the "learned" professions as a dangerous "criminal", one who should be forever barred from peddling his "nefarious practices" among the sick—and more particularly from competing with their "learned" colleagues, the medical practitioners in their community. On being arrested and put in the local calaboose, Dr. Morikubo got in touch with B. J., telling the position he was in, indicted as a criminal for doing what he thought was nothing but good in that city. B. J. promptly took up Dr. Morikubo's case with the student body and a number of those out in the field practicing, seeking to devise means for helping out a brother Chiropractor in distress. A small sum of money was collected, and it was decided to employ local counsel in La Crosse

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to defend Chiropractic and Dr. Morikubo, and make out a test case to determine whether, under the Wisconsin Medical Practice Act, the practice of Chiropractic subjected one to the penal clauses of that act. With the funds in hand, Dr. Palmer with a number of students and graduates went to La Crosse. There they consulted the law firm of Messrs. Morris & Hartwell, and retained them to defend Chiropractic and Dr. Morikubo.

Thomas Morris, Esq.,—or “Tom” Morris as he is known to the entire profession—had been Lieutenant Governor of Wisconsin when “Bob” LaFollette was Governor of the state, and on Sen. LaFollette’s appointment or election to the United States Senate, was acting Governor for a few months. As such he was a political power in both his state and community, and, of course, very desirable as counsel in defending one of the first Chiropractors prosecuted for illegally practicing medicine. Fred Hartwell, Esq.,—or “Fred” as he was known to every Chiropractor in the land—was an able trial lawyer. He had been at one time prosecuting attorney for his county, and was also a political power in the community, and had become associated with Gov. Morris in this law firm of Morris & Hartwell. Both of these men were able and distinguished lawyers, not only in La Crosse but through out the state and in the United States courts. Dr. Palmer and those with him presented such a picture of the distress of Dr. Morikubo and what it would mean to Chiropractic if he were acquitted of the charge, and what it would mean to the people if he were convicted and forced to leave La Crosse and Wisconsin, that both Tom and Fred became intensely interested in the case, although it was a mere criminal court action—and they were too prominent in the legal profession to have anything to do generally with what they considered a police court affair, something for a cub lawyer to handle.

The result of the keen interest aroused in both the court case and what it meant to the new science and the people of the community was that they put up such a strenuous battle for Dr. Morikubo that after several days’ trial the jury brought in a unanimous verdict of acquittal—and unanimous verdicts, I believe, in Wisconsin at that time were not necessary for either conviction or acquittal. Thus Chiropractic had won its first battle in a court of law with the medical opposition, and this case resulted in the State of Wisconsin being free of similar prosecutions.

On his return to Davenport, Dr. Palmer and the others discussed the feasibility of uniting the Chiropractors into a national association for protection of the Chiropractic cause in the law courts of the United States and Canada. They saw the danger if other Chiropractors were prosecuted and went to trial without able counsel and a conviction were to result. It may have meant a quick extermination of not only the individual Chiropractor but of the Chiropractic idea itself in that state and locality. Soon after we find

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the Universal Chiropractors' Association organized as another instrumentality in the development and evolution of the Chiropractic idea. This was in 1906 that the U. C. A. was organized. Its first president was T. J. Owens, D.C., then Dean of the P. S. C., with B. J. Palmer as its Secretary-Treasurer, and Messrs. Morris & Hartwell its National Counsel. It had a Board of Directors composed of five members who were Chiropractors practicing in various sections of the country. I do not recall whether it was provided that different schools should have representation on the Board at its first election or not. But at later elections it was provided that not more than two members should be from any one school. Its early membership consisted of those Chiropractors in the United States and Canada who were desirous not only for personal protection but also for the upbuilding of the profession and its protection, together with the promulgation and perpetuation of the Chiropractic idea in its straight, pure and unadulterated state—which is a phrase I have so often used, coined at that time I believe.

There were even at that time the two broad factions in the ranks of Chiropractic—the straight and the mixer. The founders of the U. C. A. were all for straight Chiropractors and wished nothing better than total elimination for the mixer. The U. C. A. membership consisted only of those Chiropractors who adhered to the straight practices, and their motto was to keep Chiropractic “pure and unadulterated”. Founded for this purpose, the U. C. A. and its officers were more keenly interested in the protection of the “TIC” than it was the protection of the “TOR”, and for nearly two decades it found a successful uphill battle in this struggle. On the other hand, prior to 1910, there was no association of mixers for protection legally of either the “TIC”, “TOR” or “TOID”—as the straights termed the mixers on occasion.

Membership in the U. C. A. was highly desirable, and the mixers kept constantly knocking at the door, begging to be admitted to its membership, because protection of their property rights as citizens and healers was just as dear to them as it was to the straights. In all its forty-odd years, there have been few law firms that have demonstrated both an ability and a willingness to defend Chiropractic in courts of law. On the face, it was an almost hopeless position for a lawyer to hope for an acquittal of a client when he was prosecuted under a law so keenly worded as are most medical practice acts,—and no lawyer wants to go into court every day expecting conviction for his client. Also it meant working for correspondingly low fees and retainers as the Chiropractic profession was neither collectively wealthy or large,—and lawyers too must live on what they earn in fees. In all the history of Chiropractic, the firm of Morris & Hartwell and its successor firms,—Morris & Holmes; Holmes, Winter, Esch & Brody,—and the General Coun-

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sel, George G. Rinier, Esq., for the Chiropractic Health Bureau, stand out as the only national counsel for the profession in its several national organizations,—mixers and straights. There was also a certain prestige to be gained in being recognized as a member of the U. C. A., because it was known throughout by the public as standing for ChiropracTIC rather than merely for the TOR. Prosecutors were getting afraid of public ridicule for their repeated failures in being outwitted in the trial of an otherwise open-and-shut case when the defendant was represented by the U. C. A. and Morris & Hartwell. Often they moved a nolle prosequere of the indictment, rather than face this possibility of becoming the laughing stock of their fellow members at the Bar.

Now, not all Chiropractors became members of the U. C. A. that were fully qualified for membership—graduate of a Chiropractic school and practicing Chiropractic as it was originally laid down by the Founder and as continued to be worked for by the Developer—straight, pure and unadulterated. Prior to 1910 there was no protective association for the mixers and they wanted protection, too—if it didn't cost too much. It was left to about ten percent of the straights to carry the load of protection of both the TIC and the TOR, the straight and the mixer. In 1910 the U. C. A. had a membership of approximately 500, with impending prosecutions mounting, and the possibility of having to face greater annual assessments than the \$60 they were then paying. It was discussed hot and heavy at that Annual Meeting of 1910 whether the bars should be left down, although no direct action was taken, it being left to the Officers and Board of Directors to determine the policy of the association. At the Annual Meeting in 1911 it was again hotly debated, and the bars were loosened a little bit. At the Annual Meeting held in Minneapolis in 1912 the breach was made a little wider, and by 1913 we find the mixers coming in quite heavily, so much so they began having more voice in the control. Also, much as I dislike saying it, many of the erstwhile straights had become mixers, and they still wanted U. C. A. protection in time of trouble.

In 1910-11 numerous Chiropractors were arrested for alleged violations of the medical practice acts in the United States with an occasional arrest in Canada. Strange to say, all of those men and women arrested were people who had built up large practices and were, of course, making serious inroads on the M.D.'s monopoly. Very rarely was a Chiropractor arrested who was having a hard struggle to keep a roof over his head, his office rent paid, and his family supplied with the bare necessities of life. Oh, yes, occasionally even one of those hard-up members was arrested, but it was rare. I remember when I was business manager of the U. C. A. in 1912-13, whenever a Chiropractor wrote in that he or she had been arrested, I often wrote

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them they should frame the indictment alongside their diploma, as additional documentary proof of fitness to practice. However, in 1911-14 we find the medical associations and the prosecuting agents very active, and, as well, quite successful in securing convictions. The campaign against Chiropractic was most active in Montana, Wyoming and California. It was also hot and heavy in Ohio, Indiana and Kansas. Where the defining clause of the practice act was most stringent, or the criminal code prevented jury trials, leaving the trial judge in control,—himself usually with the “educated” medical persecution and against the “ignorant, untutored” Chiropractor,—we find frequent convictions, with the “convict” sentenced to a term in jail, in some cases as long as six months, accompanied by a threat from the bench if they practiced again on release and brought before it, the next term in duration vile would be the limit.

In the hall at the entrance to the B. J. Palmer Chiropractic Clinic is a panel on which are approximately 75 plaques, containing the names of the “Early Martyrs” to the Chiropractic cause,—men and women who had been convicted and sentenced to a term in the local carcel or the county prison. Notable among personal friends who were convicted are O. L. Brown, D.C., of Akron, Ohio, and Joe Jeffries, D.C., of Caspar, Wyoming. Both men were prominent Chiropractors, known throughout the country for their activities in association affairs, and very successful in their local communities. Dr. Brown was convicted on the usual charge and sentenced by the trial judge to a term of several months in the county jail. This notwithstanding the fact that but just a short time before his conviction he had adjusted the wife of the trial judge during a severe attack of pneumonia, with prompt restoration to health although before she took adjustments her life was despaired of. Dr. Jeffries had a large practice in his section of Wyoming, out near the Teapot Dome oil fields. Joe was convicted and served a term in the local workhouse or jail. Since his release from jail, Joe entered the political arena, and has served his district as a member of the State Assembly.

The medical profession is very strongly organized in the United States, in the American Medical Association. Out of an estimated total of 175,000 practicing physicians and surgeons in the United States, approximately three-fourths of them are members of the A. M. A. This A. M. A. has an almost perfect system of professional organization. First, the profession is strongly organized in the states, and all of these state societies are affiliated with the national A. M. A., and controlled by it. This association through its compact organization and control of the state societies wields a tremendous political power. All physicians and surgeons holding political offices in the state and national public health services are members of this association. It also has many members in the state legislative bodies and in the United States Con-

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gress. Any public health activity is subject to the scrutiny and at the mercy of these politico-medicos, so that any public health activity not in full conformity with the medical views as dictated by this A. M. A. has very little prospect of receiving kindly treatment in legislative halls.

To digress for a moment, it is interesting to note that when the Declaration of Independence was being considered, one of the members of that body of patriots was Dr. Benjamin Rush. At the time of the Constitutional Assembly, at the close of the Revolution, this same Dr. Rush was a member of that body. He was the advocate of having a section inserted in the Federal Constitution giving the medical profession a complete monopoly of treating the sick. Dr. Rush's favorite prescription was a concoction made up of ten grains of jalap and ten of calomel, to be taken in a single dose. This was known throughout the medical profession at the time as Rush's Thunderbolt. And as Dr. Fishbein says in his book, "FADS AND QUACKERY IN HEALING", a patient who cried it thereafter craved weaker medicine. Yet Dr. Rush is representative of a group that today would give us Socialized Medicine, making the further advance of medical science dependent on the amount of pull the researchers had with the powers in the local city hall or the Public Health Service in Washington. One can imagine the progress of medical science when he reflects on the fact that Dr. Rush was still prescribing his Thunderbolt for over twenty years following the signing of the Federal Constitution. His death only stopped his "advance". As for the further evolution of Chiropractic, once Socialized Medicine gets control of the sick,—God help both the sick and Chiropractic!—to say nothing of medicine, and I believe medicine has made great scientific advances in recent years—and even does some good.

At the time of its organization, the U. C. A. and Morris & Hartwell, as its general counsel, found a determined opposition to Chiropractic in all states, an opposition determined forever to keep the budding profession completely off the map of health service if possible, or, if that were not possible to so curtail its activities and scope of service as to emasculate it. It is largely due to the U. C. A. and its able defense by Morris & Hartwell, supported by a mere ten percent of the straight element in the Chiropractic profession, that both the mixers and the straights are enabled today to serve the public with Chiropractic. It is also because of his strict adherence to the original tenets of the U. C. A. that B. J. Palmer, at the risk of being branded the Tsar of Chiropractic and the U. C. A. as a one-man association, fought to keep the practice "straight, pure and unadulterated", as otherwise Morris & Hartwell may not have been so successful, and the doors of every state may have been closed to Chiropractic—mixer and straight alike.

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But B. J. was accused of wanting to be the Tsar of Chiropractic and the U. C. A. as a one-man association. Charges were even made against him that he was using funds collected by the association for his personal benefit, although such charges were never substantiated—and, in my opinion, never expected to be. The U. C. A. had its business office space furnished rent free by the P. S. C. and at times clerical assistance was given by the school without charge. Those elements that I have called mixers, because they couldn't be accepted into membership, started the agitation against the U. C. A. and its chief officer, B. J., to attract its membership into an association formed in those hectic years, 1910-14, frankly designed to exploit the objectives of the mixer. They sought to create a feeling within the straight elements—the U. C. A. membership particularly—that B. J. was a Tsar and the U. C. A. a one-man association solely for B. J.'s benefit.

Dr. Palmer did exercise a strong control over the association. He did this because he wanted the U. C. A. to continue the work for which it was organized, that of protecting the TIC, not only the TOR and never the "TOID". He did not care from what school an applicant for membership had graduated, whether the P. S. C. or some little insignificant one-man school or his largest and most powerful competitor. As long as that applicant and member stood for ChiropracTIC, he had B. J.'s unqualified support. During the three years that I was actively associated with the work at the Top of Brady Hill, Dr. Palmer was on the road fully half of his time, neglecting his own multitudinous duties at the P. S. C., fighting the battles of Chiropractic. He was at some trial being defended by the U. C. A. or at some state association meeting to keep up the enthusiasm of its members for Chiropractic when they were down in the dumps fearing prosecution or defeat in legislative halls. During the time I was actively connected with the U. C. A. as its business manager, Dr. Palmer never dictated anything to me as to how to conduct my work. When I sought his advice, as I often had to, he gave it freely; but he never made a suggestion when I asked his advice that showed a desire to control its activities, its funds or the defense of an indicted member, even though the member may be suspected of mixing. So long as those members practiced ChiropracTIC, whether the Palmer method or any other, so long as it was straight Chiropractic, B. J. was behind them.

When one considers the extremely small number of ChiropracTORS that were banded together into this association, with less than \$30,000 to \$40,000 a year to expend in carrying out its purposes, it is to be marveled at that the U. C. A., under the combined leadership of B. J. Palmer, his fellow officers and the law firm of Morris & Hartwell, was able to keep the field open in all states but one—Louisiana—so that Chiropractic could continue on its progress of development and evolution, hampered as it was by

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the “termites” within and the prosecution without. Many of those boring from within were, unfortunately, in the ranks of the U. C. A. itself, which ultimately led to the withdrawal of Dr. Palmer from its official body and the final dissolution of the association itself within a very few years, on its amalgamation with an association composed mainly of mixing elements.

Fortunately, Chiropractic has had little opposition from the medical profession in the courts of countries other than the United States and Canada. In those countries the medical profession is not so universally regarded with that reverential awe that it is here, in the United States particularly. It has not therefore been generally successful in securing restrictive legislation, giving it a monopoly of treating the sick. Even in one country today, that we in the United States believe under the rule of a dictatorship, the German Reich, the practice of Chiropractic is unmolested from either medical tyranny or legal prosecution. In the other European countries, aside from the petty restrictions to which all business is subjected, there are no important restrictions on the free practice of Chiropractic.

It was very rarely that the U. C. A. and Morris & Hartwell were unsuccessful in securing the prompt acquittal of the defendant Chiropractor, especially where a jury trial could be had and where the popular feeling against the indictment of a Chiropractor as a common felon made it possible to build up a strong local sentiment against the persecution of one recognized as having done much good in the community. Of course, in the larger cities, such as New York, Chicago, St. Louis, Boston, Philadelphia, etc., it was impossible to build up this local sentiment. Also the structure of the criminal codes in those cities, pertaining to minor felonies, as Chiropractic was classified,—that is practicing medicine without grace of licensure, not that Chiropractic was specifically named—where the trial was left to the judge or a group of three judges sitting en banc, indictment in them had little or no possibility of being beaten. The judges usually resolved the action into a question of law, with almost invariably an automatic conviction. Legally, Morris & Hartwell had little hope of securing an acquittal where the defendant was tried before the court alone, because under the law, and as a legal question only, if he did anything to the sick and charged a fee—as of course he must if he is to live—the indicted Chiropractor had little chance. Yet acquittals even in some of those instances were obtained by Morris & Hartwell where they found some technical flaw in the act itself. But, on the contrary, where the code permitted the accused Chiropractor to be tried by a jury, Tom Morris and Fred Hartwell were nearly always assured of securing a prompt acquittal, even though the court may have practically told the jury to bring in a verdict of guilty in its charge.

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But there began to be sufficient convictions and confirmations of those convictions where they were taken up to the appellate courts, so that Chiropractic became very much alarmed as to its ability to continue. The profession felt it must secure legal recognition as a separate branch of the healing arts to perpetuate its existence. As a result we find the Chiropractors in all the states organizing local state associations, and where sufficient in numbers city and county associations. These associations, or societies, were formed primarily for the purpose of securing legal recognition and independent examining boards so Chiropractic might too be legally protected in its right to serve the public without fearing medical persecution. The organization of such associations was encouraged by B. J. and the U. C. A., although neither the association or B. J. or its national counsel sought any hand in their control. The U. C. A. was totally unlike the A. M. A. in this respect, which is another proof of the fact that since B. J. did exercise a strong control of the U. C. A. he was not autocratic in it. Many of these state associations were successful in having legislation passed by which their members were licensed as legal practitioners, either of Chiropractic as an independent and separate branch of the healing arts or as a restricted branch of the medical practice.

Among many of the activities of the U. C. A. was that of effecting a coordination of relations among the various states having Chiropractic legislation, particularly where they had a Chiropractic board of examiners. You see, even in the states that had Chiropractic boards and where the license power was not vested in a composite board, because of differences in the defining clauses and the qualifying sections, a free reciprocity was impossible under a strict interpretation of the two acts. And when you had a Chiropractic Board of Examiners they forgot their former battles for freedom and became more strict, if that were possible, than the medical boards ever were. Of course, they were controlled in many of their decisions by the Attorney General of their state, and he perhaps was not a convert to the Chiropractic idea. Thus a Chiropractor licensed in Iowa might not be able to get full reciprocal rights in, say, Kansas—yet both states had independent Chiropractic boards. The various officers of the Chiropractic boards from all the states had numerous conferences under the sponsorship of the officers and directors of the U. C. A., and they finally, in 1921, entered into an agreement to establish reciprocal relations in such states as could get the approval of their attorney general. Thus at this conference they formed what was termed the National Board of Chiropractic Examiners, and that conference decided upon a list of subjects in which the applicant for a certificate from this board must pass to be entitled to a certificate. On the applicant's passing this national board, if he were licensed in another state, it was the purpose to grant reciprocal rights in all the concurring state boards on payment of

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necessary fees and proof of prior license. By virtue of this reciprocity agreement resulting from this conference many Chiropractors were granted reciprocal rights in other states than that in which they were first licensed and permitted to practice.

Unfortunately, in a few states the Attorney General felt he could not concur in this method of granting reciprocal rights, in which event the state board of examiners could not carry out their ratification of the conference. In other states, by later legislation the Chiropractic board was abolished and a Chiropractor placed on the medical board, which board would not recognize the conference. New Jersey was one of those states, as its first board of examiners was abolished in a little over a year after its appointment by Gov. Silzer, and William C. Ditmar, D.C., appointed to the medical board representing the Chiropractic profession.

Another of its many activities for the perpetuation of the Chiropractic idea in the many states applying to their legislative assemblies for the right of licensure was the organization under U. C. A. sponsorship of the presidents of the several state associations concurring in its creation, known as the National Board of State Presidents. One of the objectives sought was a coordination of the defining clauses in legislation to be thereafter proposed, as well as to coordinate the preliminary educational requirements, the subjects to be examined in, and the adoption of an approved standard course of instruction to be recommended to all Chiropractic schools.

Chiropractors after all are but average men and women who have chosen to enter Chiropractic to serve the sick. Like all average people, they are compelled to make a living in rendering this service. To assure themselves of this, too often these same average men and women sought to create a monopoly of their field of work. As a result when a state Chiropractic association came to adopting its proposed legislation, they would seek to make the terms restrictive, to create or perpetuate a monopoly. Where they may have graduated from a twelve months' course, or the present standard course of three years of six months each, they are too apt to insist on the proposed legislation requiring courses of much longer terms and with broader educational requirements, both preliminary and in the Chiropractic college. As an example, I might cite legislation proposed in recent years at Albany, New York. In the legislation proposed in 1935, arrived at as a compromise between several factions in state associations, it was finally proposed to require the applicant after a certain period to have at least one year of liberal arts in an approved state college or university, and after another term of years to have spent two years in such a course. Of course, the proponents of the compromise bill had in mind the necessity of getting approval of their bill by the New York State Board of Regents, if it was to be passed in that ses-

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sion, and this preliminary educational requirement was doubtless placed in the proposed act to get this needed approval.

One objective sought in creation of this National Board of State Presidents under sponsorship of the U. C. A., was to coordinate future proposed legislation, so that all graduates of a standard course of training could be seasonably assured of being able to go before any state board of examiners and be granted licensure. It was also sought to make reasonably sure that a Chiropractor licensed in one state could be granted reciprocal rights in other states in case he desired to move to a new location. The most difficult point of discussion in the framing of a bill to be presented to the legislative assembly for passage is the definition of Chiropractic. The layman doubtless thinks it would not be difficult to define Chiropractic. However, in the state association Chiropractors of all the various schools of thought and practice are members. It was indeed a very rare thing for a definition of Chiropractic such as would have the approval of a strict Palmerite to be acceptable to all members of the association particularly where a large number of the members may not be practicing according to those tenets.

Those who were mixing were desirous that the definition be so framed as to have almost everything therapeutic under the sun included in the bill defining the practice of Chiropractic. Because of these internal differences as to what constituted the practice of Chiropractic, there were many heated discussions, often almost terminating in blows between the members. The result is that in many of the acts in the various states we have almost as many different definitions as to what constitutes the practice of Chiropractic as there are acts in force. Yet in the main most acts define Chiropractic as a system of healing by adjustment of the spine by hand only.

There were many things that induced B. J. to withdraw his candidacy for re-election to the secretariat of the U. C. A. There were some factors that wished control of the association without his assistance in its management. Dr. Palmer himself had just a short time before launched the campaign for distribution of the Neurocalometer to further the scientific aspects of the science. He also wanted to devote more time to establishing Chiropractic as a science in fact rather than as mere theory, unhampered by the necessary duties involved in that office. Because there had been a tremendous furor in Chiropractic circles because of his sponsorship of the Neurocalometer, some seeking a greater voice in management of the association suggested that to preserve peace in its management and in the ranks he should retire. However, had he seriously wished to maintain his position in actual management of the U. C. A., there is little question about his having continued to do so, regardless of any internal opposition to it.

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Ever since he had had an association in the development of Chiropractic, particularly after he was the unquestioned leader of the profession, in 1902, when his father withdrew, B. J. had been in search of convincing proof of the scientific aspect he felt certain was behind the veil that obscured the vision of the future Chiropractic he sought from 1902 to 1925, or even to the present moment. With the remarkable improvement in electric research equipment, and the development of the X-ray in its thirty years of research, and its improvement over the equipment of early years, coupled with his confidence in the mechanical discovery of "hot boxes" along the spine free from the error of the human factor, by skilled use of the Neurocalometer, B. J. thought he was at last on the right track to reach the desired goal. With this goal in his mental grasp, B. J. was, I believe, happy to relinquish his control of an association that was no longer active in carrying forward its original purposes, the propagation and perpetuation of the Chiropractic idea. He doubtless foresaw too that it would not be long until the factors within the U. C. A. would cause the former solidarity of the association to disintegrate. Anyhow, after he did withdraw from active participation in U. C. A. management, it was very soon headed for the rocks where it would disintegrate, had it not formed an amalgamation with the American Chiropractic Association a few years after 1925.

But he had only one year of relief from association affairs, because in August, 1926, at the Annual Homecoming that year he was approached by Dr. Dueringer, Dr. Eifertson, Dr. Frank H. Seubold and others, with the suggestion that an association be formed to which only straight Chiropractors would be admitted. This conference resulted in the inauguration of a new association in affairs Chiropractic early in September, at the close of the Annual Homecoming, now known as the Chiropractic Health Bureau. The C. H. B. elected Dr. Palmer as its president, although I am frank to say he exercises his presidential function less than any other man ever elected to a similar position in any association or business activity. The management of the C. H. B. is left largely to the Board of Control, Mr. A. P. Brugge, its secretary-treasurer, and George G. Rinier, Esq., its General Counsel. This Bureau has a healthy membership, composed only of members determined to carry forward the purposes for which it was organized, the propagation and perpetuation of the Chiropractic principle, without contamination of external agencies foreign to straight Chiropractic. Within the past decade or so, a new factor has entered the arena of the protection service that an association can render its members. That is the malpractice feature. Since a great number of the field practitioners are now licensed in their respective states, there is not the need for protection from arrest, indictment and possible conviction as a petty criminal. But there has arisen the more serious factor, and

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that is the possibility of a tort action in the civil courts for damages because of alleged acts of malpractice, an action which, if successful, may hurt a field practitioner almost as much as a term in jail would, and much more than any possible fine under the medical practice acts.

The education of the laity and its service to the public is another association activity that is making slow progress in Chiropractic affairs. Years ago, about 1923, Dr. William H. Werner, a Chiropractor practicing in Brooklyn, N. Y., was having much difficulty with medical persecution. You see, Dr. Werner was successful and had a large practice, and the medical fraternity in his locality was suffering much from the loss of its monopoly. He was arrested, found guilty, and had the very imminent probability of having to serve a term of months in the county jails. Several of his patients formed a group, or a lay association, to try to avoid this possibility for their Chiropractor, and although they were not entirely successful in keeping Dr. Werner from serving a time in jail they did give him an idea of organizing the public and educating it of its own danger from medical monopoly and also the benefits of Chiropractic. He became active in the formation of the first association for the education of the laity on Chiropractic's legal problems, its function and its scope of service. He also had in contemplation the organized laity's assistance to the profession in its battles for legislation before legislative assemblies. In order to maintain the interest of the lay membership, the American Bureau of Chiropractic, also assumed the job of instructing its lay membership how it could protect the public from the imposition on it of certain public health activities which the Chiropractic profession has consistently opposed. Just to mention one, the effort of the politico-medico to compel school children the land over to undergo the iniquitous rite of vaccination, the Schick test, compulsory examinations of teachers and school children for pulmonary disease, particularly tuberculosis, etc.

The A. B. C. had a large lay membership in New York City, and shortly after its organization it undertook the formation of professional groups of Chiropractors, not only in New York State but throughout the United States, these professional groups to, in turn, organize lay auxiliaries to carry forward the objective of lay education. Unfortunately the movement became top-heavy and got into financial difficulties and for a time ceased its national activity, although a number of the old professional members still continue their auxiliaries. Several years ago, the C. H. B. entered this field of lay education, and in 1929 created its Division of Laymen Units for the purpose of organizing professional units, these units in turn to organize lay units in their respective communities. The objectives were very similar to those of the A. B. C. auxiliaries, although somewhat different in plan of

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organization. This activity is making slow progress, and it now has something over sixty professional members, a substantial number of whom have organized lay units under the combined management of the professional members and the Bureau through the Division. Personally, having been associated with the activities of the Division in this work, and having made a study of it, its objectives, its possible accomplishments of good for all concerned, I think lay organizations should eventually prove to be one of the most important activities of professional organization. There are so many ways in which well-informed lay groups can help both the Chiropractor, the school, the publicizing of the Chiropractic idea and themselves as well, in the protection of the right of the sick to seek health by any means of its own choice instead of having a healing system forced upon them through compulsory health insurance or other legislative mandate.

There have been other national associations organized, some of which I shall mention in later chapters, because their activities seem to fit in there more than they do here, which is a review of the early association activities. Although the C. H. B. and A. B. C. are associations of comparatively recent origin, I have mentioned them because they are not involved in the other picture and because they are—particularly the C. H. B.—so closely related with the objectives sought by the old U. C. A.,—the A. B. C. because it started the lay organization idea, now a part of the activity of the C. H. B. The A. B. C. is primarily interested in lay organization and is mentioned here in conjunction with the same activity of the C. H. B.

I have not attempted to review all of the controversies in the ranks of Chiropractic, both internally and from outside sources. I have only mentioned a few, which to my mind were the greatest dangers at the time. Some of those factors I will mention in following chapters relating to the struggle between the mixers to wrest leadership of the profession from the straights who had controlled its destiny in the early years, without which control Chiropractic today would be known in but a few isolated communities, practiced by a daring few, rather than practiced openly throughout the world by nearly 25,000 practitioners, although the Chiropractic practiced by many of them bears little resemblance to the dream of the Founder when he first discovered the Chiropractic principle forty-odd years ago.

CHAPTER 6
Medicine vs. Chiropractic

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Since his discovery was first presented to the public by the Founder, and on through the years of evolution of the idea under the guidance mainly of the Developer, Chiropractic has been condemned by the medical profession as a fraud perpetrated upon the sick. Not only has it been attacked as a fraud and a fake, but when the profession had little success in convincing people that no good was ever accomplished from the service of the Chiropractor, they have sought to explain the good that it did accomplish as psychological—that the patient only thought he was getting something to cure his ailments from the adjustment and that he really cured himself. Not only has the medical profession, through all possible channels condemned Chiropractic; it has sought to hold the individual Chiropractors up to the public as ignorant men and women, men and women who, they said, perhaps were sincere in believing they were rendering a valuable service to sick humanity, but were too ignorant to know that what they claimed to be able to do through their adjustment was not the truth, that it had no scientific premise, and that the public itself was foolish in accepting the tenets of Chiropractic.

The Discoverer of Chiropractic, Daniel David Palmer, was himself held out in his local community by his medical competitors in health service as a faker, a fraud, a quack, and even as one whose mentality was not all it should be. When the Developer of Chiropractic, through his success as a business organizer, began to make serious inroads into their local monopoly by taking hundreds of their pay patients away from them into his public free clinics and the Pay Clinic Service rendered by the Faculty members, he too was brought into the spotlight by the local M.D.'s, and condemned much more harshly than his father had ever been. By 1910 the free public clinics at the Palmer school were giving adjustments to approximately a thousand patients daily in the two sessions, afternoon and evening, for which no charge was made, not even the trifling registration fee that is now required. To provide clinical material for the Senior classes in adjusting, it was of course necessary that this clinic material be found among those local people who were not overly blessed with this world's goods, yet who needed competent attention to overcome their ailments. B. J. bought liberally of space in the local newspapers, and as a result many of those people were brought into that clinic. Of course, in doing so he took out of the medical practitioners' practices a good many of their paying patients with a resultant loss of income to them. It was only natural that the local M.D.'s should resent this inroad, that they should do all they could to preserve their monopoly.

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The same thing was occurring in every community throughout the length and breadth of the land, wherever a Palmer Chiropractor would locate. The local M.D.'s began to see many of their patients whom they had told were incurable going to the Chiropractor, and shortly thereafter they commenced to meet those same patients on the streets and in the churches, clubs, lodges and stores, going about their business and social affairs as though nothing had ever been the matter. These local successes under Chiropractic adjustment began talking about their local Chiropractor, commenced to be boosters for him or her, and to send other incurables to Chiropractic. Of course, it is rather annoying, to say the least, to see a practitioner of a profession which they had claimed far and wide to be a fake and a fraud, and its exponents ignorant, succeed in doing what the M.D.'s could not do,—restoring their failures back to normal health and service. It was also annoying to see a man or woman come into their town, carrying all of his or her worldly possessions in one small trunk, with hardly enough cash on hand to start a modest checking account in the local bank, and within a few months to be buying a property on the best street in town and going about on outside calls in the best automobile the local dealers sold.

About 1880 the medical associations throughout the land had been successful in having written on the statute books of all the states medical practice acts. These medical practice acts in nearly all instances defined the practice of medicine to consist of any treatment of the human body for the purpose of curing or alleviating the effects of disease, whether the treatments used were medicine or anything else. The only healers exempted in most of these practice acts were the Christian Scientists and, in some cases, this same exemption applied to all healers who practiced their arts as a part of their religious rites. With the possible exception of one or two states, these acts contained penal clauses, which provided heavy fines, and, occasionally, imprisonment in the county jail or local workhouse, for those who were convicted on the charge of illegally practicing medicine—without a license, that is. Being unsuccessful in driving the local Chiropractor out of town by ridiculing him as ignorant and his practice as a fraud, the medical fraternity started a campaign to force the legal authorities to enforce the practice acts and impose the penal clauses.

By 1910 the osteopaths had been successful in having had passed acts licensing them or, in some instances, exempting them from the operation of the defining and penal clauses of the medical practice acts, and specifically defining the practice of osteopathy to be not medicine. Illinois had an "Other Practitioners" acts under which all practitioners of a system of healing not associated with medicine could be licensed on passing an examination. There was no other state to which Chiropractic could be legally licensed until in

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that year or the next the Kansas Chiropractors were successful in getting its Chiropractic law passed.

Medicine had been practiced in its varying forms in this country ever since the coming to America of its first early settlers. But only a very few of the early medical practitioners had attended a medical college or a tax-supported state university. Even until long after the Civil War,—about the early '80's—the knowledge of medicine gained by most medical practitioners had been acquired while serving a term of apprenticeship with some local M.D. Many of them gained their knowledge of medicine while sweeping out offices, cleaning the stalls and currying the horses, and driving the local M.D. about the country on his calls. In most of the academic instruction in medicine, attendance was required at the college or university in medicine for but a very limited period, in rare instances not longer than one year. It is not until the '80's that we find enacted into law the last of the practice acts,

requiring the licensees of medicine in all states to have graduated from a recognized medical college before admission to practice.

The ironical thing about this is that while medicine may condemn every other known system of healing now existing, or to be discovered at any time in the future, once an M.D. is granted the right of licensure by an examining board,—without knowing one iota about the new system—he has the legal right to pray over a patient for his recovery and charge a fee for it, or to give him an adjustment at the spine and charge a fee for that, or do anything else not medicine that he may choose—and charge the victim for his ministrations. In its effort to ridicule Chiropractic, medical practitioners have set up courses in Chiropractic of a ridiculously short term and a decidedly meager course of instruction, with little if any practical training, to graduate would-be Chiropractors. None of these ventures, however, were successful in either graduating people able to practice Chiropractic or to so ridicule the science that the public ignored its local Chiropractor.

Many of the early medical practitioners were of the itinerant type, men who traveled from town to town, peddling their particular nostrums, cure-alls, or allegedly superior Indian herb cures, etc., etc., as they went about the country. Some of the noted surgeons of the very recent past, in truth, were graduates of terms of a shorter duration than one year, as I have just mentioned. One very well-known—favorably known too as an able surgeon in New Jersey—actually attended a medical institution for the very brief period of six months. Yet Dr. Ill was a most ardent advocate of a higher education for Chiropractors in his state, contending that the educational requirements of twelve to eighteen months for graduation were insufficient to qualify a man or woman to be competent in caring for the ailments of the sick.

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In the early '90's we find medicine just coming out of the realm of a disorganized system of allegedly scientific medicines and numerous quack cure alls and nostrums, into a system more or less hopefully recognized as approaching the realm of the scientific. In most small communities the only medical treatment available was from an M.D. who called for anywhere from a few weeks to a few months, palming off his particular nostrums until his practice became nil and it was necessary to seek new fields and get a new following. Other itinerant M.D.'s would call in a community one or two days out of the week, the remaining days being spent in other nearby towns. Only within the past year, following the death of John D. Rockefeller, Sr., there has been considerable publicity concerning his father. The elder Rockefeller had been engaged during most of his life in the business of peddling and horse trading, and as a sideline practicing as a traveling medicine man.

To those who were youngsters in the late '80's and early '90's the traveling medicine man, with his free show of singers and feats of the magical arts, was a familiar, anxiously looked-for person. He frequently sold a "sure cure" for rheumatism or diseases of the liver and kidneys,—all of which ailments were quite common in those days, more so perhaps than they are today. And, of course, they will well remember those horrible-looking jars that many an itinerant exhibited to his credulous audience, containing those long taenia saginata or solium—tapeworms, if you don't want to trouble looking it up in a medical dictionary—that oftentimes attained a length of thirty feet, often close onto half an inch broad at the widest and thickest parts.

As a lad I well remember the traveling itinerants who called in that little Ohio 'burg, peddling their Indian remedies, their nostrums, their sure-cures for worms, rheumatism and the like. I also remember of going on frequent excursions with my father to the county seat for treatments for piles—a branch of the medical profession that today is the bane of those M.D.'s opposed to paid advertising in the local press. Incidentally, it was the practice of this particular specialty—and nervous diseases of women—that a former head of the American Medical Association followed—and a practice liberally advertised by him in newspapers in Nebraska, Illinois and Iowa, before he became such an ardent opponent of paid newspaper advertising by the Chiropractic profession. He would probably have opposed paid advertising by the medical profession too, only by that time most of the press had been trained to give the medical profession all the advertising it wanted—without charge. I recall how delighted we kids were when the traveling medicine man came to town, for his free show gave us wholesome amusement, something very scarce in that little 'burg, in the days before the radio, the automobile and the movies—the horse and buggy days, you know. Often

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the show would be pictures of distant places case on the screen from a magic lantern, or singing and tricks with carts, feats of the magical arts, hypnotism, mesmerism, and “Faust” or similar blood-curdling dramas.

With this the general status of medicine in 1895, it is only natural that D. D. should be delving into ways and means for the better treatment and eradication of human ills. D. D. was not the only man who viewed medicine, particularly in the status it then had, with a degree of contempt. In every community throughout the land there were numbers who had exhausted medicine in a search for health, only to be told there was no hope, that they would die sooner or later uncured of the malady from which they were suffering. Yet thousands lingered on for years, getting no worse—and oftentimes better without treatment of any kind. I have cited the case of Dr. Benjamin Rush and his notorious—some have called it famous—Thunderbolt, how once it had been prescribed a patient the patient ever after craves something a trifle weaker. Dr. Fishbein says it perhaps had some influence in building up the practice of Hahnemannism then coming on the scene, with its smaller doses of medication along a different principle of medical practice than the allopathic or “regular” medicine sought by Dr. Rush to have been given monopoly over the sick when the Federal Constitution was written. Yet it is many of that same school that are seeking today to forever establish allopathic medicine as the only “regular” treatment for human ills, probably over three-fourths of whom are agitating today for Socialized Medicine, where the M.D. would be put on the public payroll and the rest of the public be districted and regimented, compelled to take medical service for its ills, whether or no. What a calamity that would have been, if it had been established in Dr. Rush’s day! We would still be taking his notorious Thunderbolt, for he continued its use for upwards of twenty years, until he passes from the scene of earthly woes.

Ever since the allopathic school gained its tremendous power in the medical profession, and its vast power in our legislative halls as members and with influential lobbyists, its history has been for the ultimate extermination of all other schools of thought in medicine. The schools of medical thought taught by the proponents of homeopathy, Hahnemannism, eclecticism, et al., had much to recommend them in medicine, yet one by one in the steady march onward of allopathic medicine we find them exterminated or absorbed—and the absorption by allopathy of any school of healing ultimately means complete elimination from the lore of healing knowledge.

Since the Art of Chiropractic, in its exemplification by the straight Chiropractor, contains nothing that court ally it with the medical thought, the allopathic school of medicine, has sought to kill Chiropractic, first by extermination in courts of law and then by ridicule. Failing in this, allopathy next

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sought to kill Chiropractic on the ground that it was not scientific, that whatever good was done through adjustment was purely the psychological reaction generated within the patient—even though medicine had given up the patient as incurable by its own school of practice, often as of insufficient mentality to help in its own curing.

Ever since he has been at the helm of Chiropractic, the Developer has been on the quest of establishing Chiropractic on a sound, logical, scientific base. Much of his early reasoning was logical—proven logical by the fact that patients of those pioneer Chiropractors did get well under adjustment after a scientific spinal analysis of their cases had been made. Still he had no indisputable proof that it wasn't partly psychological. We all know that once we direct our thought channels along certain lines, that we do accomplish the desired end frequently. Of course, all patients want to get well—except a few psychopaths who like going to the doctor and make almost a religious rite of their physical ills. But those who want to get well can sometimes help themselves by the power of mental suggestion,—provided that mental suggestion can remove the cause or perhaps by some accidental means the normal transmission of nerve impulse current is restored.

When his logical reasoning—I might term it mental research—established the fact that nerves from certain intervertebral foramina were distributed to definite portions of the human anatomy, he came out with Meric, later on more scientifically localized into Majors-and-Minors, and today still more accurately localized into Scientific Chiropractic. Meric and Majors-and-Minors were the result of reasoning coupled with anatomical findings, aided by research made possible with the entry of the X-ray into Chiropractic study. Recently, however, since the electrophysiological school of medical research has been seeking to establish the practices of medicine on a firmer scientific base,—or to accomplish a distinct evolution in medicine would be perhaps a more accurate way of stating it,—the medical profession, as controlled by the politico-medicos and the powerful organizations, has conducted its investigations behind closed doors. Why? Doubtless for fear that Palmer might learn something from their researches and still further advance the scientific standing of Chiropractic, for he has made good use of it so far that he has been able to announce certain findings long before that medical research has seen fit to publicize its findings.

The Chiropractic profession cannot be blamed for condemning the medical profession in its efforts to exterminate Chiropractic and to ridicule it. Nor can it be blamed for condemning the medical profession, in its endeavor to prevent Chiropractic securing scientific instruments to carry on its research. The profession does not condemn the individual medical practitioner. He believes the local M.D. is doing the best he knows in the treatment of dis-

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ease, and is sincere in his prescription of medicines, drugs and narcotics, in ignorance of the natural laws governing man. He knows there is a need for the skilled surgeon, yes, even in many of those cases which if they had but come to Chiropractic in time health could have been restored without cutting. But that part of the medical profession which Chiropractic cannot help but condemn is that group that seeks to put every obstacle it can in the continued evolution of Chiropractic, that group that sought to bar it from practice by ridicule and through persecution at the bar of justice (?), that sought to deny it the use of those scientific instruments that would aid its research, that today is seeking to bar its march onward through the enactment of restrictive legislation to maintain medicine's monopoly of the sick.

Now, in the foregoing paragraphs I have reviewed only a few of the obstacles that medicine has put forward in this struggle of Medicine vs. Chiropractic, to show the reader some of the efforts that have been made to prevent the evolution of the Chiropractic idea in the minds of the public and to retard its evolution as a proven science. So far medicine has not succeeded in its efforts, and it will not succeed in any step it has so far made, if the Chiropractic profession in this struggle to broaden the scientific base of Chiropractic will only display and use the fortitude the pioneer Chiropractors displayed when medicine sought to bar Chiropractic from serving the public. In reviewing those obstacles put in the path of Chiropractic by organized medicine, I have done so to show the reader that medicine—as controlled by an organized group—is not the great altruist that it has sought to show in its endeavor to sway public opinion. Medicine has ever sought a monopoly of its field of service to the exclusion of all other schools of healing. Chiropractic, on the other hand, has never in all its legislation sought to exclude medicine from a service to Chiropractic's public, nor has it sought to bar other non-medical elements from serving the public.

But the struggle in the case of Medicine vs. Chiropractic is not ended, for today Chiropractic is faced with Basic Science legislation and the movement on foot to further regiment the public by Socialized Medicine. Fortunately, however, for both Chiropractic and the public, in this latter phase of medical control of the sick, is the fact that the leaders in organized medicine do not want to be reduced to the financial level of the average struggling medico, who is just a jump or two ahead of the sheriff, and that some powerful factors in the educational field know too well further scientific advancement of medicine would be greatly retarded in a socialization of their school of thought.

CHAPTER 7

The Straight vs. the Mixer

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In Chiropractic there are two broadly defined groups. The same is true of the schools. One group is that classified as the Straight Chiropractors; the other that known as Mixers. These terms, straights and mixers, were coined by B. J. Palmer and his associates, both in the P. S. C. and the U. C. A. That group known as the straights is composed of those who accept and strictly adhere to the original principles of Chiropractic as laid down by the Founder and continued by the Developer, of locating the cause of the patient's ills at the spinal column and adjustment of that cause, at the spinal column only. The Palmer School of Chiropractic is universally regarded in the profession as the outstanding exponent of the principle of practicing Straight Chiropractic as laid down in the beginning by its Founder. That school is not alone, however, in teaching Straight Chiropractic, for there were—and I believe still are—several other schools that adhered to teaching Chiropractic as originally propounded. There were, of course, considerable differences in the mode of locating this cause and its correction in the application of the adjustment.

This group's form of practice consists, first, in the location of the CAUSE, either by digital palpation of the spine of the patient, assisted nowadays by the use of the X-ray in taking various views of the spine, all for the object of ascertaining with the greatest possible accuracy the misalignments of the vertebral segment or segments,—termed as subluxations. The next step is the correction of this subluxation by the specific Chiropractic adjustment, by hand only, with the objective of placing the misaligned, misplaced or subluxated vertebra in its normal and proper relationship with the contiguous vertebrae. When all this has been done, the Straight Chiropractor felt he had done all possible within his power and within the realm of Chiropractic toward adjusting the cause of dis-ease. The results attained through such procedure from the very start were so successful that practically 60% of the cases were partially restored to normal health with complete restoration in about 40% of the cases adjusted,—indeed remarkable when one remembers in the beginning of Chiropractic nearly 100% of its patients were people who had been given up as incurable by medicine. In each step of the evolution of the Chiropractic idea these percentages have stepped up, so that today the percentage of successful results is much greater.

Now, not all of those early Chiropractors agreed with the concepts of the two Palmers as to what constituted a proper Chiropractic practice. Most particularly did they disagree with the concepts of the Developer, B. J. The result was, even while students at the P. S. C., many investigated and studied other modalities and treating adjuncts used by other drugless healing profes-

sions, as well as “new moves” alleged to be an improvement over the specific technique taught at the P. S. C. Many when they went into the field used those modalities, treating adjuncts and “new moves”. With the organization of new schools by some of the early Palmer graduates, and the graduates from those schools in turn, under the new “leaders” in Chiropractic thought, there came the idea in many minds that the principles of Chiropractic and the practices taught by the two Palmers were not broad enough, that the adjustment of subluxated vertebrae alone was not sufficient to fully correct the ills of humanity, and that other agencies were needed. Many thought, or at least so stated, the adjustic principle should not be confined merely to the spine but should be extended to every joint in the body.

To support this last contention, there is often quoted from the Founder’s book, “THE CHIROPRACTIC ADJUSTER”, as authority, that Chiropractic should not be confined to the 24 movable vertebrae, the sacrum and the coccyx. They held the application of the adjustic principle should be broadened to include misalignments of other joints,—notably the ischii, the toe and finger joints, the elbows, the knees and the feet,—to adjustment of the vertebrae from the anterior by contacts on the ribs, etc., their theories being that nerve impingements also took place at those locations, not only at the spine. In this connection, I will quote from the Founder’s book:

“Chiropractic is the name of a systematized knowledge of the science of life—biology, and a methodical comprehension and application of *adjusting anatomical displacements* the cause of biological abnormalities; also an explanation of the method used to relieve humanity of suffering and the prolongation of life, thereby making this step of existence much more efficient in its preparation for the next step—the life beyond....”

“When a Chiropractor replaces a displaced vertebra or any one of the 300 articular joints of the human body or that of any of the lower vertebrates, he does not need or use suggestion as an aid or remedy.... But I was the first to assert by word of mouth and in print, that about 95% of diseases were caused by subluxated vertebrae; the remaining five percent by slightly displaced joints other than those of the backbone....”

“Chiropractic is not a system of healing. Chiropractors do not treat disease; they do not manipulate the spinal column. Chiropractors adjust any or all of the 300 joints of the body, more particularly those of the spinal column.”

“I have never felt it beneath my dignity *to* do anything to relieve human suffering. The relief given bunions and corns by adjusting is proof positive that subluxated joints do cause disease....”

“You should at least be able to embrace the simplest and basic principles of Chiropractic—that subluxated joints cause pressure on nerves; that displaced bones impinge upon nerves, more especially those of the vertebral column.... ”

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

“When nerves are free to act naturally in their entire course, there is health. Chiropractors definitely locate displacements of osseous tissue, the cause of disordered conditions. When these luxated joints are replaced, the impinged nerves freed, there are no abnormal functions.”

“The vegetative functions rely upon the amount of energy expressed by vital functions. The normal carrying capacity of nerves depends upon their freedom from pressure; the abnormal upon the force of impingement. Bones are the only hard tissues which can press against or upon nerves. Therefore we state Chiropractic is founded upon osteology, neurology and functions.”

This book was written about 1910 and printed and published under copyright in 1911, some fifteen or sixteen years after discovery of the Chiropractic principle. A reference to early statements in this book shows it was written primarily because of resentment toward the son, B. J., for having, as D. D. thought, wrongfully deprived him of his place in the development of Chiropractic. In those introductory statements, the old gentleman says:

“With my kindest regards, I present to B. J. Palmer, my only son, No. 1 of the first issue of the first book ever published on the Science, Art and Philosophy of Chiropractic by the Founder of the only system that adjusts the cause of disease.”

“Trusting that he may again become a student of the Science, Art and Philosophy of Chiropractic; that he may seek its truth for truth’s sake, that he may read and be instructed for his and others’ benefit; that he may honestly and uprightly teach Chiropractic as delivered to him by its originator, is the sincere wish of his Father.”

I do not believe the Founder seriously meant the statement that Chiropractic is the science of adjusting by hand any or all luxations of the 300 articular joints of the human body. Nor did he mean that adjusting toe joints for corns and bunions was the practice of the Art of Chiropractic in all sincerity. Now, no one and least of all B. J. Palmer, denies that luxations, or dislocations of joints at places other than the spinal column can—not must, mind you—produce pressure on or irritation of nerve fibres occasionally and interfere with their function of carrying mental impulse current, or life energy. Nor will the Chiropractor dispute his statement that manipulation of the toe joints may be beneficial in removing corns and bunions—if, at the same time, a properly fitting shoe is worn by the patient.

A slight displacement of the bones forming the elbow joint may—again not must—produce irritation on nerve fibres, or maybe pressure, on nerves supplying the forearm and hand with a consequent derangement of normal functioning. The National College of Chiropractic, I note, makes prominent mention of this in its prospectus at present. Dr. Locke in his hospital in Canada has demonstrated that scientific manipulation of the bones of the feet, where displaced, does remove some incoordinations. It is quite possible in some instances the results of such manipulations could be accomplished by application of a thrust similar to that used by the Straight Chiropractor in

adjusting spinal misalignments. No one will dispute this. But the manipulation for the removal of these interferences, if any, fall properly in the realm of the orthopedic surgeon or perhaps the osteopath, and not within the realm of the Chiropractor, straight or mixer. Besides if the patient has corns or bunions, why should the Chiropractor seek to take business away from the local chiropodist? They must live too.

It is regrettable that the Founder, because of a private personal disagreement with his son, should in his declining years, seek to destroy or impair the evolution of the principle he had discovered some fifteen or sixteen years before. With the idea rankling in his mind that B. J. had committed some imaginary wrong, coupled with the fact that other Chiropractors inimical to the welfare of B. J. Palmer and his school, the P. S. C., did all they could to encourage this feeling's growth in the Founder's mind,—that only accounts for the feeling exhibited toward B. J., who was only developing his father's original discovery, not tearing it down nor deviating from the Founder's original concepts of it. Fortunately only a small limited number of these books were published and distributed. With the struggle that Chiropractic was then having with the medical fraternity and the law, its very general circulation might have been disastrous to the profession and the practitioner. It would, at least, have slowed up the evolution of Chiropractic.

Now, the basic principle of Chiropractic is that all dis-ease is caused by a lack of normal expression of mental force, vital nerve energy, mental impulse current, life, or call it what you will, at the periphery, the tissue cell, because of some interference with the normal transmission of this force by, through or over the fibres of the nervous system. Another step of this basic principle, particularly among the Palmerites and as stated by D. D. in his book, is that this impingement and interference in 95% of the cases is caused by impingement of those nerve fibres at the spine, the remaining five percent "by slightly displaced joints other than those of the backbone". New "leaders" took the stand that impingement of the fibres of nerves composing the Nervous System could take place along any of those nerve fibres, whether at the spine or at any other bony, muscular or vascular structure where the fibres passed in close contiguity to it and it was disarranged from its normal state. This is where one of the causes for dispute arose concerning B. J.'s theory of the Sympathetic Nervous System. Those "leaders" and their followers held that nerve impulses could be generated either in the brain, within the cranial cavity, or at any of the lesser, minor brains in the numerous ganglia of that system. If their concept—perhaps I should say the medical concept, because it had been so taught by medicine to its students for years that these ganglia were small, independent brains, independent of the brain in the cranial cavity,—were true, there could be no possibility of interference

with the transmission of those impulses occasioned by a misalignment, or subluxation, at the spine.

I have described some of the factors that led to the inauguration of a new school in Davenport, the U. C. C., in competition with the P. S. C. and teaching along somewhat different lines. I do not say it taught out-and-out mixing; but it did, however, develop or adopt numerous “new moves”, one of the banes of the Chiropractic profession. Nearly every Chiropractor of those days was hoping that he might develop a new mode of delivery of the Chiropractic adjustic force, with less pain in the procedure, greater ease to the practitioner and patient. “New Moves” were also a source of much income to the “discoverer”. Every practitioner who developed what he thought was a new technique in adjustment had a fertile field at any Chiropractic school. A large number of “new moves” were sold students, even at the P. S. C., for many years—it is done even today—by those “discoverers” who put a price for imparting it, ranging from a few dollars to as high as \$150—the favorite figure, by the way,—those receiving the “new move” being sworn to an oath of absolute secrecy also before getting the “discovery”.

The practical phases of Chiropractic have always been confronted with this question of “new moves”. For a very practical reason, the giving of an adjustment is not the easy matter that it seems to the untrained laity, because of structural differences in the bony framework of each individual. While one patient may completely relax under the Chiropractor’s hand, and the adjustment is easily accomplished, another patient may be tensed and braced against it, no matter how scientific and properly directed. Because of these factors, the Chiropractor has to resort to various tactics to secure relaxation and cooperation from the patient. Then there are differences in bony articulations, the muscular, tendinous and ligamentous attachments, etc., both in the arms and shoulders of the Chiropractor and the spine of the patient, all of which make each case an individual question in rendering efficient Chiropractic service. It may be difficult for one Chiropractor to give an efficient adjustment in a specified style, while it will be easy for another. Persons taking up the practice are of all types—some short, some tall; some fat, some lean; some slight, some heavy; some strong, some weak,—once in a while we have one perfectly normal in all, height, weight and strength.

These variations in physical structure of the students are some of the factors that led to the development of the Palmer Recoil adjustment. The Palmer Recoil was just beginning to be taught at the P. S. C. in 1909-10, and is still the basic fundamental of the present Palmer Torque-Toggle-Recoil in use in Hole-in-One. The secret—as far as it can be told in a few words—of efficient delivery of the Palmer Recoil is to secure, first, as complete a relaxation on the part of the patient as possible, immediately before and during the

delivery of the external adjustic force. The object is to all the better secure the patient's recoil reaction. Second, it is necessary for the Chiropractor himself to acquire, at the same time, complete relaxation in his arms and shoulders as a preliminary immediately before delivery. Having accomplished this relaxation as far as possible, the Chiropractor gives his external force with great speed, followed by a swift withdrawal of the contact point of his adjusting hand, so as not to resist the natural recoil of the patient. The object is to enable the Innate Intelligence of the patient to perform its part in completing the adjustment. The patient's internal recoil reaction was all laughed at by those "leaders" I have so often mentioned as just so much "baloney", although B. J. is now demonstrating conclusively that the patient does have a very considerable part in the complete adjustment. B. J. has often illustrated this by showing how great a weight is required to push a nail into a piece of wood, whereas it requires only a light hammer to drive it, provided the driving force is swiftly and accurately applied. So it is with the efficient delivery of the Palmer Recoil adjustment. It is not the size or weight of the Chiropractor that counts so much, as it is this complete relaxation of both the patient and Chiropractor, coupled with the factors of swiftness and accuracy of direction. In fact, many of the most efficient Chiropractors have been and still are people of below the average physique. Dr. Palmer himself is but a slight build man, not nearly as tall or heavy as the average, but there is no question of his ability to deliver an efficient adjustment scientifically, accurately, correctly,—in fact, much more so perhaps than any other adjuster.

After leaving employment with the old Universal Chiropractors' Association in the fall of 1913 to go east, I usually returned to Davenport every year to report the convention of the U. C. A. and the Annual Home Comings of the P. S. C. alumni. And every year, at the Hotel Blackhawk or the Davenport Hotel, there was some "mysterious" Chiropractor demonstrating "new moves", which he taught to all who paid the "small" fee of \$150.00 after first swearing them to eternal secrecy. Oddly enough, Chiropractors the world over, for some reason or other, believe the teaching of this Art, Science and Philosophy at the P. S. C. is an inexhaustible gold mine for B. J. So these "discoverers" of "new moves" seek to get some of this gold from B. J. Many of them have offered to sell their "discovery" to him for a trifling sum of \$25,000.00 or \$50,000.00, with the threat that if he did not buy it from them, they would within sixty days or so put the P. S. C. out of business.

One particular instance that stands out is the time several years ago when a certain Chiropractor, whom I will not name nor further identify than to say he formerly practiced in one of the large cities in the Mountain States, "discovered" a "new move". He came to Davenport early in July that year to

tell B. J. he had made one of the greatest “discoveries” in all of Chiropractic’s history. He told B. J. it was absolutely necessary that he have it to teach the students at the P. S. C. and all he was asking for imparting this “discovery” was the trifling sum of \$50,000.00. Of course, with the usual threat, “You either buy it or you do not, but if you do not buy it, B. J., in sixty days your school will be out of business”. After discussion pro and con, back and forth, B. J. refused to buy the “secret”. This Chiropractor then engaged quarters at the Hotel Blackhawk and proceeded to sell the “discovery” to P. S. C. students who could raise the same old small (?) fee of \$150.00. A number of them raised the required \$150.00 by hook or crook, even though many couldn’t pay tuition notes at the school.

Along in August came the Annual Home Coming. Thus the market was greatly broadened. Many attendants fell for it, paid their \$150.00, were sworn to absolute secrecy not to impart it to anyone else, particularly not to B. J., and were then given the “new move”. Now, many who paid the \$150.00 were friends of B. J. and the P. S. C., and they told what they had done, but to a man refused to tell what it was—because they had been solemnly “sworn” never to tell. Finally, about the second day, by adroit questioning of one of the purchasers, B. J. discovered what the “new move” was, and demonstrated it in a way that caused this Chiropractor to say:

“Why, B. J., where did you get it? You have got it better than Frank has it? How did you get it?”

B. J. told him, “It doesn’t matter where I got it, but that is what it is, is it?”

This chap answered, “Yes, indeed you have it; that’s right. Why, you’ve got it a hundred times better than Frank has it”.

It was no wonder B. J. had it, because he is constantly investigating those things, to improve his own technique and to impart it to his students and all who wish it—incidentally at no charge. After this questioning, B. J. then proceeded to show this innocent what he knew about it, that the “new move” was nothing new to him, but was something that had been tried years before in the development of Chiropractic, found wanting and subsequently discarded. B. J. told him he would find a complete demonstration of the “new move” in his book, published in 1916, entitled “Old Moves”, that could be gotten at the P. S. C. Printery for the vast sum of \$5.00.

I well remember reporting the demonstration of these moves most of which are published in that book. That was away back in the years I was with the Record Club. For several days B. J. demonstrated on the lecture platform all of those “new moves”, giving a history of each move. Many of them had been tried in developing the adjustic technique taught at the P. S. C., and discarded. Others were adaptations taken from the osteopathic

technique and accordingly not a part of Chiropractic, and discarded for that reason. Other “new moves” were merely a manipulation of the spinal column, producing that well-known crackling sound that often follows an adjustment, without any specific correction being effected. These had been tried and discarded because there was nothing specific in their direction of delivery, therefore as likely to do injury as to correct a subluxation or misalignment. This book, “OLD MOVES”, includes not only this “discovery” but hundreds of others. B. J. will tell you he will sell it to you for \$5.00, but if you do buy it, he will also tell you you won’t get a nickel’s worth of value from it, aside from its historic value. It has a value there, of course.

But in connection with this thought of “new old moves” and the recipients’ being sworn to absolute secrecy, I often wonder if the oath is essential. I wonder if many a purchaser wouldn’t have kept it secret anyhow, to hide his personal chagrin at having been so cunningly sold on something he already knew perhaps, in part at least, if not with all the refinements surrounding the new purchase.

In recent years there has been a new technique in Chiropractic circles, in which the manipulation and possible move of adjustment is limited to the lower part of the spine and adjacent structures, known as Basic Technique. Now, I had always thought that B. T. was a modification of Straight Chiropractic, and still believe it might be properly so classified. However, I do not know and have been unable to get any of its technicians to explain it to me. One reason they would not and could not explain it to me is because, being a Chiropractor, they were sworn to absolute secrecy before being taught the technique never to demonstrate it to another Chiropractor, or, for that matter, never to use it on another Chiropractor, even if they might feel he needed it, if this other Chiropractor had not already paid the required fee and taken the necessary oath. Basic Technique is being taught in a school that, I believe, is seeking to teach it scientifically, so that one trained properly will not err in the delivery of the service comprehended by its founders. It may be Straight Chiropractic—I do not know; but it seems to me, if I went into a Basic Technician’s office and he analyzed my case as needing his technique, that it would hardly be the humanitarian thing for its teachers to hold him to his oath of secrecy and refuse to render the service simply because I was a Chiropractor and had not paid its developers a fee or a tuition. The humanitarian thing to do would be to render the service, and convince the recipient, if he wished to practice B. T., to become trained before doing so.

That is another phase to the traits of B. J. Palmer that I admire. When he makes a discovery of something new in Chiropractic, he is frankly willing that all others should benefit. When he came out with the recoil adjustment, if a Chiropractor from some other school than the P. S. C. wanted it, B. J.

was glad that he learned it either from some Chiropractor who had been trained in its use at the P. S. C. or he could come to the free public clinic and observe the Faculty members and Senior adjusters and learn it that way.

Or, if time permitted, B. J. would demonstrate it to him, as he frequently did while in its stages of development. The first important step in the evolution of the recoil was when in 1918 B. J. had developed the knee posture position. This was first demonstrated publicly, although it had been taught in class long before, at the Annual Home Coming that year, and every Chiropractor,—P. S. C. graduate, graduate from any other school, mixer or straight,—was welcome to observe its demonstration and to use it when he went back to his private practice. No fee was exacted nor was any oath of secrecy required.

In the latest development of the recoil for use by the practitioners in hole-in-One, B. J. was equally free in demonstrating the latest knee posture adjustment procedure, as well as the reclining type posture, this last one that gives the utmost relaxation of the patient, so that even a little child has the strength needed to give it. It was first demonstrated to the Pre-Lyceum Class in August, 1935, then to the intermediate class, and lastly to the Lyceum Class. A small fee was required of attendants at the Pre-Lyceum and Intermediate Classes, solely to limit the attendance to those really interested in getting all of the latest research. A graduate of any school was gladly welcomed to attend, if he desired, even though he may not have been in sympathy with what he would expect to see or hear. No fee was required of attendants at the Lyceum Class that year, and everybody was free to attend and witness demonstrations of the new developments, without any oath of secrecy or any expense.

Innumerable citations could be given in demonstration of this trait of Dr. Palmer, as cannot be cited of any other “discoverer” of a new technique, a “new move” or a new theory. All I am seeking to do is to show the differences in traits in people that develop or claim to have developed a new idea useful in the practice of Chiropractic. Yet B. J. Palmer is called greedy, that he is after the almighty dollar come what else may. B. J. is after the dollar, I will admit, with this accompaniment—provided he can earn it honestly. He is in that regard as you and I, that the dollars must keep rolling in if he is to keep going on, if he is to continue with the work of research that he may further open up the future vistas of Chiropractic.

“New Moves” have too often been found to be but modifications in a greater or lesser degree of former moves used in the early days of Chiropractic, found wanting or lacking the quality of being specific, and discarded. Many are but modifications of movements used by the osteopath and other forms of manipulative surgery, in movements of segments of the spine. Or

they may be a movement of some other part of the bony framework in the “hope” of adjusting a vertebra,—“moving” may have been a better word than “adjusting”. For the mechanical construction of the framework of the human body is such that almost any manipulation of any of the extremities or the ribs may have some mechanical relation to the spine, although with very little specific definite relation as to direction.

In the foregoing paragraphs, and perhaps in later ones, you will find me using the word “manipulation” when perhaps the word “adjustment” might seem more appropriate, or else “movement”. I know, even B. J. took me to task this past summer when talking with him about some of the work of alleged adjustment of the vertebrae, I used the word “manipulation” more often than I did the word “adjustment”, where he thought “adjustment” perhaps more accurate or descriptive. My reason for doing this, particularly in relation to adjusting the vertebrae, in the light of developments in the Hole-in-One technique, what we Meric Chiropractors termed an adjustment was not, in fact, an adjustment but was merely an attempt to move a misaligned vertebra back to its normal position. Consequently I had to disagree with him on that. The word “manipulation” is not, however, strictly accurate as it implies a frequent repetition of the same action, the same in all particulars at all times, as in the operation of a piece of machinery, which of course the Art of Chiropractic is not when applied to the adjustment of vertebrae. Yet Webster’s Unabridged Dictionary defines the word “manipulation” as a surgical term, particularly when applied to the practices of orthopody.

Various devices have been sold the profession to facilitate the giving of the adjustment. One of these, in the very early days, was the sale of rubber mallets and caps, or cups, to be placed over the subluxated vertebra, and the vertebra literally hammered into normal alignment. In this connection it is interesting to note that during a recent Pre-Lyceum and Lyceum Course (August, 1937) there was on demonstration a vertebral adjusting gun, and I understand that another prominent Chiropractor from the east had a similar device to offer. I do not know how the adjusting gun went over, although I could not find any intimate friends who had bought one. To me it seems that no mechanical device can be so constructed as to deliver the external adjustic force with the same accuracy and speed that scientific training can enable the operator to accomplish personally. Here certain equations enter at the instant of the adjustment. Those equations can, in my opinion, best be determined by the sense of touch at the instant of adjustment rather than by some predetermined force registered on a meter.

Another device used as long ago as twenty-five and more years—in Chiropractic circles, I mean; its history dates back to the days that Dr. Ligeros writes about,—for stretching the spinal column, with the object of separating

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the segments, thus removing some of the constrictions on a subluxated vertebra, to make it easier of adjustment or to automatically effect one, in theory, at least, that if permitted freedom of access to normalcy the misaligned vertebra would pop back to norm. Those devices were somewhat akin to the rack used to torture victims in the days of the Inquisition, and almost as valueless, when it comes to its application as an adjunct to be used by any healing profession—whether that be Straight Chiropractic, mixing, osteopathy or what-not. Yet it has been but within the past year or so that we find some young medical practitioners, in the Massachusetts General Hospital, announcing their “discovery” of something “new” in stretching the patient’s joints and spinal column in the treatment for arthritis and kindred ailments. So the Chiropractor and his patients are not the only victims of the “new move” mania. This stretching device was used pretty generally among the mixers back as far as 1912, and I remember one regrettable incident that happened in its use on the son of a patient in New Jersey in 1914. No, I did not use the device myself; it was used by an Osteopath-Chiropractor practicing nearby.

Natural methods of healing have made wonderful strides forward in the scientific treatments for human ailments. Many of these newer phases of treatment by natural methods are a distinct advance in healing services. But very few natural methods of healing services, however, owe their discovery to research of the medical profession. Instead they are the evolution of common-sense applications to the ordinary every-day conduct of human life through the use of common-sense rules of living. Physical Culture, as advocated by Bernarr McFadden, is an outstanding example of this fact, so that today many of McFadden’s teachings are generally accepted by all schools of physiotherapy, drugless and medical alike.

There has been a constant, perhaps consistent, difference of opinion among the leaders, practitioners and schools of Chiropractic as to the scientific practice of it. The Straight Chiropractor adheres to adjustment of segments of the spinal column only, in some form or other, without resorting to manipulation of other joints of the bony framework or massaging of tissues. He does this because he either believes his method of practice is all sufficient to the ends sought or else feels, consistently, that he cannot hope to learn all there is in healing in the scope of one short three score and ten. Thus the Straight Chiropractor feels where something other than adjustment is needed to restore health to the patient, he is perfectly content that some other form of healing be given an opportunity without his trying to monopolize the healing arts and care of the sick. The Straight Chiropractor can be briefly defined as one who confines his adjustments to vertebrae of the spine only. In this can be included the Hole-in-One procedure, Meric or the older forms that

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adjusted a few or all vertebrae. Wherein the procedure in Basic Technic limits its application to adjustment at the base of the spine, it can then be classified as Straight Chiropractic, but if it is applied to other structures of the pelvic girdle or the lower extremities (if it does), then it would hardly be an application of Straight Chiropractic.

The mixer is that practitioner who calls in one or more of the various outside elements of healing practice in conjunction with the particular Chiropractic procedure followed by him—all under the guise of Chiropractic “treatment”. His work at the spine may include anything from an H-I-O—Hole-in-One—adjustment to a complete spinal massage. It may and nearly always does include with the spinal “treatment” the application of various forms of electrical treatments, such as vibration, heat rays or diathermy, violet rays, ultra-violet rays, sun lamps, etc., etc., as well as much of osteopathic manipulation, Swedish massage, common plain every-day massage, and the like. It may even include the introduction of salves, drugs or narcotics, especially where the mixer thinks he can get away with it and not be discovered by the medical authorities. The mixer almost without exception attempts regulation of the patient’s diet—and, Lord knows, regulation of diet is almost an utter impossibility when it goes beyond telling the patient not to eat anything that disagrees with him and not over-indulging in any one or more things. I know the mixer will disagree with this statement, because he holds to the theory that he can prescribe diet to the patient with invariable success. Maybe—though I doubt it. Of course, with the prevalence of so many quarter hour talks over the air today about vitamins, special food preparations, serutan, acidosis, excess or minus alkalinity, etc., etc., the public is becoming more diet and food conscious. Naturally the mixer seeks to capitalize on this fact and cash in on it.

The Straight Chiropractor does not dispute that proper regulation of one’s diet is important to his well-being, but he also believes if the patient is possessed of a normal body, supplied with a normal supply of life-giving force generated by him within his own brain, the patient can eat any kind of wholesome food without necessity of outside regulation, if judgment is used at the time of eating not to over-indulge. For that reason, if for no other, the Straight Chiropractor does not seek to regulate human diet, nor does he hold himself out as an expert dietician—as do so many mixers—unless of course he is.

CHAPTER 8

The Straight vs. the Mixer

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The Straight vs. the Mixer

There are so many phases to the practice of the mixer that it would be impracticable to attempt to include the complete category of those practices followed by this class of ChiropracToids, as Dr. Palmer calls them, and whom all true Straight Chiropractors consider outside the pale of Chiropractic. The practices are so widely varying that if one were but to make an investigation of them, he would find the practice in one office to include anything from the use of medicine, or some element of it, to the use of all modalities or treating adjuncts foreign to the use and practices of Straight Chiropractic. If the investigator were seeking to learn from observation what Chiropractic really was, and were compelled to conduct his investigation solely in the offices of the mixers, he would know less after his investigation than he did before, so confused would his opinion be. His confusion would be caused by the fact that in every office he would find a demonstration, allegedly of Chiropractic, entirely different from that in most other offices investigated. For, of course, no mixer can use all of the numerous phases of mixing. No office would be large enough and even the most superficial knowledge of their use would be impossible.

Personally, I am a believer in the Straight Chiropractic school of thought and practice, and while I was in active practice sought to adhere strictly to those precepts laid down at the P. S. C. by its head, B. J. Palmer. The really competent, successful Chiropractor confines himself to specific adjustment of the spine, whether his form of practice be Hole-in-One, Meric, Majors-and-Minors, etc., after the proper adjustment has been determined by a thorough spinal analysis. After he has located the cause, its direction of misalignment or subluxation, he seeks to correct it by a scientific adjustment according to his particular type of procedure.

I well remember the discussion among fellow students and visiting Chiropractors concerning the question of whether or not under Meric as practiced in 1910-11-12, we were not overadjusting when we adjusted as many as six or seven vertebrae, and whether or not in adjusting one vertebra in close proximity to another that had just been adjusted there was not the possibility of the second adjustment undoing some of the good accomplished in the first one. For that reason, none of us looked upon an attempted adjustment of every one of the 24 movable vertebrae as Straight Chiropractic, even though nothing but specific adjustment of the vertebrae were attempted. Also there was much discussion about whether or not even in adjusting the lower vertebrae, because of the construction of the spinal column, there was not the possibility that the effects of the adjustic forces traveled upward along the

spine and possibly effected an adjustment of Atlas. We knew—in theory at least—that from a blow or a fall, where there were no physical evidences of the trauma visible or noticeable in the superior sections of the spine, still there were effects that could only be caused by interference with normal nerve transmission at that region.

Under both restricted forms of adjustment—I mean where the adjustment is confined to but one vertebra, whether it be Hole-in-One, at the superior cervical region, or Basic Technic (if it is Chiropractic), at the other end,—it is said that both procedures tend to straighten and do straighten misalignments previously determined to have existed by full length 8 x 36 spinographs. At the Pre-Lyceum and Lyceum Classes in 1935, 1936, and 1937, there were on exhibition graphs of 8 x 36 spinographs, taken before, during and after health service in the B. J. Palmer Chiropractic Clinic, demonstrating beyond question this fact of the correction of misalignments at places other than in the superior cervical region, notwithstanding the fact that B. J. had only adjusted at Atlas or Axis. In September, 1936, I was in the office of a Basic Technician where I saw 8 x 36 spinographs showing a similar effect following his mode of practice.

In late July, 1937, I decided to give Hole-in-One a trial at the hands of a Senior student, Mr. Biser. In November, 1929, I had an accident, having been struck in the forehead at the hairline on the right side, by the pilot rod of an Erie locomotive, and knocked nearly sixty feet, lying unconscious for a week at St. Joseph's Hospital in Paterson, N. J., and semiconscious at home for nearly two weeks. Since that time my second dorsal vertebra had been out of alignment and was quite painful at times to the touch with heart symptoms, not, however, severe in character. At Atlas was the only point really annoying to me, and occasionally in the lower lumbar region on getting up from the chair. After a thorough spinal analysis,—complete set of stereoscopic X-rays, N. C. M. readings, minus any history from me,—Mr. Biser adjusted me at Atlas, it being A + SL, yet within a very few days all pain had ceased at the second dorsal, and the other physical conditions are gradually being corrected, notwithstanding only Atlas was adjusted. So I know from personal experience or observation that an adjustment properly given in the superior cervical region does correct misalignments far below. I have had no recurrence of the pain at lower lumbar region on arising from a chair, due to misalignment of the fourth lumbar there. Shortly after this same accident, I had an X-ray taken of the lumbar region at that time, which showed misalignment with a possible fusing of the fourth and fifth lumbar vertebrae there, but I had no X-ray taken at that location to determine the physical condition of the vertebrae themselves.

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B. J. Palmer back in 1910-12—and doubtless before—had been thinking and occasionally talking to students in class and out along similar lines, that it may be possible to undo in part some of the good that had been accomplished in adjusting too many vertebrae at a “sitting”. So we find him, in this process of evolution, advancing the thought that the cause of dis-ease was in the subluxation of but one or two vertebrae, rarely as many as three, and that all other misalignments of the spine classified as subluxations by Meric were but secondary, and that correcting or adjusting the major subluxation would of itself correct the minors. Shortly after we find B. J. advocating Majors-and-Minors as a more scientific form of Meric procedure. Under Majors-and-Minors it was found in actual practice that adjustment of but one, two or three vertebrae at the most, and frequently but one, resulted in a gradual realignment of vertebrae found out of normal alignment in places untouched.

But the mixer, of course, does not accept this thought. In recent years, in motoring on vacations through many of the states east of the Rockies, I have been in the offices of many of my old-time Chiropractic friends. Many of them had strayed from the old straight-and-narrow as laid down at their alma mater, the P. S. C. In some offices I have seen a wonderful array of electric equipment—sun lamps, violet rays, ultra-violet rays, colonic irrigation, etc., etc. I have occasionally observed them “treating” the patient, adjusting all along the spine, turning the patient first on one side, then to the other, and “massaging” them and manipulating the legs and arms. Of course, most offices I visited were those of Chiropractors following the procedure of the straights, with none of this equipment or manipulations, massage, etc. Usually when I have remonstrated with those old friends for straying from the straight-and-narrow, they have told me it was necessary in order to hold the business, because all other Chiropractors there were doing it, but they realized it was the adjustment that really did the trick of getting the patient well, and the other stuff was used just to satisfy the patient.

While many graduates of the P. S. C. have adopted mixing devices and forms of “Chiropractic treatment”, the greater percentage of mixers have come from those schools that either could not, because unqualified, or would not teach Straight Chiropractic, but included everything in the line of the various drugless systems of healing as a part of their “instruction in Chiropractic”. The heads of those schools and most, if not all of their Faculty members, did not believe in a strict adherence to the principles of Straight Chiropractic. They held to the belief that Chiropractic was not the alpha and omega of healing, that these other treatment adjuncts, modalities, etc., were necessary in order to fully qualify their graduate as a scientific healer. Their graduates, of course, accepted this reason, that since they were going

out to “treat the sick”, they must know all of these things and use them or else they were derelict in their duty. For the Chiropractor who is a graduate from such a school, and is sincerely believing and practicing Chiropractic as he was taught it,—if the use of these outside agencies could be considered a part and parcel of that “Chiropractic”,—I have no personal criticism,—so long as he is really sincere in his practice. I would, however, suggest that so long as he persists in criticizing the strict practices of the straight, and that most ardent exponent of Straight Chiropractic, B. J. Palmer, he first make a sincere study of the Art, Science and Philosophy of Chiropractic. Too often both they and their school take refuge behind the lone statement of the Founder—

“I have never felt it beneath my dignity to do anything to relieve human suffering. The relief given bunions and corns by adjusting is proof positive that subluxated joints do cause disease.”

—as justification for mixing and calling it Chiropractic. To one who was as dogmatic and stubborn as was Daniel David Palmer, this quotation of one brief sentence from his book must make him squirm, if one who has passed to the Great Beyond is at all cognizant of what is happening here below.

The attitude and the strength in numbers of the mixers have played a tremendous part in the shaping of much of the legislation now on the statute books of the several states and provinces. They were anxious to justify by legal act their use of mixing devices and practices, even though they knew it was really not a part of the Chiropractic fought for by the Discoverer and Founder. They were also hopeful of being able to justify their use to their patients by pointing to their state law as holding their practices to be within the definition of Chiropractic. They forget that a law on the statute books does not mean a scientific justification of the definition as a fact. Much of the argument—and very convincing it was too—back in 1910-13 at the annual conventions of the U. C. A., and in the sessions of the Board of Directors in conference with the officers and national counsel, was that to the public and in the law the indictment and conviction of a mixer was just as injurious to the Chiropractic cause as was the indictment and conviction of a straight, that in case law decisions would be written by the appellate courts that would be equally disastrous to the cause, regardless of the quality of Chiropractic the individual practiced, and that it would be a matter of good policy—that damnable argument in much of politics, government and business—to take in all who called themselves Chiropractors.

At first, when the bars of the U. C. A. were let down, the mixer’s application was accepted with the proviso that he would be protected only where the alleged illegal practices were confined to the practice of Chiropractic, not for the use of any treatment adjuncts, modalities, etc. It was

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intended where the evidence presented showed the charge to have been based on Chiropractic adjustment only the U. C. A. would fully protect the mixer, but if the charge was based on something not Chiropractic the U. C. A. would protect only to the extent of having its national counsel present at the trial but would not pay any costs or fines imposed or appeal costs. It was easier to make this proviso, however, than it was to enforce it. So that whether or no, the U. C. A. ceased to be fighting for Chiropractic and became an association solely to protect the "TOR". Soon there came a parting of the ways between the straights and the mixers, and a gradual dissolution for the principles for which the old association fought in the early battles for public recognition. Those who were members of the association, not for personal protection but only to help the other fellow who did need it, could not accept the idea of supporting protection for those who only called themselves Chiropractors but were not such in fact. Therefore when B. J. withdrew from the secretariat of the association, and had no further voice in its business management, these straights began also to withdraw their moral and financial support.

For several years there has been the building up of an association in which all Chiropractors were taken as members without regard to their particular practice, whether straight or mixing. This was the American Chiropractic Association, probably over 90% mixer membership and some straights who were opposed to anything Palmer. The "new" U. C. A. some years after 1925, and the A. C. A., effected an amalgamation under a new name, the National Chiropractic Association. Following this withdrawal of B. J. from the secretariat of the U. C. A., to meet the desires for the organization of a Chiropractic association to carry forward the original purposes of the "old" U. C. A., in 1926 there was organized the Chiropractic Health Bureau, concerning which I have already written.

In 1910 the U. C. A. had a membership of approximately 500, and comprised about ten percent of the straight elements in the profession. Under the policy of permitting mixers to its membership, its enrollment at its height amounted to upwards of 2500. Its successor, the C. H. B., today has a membership of approximately 750. The N. C. A. has been supporting an aggressive campaign for membership and today reports a large membership of both the straights and mixers, although I have been unable to ascertain its actual size and no list of members has been procurable by me. But judging from reports from those who have attended recent annual conventions, the N. C. A. has ceased to be really representative of the original Chiropractic concept. One attendant stated to me in August (1937), after having attended its annual meeting in Grand Rapids, that in all the exhibits there he saw Chiropractic once, and that one meeting was held on the subject of Chiropractic

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at which the attendance was very small, that the attendants were more interested in the discussion on topics not Chiropractic.

Quoting from "THE CHIROPRACTIC JOURNAL", its official organ "devoted to sound professional advancement", the purposes of the N. C. A. are:

" . . . To protect in every way not contrary to law the philosophy, science and art of Chiropractic, and the professional welfare of its members; to secure for the Chiropractic profession that recognition to which its importance in the conservation of life and health justly entitles it; to establish research, publicity, legal, legislative or other departments for the service of its members; to work unitedly for the enactment of statutes defining Chiropractic and legalizing its practice; to increase educational requirements and standards and to establish a high professional code of ethics."

But judging from this same official organ, in its advertising columns, this same association discreetly countenances the use of many treatment adjuncts and modalities that the straight does not. In a recent issue I find advertised the following:

- Single Vitamin Concentrates
- Kiro Concentrated Foods
- Biltmore Wheat-Hearts
- Rigko Vegetable Food Products
- Lund's Grape Juice Products
- Kirotabs and
- Anabolic Food Products.

Also the following equipment for the treatment of various diseases:

- Hydro-Thermo-Wave "Junior"
- The New Analyte
- Mountain Suns
- The Ultra Oscillotherm
- The Vita Motor, an electric concusser
- The Oscillator, for foot correction, etc.
- Detoxifiers
- Gravity Table and
- Colon Irrigators.

Also the following books:

- Electrical Treatments Simplified
- Nulife, Sex and Diet
- Rejuvenation
- Science of Colors and
- Glanopathy.

Also a course of instruction, containing "71 osteopathic moves, harmony diet, etc.", and "a system for adjusting the bones of the feet", published by a former osteopathic "physician", an early student of the Palmer School of Correspondence (who refused to take the personal course required of those who took the mail instruction), head of a Chiropractic school in New Jersey for a time but now long discontinued, a graduate in osteopathy of a school

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that itself claimed approximately 100 graduates yet over 200 holders of its diploma applied for osteopathic licenses under the exemption clause, in New Jersey, many years ago.

Now, I do not criticize these various food products, instruments, treatments and courses of instruction, as such, and I do not believe any straight Chiropractor does, because there is doubtless merit to all. However, where such things are advertised in an official organ of a Chiropractic association, organized ostensibly for the protection of Chiropractic, that association must endorse their uses for the purposes claimed in the advertisements. If it does endorse them, it is working to tear down that which it is purportedly organized to protect and perpetuate. Of course, this journal does say it does not necessarily endorse statements made in the advertising columns, but that is pure legal fiction, much the same as the statement at the head of an advertisement offering a stock or bond today, under Securities and Exchange Commission regulations. They hope you buy, of course, but “if you’re stuck, don’t blame us for not warning you”, which is but an effort to get around the old business policy of let the buyer beware. Neither do I particularly criticize the mixer who has learned his mixing in the college where he gained his D.C. as a part of its instruction, because he knows no better—because he won’t read or because he doesn’t desire to improve his healing technique. I do, however, criticize that Chiropractor who gained his training in a school that taught him Straight Chiropractic, whether that be the P. S. C. or any of the other Straight Chiropractic schools, when he takes up as a part of his practice of Chiropractic any form of treatment of disease that cannot be considered “pure, straight and unadulterated Chiropractic”. In so doing he is committing an irreparable wrong to a philosophy and science that has demonstrated its capability of standing on its own feet and practices without dilution with other practices.

In its struggle for public recognition, the profession was in 1909-10 forced to start a campaign for legal recognition in various state legislatures. State associations were formed for this purpose mainly, although the further propagation and perpetuation of the Chiropractic idea was another objective. This last, however, was left to the national associations; the state associations fought for legislation. To wage such a battle requires money for the maintenance of a lobby at the state capitol and also for education through newspaper advertising of the local public to get its support in the fight for a law. In order to raise funds, Chiropractors of all types were porforce taken into membership and in framing the proposed bill the straights compromised with the mixers, so that Chiropractic is defined in many ways. I am going to quote the definition from but two states, which are fair examples of the definition in all.

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In Oregon, Chiropractic is defined as follows:

“Chiropractic is defined as that system of adjusting with the hand or hands the articulations of the bony framework of the human body, *and the employment and practice of physiotherapy, electrotherapy and hydrotherapy*; provided, no person practicing under this act shall write prescriptions for, or dispense drugs....”

The first part of this definition is hardly a definition of Chiropractic that could even be comprehended by a judicial officer, one trained to interpret words and the law. The italic words are a direct sop to the mixer to get his money and support, conceded solely for that purpose by the straights who may, in fact, have controlled the association—I do not know this to be the fact because the practice of Chiropractic on the west coast is, as it is practiced there, a weird conglomeration of everything under the sun not an actual part of medical treatment—so that Chiropractic may be licensed merely, certainly not for perpetuation of the idea.

In New Jersey, in an act signed by Gov. Silzer in 1920, it is defined thus:

“The term Chiropractic when used in this act shall be construed to mean and be the name given to the study and application of a universal philosophy of biology, theology, theosophy, health, disease, death, the science of the cause of disease and art of permitting the restoration of the triune relationships between all attributes necessary to normal composite forms, to harmonious quantities and qualities by placing in juxtaposition the abnormal concrete positions of definite mechanical portions with each other by hand, thus correcting all subluxations of the articulations of the spinal column, for the purpose of permitting the recreation of all normal cyclic currents through nerves that were formerly not permitted to be transmitted, through impingement, but have now assumed their normal size and capacity for conduction as they emanate through intervertebral foramina—the expressions of which were formerly excessive or partially lacking—named disease.

Senator Mackay, who introduced this bill in the State Senate, and whom I knew later as a Judge on the Circuit Court bench, said he never did know what Chiropractic meant, not from that definition.

For several years since Chiropractic has been agitating for legislation a bill has been introduced annually in the Pennsylvania Assembly. Within the past year or so I have formed an acquaintance with one of the members formerly of the Senate of that body, himself the son of a prominent physician and surgeon of his state, and strongly pro-medical. Yet he told me he had voted for every Chiropractic bill presented while he was a member of the State Senate, but from the definitions in the proposed bills and the representations made by its lobbyists and supporters at each of the semi-annual sessions, he never did get a clear idea as to what Chiropractic was. Every year a new definition was proposed or else different representations were made by its supporters. He states he voted for its passage every time, not because he believed in Chiropractic from personal experience or because he believed the

arguments advanced by its lobbyists, but simply because he thought a system of healing of any merit at all should be under state supervision.

Because there are so many of these widely differing concepts, and because so many of the factions wish to include practices that have been purloined from some other system of healing and asking that it be included in the proposed legislation,—that, in my opinion, is one reason why the science has not fared better at the hands of legislators that have placed administration of any act they did pass under the medical board or under composite boards. They were probably aided in this decision by the doubt raised in their minds that the Chiropractors themselves did not know what they were practicing or, at least, did not know what they really wanted.

One result of this conflict of opinion occasioned by these widely varying concepts of Chiropractic in the teachings of its “leaders” and educators is that we have a decidedly confused public opinion. The recognition of Chiropractic as a system of healing, entitled to licensure, is of course, no recognition of its scientific standing. Legislative enactment is naught but a recognition of the political power of the group seeking it. It is only an extension of the police power of the state to protect its citizens, to make sure one practicing a licensed system of healing possesses certain qualifications. Judicial interpretation of Chiropractic not being an infringement of medical monopoly, or of creating adjuncts, etc., coming within the definition of Chiropractic contained in a statute book law, is likewise no scientific recognition of the merit or demerit of Chiropractic. Such interpretation is founded on technicalities presented in the individual case, usually based on some constitutionality question. But the mixers and the Chiropractic schools that give mixing instruction as a part and parcel of their Chiropractic (?) Braining, as well as associations controlled by mixers, were quick to grasp at all these enactments and interpretations, holding them out to the public as scientific endorsement of their practices. With those who may be classed as mixers numbering at least three to one of those who may be classified as straights, it is no wonder that today the public, where it has any knowledge at all of it, has a confused opinion of Chiropractic.

It is reliably estimated that in 1910 there were approximately 750 to 800 students in all Chiropractic schools. From that time until 1920 this number kept gradually increasing, until by then there were approximately 2500 students in all schools. At that time the straight school of thought was in the ascendancy, because the straights had conducted a consistent publicity for Chiropractic as they saw it, and a graduate Chiropractor wanted his diploma to be recognized as one from a school teaching Chiropractic. This publicity also accounts for the rapid development of Palmer Methods schools. By 1920 we find the number of practitioners having tripled within ten years,

or nearly so. We also find a number of the small schools having dropped by the wayside, usually because of financial adversity, because they could not compete with the better qualified and equipped schools.

During those years the strongest competitor perhaps of the P. S. C. was the Universal Chiropractic College, which I have mentioned in an earlier chapter. This school graduated a number of able Chiropractors. While its leaders and faculty members differed very much as to the methods of instruction and practice from those taught at the P. S. C., in the main its teachings were along the lines of Straight Chiropractic, although since going into the field many of its graduates too have diverted and gone into mixing. I also know, in recent years, since the advent of the Neurocalometer and Hole-in-One technique, many of these U. C. C. graduates have taken P. G. courses at the P. S. C. to acquire this new technique, while other U. C. C. graduates have adopted them without taking the P. G. In the East was the Eastern College of Chiropractic, also with a large enrollment, but it was not a competitor of the P. S. C.—it was working in cooperation with the Palmer Methods idea. So also was the T. C. C. in San Antonio, and numerous other Palmer Methods schools.

But during the years 1910-20, the mixers were not idle in building up the enrollments in their schools as well, and their schools turned out a large number of graduates. This fact combined with the fact that many graduates from the straight schools also turned to mixing, led to the mixers largely controlling the state associations and getting the proposed legislation to be so framed as to give mixing a legislative predominance through so many varying definitions of Chiropractic. And, of course, as in all professions, in Chiropractic it is the same—not all are able to make good. The man or woman who started out with the firm intention to practice straight, but was unable to make sufficient to live, too often laid their failure to the belief that straight Chiropractic was not sufficient to adequately serve their public, so resorted to adding first one mixing device or practice, and then another, until their form of practice no longer resembled what they started out to do. Many factors enter into encouraging mixing in Chiropractic, but I believe the habit of placing the blame for failure onto Chiropractic rather than to their lack of ability to sell the idea, accounts for most failures and adding mixing to bolster up their ability to sell themselves. So with all factors entering into mixing Chiropractic, it is little wonder that the ranks of those graduated as mixers in the years during which Chiropractic had its greatest growth,— 1910-25,—their number should far outnumber those who adhere to the straight practices.

After the unrest occasioned by the World War had quieted, and the governments began seeking ways for the rehabilitation of the wounded

veterans and the continued education that was interrupted by the war of both wounded and not wounded, we find a number of war veterans being trained for whatever profession or trade they wished to follow. In the United States particularly we find a large number of veterans desirous of learning Chiropractic. The result was a great inrush of students to all schools. It is estimated that for a few years, because of this, the number of students in all schools numbered approximately five to six thousand annually. By the close of 1924 there were approximately 25,000 Chiropractors, distributed in all parts of the world. For some years the greatly increased facilities at the P. S. C. was hardly sufficient to accommodate the enrollment, and I dare say the same is true of all other schools. At one time its enrollment was near the 3000 mark, and in 1921 had its first "One Thousand Class" to graduate.

So far I have reviewed the high spots in the history of Chiropractic up to 1924-25. At this time the Neurocalometer enters the picture of the evolution of Chiropractic. Numerous devices in imitation of it or in competition with it were brought forth at about the same time or shortly after. Before closing this chapter I wish to mention one other important Chiropractic school here, because the Neurocalometer program is largely ascribed responsibility for its organization. Personally—and with no attempt at disparagement—I believe the Neurocalometer program only offered an excuse for three of the P. S. C. faculty who disagreed with it to break away from a long term of service with that school. That school is the Lincoln Chiropractic College, located in Indianapolis, Indiana,—a school that is supported by many loyal supporters in former years of both B. J. and the P. S. C. In the years between 1911-12 and the advent of the Neurocalometer in 1924-25, there had been associated with the P. S. C. as students and then as faculty members three able and popular teachers. First there is James N. Firth, D.C., Ph.C., a graduate in 1910, who later became instructor in Symptomatology, Pathology and Diagnosis at the P. S. C. in 1911. In 1912 Stephen J. Burich and Harry Vedder matriculated at the P. S. C., and both graduated with high honors as Doctors and Philosophers of Chiropractic. On graduation they were both placed on the faculty. Dr. Burich having graduated in Chemistry at Beloit College, in Wisconsin, became the first instructor in that subject at the P. S. C., and Dr. Vedder became instructor in Physiology. All three were able and popular instructors, well liked by the business management, the other faculty members, Dr. and Mrs. Palmer and the students. Shortly after the announcement of the Neurocalometer, and almost simultaneous with the resultant furor it occasioned throughout the profession, these men resigned from association with the P. S. C. and went to Indianapolis where they founded the L. C. C. This school has had a substantial growth, and as stated is supported by many who graduated from the P. S. C. and became

detached from their former loyalty to B. J. and his school following the advent of the Neurocalometer.

Possibly the sponsorship of the Neurocalometer by Dr. Palmer as a necessary analytical aid in the practice of Chiropractic had something to do with their decision to leave the P. S. C. and found a new school. But this is difficult for me to understand in view of events shortly after. Almost simultaneous with the introduction of the Neurocalometer by B. J. there was a device claimed to have superior merits also introduced to the profession called Radionics. This instrument was, incidentally, examined by Dr. Vedder in Minneapolis, I believe it was, and he is reported to have returned to the faculty at Indianapolis, with the opinion that it was worthless. Yet soon after, within a month or so, the L. C. C. was approving Radionics and soon was selling the instrument and advocating its use as possessing similar merits as to N. C. M. and in many ways superior.

While on the subject, I might enter into a little discussion of radionics, because it has a rather unique history, a history that dates back many years before it enters the Chiropractic picture, a history that resembles very much the curse of “new old moves”. First it was taken up by the medical profession, and it went through the ranks of medicine like a hurricane, sweeping all opposition aside for a time. After about a decade of use by the medical profession it was finally rejected after thorough scientific investigation. Then it lay dormant for a decade or so, and the osteopathic profession took it up. It sold like hot cakes to the osteopaths under the sponsorship of McAnnis & Company of Kirksville. The osteopathic profession was taken by storm with it for a decade, and again it dies—scientifically rejected by that profession. After another decade of innocuous desuetude, it was hawked about among the Chiropractic profession, and for several years ran amuck through the ranks of Chiropractic. It is now approaching another stage of quiescence— perhaps to lie dormant another decade or so to be “discovered” by some other school of drugless healing and again sold as a panacea for all ills. It may seem a waste of time to review the principle behind radionics, because it has nothing to do with my subject. However, since its history in Chiropractic is of so recent a date, I will ask the reader’s pardon and will just briefly discuss it, as well as some interesting sidelights.

The reason for the rise and fall of radionics through three major healing professions is simple. It is based on an energetic and physics basis of fact. Albert Abrams hypothesized that every substance is in a state of vibration, that this vibration can be normal or abnormal unto itself. Insofar as the electronic reactions of Abrams as a principle are concerned, they are sound. But he went further. In his theory, or principle, he advocated that each organ of the human body has a vibration of its own. The totality of all

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organs was a common denominator vibration, all of which in energetic values and physics conclusions is sound. But he goes still further. He said he would build a measuring device that would measure the vibrations of the different organs, which could be calculated as a table. That table would establish the normal rate of vibration, and the diseased organ would establish the abnormal rate. Then he went still further. He stated he would build a treatment machine which when hooked to the patient's body would supply the diminished quantity of vibration, thus bringing the abnormal to a normal rate. There is little or no reason to doubt Abrams' assertion as to his theory of the vibration of matter at different rates, depending on the normal or abnormal state of the matter, organ, tissue, structure, etc., under consideration. And, of course, if the abnormal state of vibration in a diseased structure can be stepped up to a normal rate of vibration, the diseased condition should be superseded by a state of normal, or health. It is not the theory that is questioned; it is the statement of fact that the change from an abnormal rate to a normal rate can be effected through application of radionics.

Dr. Palmer has related, both in his personal paper, *THE FOUNTAINHEAD NEWS*, and from the lecture platform, his investigation of the radionics instrument, of how he managed to get two of the instruments and had three electrical engineers open up one of them. These engineers found several open circuits and reported the instrument was impossible of doing anything claimed for it by its inventor and sponsors. The instrument examined by these engineers weighed over 22 lbs. complete. On opening it they found it to contain nearly fifteen pounds of pitch, that had been poured in in a molten state to conceal those things the inventor and sponsors did not want to become known, if it were opened by one curious enough to want to see the inner works.

In an examination of the Abrams oscilloclast, testifying in a case in Los Angeles, in 1923, Prof. R. A. Millikan, head of the California Institute of Technology, a winner of the Nobel Prize in Physics and an authority in the realm of physics, said he did not consider the apparatus to rest upon any sort of scientific foundation whatsoever. In his technical explanation of the apparatus, he pointed out that when making a diagnosis the Abrams followers insert electric resistance into a *circuit* which cannot oscillate at all, and therefore had no vibration frequency, and that the claim that diagnosis could be made by turning the dial to different buttons indicated complete ignorance of the fundamental laws of physics. He characterized the device as the kind of machine a ten-year-old boy would build to fool an eight-year-old lad. At this same judicial inquiry, investigations were made by physicians who did not hesitate to open and analyze the apparatus. It was found to constitute a jungle of electric wires, violating all sound rules of electrical construction,

all of which merely confirms what B. J. and his engineers found—a mass of open circuits going nowhere. As a curative factor, or diagnostic device, Abrams' oscilloclast and radionics had just about as much value as the celebrated tractors of one Elisha Perkins of the year 1795. Another case of “new old moves”!!

At the Pre-Lyceum Class of August, 1935, Dr. Palmer related how after repeated insistence he examined the instrument at Omaha, Nebraska, where a special setup was arranged for its demonstration to him and some electrical engineers. B. J. describes this incident thus:

“We went over to the hotel, we fussed and fooled around all afternoon. It was one of those little glass top things, you know, all connected up with electric wires and little knobs, connected to an electric socket in a floor plug. The demonstrator conducted his experiments for an hour and a half, and got positive blood out of this and that (?). Finally by accident one of our party went behind the machine and knocked—accidentally, you know, on purpose—the plug loose. The demonstrator did not know that. He went on for another hour, still making positive and negative tests—with no electric juice in the machine.”

Now, radionics in Chiropractic is not mixing in practice; it is rank hypocrisy, worse than the rankest mixing could be. There is something of merit in most forms of mixing, I believe, if not practiced as a part of Chiropractic; but the perpetration of fraud upon the sick is worse than any mixing could be. The investigations of both B. J. and Prof. Millikan show the instrument to be nothing but fraud, which should conclusively establish the fact that radionics has no use in Chiropractic—mixing or straight. Knowing Drs. Firth, Vedder and Burich for so many years as I have, and having a sincere personal liking for them, I am unable to understand why they should so heartily condemn the Neurocalometer and then take up such a palpable fraud as radionics. Rather than condemn them for foisting a fraudulent device on the profession and the sick, I would prefer to believe they fall within the class of the average professional man, not an electrical engineer, who is incapable of discriminating between a correct principle and a fraudulent practice of that principle. Anyhow, within thirty days after B. J.'s expose of the fraud, the L. C. C. ceased its sponsorship, and it is little used by the profession today.

In this and the foregoing chapter I believe I have discussed at sufficient length the struggle between the straights and the mixers to control the destiny of Chiropractic. So far, legislatively, I believe the mixers have had the best of it, in which they have been aided in large measure by the straights,—both Palmerite and Anti-Palmerite alike. Some of this aid may have been designedly to injure the one man whom I believe above all others responsible for their right to practice—the mixer as well as the straight. Some of the

aid has perhaps been unintentional, in an anxiety to get legal protection by licensure. While perhaps they should not be consigned to eternal oblivion,— those who mix ignorantly and the straights who supported them without any ill design, but merely carelessly,—one cannot help but criticize them for the injury their schools and they have done Chiropractic. If they had but tried to cooperate in the development, evolution and perpetuation of the Chiropractic idea as much as they have worked for its impairment, if not its destruction, Chiropractic would have been far ahead of where it is today.

At least, there would have been a better knowledge in the public mind as to what is really Chiropractic. Instead of numbering among its patients but a comparatively small percentage of the sick, it would today number a far greater following. It is explainable that there should be professional differences of opinion as to the manner in which a Chiropractic adjustment is to be applied. It is perhaps not to be too seriously condemned for using the term “treatment” when the word “adjustment” would be more accurate. Where there is a difference of opinion as to the Philosophy of Chiropractic, as compared between the philosophy taught by B. J. Palmer and those who believe like him in contrast with those who do not, perhaps those who hold the contrary opinion should not be too harshly condemned. But its adulteration with elements purloined or appropriated from the other healing professions is not only injurious to their Art, Science and Philosophy; it is injurious to the patient and unfair to the profession from which the practice has been taken—and that merits only condemnation. I would not condemn many of the practices used in mixing on the ground that the thing itself is evil. But there is a probability that their use may work in opposition to the Chiropractic principle when applied to the same patient at one time, one offsetting the benefit of the other, because they operate on different principles; and there is little question that their use creates a state of confusion in the public mind, and where there is confusion there is also doubt. That doubt works against the evolution of the public’s mind to a more general acceptance of the Chiropractic principle in its search for a health service superior to any other known form of similar service. And, of course, as this doubt is generated in the public mind, just that much is the evolution of the Chiropractic idea itself retarded.

As I have already stated, the short span of life allotted to man on this earth does not permit one to acquire all of the principles of Chiropractic coincident with its evolution and at the same time acquire all of the knowledge of medicine, osteopathy, naprapathy, naturopathy, dietetics, massage, electrotherapy, physiotherapy, hydrotherapy, etc., etc., ad nauseum. Where a Chiropractor does acquire necessarily a limited knowledge of these isms and therapies, not a part and parcel of genuine Chiropractic, there should be

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nothing but condemnation of his use of them under the guise of their being a part of the “Chiropractic treatment”. He merits condemnation because he is defrauding the person to whom he is supposedly rendering a health service, for his application of them must necessarily be half-baked because he cannot have been scientifically trained in their use—if, in the first place, he has made a sincere, serious effort to learn all he could about Chiropractic while in school and has tried to keep step with its evolution when he enters the field of practice. Of course, if he has only sought to get a mere smattering of Chiropractic because of laziness or a desire to be merely a “quack” healer, pretending to the sick he is rendering them a health service, he has no place in any healing profession, much less the Chiropractic he maligns.

In what I have said that there may be merit to some of the mixing devices and methods used by the mixer, I have no desire to alibi the mixer to encourage him in a continued commission of his errors. If he is ignorant, he is not to be condemned; but, in that instance, he should seriously try to correct his ignorance and learn Chiropractic. If he is sincere in his desire to efficiently serve Chiropractic to his public, as he so often professes, if he but studies Chiropractic he may find he can do a better service with real Chiropractic than with a half-baked makeshift of inferior Chiropractic and untrained application of mixing devices and practices. Then, if he is really interested in the welfare of his public, where he finds his Chiropractic adjustment ineffective, and he believes something else may be helpful to the sufferer, I would suggest that he be liberal and broadminded enough to turn the patient over to someone that really knows how to use the creating adjunct, modality or what-not.

CHAPTER 9

The Straight vs. the Mixer: the Final Outcome

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The Straight vs. the Mixer; the Final Outcome

Recent developments in the history of Chiropractic have again renewed the bitter struggle between these two broad factions in the ranks of Chiropractic between those who have fought to keep Chiropractic clean, pure and unadulterated with the practices of the other healing professions, and those who have fought to adapt any and all elements from the other professions as a phase in what they consider Chiropractic—at least they have chosen to call their use of these extraneous elements and practices essential to the rendering of a “complete” health service. Since the first of these recent developments became known through Chiropractic circles, appellate courts and Attorneys General in other states have aided the struggle of the straights in their battle to keep Chiropractic clean, pure and unadulterated.

The first was the decision of the Iowa Supreme Court, on March 15, 1938, in the case of THE STATE OF IOWA, Appellant, vs. CHARLES J. BOSTON, Appellee and Cross-Appellant. Dr. Boston had been practicing Chiropractic and many other things in conjunction therewith, as a part of his Chiropractic “treatments”. He had been using these elements not strictly Chiropractic, believing that he was fully protected under the defining clause of the Iowa Chiropractic act. This defining clause reads—

“ . . . persons who treat ailments by the adjustment by hand of the articulations of the spine, or by other incidental adjustments.”

As I have explained in the foregoing chapters, this clause in the Iowa act, “or by other incidental adjustments”, was inserted in the legislation when it was proposed to the Iowa State Assembly, to present an element of ambiguity in the act when it became law, so that those mixers within the ranks of the Iowa State Chiropractic Society could practice the Chiropractic they chose, using anything shore of medicine on their patients, and do it under the representation they were rendering them a genuine Chiropractic health service.

I haven’t the testimony before me, nor the specific allegations in the charge of the State against Dr. Boston, but am quoting from the opinion handed down by the Supreme Court as follows:

“Defendant held himself out, including the using of newspaper and telephone directory advertising, as practicing physio-therapy, electro-therapy, colonic irrigation, and diet. In some advertisements he designated himself as being a Chiropractor and physiotherapist. In his office in Davenport where he treated patients defendant had a number of mechanical appliances, some of which brought electric and galvanic currents into contact with the patient’s body. Rays emanating from other machines or appliances raised the temperature of portions of the patient’s body, while another appliance imparted a physical vibration to the part of the body with which it was contacted. There was a ‘colonic irrigator’ wherewith about two gallons of water was used as an enema,

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the procedure lasting from twenty to thirty minutes. Defendant also advised patients with respect to diet. It is to these and other modalities that the decree of injunction applied.”

The complaint of the State against Dr. Boston was first heard before Hon. William W. Scott, District Court Judge of Scott County, and in his opinion Judge Scott enjoined the defendant from the use of mechanical appliances but held that he may prescribe specific diets in the following language:

“ . . . might use his reasonable judgment in recommending to a patient certain changes of diet, exercise, or such of his general habits as affect his health.”

Now, the decision of the Iowa Supreme Court was not, of course, based on anything other than the law, with no regard to the merits of the controversy that has been going on between the mixers and the straights for the greater part of the forty-odd years that Chiropractic has been serving the sick and suffering. The finding of the Iowa Supreme Court is confined within the law as written on the Iowa Statute books, assisted naturally by the findings of other state Supreme Courts where analogous situations were presented. In its opinion, the court cites the case of *HEINTZE vs. NEW JERSEY STATE BOARD OF MEDICAL EXAMINERS*, 153 Atlantic Reporter, at Page 253. Dr. Heintze, like Dr. Boston, had been licensed under a state law, the defining clause of which I have already quoted, and under this definition he thought he had the right to use any and all means excepting medicine and surgery in “treating” his patients. In the Heintze case, the New Jersey State Supreme Court held as follows:

“The prosecutor is a Chiropractor licensed under chapter 4 of the laws of 1920, which was later repealed, but saving licenses issued thereunder. He used the word ‘Doctor’ as a title; diagnosed; and treated patients, not only by manual manipulation within the act of 1920, but by the use of vibrator, electric light, galvanic current, etc. His female assistant, in his presence, gave directions for a vegetarian diet and the use of flaxseed tea. That such practice is outside of a license to use Chiropractic, and within the domain of medicine and surgery, seems entirely plain. Clearly, therefore, the case was in one or more respects within the statute, prescribing a penalty for practicing without a medical license....”

In the briefs and in the oral argument before the Iowa Supreme Court Dr. Boston’s counsel argued that under the defining clause in the Iowa act the defendant had the right to practice in the manner shown in the evidence in the case. That defining clause provides that the license to practice Chiropractic does not authorize the licensee to practice surgery, osteopathy nor administer or prescribe any drug or medicine included in *materia medica*. Relying on a maxim of law that the naming of one person or thing is an exclusion of the other, Dr. Boston’s counsel argued because the statute did not include within the defining clauses the words “vibrator”, “traction tables”, “ultra violet rays”, “infra red lamps”, “galvanic current”, in the prohibited

acts, that their exclusion permitted his client a legal right to use them in his practice. By the same token perhaps he would have argued, had it been necessary, that Dr. Boston could have used some drug of recent discovery, so recent that it had not yet reached the U. S. Pharmacopia or other words on materia medica. However, the Iowa State Supreme Court finds this argument frivolous (without so stating, however, in so many words), and that the legislative assembly intended to define and *limit* the field of Chiropractic.

The injunction portion of the decree by Judge Scott provided:

“WHEREFORE it is ordered, adjudged and decreed that the defendant, Charles J. Boston, he and he hereby is forever enjoined from the use of physiotherapy, electro-therapy, colonic irrigation, colon hygiene, ultra-violet rays, infra-red rays, radionics machines, traction tables, white lights, cold quartz ultra-violet lights, neuro-electric vitalizer, electric vibrator, galvanic current and sinusoidal current for the purpose of treatment of the sick or for any other purpose in connection with his practice of Chiropractic and from the use of medicine and surgery and from prescribing certain or specific course of diet for any patient as an independent remedy or means of treatment. Defendant is not enjoined from using his reasonable judgment in recommending to a patient certain changes in diet, exercise or such of his general habits as affect his health but is enjoined from prescribing any specific or certain course of diet as above set out.

“The defendant is further enjoined from advertising his use of physiotherapy, electrotherapy, colonic irrigation, colon hygiene, ultra-violet rays, infra-red rays, radionics machine, traction tables, white lights, cold quartz ultra-violet light, neuro-electric vitalizer, electric vibrator, galvanic current and sinusoidal current or any of them in the treatment of the sick or as an aid to or preliminary or preparatory to his use of Chiropractic or in any other way holding out to the public that any of these means or modalities may be or are used by him in the treatment of the sick or as an aid to or preliminary or preparatory to the use of Chiropractic and from assuming or publicly professing to assume the duties of a physician and surgeon or from using mechanical or electrical means or modalities in the practice of Chiropractic or as an aid to or preliminary or preparatory to the use of Chiropractic or from using or publicly professing to use any mode or general course of treatment other than Chiropractic adjustments, and the Clerk is hereby ordered to issue an injunction in accordance with this decree.”

In its finding, the Iowa State Supreme Court stated:

“We approve the decree as restraining defendant from professing to and treating human ailments in modes and manners outside the field of Chiropractic, excepting that defendant should have been enjoined wholly from the prescribing for or the advising of his patients with respect to diet. The case is affirmed on defendant’s appeal and reversed on plaintiff’s appeal with direction that a decree be entered in the District Court in conformity herewith.”

This finding was concurred in by five of the Supreme Court Justices, but one dissenting, that Justice Hamilton, who would have affirmed both appeals, or, in other words, allowing the injunction as originally framed by Judge Scott to have stood. Thus, even with the dissenting of Justice Hamilton, it

was a 100% victory for the battle of the straights to keep Chiropractic clean in Iowa, and naturally it is hoped that other Supreme Courts will do likewise where the statute is so clearly definatory of Chiropractic as to limit its application to adjustment of spinal subluxations.

There is a similar action to the Boston case pending in the California State Supreme Court, which stands pretty nearly on all fours with the Boston case, which is up for reargument before the court, and following the Iowa decision it is hoped by the straights that it will assist the California justices in deciding that Chiropractors should confine their practice to that in which they are competent, instead of spreading out their practices to include anything and everything, medicine included,—subjects in which they are not competent, or at least for which they have not been competently trained, and most of which they are woefully ignorant. There can be little successful denial of the fact that there is much of good in all these elements extraneous to Chiropractic, but there is also too much of danger in their use by a person untrained in them and almost completely ignorant of the intricacies that must occasionally be met in an untrained use of them. To say nothing of the fact that oftentimes even the thoroughly competent use of them has an effect that may be diametrically opposed to the effects of an efficient Chiropractic adjustment, so that in the finale the patient would at least have been as well off if he had stayed away from the pseudo-Chiropractor's office entirely.

Under date of January 14, 1938, the Hon. Lawrence C. Jones, Attorney General of Vermont, writing Dr. Nay, Secretary of the Vermont Board of Medical Registration, in response to the doctor's request for an opinion whether the ultra shortwave therapy machine, operated in the office of a licensed Chiropractor, is lawful or not as a part of Chiropractic "treatment", advises:

"Section 7490 of the Public Laws defines the subjects of examinations of all applicants for a license to practice Chiropractic but do not include the subject of therapeutics. However, therapeutics is a subject upon which an examination is required of all applicants for a license to practice medicine and surgery by Section 7455 of the Public Laws as amended by No. 189 of the Acts of 1937.

"Therapeutics is that branch of medicine which treats of the application of remedies and the curative treatment of diseases (Lippincott's Medical Dictionary).

"Section 7490 of the Public Laws provides that the examination prescribed by the Board of Chiropractic Examination and Registration shall include among certain subjects Chiropractic Orthopathy, and further provides that the applicant shall be required to give a clinical demonstration of vertebral palpation, nerve tracing and adjusting, and such other subjects as the Board may prescribe. 'Orthopathy' is defined by Webster as 'A treatment of illness without drugs'; and 'Chiropractic' is defined as 'A system of healing that treats disease by

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manipulation of the spinal column'. *Commonwealth vs. Zimmerman*, 221 Mass. 184, 108 N.U. 893, Ann. Cas. 1916A, 858.

"The calling or profession of a physician and surgeon differs materially from the calling or profession of a Chiropractor. The system of a Chiropractor has little in common with that employed by a physician and surgeon.

"The practice of a Chiropractor, unless otherwise provided by statute, is, in my opinion, limited to treatment of diseases by methods recognized under his particular system of healing, which system treats diseases by manipulation of the spinal column. I am also of the opinion that the subject upon which a Chiropractor has been examined should be considered in determining the legislative intent as to just how far a Chiropractor can go in the treatment of disease.

"In view of the foregoing and the fact that our statute gives the Board of Medical Registration the only right to examine applicants for license to practice medicine and surgery upon the subjects of therapeutics and that Section 7490 of the Public Laws allows examination by the Board of Chiropractic Examination and Registration on the limited subject of Chiropractic orthopathy, it is my opinion and I so advise that Chiropractors licensed under the provisions of Chapter 288 of the Public Laws are not authorized to engage in the curative treatment of diseases by the use of electric appliances. Such Chiropractors are confined to treatment of diseases by vertebral palpation, nerve tracing, and adjusting manipulation of the spinal column in accordance with their specific science of healing.

"The protection of the public from those who undertake to treat the human body by means of electrical appliances without that degree of education, training and skill which the legislature has prescribed of physicians and surgeons as necessary to the general safety of the people is within the police power of the state.

" . . . a Chiropractor who exceeds his authority and enters into the field of medicine and surgery is not protected by this exception and would be subject to prosecution, in my opinion, for illegal practice.

"Your question has given me considerable difficulty, and it is possible that the Board of Chiropractic Examination and Registration may convince me that I am in error. It may be that evidence would prove that the Chiropractic system of healing has been enlarged to include physiotherapy methods of healing and that such method is included in the examination of applicants under the subject of Chiropractic orthopathy. Ultimately, our Supreme Court shall have to pass on this question "

The occasion for rendering this opinion was relative to the use of the ultra shortwave therapy machine in a licensed Chiropractor's office by an assistant for healing X-ray burns, taking the color out of a black eye, and the like, forms of treatment clearly falling within the realm of medicine and surgery, if the definition of Chiropractic adopted by the National Board of State Presidents is to be taken as any criterion of Chiropractic, ambiguous though it may be,—because that definition provided that any adjustment by the Chiropractor of subluxated structures must be by hand only, without reference to the innuendo in that definition that the adjustment by hand only would be of subluxated vertebrae.

The CHIROPRACTIC JOURNAL, official organ of the National Chiropractic Association, Inc., which association assisted in defending Dr. Boston, takes the view that—

“Rational science took it on the chin this month when the Iowa Supreme Court in a prejudicial decision reeking with fanatical zeal for ‘so called’ medical principles ignored completely the rights of patients to adequate health service and the rights of Chiropractors to employ drugless methods in their practices, ruling that all such was the ‘practice of medicine’.

“Climaxing a long legal battle which started in 1934 when Dr. Chas. J. Boston was enjoined from the ‘practice of medicine’, this unprecedented decision, handed down March 15, ignored completely the legal arguments presented in favor of drugless practices by licensed Chiropractors. Evidently unable to answer the factual arguments presented, except favorably, and unwilling to concede Chiropractors the deserved rights and privileges, the Supreme Court delayed the decision for four months looking for legal loop holes and, finding NONE, handed down a simple, illogical ruling, that a school boy (knowing nothing of the principles involved) might well have written, declaring that the use of anything not specifically set forth in the statute regulating the practice of Chiropractic was the ‘practice of medicine’. This, in spite of the fact that the Code of Iowa specifically declares that the ‘practice of medicine’ comprises only persons who prescribe and furnish medicine for human ailments or treat the same by surgery or publicly profess to do so. No mention whatsoever is made of physiotherapy or other drugless practices in the medical act.

“This unfair, biased, and prejudicial decision legally and literally ‘black jacks’ the Chiropractors, taking from them rights and privileges long considered the common property of all licensed healing professions. It takes from them privileges granted to barbers, cosmetologists, and even laymen in the state of Iowa. Just imagine, if you can, that the use of a vibrator or a traction table be termed the ‘practice of medicine’. ‘Ridiculous!’ you say. That, too, is what every intelligent layman, from judges on down to janitors, or, perhaps we should say, from janitors on down to judges is saying. However, the Iowa Supreme Court has spoken and ridiculous though it may be, their ruling stands for the present. Fanatical zeal may win a battle or two, but in the end rational science will score a complete victory.

“Imagine, if you can, a legalized Doctor of Chiropractic being legally restrained from advising a fever patient to take a drink of water or a diabetic patient to refrain from carbo-hydrates. Imagine, a mentally deranged patient suffering with stomach ulcers attempting to eat ground glass and a Chiropractor being legally enjoined from attempting to save that patient’s life by advising him not to do so as it is a dangerous diet for him. Imagine, being enjoined from using a traction table for spinal stretching and relaxation—a table designed by and built for Chiropractors and never used by medical men—or a vibrator or an infra-red lamp used by barbers, beauty operators and laymen (as well as Chiropractors and osteopaths) throughout the State.

“No, the recent Supreme Court decision is not—cannot be—a reality! It must be of the stuff dreams are made of, and we will awaken in the morning (possibly several months or years hence) to learn that it was simply a dreadful nightmare.

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“Hallucinations such as this might well be attributed to a man who professed to portray Jesus, but rather emulated Judas, even to sacrificing his professional brothers, which act may well be described as Chiropractic Fratricide.”

Immediately following this editorial, the editor continues with a separate statement—

“All tragic situations have a comic side and one needs not search very diligently to be amused in the present tragi-comedy enacted by rule of the Iowa Supreme Court.

“The bewhiskered Janus of Davenport, who by odoriferous and vociferous pronouncements hopes to again mislead the Chiropractic profession and the public (as he did during the neurocalometer fiasco in 1925) reminds one of the story of the elephant and the flea crossing the bridge. ‘Boy, we sure shook that bridge,’ said the flea to the elephant, as they reached the other side in temporary safety.”

But again, at the risk of being called pro-Palmer, which I am and for which I need offer no apology, I prefer taking the view as expressed by Dr. Palmer in his personal organ, THE FOUNTAINHEAD NEWS, that Chiropractic has not been crucified by the Iowa State Supreme Court decision. Mixing has, of course, been temporarily enjoined by this decision, and for the good of the Chiropractic profession I hope that no decision will be made changing this stand, and that the Chiropractic Act in Iowa will not be so emasculated by future amendments to permit pseudo-Chiropractors practicing anything and everything under the sun under the protective publicity guise of its being legal “Chiropractic treatment”. In closing this chapter I wish to quote Dr. Palmer’s remarks just referred to. He says:

“It is generally known that there were many Iowa ‘mixers’. We doubt if it could be as bad as California, New York and a few other States we could mention.

“Since the Supreme Court decision became known in Iowa, there have been varying reactions. In one district the ‘straights’ and ‘mixers’ held a joint meeting. They had an attorney present. They asked him the question of ‘How can we beat or defeat this Supreme Court ruling’? He told them ‘there was no way they could. The Supreme Court has ruled. They are the final word. The Courts now have the right of injunction. To deny that or attempt to defeat it is contempt of court’. All present yielded to the inevitable except one. He decided to pursue his path, right or wrong, good or bad. He issued an ad in his local paper saying he was going on as before, etc. This was a foolish move as he must remember that Boston was enjoined from ADVERTISING the very thing THIS man did in open defiance of the State of Iowa. Grave consequences COULD follow such childish tactics. I am not worried but what this chap too will follow the Iowa Courts, perhaps unwillingly tho.

“In another district, the mixers were searching for an M.D. or D.O. to act as cover man for them. In one instance three Chiropractors have their office in one building. In same building is a young budding physician. They tried to hire him. I understand he turned it down because he did not care to

lose caste in his medical societies and rights and privileges in hospitals, etc.

“Assuming that MIGHT BE a ‘way out’, there certainly are not enough decrepit, retired, old M.D.’s in Iowa to go around to one M.D. to every ONE D.C. To hang that mill-stone around one’s neck is going to be expensive even tho it were but \$100 per month. The cheapest way is to be a Chiropractor and own ALL the income yourself.

“We again call your attention to the first column, first page, upper left corner. The real meat of a vital issue is contained there—THE SUPREME COURT OF IOWA HAS NOT TAKEN ANYTHING AWAY FROM CHIROPRACTIC OR CHIROPRACTORS. ON THE REVERSE, THE SUPREME COURT OF IOWA HAS GIVEN CHIROPRACTIC TO CHIROPRACTORS AND ASSURED CHIROPRACTORS CHIROPRACTIC WAS THEIRS. It should be our duty now to protect, defend and cherish for posterity what they have confirmed IS OURS.”

The paragraph to which B. J. calls attention is—

“Chiropractors now have a golden opportunity to take advantage of a marvelous Supreme Court decision.

“For the first time, the Iowa Supreme Court has given Chiropractors confirmation of their right to use Chiropractic. They have said Chiropractors have a right to use Chiropractic.

“Instead of the Iowa Supreme Court taking something away from us, they have given us everything we have a right to use.

“We hope every Chiropractor will view this decision in that light. They have not taken Chiropractors away from Chiropractic or Chiropractic away from Chiropractors. On the reverse they are now giving Chiropractic to Chiropractors. A precedence has been established.

“Now that we know Chiropractic belongs to Chiropractors, let us show our appreciation by doing those things which prove we do appreciate it.”

Aside from the probable event of cleaning up the mixing situation in Iowa, and the probability that the decision of the Iowa State Supreme Court will be given thorough consideration by other state Supreme Courts, just as the Iowa court gave thorough consideration to the Heintze case tried years ago in New Jersey. There is little doubt that the California Supreme Court will give it a thorough reading and consideration, regardless of what their decision may be, because there are doubtless differences in the defining clauses that also will have an effect on its decision. In defense of the Iowa Supreme Court, however, it is ridiculous to assume the court spent four months, or four years, or any extended time seeking loop-holes to hand the rights of Chiropractors over to the medical fraternity. That court had many other cases to consider, and had to study the evidence, the rulings, etc., in the lower courts, and review the briefs and oral arguments in support of the contentions of all sides.

Since the many abortive attempts of the new style of political manipulation to foist on the American public practices that I believe to have been in violation of all precedent, constitutional and otherwise, in the United States,

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through the Supreme Court of the United States finding contrariwise to the unconstitutional manipulation, there has been the cry raised that the appellate courts spend many, many months in an effort to destroy progress, without bringing to public light the fact that those courts have many cases to consider, not only the one immediately in point. All courts may err on occasion, of course; and an effect of this agitation has been perhaps to correct former errors.

Just so in the Chiropractic struggle of the straights to keep the practice of Chiropractic clean and free from contamination with other elements, purloined from other practices, or if not stolen from the other existing and recognized systems of healing,—whether recognized by legislative enactment, or not,—used by members of the Chiropractic profession, either for the sake of giving what they believe a more efficient health service than can be done by Chiropractic adjustment alone, or for the sake of making the patient believe he is getting something more for his money than he could get from his fellow Chiropractors,—the finding of the Iowa State Supreme Court may serve as a guiding light to other Supreme Courts, and may also serve as a guiding light to other Public Health committees in state legislative assemblies, to the end that existing legislation permitting such practices may be amended to compel the profession to conform to Chiropractic adjustment alone in serving his public, or otherwise taking an adequate training in the extraneous practices so that the public may be reasonably assured that the operator has had a proper training in their use.

I cannot agree with the Chiropractor, mixer or straight, who believes that the profession has been injured by the finding in the Boston case. On the contrary, I believe the profession has been strengthened, in that the public will be protected from the hands of incompetent users of elements not Chiropractic. Of course, those engaged in teaching the Art, Science and Philosophy of Chiropractic will be compelled to devote their time to teaching Chiropractic and cease teaching outside factors, adjuncts, modalities, “treatments”, and what not.

CHAPTER 10

The Chiropractic Adjustment; Its Development

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When a comparison is made in the procedure of adjustment of today with that in the early days of Chiropractic a vast change is to be noted. The first adjustment given that subluxation on the back of Harvey Lilliard's neck by the Founder was of necessity, because of lack of previous experience in adjusting, what would be considered crude today. It was nothing but a determined forcible pushing back into its normal position of the misaligned fourth cervical, with little if any consideration of its laterality, inferiority or superiority as is done today by those who practice Chiropractic in any form. That first adjustment was given with the patient lying prone on the floor, face downward, nose pointed direct to the floor. The movement was straight anterior. Later the adjustments were given on a flat one-piece table, still with the face and nose directed downward with little consideration to laterality, superiority or inferiority. For some months the application of his adjustic force by the Founder was limited to adjustments in the cervical region. He had not, of course, reached the point of publicly announcing his discovery, and he wanted to continue further investigation to make certain the results in Harvey's case was not the result of accident and that similar results could be expected with similar cases. This first case "treated" by D. D. being one of deafness, he reasoned that deafness in other cases might be "cured" by a forcible reduction of similar lumps with them. So he proceeded to look for this lump or bump in other cases of deafness. While he had not announced his discovery, the Discoverer was looking for a new procedure and a more efficient than any he knew of, to be used in "treating" all of his cases. He had no desire to hold himself out as a specialist in deafness or in any one disease. His clientele as a magnetic healer included all types of dis-ease, and he treated them all. When he knew he had made a new discovery, he wanted to make it applicable to all dis-ease.

Until there were improvements made in the adjusting table, and advances made in the technique of adjusting the cervical vertebrae, many a bloody nose resulted from this straight anterior adjustment, until it was given consideration, that there may be lateral misalignments as well as posterior subluxation of the vertebrae, and the patient lay on the table with the face directed to one side or the other and not straight down toward the floor. This position of having the patient lie on the side of his face, in his position on the early table, rather than to have the chin and nose pointed toward the floor, was not done for many months, and during that time, as will be described in a later chapter, many a patient arose from the adjustment with blood streaming from the nose. But this was, of course, avoided when

the question of laterality, particularly, and inferiority and superiority came into consideration of the direction in which the vertebra was subluxated.

Now, D. D. was not a hard-hearted man, and he didn't want to see the patients get up from the table with blood streaming from the nose. So he gave this serious consideration to avoid it, if possible. But, above all things, D. D. believed in giving as few adjustments as possible to "cure" his patient, bloody nose or not. But the discomfort to the patient was not the only thing to be considered, and naturally we find him and B. J. giving a great deal of thought how to make the adjustic process easier to both the giver and the receiver. Naturally, in the beginning, and in the first Chiropractic school, much attention, study and experiment was given toward effecting the easiest and most efficient adjustment possible. This, in part, resulted in the lifting bodily by some schools of manipulations from the other forms of manipulative healing, such as osteopathy and the like.

In their early study of the spine, the pioneers in Chiropractic naturally discovered other places where the lumps and bumps along the tips of the spinous processes were present, and it was logically reasoned that since deafness was caused by misalignment of a cervical vertebra other diseases were doubtless caused by similar misalignments at other places along the entire spine. When this stage was reached in the evolution of Chiropractic, we find those pioneers adjusting, first, in the upper dorsal region, then the lower dorsals and finally in the lumbar and an adjustment of the sacrum. Finally adjustment of the tip end of the spine, at the coccyx, was started, although the technique of coccygeal adjustment was not perfected until along in the early spring of 1910. I remember as one of my early experiences with the practical phase of Chiropractic watching both Dr. Wishart and Dr. Palmer giving coccygeal adjustments in the men's rest room of the free public clinic, and it is my recollection this was during the latter half of April that I first witnessed an adjustment at this part of the spine.

In the passing I might also mention that, in the early days, because of difficulty in accurately determining the position of the most superior cervical, the Atlas, it was rarely adjusted by the student adjuster. The importance of the Atlas was well recognized for years before the profession generally began its adjustment. If it were decided that an Atlas adjustment was required, only a member of the Faculty—that usually B. J. because of his recognized superior ability as an adjuster—was permitted to adjust it. Naturally this adjustment was given only in the rarest of instances. It would also have been almost impossible to adjust Atlas from the direct posterior, at any rate, with anything resembling the early push or shove. By 1910 much consideration was given to adjusting Atlas from the anterior, I know, for it was quite common in 1910 to hear the students talking about the Anterior Atlas adjust-

ment, which, incidentally, was not taught at the P. S. C. at that time, nor was it ever taught there, so far as my recollection goes. Today, however, the Hole-in-One Chiropractor confines his adjustment solely in the superior cervical region, either Atlas or Axis—in far the great percentage of cases at Atlas only.

Coincident with the development of the adjustic process is the improvement of that most essential part of the Chiropractor's office equipment, the adjusting table. From the hand-made table used in early Chiropractic we have had many changes and improvements, so that today the table is, in most instances, a marvel of mechanical ingenuity and a much more artistic piece of office furniture than the bare workman-like bench originally used the first few years of Chiropractic. So numerous have been these improvements in design and mechanical features that I am devoting my next chapter to its discussion and development.

It is perhaps difficult for the patient of early Chiropractic who was adjusted at many places to understand why it is today, when he goes into the office of a Scientific Hole-in-One Chiropractor, he is adjusted at but one place, and that without the removal of hardly any upper clothing, such as was required only a decade or so ago by possibly the same Chiropractor,—if he is one who has kept step with the process of evolution, and many old-timers have. Of course, nearly all who learned Chiropractic under D. D. have passed on for they were well in their middle ages before taking up its study. There are, however, a number whom I meet every year at the Annual Lyceum who remember the days when I sat on the platform by the speaker, making a stenographic report of the talk. Their early patients were, of course, required to partially disrobe for the adjustment.

The first step in the evolution of Chiropractic was taken when the pioneers broadened their scene of operations, by adjusting at other regions in the spine, not only in the cervical region. Because of the contour of the human body, provision had to be made in the table to permit giving the adjustment with as little physical discomfort to the patient as possible, and with greater ease and facility on the part of the Chiropractor. The old gentleman, D. D., realized if a patient wanted to get well through adjustment, he must be willing to undergo more or less temporary discomfort. He had little sympathy for the patient who couldn't stand a little temporary pain. He wasn't brutal in this, nor did he desire maliciously to inflict pain. He thought if the patient wanted to get well through Chiropractic, he must of necessity undergo some pain. In the beginning the subluxation was sought by D. D. to be reduced or adjusted by the application of great force and weight, forcibly thrusting or pushing the subluxated vertebra straight anterior into normal relationship with its contiguous vertebrae.

THE CHIROPRACTIC ADJUSTMENT; ITS DEVELOPMENT

The weight of the upper part of the Chiropractor's body—his arms and shoulders—was often supplemented by the addition of bags of sand, of varying sizes and weights, placed over the shoulders. He hoped thereby to make his adjustment more effective and also to hasten forcibly driving the subluxated vertebra back to where it belonged, thus aiding the patient to recover health that much the sooner. Of course the adjustment under such technique could be nothing else but more or less painful to the recipient, the patient, and he naturally dreaded the ordeal. As he lay on the table awaiting the adjustment every muscle in his body was tensed to enable him to stand the temporary pain and discomfort.

In the early days the question of relaxation on the part of the Chiropractor himself was given but little consideration, because the adjustment was given by what is known today as the stiff arm adjustment. But they did give serious consideration to the question of relaxation on the part of the patient. They did not want to cause any more physical discomfort than was absolutely necessary. The two Palmers, and their students, realized if they were to be successful in giving an adjustment, they must secure the utmost relaxation on the part of the patient. They realized too that to secure this they must make the position of the patient on the table as comfortable as possible. I have stated this first adjustment given by D. D. was a crude push or shove. It was an adjustment though because it was followed by successful results, and their following adjustments, however crude as compared with the adjustment of today, were adjustments in all the word implies, because they too were followed by the desired result, health to the patient. B. J. has often been criticized by some because he has on occasion spoken of the crudeness of this first adjustment. This criticism is unmerited because in making the statement B. J. meant no ridiculing of the procedure followed by the Discoverer. He was but comparing it with the refinements of the present-day procedure of adjustment,—swifter, more effective and less painful.

Even D. D. himself realized this first adjustment was crude as well as cruelly painful. When he gave his first adjustment and realized he was on the right road to find what he had so long sought, he immediately set about improving his technique. There was much discussion and experiment to accomplish this. When he began taking students to teach them his art of healing, they too sought to improve the technique. I have witnessed the stiff arm adjustment given by a number of those pioneer Chiropractors, even after B. J. Palmer had introduced his famed recoil adjustment into the Art of Chiropractic. I have not, however, witnessed the addition of the bag of cement or other weight to the Chiropractor's shoulders. One of the Faculty members in 1910 was Dr. Brown, the Medical Director and later Dean of the P. S. C., after the death of Dr. Owens, who had received his Chiropractic

training in the early years when the stiff arm adjustment was in its heyday. I will never forget the experience of undergoing one of those old-time adjustments from Dr. Brown. The vertebra was forced back toward its normal position, and I got the desired results, but I never had the courage to undergo another. “Daddy” Brown kidded me every time he saw me for some weeks after for being a coward and not coming back for more.

In his early steps of developing and evolving all phases of Chiropractic, B. J. developed what is termed the Palmer Recoil adjustment. This adjustment is the basis of all his latest developments in the Art of Adjusting, even in the Torque-Toggle-Recoil adjustment taught in Hole-in-One. Early in his development of the Philosophy of Chiropractic, B. J. reasoned that the complete adjustment was not effected solely by the external force delivered by the Chiropractor alone, but was a combination of that external force and the internal Innate recoil force within the patient. B. J. reasoned that to completely effect an adjustment, these two forces working in complete unison was necessary. From 1909 to 1925 that thought was but logical theory; from 1925 to 1935 he sought to establish it as a fact. He knows today as a result of his research within the past two years in his laboratory—the B. J. Palmer Chiropractic Clinic—that the patient’s Innate does have a function in the complete adjustment.

But regardless of the philosophy of the adjustment, there is no question that the complete relaxation of the arms and shoulders of the Chiropractor immediately prior to the delivery of his external adjustic force is far superior to the old type adjustment. For one thing it permits a greater relaxation on the patient’s part, with less resistance to the external force, because it is swifter in delivery, the patient has less opportunity to unconsciously brace against it, and much less painful. In fact, with complete relaxation on the part of both, the adjustment is almost painless. It must, of course, be given properly by the Chiropractor, as otherwise he will commit the evil of “pounding” on the subluxated vertebrae with a painful black and blue spot resulting on or over the spinous process. This will result in building up a greater resistance within the patient, which operates against the proper delivery of the Innate recoil force. But when scientifically given, the recoil type of adjustment soon proved its superiority over all other forms. Where the field Chiropractor was not possessed of a violent hatred of anything B. J. Palmer sponsored, he adopted the Palmer Recoil as soon as he could acquire the technique, whether he was a P. S. C. graduate or not—and he was welcomed to do so by B. J.

In the period between its time of discovery to the time of organization and incorporation of the Palmer School of Chiropractic, the Art of Chiropractic had evolved from the adjustment of but one subluxation found in the

cervical region to the adjustment of all misalignments found throughout the spine. Often with a severely contorted, distorted spine, the Chiropractor may have found as many as a dozen or more misalignments, which were then termed subluxations. But we now find B. J. wondering if Chiropractors were not adjusting at too many places when they adjusted every lump and bump they had decided was a subluxation. When he arrived at this stage of reasoning, he took another step forward in the evolution of Chiropractic from a system of pushing, poking, thrusting, hammering and jamming back into a normal position of all bumps, lumps, misalignments or subluxations. Within less than five years following 1905 we find the P. S. C. and its head, B. J., teaching that the Art of Chiropractic should be restricted to the adjustment of not more than five or six vertebrae throughout the entire spine instead of adjusting every place "suspected" of being a subluxation.

In this step in the evolution of the Art of Chiropractic, we find the Philosophy of Chiropractic dividing the body into zones and vertemes, very much as we find medical anatomic research dividing the body into similar zones today, each zone being governed by an undetermined lobe or part of the brain. This step in the evolution of the Philosophy of Chiropractic was named the Meric System. Previous steps in the evolution of Chiropractic had been toward developing the Art and practice and the production of suitable equipment for its application. But this is a step forward in the philosophical and scientific phases, hence I classify it as the first important step in its evolution. Under Meric it was found that the adjustment of not more than five or six misaligned vertebrae was more efficient than the former procedure of adjusting every suspected subluxation. It was also found that the adjustment of vertebrae within certain vertemes with other vertebrae in associated vertemes was far more successful. James C. Wishart, D.C., Ph.C., was at this time a member of the P. S. C. Faculty, teaching Symptomatology, Pathology and Diagnosis, as well as in charge of the practical phases, drills in Palpation and Adjusting. Dr. Palmer assisted by Dr. Wishart worked out the Meric System and the segmentation of the body into zones and vertemes. They also worked out a listing of the various forms of dis-ease caused by subluxations of the vertebra or vertebrae in a specific verteme or combination of vertemes.

Under Meric the Chiropractor first determined by digital palpation the subluxated vertebra or vertebrae. He then determined the particular vertebra or vertebrae that needed adjustment as determined by a thorough spinal analysis. That spinal analysis was made after listing the results of his palpation, then the making of nerve tracings, the location of "hot boxes" and possibly taking a history of the symptoms from the patient. However, this history of symptoms from the patient was never considered a reliable factor,

the patient tending to exaggerate some and forgetting others. Very little reliance was placed, as well, on any medical diagnosis the patient may have previously had. Fortunately for the evolution of Chiropractic, at about the same time Meric was announced, the X-ray was made available to the profession, so that in making his spinal analysis the Chiropractor was assisted by the interpretation of X-ray films, made either in his own laboratory or at some nearby X-ray laboratory. At first the only X-ray available, in 1910, was that at the P. S. C., and in 1910-11 we find patients being sent to the P. S. C. for X-rays by Chiropractors the country over. X-rays were taken at the P. S. C., interpreted by B. J. or Dr. McAdams, and sent back to the Chiropractor so the patient could be adjusted from that interpretation. Occasionally the field Chiropractor found an M.D. with an X-ray outfit who would attempt to take X-rays for him.

Today the Meric System is followed by a large percentage of the profession, together with the Palmer Recoil or some modification. Now, the succeeding steps sponsored by B. J. are nothing more nor less than a more scientific application of the principles incorporated in Meric. Majors-and-Minors is but an evolution of Meric, so that instead of adjusting five or six vertebrae, a lesser number was selected, often but one, occasionally as many as three. Hole-in-One is the last step taken in that evolution, so that the adjustic force applied externally is only in the superior cervical region, at Atlas or Axis. You note I say "externally", because the Innate application of its internal adjustic force is applied all along the spine where a misalignment exists. The Palmer Recoil, either in its pure form or a more or less modified adaptation of it, is used today by perhaps 95% of the Chiropractic profession, because it makes for facility of delivery and ease in receipt. It is used exclusively in some of its several forms, often dependent upon adaptations necessary to the individual Chiropractor, or with the latest methods of practice, in the Palmer-Torque-Toggle-Recoil adjustment in Hole-in-One. The mechanical procedure of giving a Chiropractic adjustment is one that has undergone much discussion, and there are many who do not adhere strictly to the Palmer Recoil in all details. It is, however, the basic movement of all those who seek to accomplish the maximum of results with the maximum of ease and minimum of discomfort.

The stiff arm adjustment was capable of being delivered efficiently in but one direction, straight forward or directly anterior. Now, vertebrae are but rarely displaced or subluxated directly posterior. They are subluxated posteriorly and right or left and superiorly or inferiorly. All these directions are determined by the competent Chiropractor before he attempts his part of the adjustment. As in the case of driving a nail into a piece of wood, with the force being delivered exactly in line with the nail itself, just so in

giving a specific Chiropractic adjustment the Chiropractor seeks to deliver his force in an exactly opposite direction so as to reverse the misalignment. Once the direction of application is properly determined by spinal analysis, it is not so much the size or weight of the Chiropractor that counts. It is correctness of analysis and swiftness of delivery in combination with accuracy of direction that counts.

Before Meric came into such general use, but after that time when every suspected subluxation was “adjusted”, a good many field practitioners adopted the following technique: They would adjust the fourth and sixth cervicals; the second, sixth or seventh and tenth, eleventh or twelfth dorsals; the second and fourth or fifth lumbar vertebrae; and occasionally “adjustment” of the sacrum,—in all six or seven “adjustments”. The cervicals were adjusted usually with the T. M. (thumb movement), with the patient sitting on a stool or the rear adjustment table, the Chiropractor’s thumb against the spinous process of the cervical on the side of laterality, the other hand and forearm across the patient’s forehead. With this position a quick combination of movements of both the forearm and hand across the forehead and the thumb hand was used, in giving a modified form of the recoil. Now, the T. M. was an effective manner in which to give a cervical adjustment, because it did move the vertebra in the direction desired. At least the patient thought he felt the vertebra move, whether it did or not, because he heard a crackling sound at the back of his neck. In giving the T. M. I have often wondered if the vertebra was really adjusted toward its proper position—if it was misaligned—or whether that crackling sound was not occasioned by the stretching of the ligamentum nuchae which lies in the bifurcations of the spinous processes of the cervical vertebra or the other ligaments, tendons, etc., in that region. I often wondered, too, if in the giving of this adjustment the Chiropractor did not frequently accomplish an unintended Atlas adjustment, thus getting the patient well through an accidental Hole-in-One adjustment rather than the intended adjustment of a misaligned cervical. And I also wonder how many misalignments of Atlas may have been caused!

Occasionally with these cervical vertebrae, where the patient would not relax under the T. M.—of which type I happened to be one—the recoil adjustment was used, with the patient on the adjusting table, the head turned to one side or the other, depending on the laterality of the misaligned vertebra. Also, in many cases, although it was not strictly Palmer technique, although it was taught for a few years in the adjusting drill classes at the P. S. C., the patient was placed in a reclined position, faced upward, and the Chiropractor attempted adjustment of the cervical vertebrae by a system known as the break adjustment, crackling all of the vertebrae in the neck without a specific correction of the misalignment of any. I say “attempted” and I mean just that. In

fact, I think the break adjustment resulted in the creation of more misalignments than it ever corrected. In the first place, it is a movement taken from the osteopath. I know when I was in practice I could invariably tell whether the patient had been to an osteopath or had had a break adjustment from a Chiropractor because of the fact that the cervical vertebrae were misaligned in all directions. Nearly all of the so-called “break adjustments”, whether of the cervicals or elsewhere, are osteopathic in character and are unjustly classified as Chiropractic by those who teach them and who use them in their practice. Chiropractic is the specific adjustment of spinal vertebrae, in the practice of it, and no form of “break adjustment” can be termed specific.

Another very popular “adjustment” in some circles of Chiropractic in 1910-12 was what was termed, I believe, the Parker Lumbar adjustment, where the patient was placed in a seated position on the rear table or on the floor, the Chiropractor placing his arms under the patient’s arms, clasping his hands back of the patient’s head or neck, and jolting the patient down on the table or floor. I will say this resulted in a general jolting and crackling of the vertebrae, whether it ever adjusted a lumbar vertebra or not. I suspect it created more misalignments than it ever corrected, but since it gives the crackling sound it seems to satisfy the mixer that he is giving the patient a run for his money. It isn’t, of course, Chiropractic, because it is anything but specific in its “adjustment”. As an adjustic application of external force, the Parker Lumbar is just about as much Chiropractic as is the “break adjustment”—more apt to create than it is to correct misalignments.

In the foregoing chapters and perhaps in later ones, the reader will note I use the word “misalignment” frequently when he may think “subluxation” the term I should use. Under the philosophy of Scientific Chiropractic, a subluxation of vertebrae below the superior cervical region is an impossibility, unless it is so severe in character as to amount to a partial or complete dislocation. Hence I prefer the term “misalignment” and where I do use the word “subluxation” I am doing so more as a synonym and to avoid too much repetition of the proper word, not to differentiate between the two uses. I well remember a discussion with one of my old friends of Record Club days (whose name I cannot just now recall), in which he said he wondered what got the patients well. He said he was sure it wasn’t his adjustment, because after their recovery of health the patient’s spine would read just the same on palpation as it did the first day he came in. Of course, if he had made X-rays before-and-after, this may not have been his finding, because after all the misalignment of a vertebra termed as a subluxation is of so minute a degree that its correction to normal position would be practically impossible of determination by mere digital palpation.

THE CHIROPRACTIC ADJUSTMENT; ITS DEVELOPMENT

As late as 1920 the bulk of the Chiropractic profession had very little to do with attempting specifically to adjust the Atlas, which is now, with the Axis, the alpha and omega of the Hole-in-One thought and practice. Fully 95% of the profession limited its adjustment of the cervical vertebrae to the T. M. or break, with a few using only the recoil or other thrust form of adjustment. There were occasionally modifications of the T. M. attempted to effect adjustment of Atlas. The Axis was frequently adjusted by the Palmer Recoil or thrust. It was also occasionally attempted to adjust it with the T. M. or break, although this latter break was rarely attempted by a conscientious Chiropractor on either Atlas or Axis. Quite a number of Chiropractors, however, since about 1910 had been adjusting Atlas with what was termed the Anterior Atlas adjustment. At that time in Palmer circles, little thought was given to the idea of vertebrae being displaced anteriorly, although under Hole-in-One this stand has since been somewhat changed. In fact, Dr. Palmer opposed the teaching of this adjustment in the P. S. C. adjustment drill classes and did not countenance its use in the clinics, as impracticable and as likely to do injury to the patient as it was to correct a subluxated Atlas. Contact on Atlas was thought to be on the transverse process, on one side or the other or most frequently on both sides, in which event the adjustment was straight posterior, and in cases where on but one side both posterior and rotatory. While the contact in either event was assumed to be transverse of Atlas, recent research from X-ray exposures has established that as often as not the contact was elsewhere than transverse, but some process given off from the occiput. The Universal was perhaps the school most active in teaching Anterior Atlas adjustment. This adjustment was made by placing the thumb points of each hand on what was taken to be transverse of Atlas, and a quick thrust posteriorly while the patient lay on the table face upward.

Dr. Palmer and his Faculty were teaching adjustment of Atlas from a posterior contact on Atlas only at that time, not with the object of driving it directly anterior, but more with the objective of rotating it to correct an interpreted misalignment. The contact point for the pisiform or approximately midway of the outer edge of the hand was on the lamina of Atlas, as determined from the interpretation of the misalignment, and it was adjusted with a modification of the recoil adjustment, termed the Palmer Toggle Recoil, and the force externally directed so as to rotate the Atlas in a reverse direction of the interpreted direction of misalignment. In Hole-in-One this recoil adjustment has been further developed, so as to effect a torque or twisting movement in combination with both the recoil and toggle to more accurately correct the misalignment, because of its twisted character.

The second cervical vertebra, the Axis, is frequently included in the Hole-in-One procedure, where the analysis determines it is the vertebra that

requires adjustment rather than Atlas. This is one phase of Hole-in-One research that has not yet been worked out to the complete satisfaction of that school of thought. In the early stages of Hole-in-One, Axis was more frequently adjusted than Atlas. Within the last few years, since early in 1935, it has been determined that Atlas is the vertebra requiring adjustment in a far greater percentage of cases than Axis. In the P. S. C. Clinical Report for the period from September, 1936, to August, 1937, inclusive, Atlas was adjusted as major 17,436 times and Axis but 379 times, or about 98% for Atlas as against 2% for Axis.

In 1912 the T. M. form of adjustment was applied to the first, second and third dorsal vertebrae, and occasionally the fourth, when it was mechanically possible for the thumb point of the Chiropractor to effect a sufficiently firm contact with its spinous process. I remember having this demonstrated to me by George A. Newsalt, D.C., then president of the U. C. A., and in turn my imparting it to Drs. Wishart and Firth, shortly after which it was being taught to the Senior students in the adjusting classes. It was a very easy form of adjustment to give, but whether it was really specific was and is questionable—the vertebrae crackled anyhow, so we thought we had something. Besides these upper dorsal vertebrae were difficult to adjust with the recoil or any other type of thrust adjustment, and do it easily,—and comfortably for the patient.

Almost coincidental with the announcement of Meric, we find many Chiropractors adjusting the dorsal vertebrae with what were termed single or double transverse adjustments. In those cases the contact points sought on the patient's vertebra, or vertebrae, were the transverse processes. In the single transverse but one contact point was used, and but one vertebra sought to be adjusted, or rotated, by a modified form of recoil thrust at the contact point. In the double transverse, two contiguous vertebrae were sought to be adjusted or rotated simultaneously, one to the left, the other to the right, and a modified form of recoil adjustment used. Occasionally adjustment was sought to be made of but one vertebra, using the transverse processes on each side as contact points instead of the single spinous process, the adjustic drive being directly anterior. These transverse forms of adjustment are given today by the Meric and other Straight Chiropractors—probably by the mixers too—excepting the Hole-in-One practitioner.

All of the time, constantly searching as he was for developing a more efficient ways and means for the delivery of the Chiropractor's part of the adjustment, with greater ease for the patient and the utmost of relaxation, B. J. brought out in 1918 what is termed the knee posture form of adjusting. In this posture, the upper part of the patient's body, just above the superior edge or the sternum, rested on the forward table of the two-piece table then

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used, with the knees resting on a pad or cushion placed on the floor. The patient's knees were drawn close to the forward table for the giving of the cervical and upper dorsal adjustment, with the knees drawn out, so that the back was as nearly level as possible for the lower dorsals and drawn still further back when given the lumbar adjustment. This type of adjustment was immediately taken up by the entire profession because it was much easier to give. The patient was more relaxed and the adjustment was almost painless. I suspect the reason for his greater relaxation is that it gave him something to think about other than solely the adjustment.

Now, Chiropractic in 1910 was talking about the finding of "hot boxes" along the spinal column. Even D. D. mentions this in his writings. These "hot boxes" the Chiropractor detected by applying the back of his hand or fingers along the spine, finding thereby various vertemeses or zones that were warmer to the touch than other zones or vertemeses. In making his spinal analyses the Chiropractor from then on began to look for these "hot boxes" as an aid in determining the cause of the patient's trouble. This phase of spinal analysis is doubtless the forerunner of the Neurocalometer now so widely used by members of the profession in determining where and when to adjust all along the spine. You see, many practitioners of Meric use the N. C. M., its use not being limited solely to Hole-in-One.

When Meric was first announced, if a patient went into a Chiropractor's office, one who was following this form of practice, or into the office of one today who follows Majors-and-Minors, a more restricted form of Meric, suffering with a heart ailment, the Chiropractor will look for the major cause of his trouble at the heart place, the 9th and 10th vertemeses or second and third dorsal, in combination perhaps with K. P. (kidney place), tenth to twelfth vertebrae. Misalignments found there would be all he would adjust under Majors-and-Minors. The same with other incoordinations, the major cause at other vertemeses of course, with other combinations for the minors. Now, most Chiropractors had such a pride in their ability to locate the cause of the patient's ailment after the spinal analysis that the patient would not be permitted to relate the symptoms of the particular incoordination. This was partly because the patient was unreliable in his statement, thinking he had a dis-ease in one organ when it really had been some other more or less related organ, or it may have been based on a medical diagnosis which in the vast majority of cases were in error and often more unreliable than the patient's own description. On the other hand, before Chiropractic was so generally accepted by the public as a legitimate healing system, a large number of patients wished to test the competency of Chiropractic to analyze their troubles. They thought if Chiropractic was what it had been stated to be in its advertising, booklets, etc., the Chiropractor should be able to give the medical name

of their ailment after making his spinal analysis. Consequently after deciding to give Chiropractic a trial the patient would enter the office with a mind firmly closed against giving any possible clue as to his ailment from prior medical diagnosis, etc.

Under Majors-and-Minors, although a lesser number of vertebrae were adjusted, it was found that the percentage of successful results was considerably increased as compared with results under former procedures—Meric and “shot gun” Chiropractic. Also, at the time Majors-and-Minors came out, there was considerably more attention being given to adjustment of Atlas or Axis. It was as distinctive an improvement over the original Meric as Meric had been over the older forms of practice in which as many as eight to ten, or more, vertebrae were “adjusted”. With his development of Chiropractic thus far, B. J. Palmer realized that he was getting nearer the point of finding the ONE cause of ALL DIS-EASE that both he and his father had been searching for since the discovery of the principle. I have mentioned several times the disagreement of the many factions in the profession, particularly with the Philosophy of Chiropractic as taught and developed by B. J. Palmer. There has been this same disagreement in the profession with the results announced by B. J. as to the findings in his research every time he has made a step forward. Early Chiropractors criticized him for announcing Meric, because it meant a change in their procedure of adjusting. They were afraid the public would criticize them for not knowing their business, or what they were doing in the first place, if they made any change. The Meric Chiropractors roundly criticized B. J. when he came out with Majors-and-Minors, for the same reason. And when he came out with Scientific Chiropractic, or Hole-in-One, they criticized him for the same reason, also for other reasons to be explained later.

One in the least bit familiar with B. J. Palmer knows that he has been working toward the point of giving fewer and fewer adjustments with the hope of securing the desired result, that of getting the sick well in the quickest possible time, with the minimum of adjustments. Notwithstanding the fact that those who follow Dr. Palmer’s findings, as he has developed Chiropractic, have reported a consistent stepping up of successful results, we still find factions seeking by all possible argument to combat those findings of research. They ridiculed the idea under Majors-and-Minors that adjustment of the major subluxation would realign the minor subluxations, just as today they ridicule the thought that adjustment of Atlas or Axis only will correct many other misalignments. They also fear the necessity of explaining to a one time patient under “shot gun”, Meric or Majors-and-Minors why with Hole-in-One they adjust at but one place instead of the many they “adjusted” formerly, and even then not on every call at the office. They perhaps fear

the patients will feel they had committed fraud in their early calls, forgetting the fact that all scientific development has advanced over what it was a decade or two ago, overlooking for example the fact that the automobile of as few years back as 1925 is indeed a sorry comparison with the models of today.

When D. D. was alive and active in spreading the Chiropractic idea, he was pursuing the same tactics as the son has been and is today—of finding the ONE cause for ALL DIS-EASE. To those in the least familiar with the man and his few writings, this is apparent. He was not satisfied that the finding of many subluxations and misalignments all along the spine and their adjustment was the scientific application of the principle he had discovered. There could be made many citations from his writings to support this, but I will quote merely a few.

“I have relieved many cases of hemiplegia adjusting, replacing, the fifth dorsal vertebra. This is specific, scientific, making Chiropractic a science. Why not learn Chiropractic as a science? Why adjust throughout the whole spinal column?”

“Why should the Chiropractor ‘adjust to remove the occlusion at all brain and heart places’? The patient has met with an injury, a displaced vertebra. Why not locate that *one* and replace *it*? Why should he ‘carefully examine’ for ‘other occlusions’? The displaced vertebra should be replaced with the *first* adjustment as this is an acute dis-ease.”

“I have relieved quite a number of typhoid cases adjusting the fourth dorsal vertebra but once. Why adjust ten vertebrae . . . ? Is it because of lack of knowledge of Chiropractic principles? Is it because the one so advising never studied it as a science, or is it because he does not comprehend what an adjustment is?”

“There is no need of adjusting the other . . . vertebrae . . . remember that you cannot adjust, replace, a vertebra that is not displaced. I desire that every Chiropractor understand and comprehend this statement. They will then be on the road toward special, specific, scientific adjusting, creating a science.”

“Why adjust eight vertebrae? I mean, why try to adjust eight vertebrae when only one is displaced which is the cause of asthma? Sometimes one adjustment gives relief, in other cases, weeks and months may be required.”

“If the displaced vertebra is adjusted properly ONCE, there will be no necessity for another, except in those RARE cases in which the subluxation has existed for some time If we replace the displaced vertebra, how can we do more . . . ?”

“The analyzer (Dr. Carver) advises adjusting seven places, seven vertebrae as ‘indicated’. The Science of Chiropractic indicates ONE VERTEBRA depending upon whether the disease is manifested in the fingers or toes”

“So far, I have had but one occasion to adjust other than the Atlas for epilepsy. To adjust six vertebrae is not scientific. Neither does it display a knowledge of the Art of Adjusting.”

“For both pleurisy and pneumonia we are told to adjust six different vertebrae. In each affection there is ONLY ONE subluxated vertebra impinging upon one nerve.... If done right, ONE adjustment is sufficient....

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To adjust five vertebrae where ONLY ONE is displaced is not scientific, is not Chiropractic. There is no need for adjusting five vertebrae, four of which, at least, are not displaced. Why DISplace those which are in normal position? It should be the Chiropractor's business to relieve impingements, not to create them."

" . . . The Chiropractor will in time learn to be specific in his work, making Chiropractic a science. . . . Why not learn Chiropractic as a science and an art? . . . To adjust every vertebra for a definite form of dis-ease betrays a lack of Chiropractic knowledge. Such adjustments are neither specific nor scientific."

The book from which the foregoing quotations were taken was written many years before research had progressed to the point that led its researchers to a consideration of the possibility of this ONE cause for ALL DIS-EASE existing at the upper cervical region—Occiput, Atlas and Axis. The "Analyzer" referred to was Dr. Carver, who was then advocating the Art of Chiropractic along the lines indicated, but in his criticism of Dr. Carver's teachings and practices, D. D. also shows that he was on the search with the limited facilities at his command—without the X-ray and other electro-physiological research equipment—for the ONE CAUSE discovered by the Developer, his son.

Because of the location of Atlas, and the peculiarities of its numerous possible misalignments from normal, this vertebra presents difficulties that cannot be determined by digital palpation. It also presents difficulties in proper adjustment that can be found at no other place in the spine. For that reason, the latest development in the Palmer Toggle-Torque-Recoil adjustment have been brought forth in very recent years, toward making adjustment of Atlas in a specific, scientific manner, delivered by the Chiropractor while the patient is lying on a cable that structurally is little changed in principle from the first cable used by D. D. after the adjustment of the first Chiropractic patient, Harvey Lilliard. I have mentioned the anterior atlas adjustment, and in closing this chapter believe it proper to mention a personal experience with it. I believe it was in 1918, when I was reporting the business sessions of the annual U. C. A. convention. It was a hot, blistering, muggy summer day, and the sessions were long—eight o'clock in the morning until nine and ten o'clock at night. My nerves were so "shot" that I told Dr. Newsalt I doubted being able to stand the combined strain of the heat and long hours. George suggested giving me a single transverse anterior atlas adjustment, as we had been talking about it. I lay down on the floor, on my back, head turned to one side, and he adjusted me. Following this I had a good night's rest and the next day my work was easy, notwithstanding the continued heat and long hours. My head was clear, headache all gone, and nerves in control.

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Although I graduated from the P. S. C. years ago, in the troublesome year of 1912, I have had little occasion for its use or service personally. But this adjustment given by Dr. Newsalt in 1918 and ONE Hole-in-One adjustment by Mr. Biser this past summer (August, 1937) have proven to me that when properly given its scientific adjustment of Atlas was effective in my own case. Mr. Biser, of course, used the latest Toggle-Torque-Recoil, while with Dr. Newsalt it was the straight thrust. Following Mr. Biser's adjustment there was a correction of misalignments elsewhere, proving to me that the ONE place D. D. sought, that B. J. found, was the place to adjust when the Chiropractor was properly trained in locating it and in its adjustment.

In relating the development and evolution of the Chiropractic adjustment I have not attempted to detail the specific technique, nor have I detailed steps in its evolution as advanced—if any there were—by other than the Palmer technique. I have not done so because over ninety percent of the profession,—Palmerite and anti-Palmerite, straight and mixer,—use in some modification or other the Palmer recoil. Excepting, of course, those “adjustments” by moves osteopathic or manipulative in type, not specific Chiropractic,—which I have not any more than touched upon in discussing the break adjustment and the Parker Lumbar move,—which I have not reviewed because they have had little to do with the evolution of either the Art or the Philosophy and Science.

CHAPTER 11

Chiropractic Office Equipment; Its Development

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Hand in hand with the evolution of Chiropractic, we find a constant development in the design of its necessary office equipment—the adjusting table, palpation stools, rest rooms, and the like. Now, the most essential equipment is the adjusting table. For his outside calls he has the portable table. Both of these have been improved coincident with the evolution of the adjustment. At first the adjusting table consisted of nothing more nor less than a flat one-piece table, much like any workman's bench, only it had shorter legs. The first table was made by D. D., or one of his carpenter patients, out of plain oak and pine wood, with a leather cover tacked on, with no felt or hair padding underneath. The patient lay on the table face downward, nose and chin pointed toward the table, and when D. D. gave his straight anterior push or shove on the subluxated cervical, the patient's face and nose were pushed abruptly into the table. It is needless to say this was not comfortable to the patient. The patient who submitted to an adjustment in those early days had to be brave enough to stand the discomfort, if they wanted to recover the health sought. Nevertheless many complained to him about it. They didn't think they ought to have to get up from the table with a bloody nose and a battered face, and had no hesitation in telling the Founder so.

Now, D. D. was a kindly enough old gentleman—at least he was when I first knew him—one who wouldn't hurt a soul if he could avoid it. Still he was not one who would coddle a patient. He believed his patient came to him to be "cured", not to be petted and coddled. D. D. was not the type of healer so often found among the fashionable "specialists" who coddle and jolly the patient along just for the sake of getting a large fee. If you went to him to be "cured", you had to submit to his ministrations, no matter how temporarily painful they may have been. If you got up from the table with blood streaming from the nose, it was just too bad but it had to be. Of course he realized his "nosebreaker", as his table was called, needed improvement. So he set about devising a table less uncomfortable to the patient and better adapted for giving the adjustment. D. D. was a stickler for attaining the desired objective—health for the patient—with just as few adjustments as possible. He prided himself on his ability to accomplish many a cure in the most severe types of dis-ease in but ONE adjustment. If you came to him and on his examination he found a vertebra out of alignment, or subluxated, which he interpreted as the cause of your trouble, when he gave an adjustment that vertebra had to go as far as possible toward normal on the first call, whether you arose from the table with a bloody nose or not.

But the numerous complaints because of the painful adjustment, and a desire to facilitate the giving of the adjustment, led D. D. and his son, B. J., to the making of experiments to improve the cable. The first improvement was a board sloping from the forward end of the table to the floor at an approximately 45 degree angle. The patient was placed on this improved cable, still in the prone position, with the head and neck bent downward over this sloping board, with the nose and chin pointed into the board. The adjustment was easier to give, requiring less force on the part of the adjuster. Still the patients suffered many bloody noses. This cable can be seen today in the Museum of Chiropractic in the halls of the B. J. Palmer Chiropractic Clinic, with its sloping frontal piece. A close examination—and it doesn't have to be too close a scrutiny at that—still shows evidences of many a nose bleed in its discoloration down through the center, which many a cleansing has been unable to eradicate. I might say, concerning this Museum, that all of the relics therein are first pieces and not replicas. For one wanting a pictorial history of the early development of Chiropractic, and its equipment, I suggest they make a careful examination of this Museum some day. To one who is familiar with the present day adjustment,—regardless of whether it is Straight Chiropractic or mixing—he will have little difficulty picturing the discomfort to the patient from the use of this early cable. If he is a Chiropractor, he may wonder how in the dickens D. D. ever accomplished an adjustment on it.

When the Art of Chiropractic Adjustment evolved from adjusting only the cervical vertebrae and commenced adjusting subluxations in the upper dorsal region, new methods had to be worked out. Also something had to be done to make the process more comfortable for the patient. With the severity of the stiff straight arm adjustment given prior to the Palmer Recoil, a dorsal adjustment,—particularly the upper dorsals from the first to the fourth—resulted in much temporary discomfort. Particularly was this true of the female patient, whether her breasts were large or small. It was hardly less discomforting to the male. You see, those upper dorsals are difficult to adjust, requiring more force than most other vertebrae—I am speaking of the straight stiff arm adjustment now—and to repeat, D. D. believed in adjusting the subluxated vertebra with his first adjustment, if possible. With him this was generally possible, because he had unusual strength, even though he was rather shrewd. Even with the Palmer Recoil, if the patient is not thoroughly relaxed and the adjustment is not properly directed, in this region—speaking of Meric now, not Hole-in-One—a movement of the vertebrae is difficult. If properly given, it has to be done with greater force than is required elsewhere.

Something had to be done about the table, when it came to adjusting in the dorsal region. It was sought to make adjustment easier by putting pads or pillows under the upper chest to remove pressure from the breasts of the female and the shoulder girdle. One objection to these pads, particularly soft pillows, was an impairment of the effectiveness of the adjustment. The patient gave way, sinking into the soft pad or pillow, and the adjuster was unable to follow through sufficiently. The objective was not only that of comfort to the patient, for after all the adjustment was what both were after. The objective was to increase the efficiency of the adjustment through obtaining greater relaxation in the patient with less pain and discomfort. This was attained to a great degree, after much experimentation, by raising the forward end of the table, by the use of hard pillows or pads, and also by raising the frontal piece. It was found by raising this upward with the patient's head resting on its side, turned either right or left, it was much more comfortable, that the patient was more relaxed, that it increased the efficiency of the Chiropractor in giving the adjustment. Now, much of this improvement was not accomplished until during the processes of the early development of the Palmer Recoil. Even in 1910 many a Chiropractor's office table equipment consisted of the flat one-piece table, supplemented by hard pillows or pads to raise the chest and hips above the rest of the table, leaving the abdomen and lower chest somewhat suspended. However, the profession had gradually worked away from the straight anterior adjustment, and was taking the questions of laterality, superiority and inferiority into consideration. Also, among many there was consideration of the possibility of a vertebra being subluxated anteriorly instead of posteriorly only, particularly in the anti-Palmerite ranks, and its adjustment sought by adjusting from the anterior, with contact points on the ribs.

When the adjustic process was developed to the point of adjusting the lower dorsal vertebrae and the lumbar, another difficulty was presented. It was necessary that the lower chest and abdomen be raised from the surface of the flat one-piece table, or else injury may result to the patient from the heavy stiff arm adjustment. At first this was done by placing hard pillows under the upper chest and the pelvic regions, leaving the abdomen suspended in midair. But again the effectiveness was destroyed by the yielding surfaces of the padding. Another objection was the sensation of suspension in the patient's mind with a resultant tensility or rigidity on his part. This in itself operated against the Chiropractor most effectively doing his part, that of delivering the external force of the adjustment, and, at the same time, prevented the patient from exercising to the utmost his application of the internal forces of his Innate, in the recoil.

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About 1904-05 we find the flat one-piece table being superseded by a two-piece table, the front part of the table made with an upward slant, the lower part being but a shortened replica of the original one-piece table. The forward part was narrowed at the lower end of the table, to permit the shoulders to rest flat on its surface, without being hunched up; the higher end of the table was broadened out, and the table was padded with hair or felt throughout, with a little thicker padding at the narrow end to give additional comfort to the upper chest and neck. This forward table supported the patient's body from the upper edge of the sternum when the upper dorsals and cervicals were being adjusted, although when the lumbar vertebrae were adjusted the forward table was occasionally drawn slightly back a little to support more of the upper part of the body, also to partly overcome the sensation of suspension and the resultant rigidity in lumbar adjusting. The rear of the two-piece table was, of course, for support of the lower part of the body, from the hips. With this table the patient's body between the sternum and lower abdomen, or hips, was suspended in midair, in space, or so it felt. It was an exceedingly well-trained patient that did not seek to overcome this feeling of suspension by a tensing of the body, particularly when the lower dorsals or lumbar were being adjusted. To avoid injuring the male genitals, a slight portion of the rear table was cut out. Beginning in 1911 we occasionally find the addition of a middle table, with a very soft padding, or sometimes merely a wide belt or cloth support, between the two tables, to overcome this natural tendency to stiffen up when suspended between the two parts of the adjusting table.

This two-piece wooden table has been abandoned by most of the profession, although the sales agencies still keep a few in stock to meet the wishes of a few who either because of economic necessity or personal preference continue its use. Some of the two-piece tables sold in 1912-14 had a small table-like effect attached to the rear of the forward table on a leaf, with a spring attachment, to give the semblance of support to the upper abdomen. The objection to this was that when a lower dorsal or lumbar vertebra was adjusted and the body went downward, on the rebound this attachment gave the patient a slap in the abdomen that was far from comfortable. Regarding this two-piece table, it was very convenient in one way, in that it was readily adjustable for the patient, whether tall, short or medium.

One amusing incident occurred with this type table in 1914. At that time the American Chiropractic Society, a small group of New York City and State Chiropractors, was seeking legislation at Albany. I was sent through the state to raise funds for this. While at Dr. Blackmer's office, in Binghamton, New York, a man thought to be a spy of the New York State Medical Society came there for an adjustment. His credentials to Dr.

Blackmer did not look very convincing, so he reasoned he was a spy for this society, seeking evidence on which to base indictment for the illegal practice of medicine. Dr. Blackmer, however, decided to give him an adjustment, and this he did by separating the two tables so that the investigator was almost suspended from his knees to the chin, and then giving him a lower lumbar adjustment. The supposed spy asked the name of the Chiropractor in the adjoining town to whom he could go for adjustment, which Dr. Blackmer readily gave him. On his leaving the office, Dr. Blackmer immediately telephoned the Chiropractor in Utica, I believe it was, and related what he had done, suggesting more of the same. The spy on his call there had a duplication of the original treatment. A third Chiropractor's office performed the same operation—I can't call it a Chiropractic adjustment of course. The effect on the man's lower intestines can be readily assumed, because this investigator told Judge Bryan, in Rochester, that he'd be damned if he would ever investigate another Chiropractor for the purpose of getting evidence. It was a "Chiropractic Thunderbolt".

These two-piece tables were all made of wood, with either a leather covering or a velvet cloth cover, whichever was preferred by the purchaser. With the two-piece table there was this continued inconvenience of constantly having to adjust the two tables to provide for the short and tall and the children, as well as its displacement occasioned by the shifting of furniture by the janitor, etc. We find it gradually being superseded by one long table with the front and rear parts being movable, with only the central part in a fixed or semi-fixed position, the movable parts being guided by a rail-like effect at the base on the floor. These tables as well later two-piece tables, were made with the forward part divided into two or with a deep slot entirely through the greater part of the center. This was done so that where thought advisable the patient's face could be directed straight downward, toward the floor, with the nose and chin in this slot rather than with the patient's face on its side. This was particularly desirable in adjusting in the upper dorsal region, as with the face to one side or the other, there resulted a certain tenseness or rigidity in the upper dorsal region as well as a slight rotation of the spinal column itself.

In the early years, particularly from 1905 to 1916, a Mr. Adams in Davenport was the only manufacturer having a considerable output of Chiropractic office equipment, mostly in portable and office adjusting tables. He was, indeed, a busy man, trying to keep step with the numerous changes in technique, which in turn necessitated a constant change in those important parts of office equipment. About the only metal used in his tables were the nails and screws used to fasten the parts together. He was engaged in the woodworking trades and most of his time was taken up in supplying his

trade in the Chiropractic profession. There were a few other woodworkers who would make tables locally on special order, constructed to meet the individual Chiropractor's desires.

The first mechanical table, the early Palmer Hy-Lo, was invented by Bert Clayton, D.C., and placed in the public clinic at the P. S. C. the latter part of 1910 or early 1911. Without any disparagement of Bert's effort, for it was the first venture of its kind, this was a rather cumbersome table, as will be noted if one examines it in the Museum at the P. S. C. It was temperamental, difficult to handle, particularly for the short or lightweight Chiropractor. It worked on the compressed air principle, and several were sold throughout the field. Following its introduction, we find the mechanical table undergoing a very rapid development. Doss Evins in collaboration with Dr. Stiles, a P. S. C. graduate, helped in the development of the Stiles Hy-Lo when it was changed from air compression to springs and later from springs to the electric lift by motor. After the Clayton-Palmer Hy-Lo was introduced to the profession, we find other manufacturers entering the field to make tables for it. These mechanical tables were manufactured mostly of metal,—brass and steel—and soon displaced in large part the wooden tables built by Mr. Adams. These manufacturers, being equipped to work in metal, soon displaced the Adams Mfg. Company in this field of service to the profession. The metal tables were neater, more easily kept clean by the office attendant, and presented a more businesslike appearance. Of course, by that time the Chiropractor was giving considerable thought to the matter of presenting a neater and more professional appearance, both in his office and personally on the outside.

After giving an adjustment, regardless of the procedure, it is desirable that the patient arise from the adjusting table with as little strain or exertion as possible, so as not possibly to undo the effects of the adjustment. The Chiropractor usually assists the patient to regain an upright position, especially if the table is not of the mechanically raised type. Of course, for a little light, underweight Chiropractor, with the patient weighing 200 and more, this is not an easy matter. So with the introduction of the Palmer Hy-Lo, it made an immediate appeal to the profession. Soon after a mechanical table of some type or other was in every Chiropractor's office—where he had the price of one or enough to make the down payment. The compressed air table made little headway, however, because the electrically operated or spring-equipped table was far easier and simpler of operation. After the first Hy-Lo the next step forward in mechanical table production was the table that raised and lowered by means of springs, adjustable according to the weight of the patient. Then followed the electric table, which was in immediate demand in those places where electric current was available—in the

cities that was. Now, in 1937-38, with electric current available the world over, except in a very few isolated, far-off-the-beaten-track places, we find the sale of mechanical tables mainly of the electrically operated type.

Oddly enough, with the introduction of the latest type of adjusting, in the Hole-in-One practice, in the side posture position, we find the table equipment very much simplified in construction. This adjustment is given today largely on a one-piece table that, in principle, goes back to the flat one piece table, only, of course, the actual table is much more elaborate than the common workbench type. This latest table also had a slightly raised frontal piece, that may be raised to the height necessary for the head to lay in a comfortable position, capable of being tilted also at any angle desired, or it may be perfectly flat, on a level, with the remainder of the table. This table has met with a large demand from those practitioners of the new technique within the past two years, since its introduction to the profession. It is also much more economically priced, selling at approximately one-third the price of the mechanical and electric lift tables. It is only a question of time before this table, however, will be mechanically raised or lowered so that the patient will not have to be assisted off of the table or onto it for the adjustment. In fact, in Dr. Palmer's private clinic, the patient is removed directly from the table, onto a couch, with the head firmly held in a rest attachment, and then wheeled directly to a rest room. The objective is to eliminate all possible strain and exertion on the patient's part and to eliminate as far as possible movement of the patient's head or body undoing some of the effects of the Scientific Hole-in-One adjustment that has just been given.

In line with the improvements in design of the adjusting table there has come the demand for rest-room facilities in those offices where space permits. There is no question but that the patient is receiving a superior service where he is required to rest anywhere from ten minutes to an hour, or more, following adjustment. Under the old "shot gun" practice of adjusting anywhere from six to ten or more vertebrae at a sitting, the patient positively needed a rest, whether an adjustment had been made or not. Under the restricted form of Meric, or its still more restricted application in Majors-and-Minors, it is desirable that the patient rest for as long a period as possible. Under Hole-in-One it is equally, if not more important, that the patient rest for a period immediately following adjustment, partly for reasons that have been explained and particularly for reasons that will be more fully explained in later chapters devoted to discussion of Scientific Chiropractic.

In the office of Dr. Dueringer, to meet the demands of his large practice, he had two large rest rooms, one for the women and one for the men, each holding ten or twelve reclining wicker couches. Dr. Dueringer required his patients to rest for a minimum of ten minutes, or longer if the couches were

not needed for other patients later adjusted. The patients were compelled by him to lie on the table, flat on their backs, legs out straight and spread apart, not one crossed over the other. If a patient thought his time too valuable to rest for ten or fifteen minutes, Dr. Dueringer very promptly told him his time was too valuable in that event to use for even the adjustment, and he would not adjust. The patients were also instructed by him not to do too much “gassing” while resting—and a rest was imperative after an adjustment by him.

Other Chiropractors who have rest rooms make similar requirements of their patients, that a period of rest must be followed immediately after adjustment. Some offices combine the dressing closet and rest room, in which the patient prepares for his adjustment and to which he returns after adjustment for his rest, the period of rest determined by requirements for the room for succeeding patients. It is regrettable, of course, that too many offices do not have the space for these facilities. In the B. J. Palmer Chiropractic Clinic the equipment is as extensive as human ingenuity can devise, and Dr. Palmer has an almost unlimited space at present for rest room facilities. Following an adjustment there, the patient is wheeled to a private rest room, where he is required to rest for an extended period until permitted to go by the attendant. The minimum time is an hour, and at present the facilities are so great that the patient may remain in the rest room for several hours. In fact, they are encouraged to take a nap after being taken there, if possible.

Now, in many cases—and in some offices the percentage is quite large— it is deemed inadvisable, if not almost impossible, for the patient to come to the office for adjustment. This is true with those suffering from some incoordinations of the acute type. Of course, those suffering from what the medical profession terms “communicable” or “infectious” disease, the Public Health laws and regulations often will not permit them to leave their homes and expose (?) the public, so to adjust them the Chiropractor must go to the home. Of course, the Chiropractor is rarely permitted to adjust some such cases—that is one part of their monopoly the medical profession has retained even where the Chiropractor is granted a license. But means had to be devised for handling the other patients effectively, where they could not come or be brought to the office for adjustment. Often the patient was adjusted lying prone on the bed, face downward. This, however, is generally impracticable because of the soft yielding surface of the bed and the mattress or springs. This was sometimes overcome by placing two slats or narrow boards under that part of the ticking or mattress supporting the patient’s body where the adjustment was to be given. All of this, at best, was a poor makeshift although there are times when it cannot be avoided, where the patient is too weak or sick to be moved about. However, with the average house patient,

they can usually be removed for a few minutes from the bed to some sort of a table, whether that be a portable adjusting table or a makeshift table made up from the bed and a chair, or two or three chairs.

Dr. Dueringer, because of his large practice, covering the metropolitan area about Greater New York, had quite a large number of patients who could not come to his office. He was too busy during the day to go to their homes, and, as well, too tired to do efficient adjusting in the evening after having adjusted from 200 to 400 patients in his office during the day. Herbert I. Stein, D.C., handled his outside cases in Greater New York and in nearby Hudson County, New Jersey. I was engaged in handling his outside cases in Essex County, New Jersey, and during the summers adjusted some of his cases who went to nearby Jersey shore resorts. In adjusting those cases, Dr. Stein and myself had to resort to many devices. Where possible, we used portable tables, although it was a nuisance to carry them all of the time. Where the mattress was of the extremely soft, giving variety, I usually had them to put on a firmer mattress, and used the bed as a base for the table, a common kitchen chair for the forward table, or sometimes a combination of two or three chairs,—one chair to substitute for the forward part of the “table”, the other chair or two to form the rear “table”. These, of course, were at best but poor substitutes for an adjusting table. Most of those outside patients, being well-to-do or wealthy, often had negro servants, and they occasionally needed adjustment. Of course, you couldn’t use your portable adjusting table for both blacks and whites—if you hoped to retain the white patients. I remember one case in particular, Bob Johnson, the negro chauffeur, who worked for Arthur Byron, the comedian and movie actor. Bob had a condition that required a series of Meric adjustments. Naturally, I could not adjust him at my office nor at Mr. Byron’s home. So I had Bob make a table out of two beer cases, on which I adjusted him in the garage. Bob, being an intelligent negro, constructed a very serviceable table out of those cases. Another patient had a valued old negro maid that was under adjustment for a long time in the servant’s quarters, and the employer, also taking adjustments at home, bought a table specially for her maid’s use.

To save the Chiropractor the constant use of his wits in devising makeshift tables from various articles of household furniture, the Adams portable table was devised, and it is used today with very little modification,—that is as relates to the Chiropractor who adjusts by Meric. The main objection to the Adams portable was its weight, so that it became quite a load to carry from house to house. I remember back in my early years in Davenport seeing the tired and worn out Senior adjusters straggling back after a number of outside calls after lugging an Adams portable for several hours. That

was, of course, in the horse-and-buggy days, before the automobile became so common as it is today, when the Chiropractor depended on trolley cars and shank's mare for locomotion. This operated against the giving of the most efficient adjustment—and efficiency in adjusting is needed above all things. One of the early improvements in the portable was the Stiles portable, developed by a retired U. S. Naval Engineering Officer, then a student at the P. S. C. This consisted of the body of the Adams portable, constructed of aluminum, with aluminum legs that could be removed from the table proper and nested therein when it was made up in suitcase form for carrying, and was several pounds lighter to carry.

With the development of newer forms of adjustment, and particularly in the Hole-in-One practice, the portable is now a very light affair, weighing but a few pounds, and hardly larger than a brief case. When the knee posture adjustment became so popular throughout the profession, nearly half of the weight could be eliminated. I hardly believe anyone in the profession claims the portable to be as good a table on which to give an adjustment as compared with the more substantial office table. It has, however, served an important purpose in enabling the Chiropractor to perform better service in the patient's home than he could render with any makeshift out of household furniture. It also served an important purpose in enabling the Chiropractor who may have had office hours in nearby communities aside from where his main office is located, for with it he did not have to outfit a new office to handle the few patients there.

When Hole-in-One practice came forward in the process of evolution, because of the difficulty often in getting the contact needed in making a correct, scientific Hole-in-One adjustment, several improvements had to be made in the office table,—the mechanical table as well as the table not equipped with automatic raising and lowering facilities. Today but two years after the announcement at Pre-Lyceum in 1935 by Dr. Palmer of the side posture adjustment, we find the Hole-in-One adjustment being given again on the one-piece flat top table, with improvements of course. This improvement is that the table is all metal, with Spanish leather covering or a velvet covered top, with the slightly raised frontal piece for the patient's head. This frontal piece is adjustable at various angles—up or down or level. For the mechanical tables of other days—the raising and lowering types—the manufacturers have devised attachments to be placed on the forward part of the table to effect the same objectives as in the new flat top table. In equipping their offices, some of the Chiropractors that have private rest room facilities, because of its moderate cost, are installing this new table in each rest room, and so adjusting it that after the adjustment has been given and checked with the Neurocalometer the patient takes his or her rest laying on the adjusting table,

without having to exert themselves any more than assuming the sitting posture for the N. C. M. checking.

In this review of the office equipment, its development and its constant improvement, I have not discussed that other most important part of equipment used in all Chiropractic offices or available at some nearby laboratory—the Spinograph, or X-ray,—because I am devoting a separate chapter to it. Neither am I reviewing that necessary analytical aid in scientific spinal analysis, used today by the Hole-in-One Chiropractor and many Meric practitioners, the Neurocalometer, for a similar reason, that it is discussed more fully elsewhere. I have not discussed the other types of office furnishings, because while important in the particular office they have little to do with the evolution of the Chiropractic discovered in 1895 to its present scientific form of application. Nor have I gone into even a brief description of the office equipment so necessary in the application of the technique of the mixer—the wonderful array of electric adjuncts, tables for giving the Swedish and other forms of massage, the plumbing equipment needed for colonic irrigations and the like,—for they have had nothing to do with the evolution of Chiropractic, as I see it. Now, there is no question but what the equipment devised in the early part of the century for those uses has also gone through a process of development and improvement to enable the mixer to more efficiently render the services performed by him.

In this I think it is sufficient merely to say that every individual form of manipulative surgery requires its own particular form of equipment. And, of course, there has been a wide development in that form of equipment used by the mixer, just as there has been in the equipment used by the straight. Basic Technic, too, because of the location of its major scene of operations, has evolved its own equipment, calipers and other measuring devices, more properly adapted for its form of technical operation. After all, it is the type of service adopted by the individual Chiropractor that determines the type of office adjusting table he must use. If he adjusts under the mixing types of procedure, his equipment must be adapted for it. If he adjusts Hole-in-One, his equipment must be adapted to best meet the needs for efficiently performing Hole-in-One service. If he wishes to use the stretching technique used so much by the mixing Osteopath-Chiropractic “Physician” of the vintage of 1910-16, and the “latest” technique of those M.D.’s who rediscovered the principle of extension of the spine and other joints of the body in treating arthritis and what-not, he will, of course, get the equipment that will most effectively and efficiently meet his theory of proper Chiropractic “treatment”. Since I do not believe any of these devices have added anything to the evolution of the Chiropractic principle, I have not attempted discussing

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their evolution. But like any other professional service rendered the sick, the well equipped office of each profession will have the latest developments found in the particular form of practice followed.

In attending the classes of practical instruction in any Chiropractic school, one thing above all others that the student will find stressed is that of obtaining as complete a relaxation as possible both within himself and the patient. The multitudinous improvements in the adjusting table have been evolved as much toward this relaxation on the patient's part as they have been toward enabling the Chiropractor to be more efficient on his part. It is interesting though to note that in this evolution of the adjusting table, it has gone through a process of improvement in design and so on, until today it is back structurally almost at the point from which it started. From there it may again be so developed that within a few short years the table of today may seem as antiquated as the table with the sloping board attachment seems antiquated to the Hole-in-One practitioner of today,—although it may seem absurd right now to predict much further development in the table itself.

CHAPTER 12

The Spinograph: Its Development

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The discovery of the mysterious X-ray by Dr. William Conrad Roentgen, Professor of Physics at the University of Wurzburg, Germany, was almost coincidental with the discovery of Chiropractic by Daniel David Palmer. Dr. Roentgen discovered the X-ray in June, 1895, just a few short months before the Founder made his memorable discovery on September 18, 1895. Quoting from a news article in a recent edition of the CHICAGO SUNDAY TRIBUNE:

“Professor Roentgen’s discovery of the X-ray was the result of a purely scientific observation of a curious phenomenon. Once while experimenting in his laboratory he perceived some crystals of salt shining brightly. These crystals lay at some distance from an excited evacuated glass tube. The invisible and penetrating rays from the tube caused the crystals to glow and to darken a photographic plate, because of the principle that heavier materials absorb the rays more than lighter ones and thus cast a shadow upon such a plate. The German professor conducted a series of experiments with his strange new ray, testing its power to penetrate objects such as books, wooden boards and decks of cards. And then he turned the ray on one of his wife’s hands. This was the first X-ray photograph. From an obscure and somewhat accidental beginning in Germany, therefore, came the X-ray to work wonders in the diagnosis and treatment of human ills.”

From that almost accidental discovery of the X-ray, its use has grown so that today a complete X-ray equipment is found in even the smallest medical hospital, as one of its first steps in its diagnostic procedure in those cases where something is suspected not visible to the naked eye. When the picture of that human hand was first made known to the public, news of the discovery traveled with extraordinary rapidity to all parts of the world. The first tubes and equipment used in those pioneer X-ray outfits were crude in comparison with the equipment in use today. They were exceedingly temperamental and unreliable. It took more than an hour to make a successful exposure of the hand, and at first nothing heavier than a hand or a foot could be penetrated by the X-rays. However the enthusiasm with which the mysterious X-ray was first received soon overcame all obstacles, writes Dr. Otto Glasser, of Cleveland, Ohio, a radiology expert, that X-ray plates of all parts of the body were being successfully taken within a year from its discovery.

“America’s first X-ray picture was taken by Prof. E. B. Frost at Dartmouth College on January 20, 1896, just a few months after Roentgen’s discovery of the rays. In 1897 a Dr. Morton of New York obtained a remarkable radiograph of an entire and fully clothed adult body, revealing the skeleton in full detail. An exposure of only thirty minutes was required to get this picture.”

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The early X-ray equipment was dangerous to both technician and patient. Many a technician in those early days suffered fatal injuries during the use of the equipment, and many a patient required no mistaken diagnosis to remove him from his troubles following an exposure to its rays. By the X-ray machines of today, even those that are not so wired and insulated as to be virtually shock-proof, there is little danger of fatal shock or serious injury to either technician or patient. In recent years there has been placed on the market shock-proof machines, so insulated that there are very few parts exposed capable of rendering a death-dealing shock or fatal burn to either. So safe has become the equipment that one rarely reads in the news today of a mishap occurring through its use for diagnostic purposes or for the taking of X-rays for scientific Chiropractic spinal analysis.

The use of the X-ray is not limited to the treatment of disease by physicians, nor the analyses of fractures, dislocations, misplacements, malformations, subluxations, etc., by the medical and Chiropractic professions. It is used extensively by the dental profession for the discovery of defects in the structures of the teeth and diseased conditions having a possible reaction to normal dental health. The X-ray is used extensively in the steel and kindred industries for the discovery of imperfections in their finished products, particularly for those products used in high-speed work. The discovery of a flaw in the metal before it is used for the work for which it is designed may result in the savings of vast sums of money to say nothing of lives that may be lost because of such imperfections. It is used extensively by the motor industries for observing the effects of high speeds and other strenuous uses of the more vulnerable parts of their products, so that future production may avoid such defects as may be corrected that are occasioned by normal use.

The development of the X-ray in Chiropractic owes its start to the Founder's son, to the man known as its Developer, Dr. B. J. Palmer. Early in the evolution of Chiropractic the two Palmers had begun their study of the spine taken from the dead body, to study not only the malformations of the spinal segments and the column as a whole, but also the construction of the various processes and articular facets of the individual vertebrae. I have mentioned the Osteological Studio at the Palmer School, now an important room in the B. J. Palmer Chiropractic Clinic. The objective of this collection was that Dr. Palmer, his Faculty and the students at the P. S. C. could make a thorough searching analysis of the construction of the various segments of each individual spine, and through that study discover means whereby the principle of Chiropractic could be made of a still broader usefulness to society. Previous to the X-ray, the only means of discovering misalignments, or subluxations, was through training the finger tips to a high degree of sensitivity, to detect such misalignments when they were passed skillfully

over the spinous processes of the vertebrae, coupled with a skillful comparison of each spinous process with the processes of the contiguous superior and inferior vertebrae, to determine laterality, superiority and inferiority.

From the most casual observation of any spinal column, it is readily noted by one with even a moderate knowledge of the spine, that the spinous processes may be enlarged, elongated, or may be shortened, may be twisted to the right or left, up or down, and are, in fact, subject to a multitude of malformations that could cause one dependent solely on digital palpation to believe what he had discovered was a subluxation when it was only a malformation. Naturally the result of this was that many a patient was “adjusted” for a “subluxation” where none existed, or may have been “adjusted” in the wrong direction so that the “subluxation” or “misalignment” was exaggerated. The result in such case was that instead of recovering the health sought the patient went away with no improvement or even in possibly worse condition than he was before coming. It must be said though to the credit of those early pioneers in Chiropractic that their digital palpations and spinal analyses were more often correct than wrong, because many of their patients recovered health after adjustment by a competent Chiropractor who had no means of discovering the cause other than with his sensitive finger tips. However, the percentage of “cures” through Chiropractic was but little better in the early days than it was through the guesswork of the medical profession, although again credit must be given those pioneers in that their cases were practically 100% failure cases under any of the then known forms of health service—medicine and surgery included. Of course the pioneer did not rely altogether on his palpation in making his analysis. He frequently resorted to his nerve tracing as well, and any other source of information that he could use in making his spinal analysis.

Knowing these numerous possible malformations of spinal vertebrae, Dr. Palmer made every possible effort to secure his first X-ray machine to be used in the early research. In doing so he met with almost insurmountable obstacles, and it was several years before he could finally procure an outfit of the early type, one that took negatives on sensitized glass plates. The scientists developing the X-ray very soon realized its value to the medical and surgical professions, and, as is so common with that highly “altruistic” profession it was sought to exclude its use from any healing profession other than “ethical” medicine. They believed its use should not be made available to the drugless branches of the healing arts, whom most “educated” people relegated to the classification of quacks anyhow and as such not worthy of any “altruistic” consideration. As a matter of fact, even today, we find some salesmen of X-ray products are forbidden by the pioneer X-ray manufacturing companies’ sales managers from soliciting business among members of the

Chiropractic profession. One result of this attitude among those manufacturers has been that Chiropractic has been forced to make its X-ray purchases from those manufacturers who cater to that profession almost exclusively and who will adapt their products to the needs that Chiropractic research has found necessary and which informed members of the profession demand.

The first X-ray outfit secured by the Chiropractic profession was acquired by Dr. Palmer in 1909 and by the latter part of 1910 we find him possessed of a Spinographic Laboratory with a library of several hundred glass negatives, depicting various spinal conditions. The introduction of the X-ray into the Chiropractic evolution is also but one more of the phases of its evolution, in the process of its development by the Developer of Chiropractic, which met with strenuous opposition from that part of the profession which is inimical to anything new proposed by him. As I have related in connection with the introduction of the Neurocalometer and its sponsorship by B. J., the introduction of the X-ray as well met with opposition even in the P. S. C. faculty and the threat to resign their association if it were introduced. Its introduction met with the old, old stock objection to all new things, that it was best to leave well enough alone. The Faculty and students were satisfied they had solved the problem of locating the sublaxations with their highly trained finger tips. The field practitioners were content with the results they were getting from their palpating. All, I think, were afraid the X-ray might show them up that they were in error in their former analyses. But B. J. himself was not satisfied to leave well enough alone. Neither was he satisfied with the results then obtained in either the public clinic or the private practices of himself and his fellow Faculty members. Despite the opposition of his Faculty and his friends in the field, he went ahead and installed the X-ray to continue with his research work and to use it, as well, in his private practice. When he became convinced that many sublaxations as determined by digital palpation were not in reality sublaxations, but that palpation had erred, he proceeded to show his Faculty and advisers wherein he thought there was the possibility of correcting such errors by the use of the X-ray in doubtful cases.

On his decision to introduce it as an optional subject in the school's curriculum, several of his Faculty said, "If you do, B. J., we will quit the P. S. C." B. J. had to decide whether the Chiropractic facts as he saw them were more important than the retention of his full teaching staff, and he decided then, as he had done before and as he has done several times since, that Chiropractic was more important than any man or group of men. Several Faculty members did resign and leave to start another school where Chiropractic could be taught without "contamination" of X-ray—and the admission they had erred occasionally without it. All of the other Chiroprac-

tic schools bitterly opposed the introduction of X-ray into the curricula of Chiropractic, and used its non-introduction in their courses as a sales point for the enrollment of students and taking them away from the P. S. C. But B. J. persisted, despite all of this opposition, and introduced X-ray instruction in the Spinographic Department of the P. S. C., and today it is considered a most important phase of training in all reputable Chiropractic schools.

The use of the early X-ray in taking exposures of the various sections of the spine was limited to the taking of the straight antero-posterior views with an occasional lateral view of the cervicals. It has only been in recent years that the taking of exposures of spinal vertebrae was attempted from any other angle than these two. Because of the research work that led to Hole-in-One technique, the Chiropractic X-ray technician has been compelled to expose films from another angle in the upper cervical region, that of the diagonal direction on each side, in what is called the stereoscopic film. These films have to be viewed in a viewbox specially designed for the purpose, called the stereoscope. This type of exposure has given the Chiropractor another dimension not found in the ordinary flat negatives. He gets a view so realistic, in fact, that he almost feels as though he can stick his fingers in and get hold of the Atlas or Axis and shift the misaligned vertebra around into any desired position.

Within recent months there has been developed a new technique, a technique that but a few months ago was thought impossible,—that of taking a view in the upper cervical region so that one gets the effect of looking through the spinal canal of Atlas and Axis into the foramen magnum. In his lectures at the Pre-Lyceum and Lyceum Courses in both 1935 and 1936, B. J. said the X-ray technique would be perfect in Hole-in-One work, if only some way could be found by which to shoot the X-ray through ivory and get a view from above downward, through the magnum foramen into the neural canal at Atlas and Axis. Well, they haven't developed the process of taking an X-ray exposure through the skull, although the new vertical X-ray technique is permitting the Chiropractor to get another much desired view of this region—the two superior cervicals, the magnum foramen and base of occiput. I might note that this latest development in X-ray technique is but one of the latest developments in technique that have been developed within the past two years in that laboratory of his, the B. J. Palmer Chiropractic Clinic.

Notwithstanding the bitter controversy that prevailed throughout the rank and file of Chiropractic when Dr. Palmer and his associates began developing the spinographic technique, they and those very few field X-ray technicians very soon established the fact that an intelligent spinal analysis by aid of the X-ray had a very important role. Whereas before its use the percentage of

recoveries was approximately thirty to forty percent, this had a gradual stepping up as the technique and training improved, to the point that in the average case, coming to the Chiropractor's office, he could be definitely assured of better than fifty to sixty percent of successful results. The successes achieved without X-ray were miraculous, but they were even more so with X-ray entering the evolution of Chiropractic. But the mere taking of a spinograph in itself is not sufficient to qualify the technician—usually the Chiropractor himself—to interpret it. With the advent of X-ray into Chiropractic, we find the installation of an additional branch of practical training in those schools which recognized the X-ray as an important aid in spinal analysis. The first Spinograph Department at the P. S. C. was in charge of Dr. C. C. McAdams, under the personal supervision of Dr. Palmer. Dr. McAdams was followed by several other Chiropractors who had become expert X-ray technicians, on down to Perce A. Remier, D.C., who is the present head of that department. Ernest Thompson, D.C., Ph.C., was one who headed this department for a few years, and he is the author of one of the first, if not the very first, book of instruction on Chiropractic Spinography, a book which is still accepted as an authority on the subject where Meric Chiropractic is taught, and is as well an authority when taken in conjunction with the improved technique necessary and possible with the improvements in the equipment of today. The advent of Scientific Hole-in-One Chiropractic has made necessary the publication of additional textbooks in line with the technique necessary in that phase of Chiropractic's evolution. Within the past two years, the P. S. C. has published two small brochures, both entitled, "THE CHIROPRACTIC STEREOSCOPE", containing a complete discourse on that phase of technique. A new textbook has just recently been published and is offered the profession for its use as well as for the student in the school.

Until recent years most spinographs were taken with the patient reclining on a table, face upward, the views taken being antero-posterior. This was done because that was the only position in which it was thought an X-ray could be made accurately. The latest technique though recommended today encourages the taking of the spinograph with the patient sitting upright within a framework provided for the purpose of placing the patient in his most natural position, and with the tube so placed that it takes the superior cervical vertebrae in the position normally assumed, a position now not considered possible when taken with the patient lying down. The greatest objection to the reclined position is that it permits a possible straightening of the spine, from the Atlas to the lower lumbar, because of the procedure of placement. This upright position also permits the more accurate taking of the full length, 8 x 36 spinographs, from occiput to base of sacrum.

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In the beginning of the work of taking 8 x 36 spinographs, Dr. Palmer and his associates met with the old familiar opposition from the larger manufacturers of supplies. First, previously to taking full length exposures, it was necessary to take the spine in four sections, of four 8 x 10 negatives, which were then pasted together, from which the researchers would attempt to ascertain the facts from that set-up. This was not an absolutely accurate full length exposure because in the exposing of the subject to the X-ray four times, movement of the body was probable, so the four negatives pasted together would not give an exact exposure as of one time. One film may be taken from a trifle varying distance compared with the next one, so the sections would not exactly jibe, one with the other. They wanted one film that could be taken of the entire spine in a panoramic effect, from top to bottom. They approached Eastman, the largest manufacturer of X-ray films, and presented their problem. They were told by the Eastman Kodak Company that it was impossible, that they would not waste the time of the company or the researchers in attempting to make an 8 x 36 film. Finally they went to Bucky, in St. Louis, with the same request. There they were told, "Yes, we will experiment with you", and they did, and eventually produced the film desired. They then commenced taking the first 8 x 36 exposures. It was early spring of 1930 when Eastman was approached, and by the fall of 1934, with Bucky's cooperation, there had been taken between 15,000 and 20,000 full length single exposure films for study.

To assure itself of an adequate supply of materials for both practical purposes and research, the Chiropractic profession has been forced to patronize those manufacturers who would cooperate with it in producing what the continued evolution of the science demanded. In line with the Scientific Hole-in-One procedure, we find the adherents of that system using almost the entire output of one X-ray equipment plant located in Moline, just across the Mississippi from Davenport. The manufacturers very readily agreed to provide film boxes for the reading and interpretation of spinographs of all sizes and types. In these a strong light can be thrown on the film from the rear, enabling the technician to make readily and easily a thorough analysis of the negative so that in the case of Chiropractic, a proper adjustment can be given. These are supplied in all shapes and sizes, of course, to meet the need of the technician for determining the incoordination existing, or, in Chiropractic spinal analysis, for determining the misaligned or subluxated vertebra or vertebrae.

With the improvement in the technique following the advent of Hole-in-One, the idea of stereoscopy came into consideration, and the taking of diagonal X-ray views was undertaken. There had been more or less suggestion of Stereoscopy in Chiropractic before Hole-in-One technique was developed

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by B. J., and in order to make a more exact analysis in the superior cervical region an active study of X-ray stereoscopy was taken under investigation. The result was a technique for taking diagonal stereoscopic films. To enable the technician to make accurate analysis of the findings, it was necessary to devise a special viewbox, and in 1935 we find the X-ray stereoscope presented to the profession at large for the first time, and a technique developed at the P. S. C. for taking stereoscopic sets of spinographs.

The two brochures entitled "THE CHIROPRACTIC STEREOSCOPE", published by the Printery Department of the P. S. C., contain a complete description of this development in the taking of the negative, the apparatus and the Hole-in-One technique. Likewise Volumes 20 and 21, now about to be released to the profession, will contain a complete description of the apparatus, technique and so on, in two large volumes. Since they will be readily available, I will do nothing further than briefly describe the stereoscopic viewbox. It really consists of two viewboxes, each of a size to hold an 8 x 10 film and provide sufficient room for manipulation of the films therein to get an accurate, true stereoscopic effect when combined with proper mechanical adjustment of the viewboxes and the finding apparatus. All of these are adjustable at various angles so by manipulation the Chiropractor can get as nearly a true stereoscopic perspective of the situation existing in the superior cervical region as is humanly possible for his interpretation.

The improvement in Chiropractic X-ray technique, dating from its first use of the X-ray in spinograph work, has called for continued improvements in the apparatus itself by the manufacturers of the equipment and supplies. It has also called for the discovery and development of special chemicals to insure a better and more rapid development of the exposed negative. These improvements in supplies and accessories have met with the same old stereotyped opposition by the larger manufacturers of electric and X-ray supplies, just as the profession met from the makers of X-ray outfits. Consequently they have been developed and improved by those producers who cater almost exclusively to the Chiropractic profession. There has always been an apparent opposition to the use of the X-ray by the Chiropractic profession exhibited by the leading manufacturers of equipment, accessories and supplies. This opposition is occasioned presumably by the medical profession dominating the scientific and technical phases of their production, since that profession is so closely allied by educational and professional training to the scientists interested in further developing X-ray research. Or perhaps it may be they fear the Chiropractic idea further encroaching on their monopoly. Therefore they have sought to deny any merit to the Chiropractic idea and its latest research, and refuse to cooperate in anyway towards its advance. Notwith-

standing this opposition, however, the X-ray as applied to the Chiropractic principle has evolved with Chiropractic.

Chiropractic has always been resourceful, compelled in large measure to this resourcefulness by this opposition to its principle from all sides—legally, professionally and technically—by the medical profession and those professions so closely allied to it by training and education. Today we find Chiropractic with its own source of supply and its own organizations for research and development of the X-ray and its accessories and supplies. The X-ray has played a most important role in the evolution of Chiropractic, particularly since 1909-10 when it first came upon the scene. Today the X-ray in most offices has supplanted practically one of the practical phases of the practice, or Art of Chiropractic,—digital palpation. The palpation process today is limited almost solely to enabling the Chiropractor locate on the patient the particular vertebra needing adjustment, his direction of adjustment being guided solely by the interpretation of the X-ray findings depicted on the films.

There may be times when the Chiropractor may be compelled to rely on digital palpation, where it may be impossible to remove the patient to an X-ray laboratory for exposure to the ray. Here again we find the profession provided with equipment that can be taken to the patient's home to make the necessary exposure, in homes where electric current is available. Who knows but before long, where house current may not be available, the Chiropractic profession hand in hand with the manufacturer will develop X-ray equipment that will be capable of operation by dry cells or perhaps capable of operation from the current that can be supplied by the battery in the Chiropractor's automobile? The impelling factor behind the growth of the profession and its evolution from a fourth cervical adjustment in 1895 to the scientific development of Hole-in-One is that desire of its real leaders to be of service to all of the sick, not to just a restricted few. It is because of this that the X-ray equipment and technique has been developed to its present high standard by the profession. It is this same desire that will impel the profession to continued improvement in its mechanical assistants, so it may serve a still wider field. The efforts of some scientists and the strongly organized members of the medical profession to shut off Chiropractic's source of supply has but awakened the resourcefulness of its leaders on down to its most progressive followers.

Chiropractic thrived in a limited way in the first fifteen years of its existence, notwithstanding the alignment of practically the entire medical profession against it, notwithstanding the fact that the practice of Chiropractic in most states of the United States and provinces of Canada was an offense punishable to the same extent as the meanest petty criminal, and notwithstanding the fact that its leaders and its practitioners were held up to the

public by many “educated” people as being “ignorant, illiterate, uninformed”. To a very large measure indeed the Science of Chiropractic has achieved its standing unassisted by the “learned” professions. It is probably because of this determined opposition that Chiropractic has made many of its greatest advances in its forty-odd years, perhaps greater than it would have achieved had it been received by them with open arms. So that notwithstanding the efforts to exclude it from the Chiropractic profession, Chiropractic will continue its research toward the development of a still greater improved equipment and technique in the X-ray, to keep in the lead in this particular phase of its work as applicable to the Chiropractic idea.

The X-ray of today is not the last word in this evolution. The latest step in the development of the X-ray for use by the Chiropractic profession, resulting from research within the past year or so, is the placement of the patient and the equipment—the tubes and cassette so the exposures can be taken from a position that enables the technician to obtain a complete view of the Atlas ring, the laminae, magnum foramen, the odontoid process of Axis, and the neural canal at its very start. These vertex X-rays are particularly advantageous to the Hole-in-One practitioner, in combination with his diagonals, his laterals and his antero-posterior views, in making up a complete set of stereoscopic films, so that by their interpretation he can have a more complete understanding of the real cause of dis-ease in the case under observation.

There is no question that the X-ray has been of vast value to the medical and surgical professions. It has helped surgery in particular in enabling the operating surgeon to get a more accurate view of the work necessary to be done under his concepts of operative procedure, and also to more efficiently set the broken fragments of bones occurring as a result of trauma. It has also been a tremendous aid to the medical practitioner in his making of diagnoses of conditions not observable to the naked eye, and for treatment in cancer and other incoordinations either alone or in combination with radium or other treatments.

In the past twenty-seven years of use by the Chiropractic profession, it has also been of tremendous value in enabling its practitioners to get a better visual understanding of the adjustment needed in his form of service. It enables the Chiropractor to put to a more accurate use that skill, ability and understanding that he has attained in his school and in his private practice to the end that a quicker restoration to health may result in his patient. Without the X-ray the Scientific Chiropractor—and by that I mean that system of procedure that has done more than any other school of Chiropractic thought in establishing Chiropractic as a real science—Hole-in-One, if you will,—would be unable to make many of the decisions that he must make

before he can be sure that he can efficiently, effectively, accurately and scientifically adjust the specific cause. In fact, just as the practitioner of Meric and Majors-and-Minors found the proper interpretation of X-ray films an important factor in forming a true concept of the conditions existing at points where adjustment was needed, so does the Hole-in-One practitioner find the X-ray practically if not entirely an absolute necessity in making his spinal analysis. Without an absolutely positive interpretation of the conditions in the superior cervical region, he cannot be sure that his direction of adjustment is correct. He must have these films in all their completeness and accuracy to get a true picture of the conditions existing there. A wrong interpretation is too dangerous to risk in that section, because it may result in a wrong "adjustment"—in fact, not an adjustment at all—and may in reality exaggerate a condition already present. The X-ray has helped vastly in the past in the evolution of the Chiropractic of 1895-1910 to the Scientific Chiropractic that is today. It will continue in this evolution just so long as the present equipment is able to do so in the hands of those researchers who are digging further into the realms of the still unknown in the Science of Chiropractic. Where the present equipment ceases to enable those researchers to dig still deeper, to push further back that veil covering the unknown realms, there is little question that they will then evolve further the X-ray principle to the point where it will enable them to continue advancing the evolution of the Chiropractic principle.

It may seem to the Chiropractor of today that there is little further advance that can be made. However, I do not believe the real sincere student of Chiropractic believes the ultimate has yet been reached. Some thought when Meric and the Palmer Recoil were evolved that the ultimate had been reached then. The Chiropractor of 1924, on the advent of N. C. M., thought Chiropractic had reached its peak then. And it is but natural, I suppose, that many of those who graduate today will think their system will forever after remain the alpha and omega of Chiropractic. But regardless of what the student and Chiropractor of today believes, the research activities of the real leaders in Chiropractic will continue to be conducted as long as the Art, Science and Philosophy of Chiropractic exists as a separate and unadulterated branch of the healing arts. So there are still further steps to be taken in its evolution. The X-ray of today and the X-ray of tomorrow will play its important part in the hands of those sincere researchers after the ultimate fact of life and the operation of life's forces within man.

But with regard to use of the X-ray, the Chiropractic profession will ever have to remain on the alert to overcome the organized opposition in its persistent efforts to deny the use of this essential aid to it. B. J. Palmer had great difficulty in getting his first outfit. Every obstacle was put in his path.

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Just as today some of the largest manufacturers of X-ray equipment, accessories and supplies refuse to sell a member of the Chiropractic profession, so will they continue in this attitude. And organized medicine, that large part of the profession unfriendly to the Chiropractic idea, will ever seek to deny its use to the Chiropractor. In Greater New York today the Chiropractic profession is having difficulty in getting X-ray films of their patients made in laboratories under competent X-ray Chiropractic technicians, owing to license restrictions limiting the operation of an X-ray laboratory to those who are either physicians or Registered Medical Assistants, whose registration can be secured only after endorsement by the local medical society. Similar means of excluding Chiropractic X-ray technicians are under foot in other localities, and every effort will continue being made in the future to widen this exclusion.

It is difficult to see how any state-wide legislation can be enacted limiting the X-ray to use by the medical profession only or its kindred professions, such as dentistry, surgery, veterinary surgery, etc., because it is used so much in metallurgical work and mechanical research. It may be that under the guise of classing the taking of X-ray films of the human body in any part as some form of treatment may exclude it from use by the Chiropractic X-ray technicians. In that event, of course, if the Chiropractic profession has the backbone it has exhibited in its past trials, it will find some way to circumvent such efforts by law or city ordinance to restrict it from the use of the X-ray. This ever-possible danger is something that Chiropractic and those who have benefited through Chiropractic adjustment must be ever on the alert to prevent. It may have to prevent this danger through some system of public education, if the profession ever awakens to the importance of this particular media for its protection and propagation. The X-ray has played too important a part in the evolution of Chiropractic for the profession and its friends to permit any such effort being successful. Having been brought to light in the same year, they must be permitted to continue functioning together in the future.

CHAPTER 13

Chiropractic Spinal Analyses, Nerve, Tracing, Retracing, the Neurocalometer

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In the demonstration of Chiropractic to the public, the Chiropractic profession had the task facing it of making correct analyses of its cases so favorable results would ensue. It was necessary, therefore, that those pioneers be qualified to make correct spinal analyses, so the subject of Spinal Analysis was made an important phase of practical training. The making of correct spinal analyses of spinal conditions is probably the most important part of the Chiropractor's work. In school he undergoes a rigid training, and he continues this all through his practice, because new analytical aids are constantly being developed and new facts ascertained that he may use.

The patient going to the Chiropractor for the first time, just as when he goes to a medical adviser or to a practitioner of any other healing system or cult, is interested in two things. One is, "What is the matter, doctor? What is it called?" The other is, "Can Chiropractic cure me? Is my condition curable with Chiropractic?" According to the Philosophy of Chiropractic, the correct answer to the second series of questions is that Chiropractic does not cure effects. What Chiropractic seeks to do is to ADJUST the CAUSE. Chiropractic Philosophy teaches that when the cause is adjusted, the Innate Intelligence of the patient, that native force within the patient, through proper adjustment will be enabled to operate to its full capacity, and when this is done the patient will recover normal health just as rapidly as reparation can be effected at the dis-eased location. In other words, the patient cures himself, once Innate is permitted to function to its full, normal capacity.

It is not because of any desire of evading the issue, nor because of any desire to avoid entanglement with definitions laid down by medical practice acts, that Chiropractic disclaims any ability to "cure" dis-ease. It is because of his Philosophy and his training in the principles of Chiropractic that the Chiropractor disclaims the ability to "cure". He knows all he can do is to scientifically deliver his external adjustive force, once he has made a correct spinal analysis; that the Innate Intelligence of the patient completes the adjusting and the "curing" or the restoration to normalcy within his body.

With regard to the first series of questions, the Chiropractor is not primarily interested in naming the effect. A scientific, philosophical answer would be, "The matter with you, Mr. Jones, is that there is interference with the normal transmission of mental impulse current, and your Innate is not able to work in your body to its full normal capacity. It is called dis-ease." Of course, that is not the answer the patient is seeking. He wants a specific name, such as is attempted in medical and surgical diagnosis. In the study

of medicine an important subject is that of Diagnosis, the classifying of symptoms and pathology and giving them a name or series of names, embodying the symptoms and establishing a loci, usually in Latin, Greek, German or some other foreign tongue, which to the average person is unintelligible. The question of whether Diagnosis should be taught as a major branch in Chiropractic instruction, as a part of Symptomatology and Pathology, has been a much discussed question. It has caused many a rift in Chiropractic ranks and much dissension among the graduates of the various schools, even among the graduates and students of almost any school of Chiropractic,— particularly where Diagnosis is not stressed as an important part of the educational training.

There is the ardent believer in the Philosophy of Chiropractic who holds to the thought that Diagnosis is of little real importance in the making of a Chiropractic analysis, holding that after all it is merely giving a technical name, usually in some foreign tongue, meaningless to the average person. In short, Diagnosis is merely the naming of an existing effect; and Chiropractic is not interested in the effect—it is interested in locating the cause and its adjustment. The value of diagnosis to the patient, insofar as his restoration to normal health is concerned, is not of major importance, except that its degree of damage and its length of existence may have an effect in determining the length of time in which Innate can perform its curative function. In support of this position as to the practical uselessness of naming the particular disease, the Chiropractor cites the fact that diagnoses, as proven by post-mortem examinations, are correct in but about one out of three that have died following an operation for a condition that the diagnostician and surgeon had previously sought to name—and named wrong. On the other hand, there is the Chiropractor who thinks that he should be trained to be able to name an incoordination when the symptoms are described to him by the patient and he has made a spinal analysis of the case. If it were possible to do this in all cases, or even in a majority of them, with any degree of really consistent accuracy, there is little doubt that all Chiropractic schools would give a great deal more attention than they do to the subject of Diagnosis in connection with its kindred subjects,— Symptomatology and Pathology. But where it has been proven impossible to accurately name all incoordinated conditions within the human body, even by men who have spent a lifetime in becoming expert (?) diagnosticians, the Chiropractor feels that he can devote the time that would be required in learning Diagnosis to something far more important. Of course, the Chiropractic student is trained by reason of his study of Symptomatology and Pathology, and his clinic practice, to give a general name to a dis-eased condition, and is not totally ignorant on the subject of Diagnosis. And after years of practice, depending on his individual mental capacity and

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his capacity of observation, the graduate Chiropractor possesses an ability to name an existing incoordination as well as is the average M.D.; and under the Chiropractic Philosophy that is all he need know along the line of Diagnosis.

While I have said that the Straight Chiropractor places little reliance on the study of Diagnosis, when it comes to naming an incoordinated condition exhibited in his patient, the Philosophy of Chiropractic does formulate what might be termed Chiropractic Diagnosis in the subject of equations, considered in a philosophical study and discussion of the subject of dis-ease in Symptomatology and Pathology. In any abnormal condition, under this subject, it is considered that it presents or exhibits an expression of one or more functions, in either excess or minus, as compared with their normal expression, or their expression in a state of health. There are nine primary and six general functions, the excess or minus expression of one or more of which is involved in any of the various forms of dis-ease in the some 25,000 diseases listed in the latest medical dictionaries. They are:

PRIMARY:

- Motor
- Secretory
- Excretory
- Preparatory
- Reproduction
- Nutrition
- Sensory
- Expansion, and
- Calorific.

GENERAL:

- Area
- Depth
- Power
- Force
- Cyclic Current, and
- Intellectual Adaptation.

For example, whooping cough, which is considered medically and by the Public Health authorities as a communicable, contagious disease, is characterized by an inflammation of the nose, throat and bronchial tubes, associated with a peculiar spasmodic cough, ending in a long drawn-out inspiration accompanied by a sound known as the “whoop”, from which it gets its name Under Chiropractic Equations, this would be classified as Motor-plus, Secretory-plus, Calorific-plus, Reparatory-minus, and Nutrition-minus—or NCRMS—with the plus or minus sign after the equation symbol, for the functions involved in abnormal quality and quantity, with the General Equation or Function of Area involved, as of the nose, throat and bronchial tubes.

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The equation NCR is present or found in all conditions where there is fever. M-plus indicates an excess of action or motor, expressed by the spasmodic cough; and plus indicates the presence of an abnormal discharge from the mucous membranes lining the parts affected. This same illustration is applicable to all incoordinations with, of course, different areas and functions involved.

Dr. Palmer has always expressed himself as totally disinterested in the symptoms exhibited by the patient or in a description of his aches and pains and/or other manifestations of his ills; and, of course, equally disinterested in an ability to name them with some unintelligible terminology. That is because he is interested solely in locating and adjusting the CAUSE of DIS-EASE, knowing when he has done this he can do no more. He knows the effect will vanish and the patient will be restored to normal health by his own Innate functioning normally, if the process of destruction be not too great, whether the name of the incoordination be that of some form of psoriasis on the scalp or athlete's foot at the other end of his anatomy, or any of the 25,000 forms of dis-ease listed in medical dictionaries.

The man in the field, of course, has a different proposition to face than does the head of a school training Chiropractors. He feels his public thinks he should be able to name these conditions. He feels that to meet medical criticism, if for no other reason, he should be able to name the patient's condition when he has made his examination and spinal analysis, without resorting merely to generalization, that it is a lung disorder, a heart affection, a kidney dis-ease, liver trouble, or what-have-you. He feels if he cannot give a reasonably accurate name to the condition—perhaps I should have said a reasonably plausible nomenclature to it—he is displaying ignorance to the public. He does not feel the fact that such a vast number of medical diagnoses, made by men who have spent years in the study of Diagnosis, by men classified as experts in that subject, are so frequently proven wrong in post-mortem examinations, is sufficient justification in the public mind for an inability to name an existing incoordination in some incomprehensible, unintelligible—to the average layman and woman, I mean—Latin, German or Greek terminology.

In the present higher standards of instruction in the reputable Chiropractic schools, the graduate Chiropractor is enabled to name nearly all such conditions to a greater degree than that of a mere generalization. Under the requirements of existing Chiropractic legislation, he must be able to do it. And, of course, the student of Chiropractic, whether that be at his alma mater or after he has located in the field for practice, is constantly seeking to broaden his knowledge in those lines that are a part of his professional work. The graduate Chiropractor is not a total ignoramus on the subject

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of Diagnosis, no matter how doubtful he may be of its practical value. Because of Public Health laws and regulations, he must be qualified to differentiate between smallpox, chickenpox, measles, acne, etc., or any of the other more common infectious diseases or fevers, from similar conditions present in other diseases not so classified. But in the practical phases of Chiropractic, the Chiropractor is intensely interested in being able to make a correct, scientific spinal analysis of any incoordination presented by any patient. To train himself for this, he is required to undergo a thorough practical training in locating the CAUSE of DIS-EASE. If he is a student in Meric, he undergoes a thorough training in palpation for locating this cause by the sense of touch. To supplement his digital palpation he is trained in the interpretation of X-ray films whether taken by himself or some other X-ray laboratory technician. He is also trained to place an accurate scientific interpretation upon the readings of the Neurocalometer or similar analytical aid used by him. He is trained to make accurate nerve tracings along the course of tender nerve fibres. Finally his powers of observation are trained to the nth degree. All of this to the end that he may be enabled to make correct, accurate, scientific Chiropractic spinal analyses of the conditions existing that CAUSE the patient's incoordination. The Hole-in-One student is also thoroughly trained in all these subjects, although in his particular form of practice digital palpation is not the important factor that it is in Meric.

The Chiropractor must be trained to make his spinal analyses accurately, scientifically, if he is to be competent in his work of serving his clientele with a scientific Chiropractic Health Service. If he is unable to make a correct spinal analysis, he will of course be unable to do his part in a correct application of the external adjustive force. If he is unable to do this, he is unable to deliver an efficient Chiropractic Health Service to his patient, and the patient will not achieve that for which he is seeking—health. I have already described the process of digital palpation and the use and interpretation of X-ray films, so will not review them now.

Another phase of spinal analysis is what is known as Nerve Tracing. Now, Nerve Tracing is not intended to be and is not an aid to the naming of a condition existing. It is intended to be of assistance in locating the CAUSE, although even there it is not finally determinative. The tracing is usually made from the spinal column, along the courses of tender, irritated, inflamed nerves as they leave the intervertebral foramina to the point of incoordination or over its seat. Often this tracing may be started from the point of suspected incoordination, or over its location, back toward the spine, to the intervertebral foramina or foramen. Of course, these tracings are made over the superficial fibres of the impinged nerves, and in those cases where there are no impingements involving the superficial fibres no accurate

tracings can be made. For of course not all nerve fibres are directly under the surface of the skin. But where other fibres are impinged, in most cases the superficial fibres will also be impinged or irritated. Nerve tracing serves to prove the irritation of nerve fibres, either at their point of emission from the spinal column or at some point above. It serves too to relate such irritation with the effect as exhibited or expressed in the patient's body. Under Meric the art of Nerve Tracing was very helpful in that it enabled the Chiropractor to more exactly determine the point at which adjustment was indicated. Nerve tracing was never considered determinative of the direction of subluxation; it was merely determinative of nerve transmission interference exhibited after the fibres had left the spine. The direction in which to give the adjustment had to be determined by palpation supplemented often by X-ray interpretation. Under Hole-in-One it is never determinative of the point of location of the subluxation, but there it is demonstrative of the presence of interference with transmission of mental impulse over the nerve fibres impinged, irritated or inflamed by the causative misalignment in the superior cervical region—at Atlas or Axis.

The importance attached to the Art of Nerve Tracing in the early days of Chiropractic is somewhat lessened under the later developments in the evolution of Chiropractic. It is largely offset by a more efficient training in the X-ray, in its operation and interpretation of the negatives, and other mechanical analytic aids now used in the practical work, under Hole-in-One, such as the Neurocalometer and other discoveries—to be described later. Nevertheless it always was and still is demonstrative of the cardinal principle of Chiropractic philosophy, that a pressure on or irritation of nerve fibres at some point within or at the spinal column was the CAUSE of dis-ease at the peripheral tissue cell,—that pressure on or irritation having been produced by a vertebral subluxation or misalignment.

Another manifestation of the presence of a CAUSE of DIS-EASE is the presence of places along the spinal column with an easily perceptible difference or increase in temperature on comparison with contiguous areas. Those places are called “hot boxes”, usually determined not by digital palpation but by the application of the back of the fingers to the patient's back, along and over the spine. The presence of a “hot box” in conjunction with definite nerve tracing was and is yet accepted as a definite confirmation of a subluxation, impingement, irritation or inflammation at some point along the course of the inflamed, irritated nerve fibres, whether at the intervertebral foramen to which the tracing leads and the “hot box” is detected or at some superior point within the spine or neural canal. Nerve tracing, at its best, by the most efficient Chiropractor, and with the most truly responsive patient, is too much dependent upon the human factors in both to make it far from

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infallible. The patient may be supersensitive, yet have no incoordination specifically related to the area of supersensitivity. The Chiropractor may not have a uniformly accurate ability to detect a “hot box” or a “tender nerve fibre”. Realizing these factors of incomplete fallibility, inquisitive members of the profession were interested in finding a more definite means of locating the CAUSE of DIS-EASE than by digital palpation, finding tender nerve fibres or suspected “hot boxes”.

For all the years from 1895 up until nearing the close of 1930, the Chiropractic profession had been speaking about its work as the Art, Science and Philosophy of Chiropractic, as a scientific branch of the healing arts. Yet for the first thirty-five years it was not yet within the realm of the proven, known scientific, no matter how skillful its artistic triumphs may have been, and no matter how many of its original theories had become scientific fact as the result of the research of investigators in the field of anatomy. Ever since the first few years following its discovery Chiropractic had been locating these “hot boxes”. But the great difficulty in exactly, accurately determining their presence was the human factor that must necessarily enter mental interpretation. In brief, they were not infallible, those Chiropractors who endeavored to locate the “hot boxes” by the sense of touch. It was not until the early part of the '20's that we find any effort seriously devoted to the invention of a mechanical means for finding them, independent of the unreliability of the human factor.

In 1920-21-22 Doss Evins, a student at the P. S. C., by previous training an electrical engineer, evolved the idea of devising an instrument that would enable the Chiropractor to make a more positive interpretation or determination of the presence of nerve irritation and inflammation by means of its application along the spine, such irritation and inflammation to be registered on the dial of the instrument through the interpretation of an extremely sensitive thermopile. After months of experiment, Mr. Evins finally devised an instrument that he believed did this. Following further months of experiment he had an instrument devised that was believed sufficiently simple of operation for the average Chiropractor to use. This instrument devised as a result of this experimentation, and finally patented in 1925, was the Neurocalometer, so-called from its function of measuring heat along the course of a nerve. On its being placed in line for patent rights, the Neurocalometer was announced to the profession by Dr. Palmer in his personal publication, “THE FOUNTAINHEAD NEWS”, and its announcement and introduction created quite a disturbance in professional ranks. So devastating was this furor that many of B. J.'s supporters withdrew their support and aligned themselves with other schools. Much of this support, however, in recent years, is coming back to B. J., because they are finding the Neurocalometer

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a valuable analytical aid in their practices, even though they may not have accepted much of his more recent philosophy as relates to Scientific Chiropractic, or Hole-in-One. I have related how the sponsorship of the Neurocalometer by B. J. was given as the reason for three members of the P. S. C. faculty leaving for another city to open a Chiropractic school in competition with the P. S. C., supported in large part by former loyal supporters of B. J. and the P. S. C.

The early Neurocalometer, Model No. 1, was a rather cumbersome outfit. The registration part of the instrument stood on a nearby stool or table. The detector points of the instrument were operated each individually by the Chiropractor, along the sides of the spine, with wired cords leading from the detector points to the registration meter and dial. To make his reading the operator first had to observe the location of the points of the detectors and then turn to the registration device. The result was that this made it a difficult maker for the operator to make an accurate reading of the findings of "hot boxes" by the detector points, thus placing an additional mental operation on the Chiropractor using it. Another factor that made an accurate reading difficult was the extreme sensitivity of the detector points and the registration device, with the result that many places were registered as "breaks" or "hot boxes" that were perhaps not in fact either a "break" or a "hot box", at least to a sufficient degree to warrant its interpretation as a factor in accurate spinal analysis. The objective was the ascertainment of the points of interference along the spinal column with the normal transmission of nerve energy or mental impulse current over the nerve fibres emitting from the spinal cord at the intervertebral foramina. Following its original announcement, it was introduced into the offices of a number of Chiropractors throughout the United States, and the merits of these developments in the use of the Neurocalometer were soon questioned by a large part of the profession. Much of the profession placed little reliance in its use, and they condemned both the instrument and B. J. for its introduction. And many of the early lessees joined in this condemnation. There was also much condemnation of B. J. because of the manner of its introduction, and the leasing system instituted as well as the frequent raising of the lease rate.

As I recall it, the first few instruments of Model No. 1 were sold outright to the profession, or practically so with but a nominal rental charge for servicing by field representatives. The price charged for the first instruments was \$500 down and, I believe, \$1.00 per month servicing charge. This price was gradually raised until the practitioner had to pay \$2500 down and a service charge each month in addition. Particularly with those who did not have the \$2500 to spare, making it impossible for them to get one even though they may have wanted it, this too added to the dissension in the ranks.

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They may have wanted it because of their personal reliance in B. J., or because of their belief in the principle. Of course, those inimical to B. J. for one reason or another, good or bad, but added to this dissension. A number of still loyal supporters of B. J. and the school also condemned the instrument. The result was a terrific furor in the ranks of Chiropractic, and about all that B. J. heard from all sides was condemnation of himself, his school and the N. C. M. Originally the instrument was introduced to the profession as a private venture of Drs. Evins, Elliott and Palmer. Because of the disturbance that was created perhaps more by the methods used in its distribution than anything else, B. J. finally had to acquire all rights to its distribution, so that today the instrument is leased for the sum of \$150 and a monthly rental of \$5.00, to cover servicing and repairs. This at present is handled through the Neurocalometer Department of the P. S. C. and will doubtless continue to be handled in like manner for all time to come.

Notwithstanding the difficulties encountered in its use, many stood by the instrument. They, of course, had made a study of the proper methods suggested for its use and were during their use making a study of its principle, studying ways and means for improving the technique in its use and to improve the instrument as well. They realized the difficulties but were confident they could either work them out or else the instrument itself would be improved by the makers, a new technique developed, and they would get improved replacements for the original instrument. The Neurocalometer was first introduced to the profession in the late winter of 1923-24 or the early spring of 1924. That was the pioneer N. C. M., of course. But like all pioneer instruments of obvious merit, it was but a very short time that the market was flooded with similar devices or instruments purported to be at least equal or superior to it, at lower prices, on an outright sale rather than on a rental basis. Most if not all of these have since been withdrawn from the market, either because of lack of merit in the particular device or because it was found to be an infringement of the patent rights held by the inventor of N. C. M. and his backers.

The operation of Model No. 1 depended for its success in attaining the objectives sought upon those old human factors, so often unreliable. The result was that there were a great many failures in its operation, due to these human factors in part and in part perhaps to the inadequate training of its early lessees. These failures added to the furor that I have already described, and but enlarged the disaffection from B. J. and the P. S. C. In less than a year following its introduction to the field, the patent rights of the inventor and his backers were acquired by the P. S. C., and the school now controls its distribution. At first it was hoped that a greater control could be exercised over its distribution so that only trained operators could become

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lessees. In fact, the restrictions were very sharply drawn, so that an applicant for a lease was required to assure the department that he was interested in using it for purely scientific reasons, and that he was capable of such use through proper training, and that its acquisition was not sought for any psychological impression on the patient that he was getting something more for his money than the purely Chiropractic adjustment. The anti-Palmer factions to a man, of course, argued that B. J. was trying to freeze out all competition from other schools, and that the instrument would not be leased to a graduate from another school unless he matriculated at the P. S. C. and paid its full tuition fee.

This rigid restriction, however, is not now stressed by the Neurocalometer Department because by many the former restrictions were deemed entirely too harsh. It does, though, advise the lessee to undergo a rigid training before attempting use of the instrument, although such training is not positively required. The department realizes that even the most foolproof instrument is capable of being misused in such a manner as not to attain the desired objectives. It realizes that to attain the utmost benefits from its use as an analytical aid, it must be properly and skillfully used, and this rigid training is given the student. This is impossible for the busy Chiropractor in the field who leases one, but all of those lessees are advised to take local courses in its use at some nearby central point as often as possible, either under field representatives of the department or at local N. C. M. clubs. They are also advised to take the frequent reviews put on at the annual Pre-Lyceum and Lyceum Courses at the P. S. C. Another factor that has made it possible to lease the instrument without requiring the originally planned course of training is that the new instrument has been made more compact, more reliable in operation, less sensitivity in detection, and easier of interpretation. As well in the decade and more that it has been in use, a technique has been worked out and more complete instructions can be given the lessee than was formerly possible in the early stages of its introduction. Both the detectors points and the registration dial are in the one small instrument that can be held in one hand, and the extreme sensitivity found in the old model, No. 1, has been adjusted so the registration needle does not make the extremely wide fluctuations it once did on the slightest increase of heat detected.

In 1936 there was another addition made to the Neurocalometer Service in the B. J. Palmer Chiropractic Clinic, first made known to the profession that year. This device is known as the Neurocalograph. It is so built and calibrated as to make the operation of the N. C. M. less subject to possible errors of the human factor, and, at the same time, to provide a permanent graph of the reading by an electrically operated automatic recording graphometer. At that time it was hardly thought the instrument could be made

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available for general use in the field, because of its high cost, running as it did, in the experimental stages, into several thousand dollars. However at the 1937 Pre-Lyceum it was announced for sale outright at a considerably lower price, much below what it was originally thought possible. Several offices having large practices and thus financially able to sustain the expense are proceeding to install this as a part of the office equipment. Before the introduction of the Neurocalograph, the operator of the N. C. M. had to make his readings and at the same time a mental recording of the needle fluctuations, and then to make a hand-drawn graph, from which he could make his analysis or interpretation. This mental recording was but another strain on the human factor, in that the operator was too apt to incorrectly mentally record the needle fluctuations for making this hand-drawn graph. The Neurocalograph, of course, removes this factor, so that by its use the graphs are accurate and the operator can give his sole attention to making accurate contacts in his gliding motion with the detector points. Within the past year still another device has been developed in the Clinic, called the Neurotempometer. This is a device that holds the Neurocalometer and is so calibrated that it regulates the speed with which the instrument is glided over the surface of the spinal area being read. All of these extra-Neurocalometer devices and improvements make for greater efficiency in the use of the instrument and for the utmost accuracy in the automatically recorded neurograph for the operator to use when making his spinal analysis.

Following the introduction of the Neurocalometer to the field practitioner, as stated before, various other devices were announced by men of an inventive turn, as well as those of an imitative desire in the profession and those who may be considered as on the outer fringes, attempting to practice anything and everything under the sun, or to sell the profession any and all kinds of modalities, treatment adjuncts, etc., etc., under the guise of being Chiropractic or a part of the Chiropractic "treatment". These imitators, of course, sought to take advantage of the publicity given the Neurocalometer and to cash in on it. Probably the best known device announced almost coincident with the Neurocalometer was radionics, which is more or less of a diagnostic instrument than an analytical adjunct. I have described this in an earlier chapter, together with the findings by Dr. Palmer and investigators for

the medical profession,—that it was nothing but a fraud, foisted upon the Chiropractic profession after a stage of quiescence following its having been kicked out of both the osteopathic and medical professions.

There is no doubt that mechanical and electrical instruments, designed for a determination more positively and surely of the existence of spinal misalignments, or subluxations, nerve irritation, inflammation and impingement, are a great step forward in the evolution of the Chiropractic principle,—if

they do accomplish that objective. The more independent these analytical aids can be made of the variable and often unreliable human factor, the more accurate their operation can be performed by the individual operator. And as this is accomplished the further advanced will be the Chiropractic principle in carrying onward its fight for the right of the sick to get well by application of that principle—its Art, its Science and its Philosophy.

Under the practice of Scientific Chiropractic, in the Hole-in-One procedure that is, the Neurocalometer is not used solely for positive proof of the existence of nerve impingement and the location of the exit of the injured fibres, or the location of proof of the fact of an interference with the normal flow of mental impulse current. It is also used as an aid in assuring the Chiropractor as to the efficiency or inefficiency of the immediate application of the adjustment toward a removal of the cause. Aside from its use at the time of adjustment—immediately before and shortly after—it is also used on succeeding days to show the Chiropractor the continued results of his first and often only strictly adjustic service, of when another adjustment is needed or when Innate has completed the work of effecting complete restoration to normal health within the patient.

The Neurocalometer is not intended by its sponsors to be nor is it an application of the Chiropractic principle—the adjustment—in an endeavor to remove the cause of dis-ease. It is an instrument designed solely as an analytical aid to assist the Chiropractor in locating the CAUSE and to tell him whether his practical application of the human factor in delivering the Chiropractic adjustment is efficient or not, or as to whether its further application is needed on a subsequent call. The Neurocalometer, particularly when used in conjunction with other instruments in the process of development in the Clinic, is also a valuable analytical aid in enabling the Chiropractor to determine whether or not the patient is violating the injunction to cease the use of any drugs or narcotics while taking Chiropractic Health Service.

There is little doubt in my mind that the use of the Neurocalometer or other instrument in imitation of it has a psychological effect on the patient. So far as it does have that effect it has a corresponding healing value, although the N. C. M. was never sponsored for that purpose, for, after all, confidence in one's healer, regardless of the method or system of healing used, is a great step toward accomplishment of the desired result—health and normal functioning. The successful healer in any branch of the healing arts is more certain of ultimate betterment and complete recovery, if he has the complete confidence of the patient in the methods used. One of the best articles along this line that I have ever seen was one published in the CHICAGO SUNDAY TRIBUNE of February 4, 1912, entitled "What the

Mind Can Do”, written by W. A. Evans, M.D., a prominent physician then connected with the editorial staff of that paper. In that article he stated that the psychological effect created by the treatment used was instrumental in obtaining favorable results in a great percentage of the cases treated. There is little doubt in my mind that the same is equally true of Chiropractic. There has been much discussion in Chiropractic circles, both in state and national meetings and in private talks, as to the merits and demerits of these numerous mechanical adjuncts to the practical phases of Chiropractic. Now, when I speak of adjuncts here, I mean those necessary or deemed necessary in making a scientific spinal analysis, not any of the numerous adjuncts used in the “treatment” of effects. The field is yet so virgin that some may yet be justified in not accepting what I think has proven to be so valuable an analytic adjunct, or aid, as the Neurocalometer. But one of the major criticisms of Chiropractic by organized medicine is that it is purely the psychological reaction that an adjustment creates in the patient’s mind that accounts for its successes.

In his work to establish the scientific merit of Chiropractic as a genuine health service, Dr. Palmer has been conducting investigations and experiments and perfecting devices to establish as a fact that the curative value of Chiropractic adjustment is not dependent on any psychological reactions that it may create in the patient’s mind or that any of its mechanical analytical aids may create. For the greater part of its forty-odd years Chiropractic has been resorted to by most of its patients with anything but a receptive mind in which a favorable psychological aspect could be created. Most of its patients, particularly in the early days, resorted to Chiropractic solely because everything else they had tried had failed. They were like the drowning man grasping at a straw. They decided to give Chiropractic what they deemed a fair trial with no hope of success. Too frequently they were misled by representations made by both the Chiropractor and former patients, who had achieved miraculous results in just a few adjustments, and they did not give Chiropractic a fair trial. Also the advertising too often created an impression that Chiropractic was a cure-all, and if they did not achieve health almost immediately following the first meal ticket of adjustments, they gave it up as a total failure. Nevertheless, the medical profession argued, and does today, that whatever good the patient gets through Chiropractic is solely by reason of a favorable psychological reaction within himself—in other words that he imagines he is getting something and he gets well.

Now, where mechanical and electrical adjuncts—whether for treatment purposes by the mixer or for the purpose of making correct spinal analyses by the straight—are used merely as a piece of office furniture or equipment for the psychological effect of creating a favorable impression only on the patient,

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to convince him he is really getting something for his money and for no other purpose, it seems they are being used by the healer for a wrong purpose. As such they have no place in the practice of Chiropractic, for Chiropractic does not have to create a favorable psychological impression to get a favorable reaction. If they are of value and so used in making a more correct spinal analysis, well and good. But the impression should be made on the patient that that is the objective sought in their use, not that they are a part of the Chiropractic adjustment. If, on the other hand, they have no value in making this spinal analysis, they cannot be considered as having anything to do with the evolution of the Art, Science and Philosophy of Chiropractic. Where they have no place in this evolution, and the instrument is known to be without real merit, its use should be discarded by the profession, whether that be in a Chiropractic school or in the private office of the practitioner.

The Neurocalometer has established itself as a valuable mechanical analytical aid, just as has the X-ray, in the making of spinal analyses. It must be used of course by one trained and skilled in its use, because then it is not used, nor was it primarily intended to be used for the purpose of any psychological reaction. It is designed solely to be used as an aid in determining more accurately the location of the CAUSE, the extent of the effect of the external adjustic force, to check up on the efficiency of the Chiropractor in doing his part, and also to establish the fact that the Innate of the patient is doing its part in the recoil reaction to the external force. It is designed to be used to indicate the continued effect of the adjustment and Innate, and to indicate when further adjustment is necessary. It is not designed as an instrument for diagnostic purposes, nor is it designed to be a part of the actual adjustment. I am informed by some, however, that it cannot help but create the impression with some of their patients that its use by them is really a part of the Chiropractic adjustment. I do not believe those Chiropractors ever intended their use of the instrument to create that impression, but where they do so intend, I think they are in error, even though the error may be but trifling. It would be better if they left the impression in the patient's mind—if it is thought necessary to create any impression at all, for purely psychological reasons,—that the Neurocalometer is an instrument designed solely to make him a better equipped Chiropractor, that he may render a more efficient health service, and that it has no more healing power when applied to the human spine than would the mere touching of the hands or a pinpoint.

“Hot boxes”, nerve tracings, Neurocalometer readings, breaks and the like, when used for locating or assisting to locate the CAUSE of DISEASE are valuable aids, of course, in enabling the Chiropractor to make more accurate spinal analyses. They aid him in that he may deliver his adjustic force at

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the proper place, in the proper direction. They aid him in that he may the more efficiently do his part toward enabling the patient's Innate to more effectively and completely do its part in removing the CAUSE. No Chiropractor seeks to create in the patient's mind the psychological reaction that the taking of an X-ray has any curative effect, notwithstanding the fact that the use of it by the medical and surgical professions is widely publicized as to its use in treatment of numerous diseases. The Chiropractor merely seeks to have the patient believe the use of the X-ray is important to enable him to more exactly discover the CAUSE, so that he may more efficiently do his part. The insistence on X-ray pictures and the ability to take them and correctly interpret them is but the demonstration of a really competent, skillful Chiropractic health service. The same should be the objective in the use of the Neurocalometer or any other instrument purporting to have the same or kindred purposes.

I will mention the subject of Retracing but briefly, because there is considerable question as to the province of its theory. In fact, the results achieved by Scientific Chiropractic are so rapid that while the patient doubtless goes through a process of retracing, it is so soon passed through that it is not apparent to either the patient or Chiropractor. But years ago, under Meric, following an adjustment or a series of adjustments, it was noted after a time the patient seemingly became in a worse condition than he had been in before he started taking adjustments. Now particularly with an incoordination that has existed for some considerable time, whether that be for a period of a few months or several years, and it has developed into the chronic stages, there has been more or less of an adaptation of the system to the diseased condition. This adaptation is an effort of Innate to adjust the system to the ravages of destructive forces put in operation by the dis-ease. Consequently when healing sets in operation under adjustment, this adaptation has to be readapted to the new conditions set up by reparation, or undone, so to speak. The patient then reverses the direction along the path of dis-ease that he had been traveling, and a new process of readaptation is set up. In this reversal of direction, back toward the ultimate objective of normal health, and the process of readaptation to new conditions, new reparation, the patient often feels a renewal of his old aches and pains that he had either forgotten or adaptively overcome. Under the old systems of practice there was the element of time to consider during which the chronic stages had existed following the acute stages. There was also the amount of damage done during the acute stages and the reparation, if any, or adaptation that had occurred in the transition from the acute into the chronic stages. All of this had to be readjusted by Innate, and the damage repaired, before health could follow the adjustic processes. That meant a reversal of direction in

which the symptoms appeared. In most of the cases the going through the old symptoms in reverse order caused the patient to feel that he was actually getting worse, even though the fact was that he was but approaching his former state of normal health.

Many of these patients could not understand why they should retrace, step by step, over the various former stages of their dis-ease in order to be restored to the desired normal. The Chiropractor explained this reversal of direction, where the patient was going through stages of the incoordination that he had long forgotten, often experiencing symptoms far more severe than in the former manifestations, as a process of retracing, or going backward over the same grounds traveled in reaching the chronic stages. The philosophy of retracing as stated by Dr. Palmer in a booklet entitled, "Retracing", was as follows:

"The dis-ease must be retraced, step by step, in order to reach that point from whence it started, namely health.... As it took time for the condition of the patient to change from health to a maximum degree of abnormality, so it takes time to retrace from the abnormal condition back to health."

As I have stated under the newer procedures followed in the latest evolution of Chiropractic, the restoration to normal health is apt to be much more rapid than under the older forms of practice. The result is often that the patient in going through this process of readaptation does not undergo the agonies that he formerly did. Or else he goes through them so rapidly that they are but temporarily noticed, not lasting sufficiently long to cause any particular concern. Of course, even the process of retracing under Hole-in-One is present, just as it was under Meric and the other forms of practice, although not nearly so noticeable nor so slow. And if the damage to be repaired is not too great, or too severe, those who practice this latest technique have told me that they have little occasion to seek to quiet the patient's fears by explaining the process of retracing or readaptation that he must go through before reaching the stage of complete recovery.

There must be, however, a process of retracing, regardless of the procedure followed in putting into full operation the Innate forces of the patient. There must be, because there must be a restoration back to normal to have normal health. There must be, therefore, a traveling back over the old route, even though the speed of reverse travel may be so rapid that the old aches and pains do not recur with their former severity. Or if they do recur their passage is so swift that they are hardly realized by the patient.

CHAPTER 14

The Educational Development of Chiropractic; Basic Science Acts

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In the early days of Chiropractic, particularly those years immediately after its discovery until 1910, it was subjected to the constant ridicule of the so-called “educated” classes of society as irregular, a fake, a system of quackery. The entire profession was criticized as being composed of ignoramuses and deluded fanatics. They sought to justify this criticism because many early exponents of Chiropractic had not been fortunate in having had the same educational advantages that the “educated” classes had. It is quite true that a very large percentage of those early pioneer Chiropractors had never even been within the portals of a high school. Many had not even completed the common school grades, and some had not had the opportunity to go much further than the primary grades. But those pioneers had, without exception, made their way in life and were successful in earning a livelihood long before taking up the study of Chiropractic. And what they lacked in higher educational attainments they made up for it in their zeal to learn and practice the new science. Nearly all of those pioneers had benefited through the recovery of their own health through Chiropractic adjustment, where before an important group of the self-styled “educated and learned” professions of medicine and surgery had given them up as doomed to a life of misery because of the incompetence of those self-same professions to deliver health to them.

To anyone in the least bit familiar with the history of education on the North American continent, he knows that very few residents of the United States and Canada had the opportunity of acquiring a high school education prior to 1900, even though the circumstances of their home life, family and fortune would have permitted. I am speaking of this from personal knowledge, because I was raised from early childhood to adult age in a small village in Ohio. That little 'burg was representative of the similar sized towns throughout the United States and Canada, particularly the midwest and west. It was as well representative of many similar rural communities in the east. It was only in the larger towns and cities where it was possible to attain any educational training beyond the grammar grades. In that little Ohio village the first high school was established just a few years after I had entered the primary grade. Graduating from high school in 1904, I was in the fifth class to have graduated. Today even in most European nations it is impossible for children of the common ordinary people to attain a semblance of high school training such as is today so prevalent throughout the United States and Canada, because it is beyond the pocketbooks of the underprivileged classes.

Yet because those early pioneers of Chiropractic came from that average American citizen of the late '90's, the public press and magazines of the North American continent have joined with those people whose families were so situated that they could bring their children up as "educated", in classifying the Chiropractor in their midst as an "uneducated" man—that because of this lack of education he is incapable of caring for the sick. That attitude still persists in the press and among certain "educated" classes of society, though in much lesser degree. It has greatly lessened within the past decade or so, because even the "educated" are becoming aware of the fact that the Chiropractor located in their community is not such an ignoramus after all. They are also becoming aware of the present-day trend, that an ever-increasing percentage of students of Chiropractic are from those classes that have had the advantage of several years in college before taking up the study of Chiropractic.

Both the public and the "learned" professions and the "educated" are also becoming aware of the fact that even though the Chiropractor in their midst may never have attended a tax-supported state university or college, that his training for his profession has given him an educational training that compares very favorably with the college and university training given students of the other "learned" professions. Up until 1910 Chiropractic was unrecognized by any legislation as entitled to a license to practice, free from the persecutions of the medical fraternity and the prosecutions by officers of the law on a trumped up charge that its practitioners were practicing medicine without grace of legal recognition. When Chiropractic was first recognized as a legal arm of the healing arts in Kansas, in 1910, that statute required that applicants for examination must possess, first, a high school diploma or show a prior training equivalent to a high school education, and, second, a minimum personal attendance at a recognized Chiropractic school of at least a year, and an education in certain subjects deemed essential to qualify one to care for the sick. The remaining forty-odd states that have granted legal recognition in some form or other have also enacted laws with similar requirements where Chiropractic is recognized as a member of the healing arts independent entirely of medical supervision, and with varying requirements, usually more stringent, in those states where the practice of Chiropractic is recognized as a branch of medicine.

Most of these legislative enactments that provide for the licensing of Chiropractic, particularly in the earlier years of their enactment, recognized the fact that not all entering the profession in those early years could have had the opportunity of acquiring a high school diploma. Accordingly those acts permitted a prior training equivalent to a high school education as being a satisfactory preliminary education. As one of the steps undertaken by the

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old U. C. A. to coordinate these acts, the examining boards organized to administer them were prevailed upon to adopt rules and regulations that men and women who had established themselves in life as qualified to stand on their own feet and successfully make a living for themselves and their families, possessed an education "equivalent" to a high school education. Most of the legislation now in force requires that applicants for a Chiropractic license be in fact the possessors of a high school diploma. Some few states require a preliminary education equivalent to that required of applicants for medical license. In fact, in proposed Chiropractic legislation of recent years, in a few states, they have incorporated a provision that applicants for examination entering a Chiropractic school after a stated year following its enactment must have at least one year's academic training in a recognized college or university, gradually stepping up this preliminary educational requirement to that required of applicants for medical licenses.

In the preceding chapters I have dated much of the evolution of Chiropractic as beginning in the same year that I became identified with it, 1910. It just so happened that I came into the Chiropractic arena at just about the time it was coming out of its discovery and experimental stages into the evolutionary stages, so that I feel I have had a first hand opportunity to observe much of the evolution, although until in very recent years there was a period that I was not in close touch with it. I have, however, in those years even, been more or less in touch with the profession and have attended its meetings. In 1910 the profession had been going through the struggle of gaining a foothold of solid recognition in the public esteem. There were estimated to be approximately 5000 to 6000 Chiropractors scattered through out all parts of the United States and Canada with a fairly good representation in many of the larger centers throughout the other civilized nations. I have been unable to find any definite basis for this estimated number at that time, other than it was about the number registered in the addresses filed at the P. S. C. I have heard it variously estimated as between 5000 and 8000, with the most favored number approximately 6000. Definite records were not obtainable doubtless because many of the schools prior to that were small, numbering at the most a few dozen graduates with courses from any where between a few weeks and a year. Those small schools in most instances, not being financially able to keep on, were soon discontinued on the advent of legislation, and all records, if any were kept, consigned to the trash heaps and destroyed. Also many of the early pioneers were practicing it as a sideline to more remunerative activities, hence were not interested in becoming members of state, provincial or national associations, because they were not interested in legislation and felt their practices to be so small they were not in need of the protection. Consequently, there were no definite means by

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which even an accurate approximation could be made of the numbers actively engaged in the practice as a graduate from some reputable or otherwise qualified school. Prior to its recognition by legislative enactment, of course, even a patient with but a moderate ability to use his powers of observation could go out from the Chiropractor's office and set himself up as a Chiropractor. Some of the early pioneers acquired their training in this manner.

But having established itself on a firm footing with the public, the reputable schools, the state and national associations, and the public interest created the demand for a standard system of practical and educational instruction. In 1910 the course at the Palmer school consisted of lectures in the following subjects:

- Anatomy
- Physiology
- Symptomatology, Pathology and Diagnosis
- Chiropractic Philosophy
- Nerve Tracing
- Palpation
- Spinal Analysis and
- Clinic Practice

with occasional lectures on Toxicology, Obstetrics and kindred subjects deemed of minor interest in the practice of Chiropractic. There were also occasional classes in dissection of an occasional cadaver—whenever the school or B. J. was able to obtain the body of some poor unidentified unfortunate. The P. S. C. being the most important school in Chiropractic, its course was taken as the standard upon which to develop a system of training.

It was becoming the opinion of the schools and the various associations that the public was demanding a greater preliminary education of Chiropractic students, of at least graduation from a high school or its equivalent in real education, not the mere ability to earn a living at a trade or business or on a farm. When the students of Chiropractic began to realize that on location in the field they should present a dignified, professional appearance, there also came the realization that not only should future Chiropractors have this higher preliminary education but should also have a higher professional training. There came a widespread agitation for the introduction of other subjects into the curricula of the schools and a deeper, more comprehensive study of those subjects already being taught. One of the ostensible reasons for the founding of the Universal Chiropractic College that I distinctly recall, being on the scene at the time, in April, 1910, was that a more exhaustive study be made of Diagnosis in conjunction with the study of Symptomatology and Pathology. There also came a competition among the existing schools to incorporate these additional courses or subjects, or to have a more exhaustive course in the subjects then prevailing, so they could be in a position in their

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advertising of holding themselves out to prospective students as having the most superior course of all. Also up to that time, and for a few years after, the student body in most schools was given the lectures all in the one large class composed of the entire student body. There came an agitation, first, for the division of the student body into at least two groups—Freshmen and Seniors—or three groups, Freshmen, Juniors and Seniors, and in a very few cases four groups or classes. Second, it was sought to require beginning students to start training at the beginning of the month rather than at any time during the month. It was sought in some cases to segregate these starting dates into the beginning of a school year or semester. Today the applicant for admission into a Chiropractic school is encouraged or advised to enter at the beginning of the quarter year at least, with the school year starting with the opening in September shortly after Labor Day. Some very few schools limit enrollment in their classes to the September class only, although I suspect that even in them, the financial needs will be so pressing that they will not refuse matriculation to the aspiring student presenting himself for entrance into the classes at other times of the year.

In connection with this thought, it must be recognized that all Chiropractic schools are privately financed institutions and are not financed by the public purse through taxation. There is no Chiropractic school that has been the recipient of an endowment, at least to any considerable extent. Consequently, being dependent for financial support on tuitions, aided by profits from the sale of textbooks to the students and advertising literature, office equipment and supplies to the field practitioner, no school is in position to ruthlessly wave aside any matriculation fees offered to it at any time throughout the school year. I note that some schools are putting on four-year courses of eight to nine months each, to be taken in four separate school or calendar years, with matriculation only at the September or mid-term semester. It will be interesting to note how long this will last or if their financial needs will not induce them to stretch a point and accept the student when, as and if he presents himself ready for matriculation with a good sized check to back up his application.

In the early years particularly, the average student that presented himself for matriculation was limited very much in funds. Most of them had sold their farms and businesses for whatever they could get, in most instances barely enough to support themselves and their families during the time they must personally attend school, oftentimes with hardly enough to support themselves until they had finished the first eight months. In those years, where the school had a course requiring a full year attendance, to meet this exigency, they had provided a degree of Chiropractor, and those who were compelled to go out to practice at the end of eight months were conferred this degree and

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permitted to go out to some small community where a few patients were waiting to be adjusted. Many pioneer Chiropractors were compelled to do this, so they could practice for a few months and scrape up sufficient money to return and finish the Senior year of the full year course and get their coveted diplomas, so they could practice as full-fledged Doctors of Chiropractic. This agitation for a more firmly established standardized course, and the withdrawal of the degree of Chiropractor, caused a great deal of concern to the reputable schools, for after all they must collect tuition fees in order to exist, and those factors made them all fear they would be cutting themselves out of considerable needed income.

However, to meet competition from other schools and also to meet the requirements of legislation that was being enacted or proposed for enactment in many of the states and provinces, as well as a sincere desire to put on a more thorough educational training, the school heads held many conferences under the sponsorship of the U. C. A. in Chicago, Davenport and elsewhere. After numerous conferences, the better organized schools finally decided on a standard course of training and the subjects to be taught. Coupled with all of this agitation within and without the schools for a more standardized training, there was also the agitation for an extension of the courses beyond the standard of 1910 of one full calendar year, or twelve months, as a requirement of attendance before graduation, to as high as two school years of twelve months each. The standard that was eventually decided upon between the school heads at these conferences with the state and national associations was what was popularly classified as three years of six months each, to be taken either consecutively in eighteen months or in three separate calendar years, at the option of the matriculant.

The schools were not only desirous of improving their standards of instruction, but they were also forced by the Chiropractic legislation that had already been passed and which they anticipated being passed in the near future, to institute these improved standardized courses. Up to 1920 we find most of the reputable schools, however, conferring the degree of Doctor of Chiropractic on the completion of courses of one year of twelve months or, optional with the student, three years of six months each. Following that year, 1920, the giving of the twelve months' course was ceased, and the eighteen months or three years of six months each course came into general vogue.

Now, the question of educational standards has been a much discussed subject of controversy in the profession. The sincere school heads, of course, wanted to give the utmost training possible. But they were faced with the problem of remaining solvent so they could continue their part in the further publicizing and advancing of the Chiropractic principle. On the other hand,

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those Chiropractors already established in their fields of work were faced with the criticism of the press and the “educated” members of their community that the Chiropractors were “uneducated” and that their schools were not equipped to make them “educated” and qualify them to competently serve the sick. Also the Chiropractor in the field feared the competition from the inroads of new graduates and he, following the medical example with its medical practice act, sought to restrict this possible competition.

B. J. Palmer has always held to the opinion that the development of any of the healing arts and more particularly Chiropractic should not be confined within legal definitions, but should be left free to the researches of those interested in their development. In this he also held the idea prominently in his mind of the inherent right of the sick to get well by any means that the sick person chose to follow, whether that be Chiropractic, osteopathy, medicine, or any other form of health service. Ever since B. J. has been the recognized leader of the Chiropractic movement, no matter how much many others have disagreed with his activities as such leader, all recognize the fact that he has been just as strongly in favor of the sick exercising this right, whether their method of choice benefited the Chiropractic principle or not. He has always maintained that if a person desired to choose medicine and surgery, he should be at full liberty to seek it in that field of the healing arts. He has never sought to bar the people from the use of their free will in making such election, although quite naturally he has always sought to have them choose Chiropractic in preference to other forms of health service.

Because of this, Dr. Palmer has never been a keen advocate of legislative recognition of Chiropractic. He realized, you see, the basic principle of legislation is restriction of choice or the hampering of freedom in thought, action and progress. On the other hand, he also recognized the fact that legal recognition of Chiropractic was perhaps the only way in which Chiropractic could be free to work out its destiny in many states, hampered as they were by restrictive medical practice acts. He has therefore generally played a passive hand in legislation. Of course, where he foresaw that the terms of the legislation proposed were such as might prevent the continued injection of fresh Chiropractic material into a state, he has been consistently opposed to it, and has sought to have the proposed bill amended so as to permit a greater freedom for future Chiropractors to benefit from it. Since his withdrawal from the official board of the old U. C. A. in August, 1925, B. J. has been rather inactive in both association and legislative matters. Today he is taking very little part in either, preferring to devote his attention more and more to the research phases in establishing the Chiropractic principle as a scientific fact.

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Chiropractic today is recognized by legislative enactment in some form or other, either as a separate arm of the healing arts or as a part of the medical practice, in the following states:

LEGAL STATUS OF CHIROPRACTIC

STATE	YEARS	TYPE OF BOARD	BASIC SCIENCE	REMARKS
Alabama .....	...	...	...	No law, open.
Alaska	3 of 8	Chiro'tic		
Arizona	3 of 6	Chiro'tic	Yes	
Arkansas	3 of 6	Chiro'tic	Yes	
California	3 of 6	Chiro'tic		
Colorado	2800 hrs.	Chiro'tic	Yes	60 min., maximum 30 hrs. week
Connecticut	4 of 9	Chiro'tic	Yes	Healing Arts Act.
Delaware	4	Chiro'tic		
Dist. Col.		Composite	Yes	Drugless Pract'rs act.
Florida	4 of 6	Chiro'tic		
Georgia	3 of 6	Chiro'tic		
Hawaii	3 of 8	Chiro'tic		
Idaho	3 of 6	Chiro'tic		2 yrs. preliminary
Illinois	4 of 8	Medical		
Indiana		Medical		
Iowa	3 of 6	Chiro'tic	Yes	
Kansas	3 of 6	Chiro'tic		
Kentucky	3 of 6	Chiro'tic		
Louisiana .....	...	...	...	Open, no law.
Maine	4 of 6	Chiro'tic		
Mass. ....	...	...	...	Open, no law.
Maryland	3 of 6	Chiro'tic		
Michigan	2750 hrs.	Chiro'tic		45 min. hrs.
Minnesota	4 of 8	Chiro'tic	Yes	
Mississippi .....	...	...	...	Open, no law.
Missouri	3 of 9	Chiro'tic		
Montana	4 of 8	Chiro'tic		
Nebraska	Not spec.	Chiro'tic	Yes	
Nevada	3 of 6	Chiro'tic		
New Hamp.	3 of 6	Chiro'tic		
New Jersey	4 of 7	Composite		Medical board.
New Mexico	3 of 6	Chiro'tic		
New York .....	...	...	...	Open, no law.
No. Car.	4 of 6	Chiro'tic		
No. Dak.	3 of 8	Chiro'tic		2 yr. college.
Ohio	4 of 6	Medical		
Oklahoma	3 of 6	Chiro'tic	Yes	
Oregon	3 of 9	Chiro'tic	Yes	
Penna.	3 of 8	Medical		
Rh. Isl.	3 of 9	Chiro'tic		
So. Car.	3 of 6	Chiro'tic		

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LEGAL STATUS OF CHIROPRACTIC—(Continued)

STATE	YEARS	TYPE OF BOARD	BASIC SCIENCE	REMARKS
So. Dak.	3 of 6	Chiro'tic		
Tennessee	3 of 6	Chiro'tic		
Texas .....	...	...	...	Open, no law.
Utah	3 of 6	Chiro'tic		
Vermont	3 of 6	Chiro'tic		
Virginia				Recognized Chiropractic 1913; no licenses since.
Washington	3 of 6	Chiro'tic	Yes	
W. Virginia	3 of 8	Composite		
Wisconsin	3 of 9	Chiro'tic	Yes	
Wyoming	3 of 9	Chiro'tic		
CANADA:				
Alberta	3 of 6	Chiro'tic		
Br. Col.	3 of 6	Chiro'tic		
Ontario .....	...	Medical		Drugless Pract'rs act. Do.
Sask.		Medical		
Other Provinces				Open, no law.

RECIPROCITY:

Various state boards of Chiropractic examiners are authorized by law to arrange exchange of license. Under this arrangement reciprocity, always subject to change by withdrawal or extension, is often granted.

The trend today in all branches of learning is toward higher preliminary educational requirements as well as broader training before graduation in any profession, and Chiropractic is not lagging behind in this trend. Some institutions are organizing courses ranging as high as four years of eight to nine months each, to be taken in four separate calendar years, and comprising a course of instruction fully as severe as that given in most medical colleges. Of course, to fill in much of this additional time in these four-year courses, I personally think the tendency will be to pay too much attention to subjects that are of little value to the student of Chiropractic when he enters the field. Many business men today doubt the value of the inclusion of Latin and Greek in the high school and college courses of today, particularly where the student is training to enter the field of commerce. There is no doubt that a knowledge of Latin or Greek, or even Sanskrit, is of value to everybody and is of extreme importance for those intending to pursue a course of higher academic training. There is, too, no doubt that their knowledge is not injurious to the boy or girl that intends going from the high school directly into the factory, farm, office or business college. But their actual value would be nil. There is this danger of some of this advanced (?) training, particu-

larly in Chiropractic schools, in that to fill in the time the school is too often apt to put in subjects that are far afield from anything with which a Chiropractor should have association in carrying abroad the Chiropractic idea.

As sincere a believer as I am in Chiropractic, and its scope, I still believe there is merit in many features of the training and practice in other schools of healing thought. There is no question that medical research has been the means of accomplishing vast strides in medicine with a resultant benefit to the sick. The same is true of the other therapies. But my firm belief along these lines is that it is impossible for any earnest seeker of means to alleviate human suffering to hope to acquire all of the beneficial knowledge available along health service lines, and that at best one can only hope to secure a mere smattering of any of them in a medical college, an osteopathic school, or in a Chiropractic school, if he attempts to learn all available knowledge, if, at the same time, he thoroughly learns the principles and practices of the particular school of thought whose methods he is seeking to master to carry afield in his practice. So if the Chiropractor is seeking to learn Chiropractic, why should he have to waste time, because of legislative enactment, in learning a mere smattering of some other system, just so he gets enough of it to pass an examination on the subject or subjects? That is why personally I see no good reason for legislators including in a bill to regulate the practice of Chiropractic, requiring the applicant for license to pass an examination in subjects he will not use—if he is conscientious in his practice of Chiropractic,—or in being compelled to take subjects in a Chiropractic school of no practical value to him in his later practice.

Another phase of legislative activity that is bound to enter into the training of future Chiropractors is the so-called Basic Science legislation that has been passed in recent years in twelve of the states, as listed. Basic Science legislation is proposed primarily with the intention of restricting healing service activities to the medical profession. It is ostensibly sought on the ground that the preliminary education of one seeking to learn medicine, Chiropractic, osteopathy or any other of the licensed systems of healing, should be such as to show one qualified to undertake the studies in a recognized school of that system of healing. The examining boards, while not always composed of physicians and medical educators, are composed of men who are naturally inclined to lean toward the medical theory in their examinations, regardless of whether the aspirant for training in a school of healing expects to practice anything akin to medical thought or not. This Basic Science legislation, however, is bound to have its effect on the future curricula of Chiropractic training in the educational subjects, so that their graduates and students can be enabled to pass the examinations, provided they are conducted fairly. But the evident intent is not to conduct fair examinations so

that all well-trained and qualified graduates of any system of healing, whether that be medical or drugless, can pass. In the few examinations that have so far been held in those states where it is the law, very few osteopaths and Chiropractors have succeeded in passing. There is little probability that this condition will be remedied, unless the legislators in passing future acts make such provisions a part of them, so that any aspirant for a license to practice his particular branch of the healing arts has a reasonable protection at the hands of members of the boards composed either of his own profession or so organized that friends of the drugless systems will be in their membership. Personally I believe that such legislation is ridiculous in that no legislation is ever proposed by its proponents, the State and American Medical Associations, to better protect the public against incompetent practitioners of any healing profession. It is designed solely to give those associations a greater control and monopoly of servicing the sick, so that no practitioner independent of such associations, whether he be a physician or a drugless healer, can hope to serve the people as he sees fit and proper or as the people themselves want. Where legislation restricts the rights of the people, as will Basic Science legislation when administered as its sponsors really intend it to be, the people themselves will eventually rebel, just as they did in the early days of Chiropractic and osteopathy, and demand that such legislation be properly administered. Else the public will support members of the other professions, much as the “drys” supported the bootlegger in prohibition days, whether such practitioner is licensed by a Basic Science Board or not. While such legislation will doubtless have its influence in determining the future educational training of Chiropractors, unless it is properly and fairly administered by its examining boards in those states where it is on the statute books, so that Chiropractors can be qualified in their own schools to pass them, it will, I believe, finally have an effect in better coalescing the sentiment among the various factions now existing in Chiropractic training and practice. In its forty-odd years of existence, Chiropractic has had a continual uphill struggle for recognition, first with the people, second with the legislative assemblies, and finally with the other healing arts. Oh, yes, Chiropractic is recognized in medical circles privately as having a proper principle, no matter how much they may scoff at it in public. So that having to battle with unfair administration of Basic Science legislation is just another battle for the profession that in the past years of its history has always had to battle for its right to serve those who need it, the sick and suffering, those whom other “learned” healing professions have been compelled to give us as “incurable” by them. Basic Science legislation, of course, if it is administered fairly and honestly, to sincerely test the qualifications in the basic sciences of those who wish to serve the sick, is not objectionable to the Chiro-

practic profession, because its mental equipment and capabilities are such that it can pass any reasonable examination in the subjects included. But Chiropractic's great fear is in the administration of such acts, not in their ostensible purposes.

However, with regard to these ostensible purposes of the Basic Science legislation, it is interesting to note that much of this legislation does not include certain professions closely allied to medicine, being in fact specialized forms of the practice of surgery or medicine,—the dentists, chiropodists and nurses. While he does not practice medicine on the human being, he does serve an important part of the animal life so essential to human welfare, yet the veterinary doctor and surgeon is also exempted from the operations of Basic Science in all states where it has been made a part of the law. Perhaps the medical associations forgot to include those professions, because they neglected the importance of the feet and the teeth—possibly because they know so little about the human body—so they were exempted. Of course, the medical profession prefers to keep the nursing profession in the classification of higher servants, so does not honor it with a recognition of standing as a part of the medical “arts”. Really, though, it was because it feared the probable political pressure that those professions could muster against the proposed enactment. No, the fact is that the purpose of the medical profession in seeking Basic Science legislation is not to test the qualifications of people to serve the public in times of illness. It is solely interested in destroying through back-door methods the drugless healing professions which in the past two or three decades have been taking away so much of their monopoly.

Medicine has ever sought to monopolize the care of the sick, although it has itself, through its numerous failures, driven the sick to seek refuge at the hands of some one or other of the “irregular” drugless methods. It is especially bitter toward the Chiropractic profession, because that profession has been its greatest competitor, in proving to the public that what was “incurable” by the “regular, learned” medical profession is capable of restoration to normal health through “irregular” Chiropractic. For that reason, if Chiropractic brings up its educational requirements so that in fairly administered Basic Science legislation it can prove its mental qualification to serve the sick, just that soon the state and national medical associations will be knocking at the legislative assembly doors, seeking other means to combat its continued growth. That is unless Chiropractic adopts an offensive attitude, rather than continually staying on the defense, and unites all its ranks and then educates the public not only to Chiropractic, what it is, its scope and its capabilities, and proves that its educational standards are such as to make it a fit competitor for those who self-style themselves as having a “superior” education on the human body, its ills and its needs.

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The Chiropractic profession, through its leading schools, is increasing the scope of its educational training. Today its graduates are receiving a training in the subjects essential to its successful practice, so they will become more efficient and better educated than were the early pioneers. In the practical phases as well, its training is making great advances, and will continue to make still greater advances in future years. Its members will not only be educationally qualified to serve the public and meet the legal hurdles put in its path, but as well will be trained in the practical phases so that it will render its service with greater facility to itself and less discomfort to its public, and with greater success in achieving the desired objectives of both the sick and the profession—to bring to the sick a state of health and usefulness.

CHAPTER 15
Chiropractic Health Service

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Before discussing the latest step in the evolution of Chiropractic I wish to discuss the scope of this branch of healing, its evolution from merely a Chiropractic adjustment into that of a genuine health service. That the scope of Chiropractic and the type of service rendered by its practitioners has broadened greatly from the Chiropractic first brought out by the Founder is borne out by the story of the results it has accomplished during its forty-two years.

Formerly, in the very early days, by far the greater percentage of people who went to Chiropractic in an endeavor to recover health did so because they had tried all other forms of health service. They went to it as a last resort, after having exhausted all other fields of health service and found them wanting. Most often they went to their local Chiropractor, or to some school that maintained a clinic service, skeptical of the results to be expected, and, in fact, hoping for little or no good results in their individual cases. They went to Chiropractic just to make certain they had exhausted all known methods of healing before finally giving up the ghost, colloquially speaking, just to console themselves with the thought they had tried everything.

Today, however, because of a greater public knowledge of Chiropractic, it appeals to the more intelligent people because of its extreme simplicity and practicability. They go to their local Chiropractor expecting health to result, not as they did before, skeptical and little or no hope, just to give it a “last resort” trial. People are applying their common-sense reasoning to their individual health problems. More and more they are coming to Chiropractic, not with fear of the discomfort of an adjustment, not with that dread on the part of the female of having to partially expose her body to a total stranger, and not with doubt as to the results to be attained. They have a greater surety today that in Chiropractic is where they will recover health and again be happy, useful, normal members of society.

Chiropractic is so extremely simple and logical that it appeals to the intelligent person, and its logic is being proven every day by the constant scientific advances being made through the research activities of those interested in the sincere advance of the Chiropractic idea. An unbiased consideration of the Chiropractic Philosophy, Science and Art today will cause the sincere thinker, the intelligent person, to believe that it is a logical form of health service. It is most logical because anyone recognizes that an unimpeded flow of mental impulse current, generated by Innate Intelligence within the dynamo of man, the human brain, over the nervous system to the peripheral cell, and the unrestricted flow of messages from the peripheral cell to

the seat of Innate, is necessary that normal life may operate within the body of man. It is most logical to see that the most likely place for this interference is at the spinal column, either at some one or more of the several intervertebral foramina or in the superior cervical region. It is because of this that vast numbers have accepted and are today accepting Chiropractic in preference to any other form of health service.

Neither Chiropractic nor Chiropractors contend that it is the only health service having merit, nor is it contended that Chiropractic is 100% successful under all conditions, with all types of dis-ease or incoordination. However, past results have established that Chiropractic has been successful in restoring health in over 95% of all types of incoordination not the immediate result of trauma, over-indulgence, indiscretion, etc., that human beings are subject to through lack of a 100% use of that important thing, common sense, either on their part or the part of some other members of the genus homo. You will note, I have said "over 95% of all types of dis-ease". By that I mean to state that Chiropractic has been successful in nearly all types of dis-ease, but I do not mean to imply that it is a cure-all for that percentage of all forms of dis-ease. In many cases there are forces of destruction of tissue so great in extent or degree, that with the utmost effort on the part of the Innate Intelligence of the patient, still Innate will be unable to effect a complete reparation. There may have been surgical interference, the removal of an organ, or the severance of important nerve fibres. Occasionally, but rarely, there may be congenital absence of an essential organ necessary to normal functioning. In those cases, of course, Chiropractic cannot succeed in restoring normal functioning, or health.

Chiropractic has been a consistent user of the paid advertising columns of the press. The public, because of past experiences with misleading advertising, has become skeptical of much advertising with regard to any form of health service. Besides the medical profession holds itself out as ethically opposed to paid advertising. It is not opposed, of course, to having the name of the physician or surgeon included in news items where the patient has had a wonderful recovery or a successful operation. In most such cases the M.D. has himself called the news reporter in and told him the story and getting some "ethical" advertising by making sure his name is included in the item. Of course, where a wonderful (?) operation is not a success, and the patient dies later, the public is not again reminded that Dr. Blank performed the operation. Because of this distrust of such advertising, the public often believes that so long as Chiropractic is advertised by some in a manner to lead the public to believe it is a "cure-all" for all types of dis-ease, from dandruff on the scalp to bunions on the feet, that the advertiser is merely seeking to milk a credulous public. In recent years the Chiropractic profes-

sion has frowned upon much of the advertising used in its early years. Today the local press advertising is conducted more along the lines of an educational advertisement, rather than advertising the wonderful cure that Mrs. Bjornes had from Dr. Skovalski, the local Chiropractor. It is sought also with the booklet and pamphlet advertising to make them of a truly informative character, rather than of the type of certain medical specialists, particularly those treating piles, venereal diseases and the like. There are several advertising agencies that make a specialty of catering to the Chiropractic profession. And, of course, the men conducting these agencies have made an extensive study of their profession and they are writing their advertising, their booklets and pamphlets, etc., more in consonance with the present-day tastes in advertising.

As previously stated, there are two types of practitioners, in the broad sense of the word,—the mixer and the straight. Those who know of Chiropractic only because of the procedure of the straight Chiropractor, called that because he confines his service to adjustment at the spine only, are too apt to consider the Chiropractor a spinal specialist. Also because straight Chiropractic confines its strictly adjustic procedure to adjustment of misaligned vertebrae, they are too apt to consider it a form of manipulative surgery, and confuse it with osteopathy, which does manipulate joints, performs massage, etc. The fact that mixing Chiropractors often delve into the realm of osteopathic manipulation gives cause for this confused thought. But where the public is conversant with the work of the straight Chiropractor, there is no justification for this belief. The Chiropractor is not a spine specialist,—in the sense that the word “specialist” is generally understood, for Chiropractic is not limited to dis-ease of the spine alone. The condition for which the average Chiropractic service is rendered is usually far removed from the spinal area. Of course, in the sense that the Chiropractor has perhaps a greater knowledge of the spinal column,—its anomalies, misalignments, malformations, curvatures, contortions, twists, etc.,—than does the physician, the competent Chiropractor does merit being called a specialist on the spine.

Generally speaking, the one who calls himself a specialist limits his service to the caring for a particular class of ailment. Thus in medical and surgical services, the practitioner may specialize in diseases of the eye, the nose and throat; the lungs; the heart; the liver; the kidneys; the stomach; rectal conditions, or any of the numerous specialties. Now, it may be that one Chiropractor may find himself universally successful in all types of dis-ease involving, say, the kidneys, and if he limits the class of cases he takes to that particular type of dis-ease, and makes a thorough study of all the symptoms and pathology concerning it, he could perhaps very properly call himself a kidney specialist. In recent years Chiropractic has been proven exceptionally

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successful in handling mental disorders, and many hopelessly insane persons have been restored to normal through Chiropractic adjustment, under both Hole-in-One and Meric. Particularly under Hole-in-One is Chiropractic successful with this class of incoordination. So successful has it become that it is developing a type of specialists, classified as Chiropsychiatrists. For those who limit their field to this particular type of cases, it is perfectly proper that they should classify themselves as Chiropsychiatrists, or mental specialists. Which is quite another thing than being styled a spine specialist.

Several years ago, on the property formerly owned by one of Davenport's old-time recreation parks, a sanitarium was opened exclusively for the care of mental cases, wherein Chiropractic adjustment was the only health service rendered. Of course, the cases had to be kept confined within the grounds and in some cases in their rooms, the same as in any asylum, and given the usual nursing care, guards and the like, although nothing resembling medical treatment was attempted. This institution operated under Meric, with Dr. Frutiger as its Chiropractic Director, and reported a very large percentage of its cases restored to normal mentality within a remarkably short time. Another institution was opened shortly after this, just outside of Northwest Davenport and, with the advent of Hole-in-One, to specialize under its procedure in mental cases, it became known as the Clearview Sanitarium with Dr. Herbert Hender, Registrar of the P. S. C., as the Chiropractic Director. This institution has been remarkably successful, too, in the number of cases restored to normal mental health after having been given up as incurable cases. Dr. Hender frequently addresses his classes on the subject of Chiropsychiatry, based on his experiences at Clearview, expressing his confidence that the population of most state insane asylums could be greatly reduced, if the Chiropractic profession were permitted to enter them and render strictly straight Chiropractic service, without adulteration by the administration of narcotics or other drugs.

Within recent years there has been an organization formed, the Health Freedom Association, with Hon. A. W. Ponath, a former member of the judiciary of North Dakota, as its general manager. The objects of this association are to seek legislation to permit members of the Chiropractic profession to render Chiropractic service in all tax-supported institutions for the care of mental cases. A law was passed several years ago, permitting Chiropractors to enter such state institutions in North Dakota, but was rendered practically inoperative because of provisions under which the institution was founded, placing the treatment of patients confined under politico-medicos. This meant, of course, that it would be impossible for the Chiropractic profession to render purely straight Chiropractic service in them.

This phase of Chiropractic specialization is yet so new that definite conclusions have not yet been established just how far the Science of Chiropractic should go in caring for the general class of cases, whether or not there has been too much destruction and deterioration of some parts of the brain and/or nervous system to permit of a complete expression of the patient's Innate in effecting complete restoration. However, the study of the small number of Chiropractors who are today limiting their practice to Chiropsychoiatry is being devoted to this end, and doubtless within the next few years definite conclusions will be reached, wherein the Chiropractic profession can hold itself out as fully prepared and competent for rendering its service with hopes of favorable results in a large percentage of cases. In the class of cases that this branch of the profession has heretofore accepted, the percentage of cures has been over 90% of its patients returned home, to live a normal life, without being a burden on either their relatives and friends or the taxpayers of the state.

Chiropractic is not a modified form of osteopathy. Chiropractic, in the hands of the straight, is confined to specific adjustment of misalignments of the spine, whereas, in its work on the spine, in particular, osteopathy is more or less a general manipulation and massage, not limited to a specific vertebra or vertebrae found misaligned. The osteopath manipulates the entire spine, without regard to particular misalignments, and with little regard to the direction of its application of force used in such manipulation. Of course, with the evolution of Chiropractic from the days of 1895 to its present standing, it is but natural that osteopathy should have adopted some of the procedure of Chiropractic, and that its practitioners should today tend to manipulate more specifically when dealing with the spine. But in fact there is very little similarity in the operations of these two forms of health service, other than that both, when carried out according to the teachings of their founders and developers, deal with movements of parts of the human body with the hands only. There is no more similarity between the operative procedures of each of the two systems than there is, say, in the culture of the Chinese people as compared with the Japanese culture.

The Chiropractic premise is that the cause of all dis-ease is due to vertebral subluxation, which produces pressure upon nerve fibres, irritation or inflammation, at some point along its course as it enters the neural canal into the spinal cord, in its downward travel, or at some of the many places provided for the exit of these fibres through the intervertebral foramina. This pressure, or impingement, irritation or inflammation of nerve fibres interferes with the normal powers of transmission of those fibres of that vital nerve force generated within the brain,—which Chiropractors most frequently speak of as mental impulse current or supply,—resulting in the eventual effect

at the periphery of the particular nerve fibres involved,—at the tissue cell. The Philosophy of Chiropractic teaches that all forces of nature, all forces within the universe, are governed by an Intelligence, which Chiropractic knows as Universal Intelligence. This Intelligence that controls and guides the destiny of all parts of the Universe is known by many names in the many forms of religion in the world, as God, Jehova, the Supreme Being, the Unknown God, Buddha, Karma, Brahma, the Great Spirit, and so on. Even in atheistic circles credit is given to some unknown and unclassified force as governing all material actions of the universe or of nature. This Intelligence the Philosophy of Chiropractic, particularly as that philosophy is taught by Dr. Palmer, is called Universal Intelligence.

The Philosophy of Chiropractic also teaches that within every human being is vested a part of this Universal Intelligence, which it calls Innate or Innate Intelligence, for performing the required functions of Universal Intelligence within that particular being. There are some factions within the ranks of Chiropractic, because of the original use of this term having been made by D. D. Palmer and B. J. Palmer, that do not like the term Innate Intelligence, so they classify this force within mankind as nature, instinct, and so on, or, as many religions term it, the soul or life. But it matters little what it is called, if man is a part of nature, then that which intelligently manifests his actions and directs his functions is also a part of some intelligent direction. I prefer using the terminology used by B. J., because it aptly conveys the thought of a natural intelligence, something beyond a mere instinctive impulse.

In mankind the brain is the seat of human intelligence. Accepting this fundamental, Chiropractic deems the seat of Innate as being within the brain. Chiropractors believe that Innate Intelligence operates and functions through the operations of the brain, that in the performance of its functions within the human body Innate Intelligence directs the brain to generate the essential vital energy, vital force, mental impulse current, or call it what you will, for transmission to all parts of the body. By those who have graduated from the Palmer school, this vital energy or vital force is termed mental impulse current or supply. It is so considered in the sense that it has a similarity to electricity generated by the electric dynamo. Generated within the brain, this mental impulse supply is then distributed where needed throughout the human system, in the amount needed and the form needed, where transmission is normal, by means of multitudinous nerve fibres.

In the human being the brain, the seat of Innate, is the dynamo; the nerve fibres the wires; the spinal cord the main nerve cable; the spinal canal the conduit. Chiropractically speaking, therefore, the brain being the seat of Innate, Innate controls its operation and functioning, in the generation of

the required amount of mental impulse supply needed at each and every tissue cell within the body. The function of the brain physiologically is the generation of this energy supply, so that all organs, all tissues, all parts and all structures of the body may perform their functions normally, so that man may have a normal life, so that he in turn may perform his function in carrying onward the objectives of Universal Intelligence. This mental impulse supply, generated within the brain, is conveyed in proper, necessary, normal quantity and quality to every tissue cell in the body by means of a myriad of nerve fibres—that is, in that body that is functioning normally, without interference in the transmission of this supply.

Now, in speaking of this myriad nerve supply as fibres, or wires, I do not mean in the same sense as a solid, continuous structure from a cell in the brain to a cell in the body. No anatomist has, as yet, traced a definite, exact connection from one part of the body over a nerve fibre to a corresponding part in the brain, although they do know there is a connection over the nerve fibres between the brain and every cell of the body. Whether it is the atomic relation of the cells that form the definite nerve fibres that constitute the nervous system plan of transmission, where an impulse is started at one end within the dynamo of a chain of nerve cells and by atomic action is transmitted to the terminii, much as the force of a blow is transmitted when one strikes a series of billiard balls with the cue at one end and the force is expressed at the uttermost ball in the chain,—no anatomical investigator has yet established that. There is, however, without doubt, a direct connection or communication between every tissue cell within the body and some part of the brain, the seat of an interpreting intelligence, or otherwise there would be no explanation for why pricking the body at any point with a pin is almost instantaneously interpreted as a sensation of irritation, of pain, of injury, and almost as immediately that intelligence within the brain sends out the necessary forces to impel the body to remove from the scene or the pointed pin, and, at the same time, causes the necessary excretion of body fluids in an endeavor to repair the injury. For want of a clearer, more concise means of conveying this thought, Chiropractic speaks of this material means of communication as a nerve fibre.

Along this line it is interesting to quote from a news item, dated November 5, 1937, appearing in the NEW YORK HERALD-TRIBUNE:

“PHILADELPHIA, Nov. 4.—Nerve impulses racing through the body were described as a purely physical and chemical activity today by Dr. Herbert S. Gasser, director of the laboratories of the Rockefeller Institute for Medical Research, who spoke at the biophysics symposium which opened . . . today under auspices of the American Institute of Physics at the University of Pennsylvania.”

“All types of nerve impulses were declared to have the same form, that of a spike, which traversed the outer layer of the nerve paths with an approximate constant frequency of 1075 impulses a second. This conduction of electrical nerve impulses was reported by Dr. Gasser to be entirely different from the flow of current along a cable, and to be maintained with no loss of energy from one end of the nerve to the other.”

“While nerve impulses have previously been described as being conducted along the nerve channels by something acting like electricity, Dr. Gasser described the impulses as being definite electrical in nature, ‘but’, he stated, ‘transmission of messages in nerves involves processes entirely different from anything that takes place in a cable’. He likened a nerve to a tubular condenser, and said that the uniform type of nerve signal was due to the structure of the nerve and that the place where the controlling structure must be looked for was in its surface film.”

“The condenser-like nerve, he said, always carried an electrical charge which he ascribed to the presence in the nerve of potassium, there being sixty-five times as great a concentration of potassium ions within the nerve as in the structure outside it.”

“Dr. Gasser described the study of electrical impulses by connecting electrodes to the inner and outer portions of a nerve and joining these wires to an oscilloscope, which gave a vibrating line picturing the electrical conditions. When the nerve was stimulated, he said, there was a spikelike variation in the lines and nerve impulses were carried by a succession of these spikes.”

“The duration of each ‘spike’ is constant even though the speed of nerve conduction may vary over a wide range. ‘Some process in the nerve has a time constant intrinsically determined and not easily disturbed’, Dr. Gasser said. ‘A change in duration is readily produced only by alterations of pressure and temperature, a high pressure acting like a low temperature.’”

To pause for a while, I would like to ask those who say that B. J. Palmer in his installation of the B. J. Palmer Chiropractic Clinic and the research work that he is doing there, whether he is wrecking Chiropractic when by his independent investigation and research he is able to announce results very much in line with the research by electrophysiologists—that are announced in the public press three months after B. J. announced his findings? No answer to my question is required, but before Chiropractors make hasty assertions, I would like to suggest that they arrive at their conclusions by a process of reasoning first. They would see, of course, that Dr. Palmer is interested only in establishing the scientific premise of Chiropractic, so as to widen the scope of its service.

To continue, this mental impulse current generated within the brain by Innate is conveyed over these fibres, cells or whatever the “wires” may be, originating within the brain, converging into the medulla oblongata, thence into the spinal cord, and on emitting from the spine subdividing and going to the myriad tissue cells throughout the body. It is the function of these nerve fibres to carry this vital energy from the brain to the tissue cell, and it is upon a constant maintenance of this supply of vital nerve energy or

mental impulse current that the normal healthy functioning of the cell is dependent. These nerve fibres convey all the different kinds of energy, which have been physiologically classified as the functions of nutrition, reparation, expansion, calorific or heat, motor, sensory, secretion, excretion, and reproduction, just as from these tissue cells the fibres convey the various sensory messages, such as taste, smell, sight, touch and hearing to the brain for interpretation there by Innate. It is through the normal passage of these messages of sensation and the mental impulse orders of nutrition, etc., that the continuous cycle of communications, or normal life and health, is established.

As Dr. Gasser has said in the item just quoted, "Some process in the nerve has a time constant intrinsically determined and not easily disturbed. A change in duration is readily produced only by alterations of pressure and temperature...." If the tissue cells are not properly supplied with these various expressions of normal mental impulse current, in normal quantity and quality, the tissue then becomes dis-eased and ceases to function normally, becoming abnormal in function instead. The location of the dis-ease is determined by what particular nerve fibres are deficient in their conveyance of normal expression. The type of the dis-ease by which it may be diagnostically named is also determined by the type of vital energy that is deficient or abnormally expressed. It matters not where this process of impairment is expressed, it indicates an interference with the normal transmission of mental impulse supply. That is, wherever there is a condition of dis-ease within the body, there is an interference with the means of normal transmission of one or more of the types of function involved.

The results accomplished under Chiropractic adjustment have proven that a very large percentage of these interferences are caused by a subluxation or misalignment at the spinal column, and that there is very little opportunity for them to occur elsewhere. Chiropractic does not deny, of course, that interferences on rare occasion may occur at places other than the spine, especially where through some impairment of bony structure because of trauma or dis-ease the impairment is sufficient to distort or to create pressure upon some of the large nerve trunks, such as in the brachial nerves supplying the arm where a shoulder is crushed in an accident, or where in a surgical operation for the removal of an abnormal growth or a defective organ the surgeon's knife severs a nerve trunk supplying other viscera or structures in that area as well as in the area involved in the operative procedure.

Having determined through its Philosophy and scientific investigations that dis-ease results from an abnormal expression of this vital energy, or life, at the termini of the nerve fibres, the Chiropractic objective is, first, to seek the reason for that abnormality,—the CAUSE. The Philosophy of Chiropractic reasons that the only way to restore that impinged or irritated nerve

fibre to its normal capability of carrying mental impulse current is to find the cause of the impingement or irritation, and to remove that CAUSE by an adjustic process. In the scope of Chiropractic Health Service, it is not the purpose to merely alleviate the pains or other effects manifested at an effect, the dis-ease. The Philosophy of Chiropractic is based on the fact that once the CAUSE is removed, the Innate Intelligence of the patient will put into operation the necessary forces for the restoration of normal functioning, so that the effect will be eliminated by the patient himself, without the injection or administration of external agencies at the seat of the incoordination.

In discussing the scope of Chiropractic, it is not my intention to list the various types of incoordination, or dis-ease, for which Chiropractic is recommended. But since the profession knows through past experience that Chiropractic has been successful in practically all types of incoordination, in at least over 95% of the 25,000 diseases now listed in medical dictionaries, a listing of such incoordinations would merely mean a copying of some medical dictionary. Even then it would not be complete, because in the time of copying such list, the medical profession and its lexicographers would have thought up several hundred additional names in some dead or foreign language. So that, briefly speaking, the scope of Chiropractic is limitless, its only boundary being within that 95% of incoordinations that past experience has found to have their cause in spinal subluxation or misalignment. The scope of Scientific Chiropractic, or Hole-in-One, is no greater than was the scope of "shot gun", Meric or Majors-and-Minors; but as has been found in all of the evolutionary steps of Chiropractic, there has been a constant and consistent stepping up in results as each form of procedure was developed. Under the pioneer practices of Chiropractic, when one considers that practically 100% of its cases were those that had been thrown on the wayside by the medical profession as "incurable", and yet over one-third of those hopeless cases were restored in part or fully to normal health, the accomplishments were little short of miraculous.

At the time of the announcement of Meric procedure, the profession had been taken more into the confidence of the public, so that some of its patients did not go first to the local M.D. for dope before coming to Chiropractic for adjustment. Naturally the stepping up was more noticeable, for mixed in with the old "incurable" chronics there were a goodly number of acute cases. And with an acute case, if the Chiropractor can adjust it first, before it retrogresses into the beginning stages of chronicity, the case is discharged by the Chiropractor as "cured" in much quicker time than had been the good fortune of those who had none but the old worn-out "incurable" chronics to practice upon. The same was progressively true under Majors-and-Minors when compared with Meric. But under Scientific Chiropractic, instead of

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stating the phrase in terms of ordinary mathematics, the stepping up process is taking place in terms of higher mathematics, in that it is geometrically progressive, in that not only are the greater number or percentages of cases being restored to health through it, but that they are being restored to that desired goal of health in much quicker time than ever before.

But accompanying the Chiropractic service in all forms of procedure, mixing and straight, and particularly in Hole-in-One, there are other services necessary besides the mere adjustic process, and that is bringing about a great change in the practice procedure. In the pioneer years, and, in fact, up until just a very few years ago, Chiropractic service was given to its patients on the basis of what is so frequently termed "meal-ticket" Chiropractic. You know, the patient went to his Chiropractor, had his examination, and was convinced that he could get health through adjustments, and he arranged for a series of adjustments. For each series, in sets of five or six to a dozen, he was given a ticket, and each time an adjustment was given the Chiropractor took his little hand punch and punched out a number. Occasionally a patient suffering from a minor acute condition would require but one or two adjustments, and if the Chiropractor had sold him a "meal ticket" he would pocket the ticket for use at some future date when another adjustment would be desired. At that time the service consisted merely of the digital examination, a spinal analysis, and an adjustment or series of adjustments. Occasionally it was thought necessary to have an X-ray, and that would be an additional fee.

But of recent years with the advent of the X-ray into more general use in the profession, particularly in cases of long standing, the Chiropractor began requiring a complete set of X-rays to be taken, as well as, occasionally, a chemical analysis of various excretory matters from the patient. Now, this latter chemical analysis is not a standard requirement called for as a result of training in the principles of Chiropractic. It is more the outgrowth of the endeavors of many Chiropractors to assure their patients they were making as strenuous an analysis of the conditions existing as did the medical profession. Most of the schools of any consequence are today training their students to make these analyses without their having to send the matter to an outside laboratory for analysis.

The introduction of the Neurocalometer and similar instruments designed for the making of more complete and accurate spinal analyses, for checking and rechecking examinations, has brought about a number of things to be done by the Chiropractor in addition to the specific adjustment. Today the practice of Chiropractic has ceased being merely the adjustment a la "meal ticket"; it has become a health service, in that it involves these other factors.

Going into the office of the well-equipped and trained Chiropractor today, the patient is usually given a thorough physical examination by the Chiropractor or an assistant. Complete data is taken in this examination. If considered necessary, this examination may include various chemical analyses, an examination with an electrocardiograph, tests as to blood pressure, examination of the heart actions or its pulsations, physical examinations of the lungs with the instruments devised for that purpose, and so on. He is then sent to the X-ray laboratory where a complete set of films from the occipito-atlanto-axial region is taken on down to the tip of coccyx. In the case of the Hole-in-One practitioner, a complete set of stereoscopic films is required,—the vertex films, diagonals, the usual laterals and antero-posterior negatives, six to eight films in all, of the superior cervical region, beside the usual antero-posterior films of other parts of the spine with, if possible, a picture of the entire spine on an 8x36 film.

The patient is then dismissed, without an adjustment or without a digital examination of his spine having been made. He is told to return at a later date, usually two or three days, to await the laboratory reports. During this time the Chiropractor is not idle. He is studying the physical charts and making also a thorough study of the X-rays and the chemical analyses, so that when the patient calls the second time the qualified Chiropractor has as complete a picture as humanly possible of the patient's true condition, spinographically and otherwise. The patient is then examined personally by the Chiropractor, if an assistant had charge of the first part of the examination. In the case of the Chiropractor using Hole-in-One technique, the patient is examined by the Neurocalometer technique, and a graph of the reading is made. Whether this examination with the N. C. M. is made by the Chiropractor himself or by an assistant, the graph must be studied by the operating Chiropractor before an adjustment can be given. So that rarely is the patient given an adjustment on the first call, except in some extreme cases, and even then not until the Chiropractor has made a thorough study of the data collected in a preliminary examination.

From all of this data the Chiropractor makes his analysis of the patient's physical condition, that is, as to the CAUSE. Where possible he will perhaps estimate the time required for a complete restoration of coordination to the patient, whether it may be one month, two months or longer, and he arranges his charges for fees based on this estimated time and such other considerations as he takes into cognizance. Of course, no man in health service can estimate with absolute accuracy how long that time will be. The time actually depends on the amount of reparation to be made in the dis-eased parts, the length of time that the existing condition has lasted, the extent of damage that has been done, and the patient's willingness to cooperate with the Chiro-

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practor in regularity of calling for service, etc. On the one hand, for example, one patient's recuperative abilities may be much quicker in operation than in another patient with a similar condition which may require many months, so that one patient may only need to come to the Chiropractor for health service but a short time while the other may find it necessary to go for months.

Chiropractic Health Service today does not take so much into consideration the number of adjustments required. In fact, but one ADJUSTMENT, or, as B. J. calls them, SETMENT, may be necessary, or at most but a very few. But the Chiropractor must make frequent regular examinations of the patient. He must do this to determine whether or not the first adjustment given has exhausted its possibilities in restoring coordination or whether another adjustment is needed to further this work on the part of the natural forces, the Innate of the patient himself, in effecting a complete cure of the dis-eased conditions existing. I have heard of cases where but one adjustment was given over an extended period, one of which extended well over two years with no apparent restoration having taken place—that is, apparent to the patient,—but subsequent checking with the Neurocalometer had not indicated the need for additional adjustment, and at the end of the Chiropractic Health Service the patient was again normal, happy, well. In the case of Dr. Humphrey, whose case I will more fully describe in a later chapter, it was several months before he could resume practicing, yet in that time he had but two adjustments and is today a well man, completely recovered from an automobile accident that would have sent most men to a grave or to a life of perpetual invalidism. While but one or a very few adjustments may be needed, yet the patient must make regular office calls, over a period that may last anywhere from a few weeks to many months. Because of this the Chiropractor must make frequent examinations, because he is giving the patient Chiropractic Health Service, not merely adjustments “a la meal ticket” plan.

Because of this the Chiropractor in most cases has ceased to charge for his services at so much per adjustment or per series of adjustments. The service is more frequently called a health service, and the Chiropractor makes his charges on a monthly basis or for a stated fee for the entire service. Under the Marlow system the patient enters into a contract for the service at a stated price, payable so much down, so much per month, and usually an agreed price for the entire health service, whether it covers a few months or an extended period. Before a Chiropractor undertakes the Marlow system in his state, however, he should be fully informed as to just how much validity such a contract would have, since it is a contract for services rendered a patient by his doctor. In some states such a contract is invalid. Where such contracts may not specifically be voided by law regulating contractual relations

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between patient and physician, the case law and statute law regarding retainer fees and legal service fees between lawyer and client may be rules to prevail. I believe the Chiropractic Health Bureau has a few of this type cases to defend, although I do not know whether Mr. Rinier has tried any so far.

Up until the past few years, Chiropractic service was rendered either at the office of the Chiropractor or the home of the patient. But within recent years there has been the rapid development of a new form of health service. This new service takes on the form of a complete Chiropractic hospitalization rather than merely the practical phases of the usual Chiropractic health service. The patients go to these sanitariums to live for a period that may be but a few weeks, or, on the other hand, may extend over a considerably longer period. The first of these sanitariums service was instituted in the early '20's for the care of mental cases, wherein the new specialized form of Chiropractic—Chiropsychiatry—is being developed in later sanitariums. In other locations Chiropractors have established Chiropractic sanitariums for the care and attention by Chiropractic Health Service for other types of dis-ease. Today there are several of these places where the patient can get Chiropractic hospitalization and health service, located in various parts of the United States, particularly in the South, Southwest and Pacific States. I have mentioned the clinic operated by Dr. Palmer. In many of these smaller sanitariums it is the intention of the Chiropractors in charge to incorporate a service similar to that in the B. J. Palmer Chiropractic Sanitarium as far as facilities and finances will permit.

The clinic service in the various schools is, of course, one as old as the school itself, designed primarily to serve those who are not overly supplied with funds and also to provide clinic material for the Student adjusters, so that they may have had actual experience in adjusting or in giving complete Chiropractic Health Service under the supervision of Faculty members. For those patients unable to effect a complete restoration to health through their local Chiropractor, because of some difficulties unsolvable by the Chiropractor, many of them are sent to the alma mater of the Chiropractor for service by either the head of the school or some Faculty member for, as it is generally termed, Faculty Chiropractic service. Occasionally the field practitioner finds a case that does not respond readily under his service, and where he feels this failure due to his possibly not having some of the necessary facilities, or where he feels the patient is not sufficiently responsive to some of his requirements, he sends him to his school for Faculty service. Or it may be that he feels the patient needs a change of environment, away from his local surroundings and business or family cares. Along this line, I will describe the B. J. Palmer Chiropractic Clinic, under the personal supervision of the Developer, B. J. Palmer. Although this clinic is but a little over two years

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old, several hundred “failure” cases have been attended by Dr. Palmer personally, and the greater percentage of them have returned to their homes restored to normal health or so far on the road to normal that the local Chiropractor can resume from where B. J. left off.

Up to the present time, Chiropractic has not generally attempted rendering its service in the case of many of the so-called contagious, infectious, communicable diseases, particularly those required under public health regulations to be isolated from the public under quarantine or in a local pest house. An occasional case of this type has been adjusted by a Chiropractor who dared the risk of possible quarantine, if discovered in the act by the medical and public health authorities. But as a general rule, because of the regulations enforced, the Chiropractor does not attempt violations, and, as a consequence, does not seek to render Chiropractic Health Service in this type of cases. Fortunately for the public and these cases, most of the so-called communicable dis-eases have a limited term of infection or contagion, so that the most Chiropractic could accomplish, once infection had set in, would be to shorten the normal term. Of course, if it could get them before infection had set in, there is a strong probability the stage of infection would not set in. On the other hand, once it does set in, the recovery must be left to the tender care of medicine and the patient’s Innate. But after many have been discharged from quarantine as “cured”, yet with horrible after-effects, either from the dis-ease itself or the type of treatment enforced, Chiropractic has been instrumental in correcting many of them and restoring the patient to normalcy.

CHAPTER 16
What Is Chiropractic

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What Is Chiropractic

Chiropractic is one of the newest branches of the healing arts, and while it has a history of over forty-two years to its everlasting credit for its numerous successes, it is still unknown as to what it really is among a great mass of otherwise well-informed people of America. In other parts of the world, exclusive of Canada, Chiropractic is an almost unknown system of health service. Out of approximately 25,000 Chiropractors distributed throughout the world in practice of their profession today, but a very small percentage are in Europe, Asia, Africa and Australia. In those countries, for one thing, the ethics of the healing professions do not permit those Chiropractors to use the public press to the extent that that media is used in the United States and Canada. Yet it is perhaps the most publicized of all the healing arts in the United States and Canada—I mean in the paid advertising columns of that public press that caters through its business offices to Chiropractic for its paid advertising. In that self-same press, unfortunately, the editorial staff permits very few articles therein free to publicize the profession or its practice. In fact, we find a great part of this editorial opinion, when it deigns to mention Chiropractic at all, opposed to the Science of Chiropractic as being a system of quackery, practiced by an ignorant, uninformed group of men and women calling themselves doctors. This regardless of the fact that many of the exponents of Chiropractic are university and college graduates while the legal requirements for licensing in 42 of the states and territories of the United States and four of the provinces of Canada require an educational training of three years of six months each, or longer, and a preliminary education of a high school at least, before they are eligible for licensure.

During the past several years I have motored through a good part of the United States and traveled through the tropical North American countries. Whenever I have had the opportunity, I have discussed Chiropractic with men that should be informed on all lines. Yet I have found a woeful ignorance of what Chiropractic is. Now, it is a broad philosophical question as to what is really Chiropractic, and since this is not a book on Chiropractic Philosophy, I shall not seek to answer the question, “What is Chiropractic?” along those lines. That can best be answered by men like B. J. Palmer, who is the author of some nineteen or twenty volumes on various phases of Chiropractic, besides numerous booklets and countless articles. I will, however, attempt to answer what Chiropractic is from a practical standpoint.

In January, 1936, I again renewed my personal association with Chiropractic, seeking to induce Chiropractors to organize their laity for carrying on the education of the public in Chiropractic, in non-technical language.

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Because of my interest in that phase of the work, whenever opportunity offered I have discussed Chiropractic with informed people with whom I came in contact. It was really surprising to note how few people had even the remotest idea of the subject. Even those who had any knowledge at all of the word, Chiropractic, showed by their talk they had it confused with osteopathy, physical culture and similar cults.

A friend, knowing that I was writing this book, just recently called my attention to a book written in 1932 by Morris Fishbein, M.D., entitled "FADS AND QUACKERY IN HEALING". In his book, Dr. Fishbein devotes an entire chapter, comprising nineteen pages, in a purported review of this Art, Science and Philosophy of Chiropractic, as being one of the several systems of healing coming within the purview of that title. I am surprised at the many inaccuracies appearing in that chapter on Chiropractic, but I presume they are due to the fact that he never made a real investigation of the Chiropractic principle as promulgated at the Fountain Head of Chiropractic, the P. S. C., and was more interested in writing a book supposedly witty and destined to incorporate only such findings (?) as would, in his view, establish Chiropractic as one of those fads. He says that in 1930 Mrs. Palmer herself admitted that Chiropractic was on the road to ruin. His statement, like so many others that seek to bask in the light of popular favor, is but half a truth. If Mrs. Palmer made that statement, she meant it was on that road unless the profession did something to save itself and to present itself before the world, so that the world might know the truth about the Chiropractic idea, rather than have the world retain the idea that many things held out as a part of Chiropractic were Chiropractic in fact.

This deliberately intentional misleading review of one of medicine's strongest competitors draws a rather misleading comparison between osteopathy and Chiropractic. In another chapter of his book he seeks to show that osteopathy is a method of entering the practice of medicine by the back door, and in his concluding paragraph on Chiropractic he says, "Chiropractic, by contrast, is an attempt to arrive through the cellar." He may be a witty columnist on the subject of fads in medicine, but his comparison is wrong when he states that Chiropractic is trying to get into medicine through the cellar, carrying a crowbar and wearing a mask. Chiropractic as taught by the Discoverer and by the Developer, at the Fountain Head of Chiropractic, the P. S. C., has never expressed a desire of entering the domain of medicine, nor a desire of incorporating any of its practices in its curriculum. To the sincere Chiropractor, all the theories and practices of medicine are anathema. Medicine through the ages has merited and received condemnation as a fake and a fraud at the pen of all writers who wrote their thought truly and fearlessly. It is only in the United States and Canada that medicine is

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treated as a science that merits the awe with which Dr. Fishbein seeks to cloak it.

Personally, I know a good number of prominent medical men, and have a sincere liking for the men themselves but not for the simon-pure quackery they practice. In a work that for several years has brought me in contact with many alleged medical experts, there have been but few that were the more respected because of their stories told from the witness stand, told mainly to get a respectable sized fee, many of which stories were contradictory of statements of other allegedly eminent medical authorities—yes, sometimes contradictory of what they themselves had written.

Chiropractic is yet thought by a great many people to be but a modification of the practice of osteopathy, yet were the truth of both Chiropractic and osteopathy known to them, the wide difference between the two major drugless systems of healing would be readily apparent. Osteopathy, generally speaking, deals with the manipulation of all joints of the body, as well as a scientific massaging of the other tissues and structures. The primary purpose of osteopathy is to restore by its system of massage and manipulation both the blood and nerve circulation, although in recent years osteopathy has sought to make specific “manipulation” of vertebrae, but not with that specific technique employed by Chiropractic in giving its adjustment. Osteopathic manipulation of the spine is more along the lines of a general manipulation of each and every vertebra, while Chiropractic adjustments are becoming limited to fewer and fewer vertebrae, becoming more specific every year. In fact, among those who practice Scientific Hole-in-One Chiropractic exclusively, the adjustic principle is confined to adjustment of but one or the other of the two upper cervicals—Atlas or Axis—with almost 98% of the adjustments at Atlas only.

At a meeting of the National Board of Chiropractic Examiners, composed of members of the various State Boards of Chiropractic Examiners from the licensed states, as a part of the activities of the U. C. A., that body adopted the following definition of Chiropractic as a model to be used by state associations seeking legislative recognition:

“The practice of Chiropractic consists of adjusting the moveable segments of the spinal column to normal position, WITH THE HANDS, for the purpose of releasing the prisoned impulse.”

That definition was adopted in August, 1921. While it is a rather technical definition, yet it is one easily understood. Of course, on that board were several opinions as to what constituted the practice of Chiropractic, and this definition is a compromise that met with the approval of the majority opinion. Personally, I prefer the following definition:

“The practice of Chiropractic consists, first, of ascertaining the subluxated spinal segments, deviated from their normal relationship with the adjacent or

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contiguous segments, which subluxation is creating a pressure on, an inflammation or irritation of nerve fibres within the spinal cord, or as they leave the spine at intervertebral foramina, and, second, adjusting such subluxated vertebrae back to their normal relationship with adjacent vertebrae, **BY THE HANDS ONLY**, for the purpose of removing interferences with normal transmission of mental impulse current at such places.”

Of course, brevity was sought in the National Board’s definition, as well as scientific accuracy, yet leaving room for things it was preferred to be left unsaid. In the preceding chapter, I have given a list of the states and provinces wherein Chiropractic is recognized by statute, in some form or other, either as an independent branch of the healing arts or subordinate to the medical branch. In those acts Chiropractic is variously defined, the definition being very largely determined by the complexion of the state or provincial Chiropractic association, whether it was predominated by the mixer or by the straight Chiropractor. Where the mixers predominated or were sufficiently strong politically, the definitions were so drafted as to permit the legal use of treatment adjuncts and modalities, manipulations and other phases of their work under the guise of Chiropractic. In very few of those acts, if indeed in any, do we find a strict, philosophical, scientific definition of Chiropractic, or any definition of the strict, concise terms as those in the definition adopted by the National Board of Chiropractic Examiners.

In a pamphlet entitled, “QUESTIONS AND ANSWERS”, published by the Printery Department at the P. S. C., Chiropractic is defined as follows:

“Chiropractic is a Philosophy, Science and Art of things natural; a system of adjusting the articulations of the spinal column, *by hand only*, for the correction of the cause of dis-ease.”

This same booklet enlarges on this in the following language:

“For every effect you must have a cause; that is a fundamental law of physics. If a person is ill, then the condition is dis-ease, regardless of the name applied to it, is in fact an effect for which there must be a cause.”

“The Chiropractic premise is that the cause of dis-ease is due to vertebral subluxations, which produce pressure upon the nerve trunks and thus interfere with the normal transmission of vital nerve force.”

“The Chiropractic objective is to locate the points in the spine where nerve pressure exists, due to subluxated vertebrae, and, through proper adjustment by hand, to restore such subluxated vertebrae to their normal position, thus releasing the pressure on the nerves involved and thereby removing the cause of dis-ease in the body. Renewed health is the natural result.”

In another booklet entitled, “CHIROPRACTIC FACTS”, answering the question, “What is Chiropractic?” it is defined as a—

“—scientific method of eliminating the cause of dis-ease by adjustments, without the use of drugs, medicines, or instruments. It is based on absolute facts of human anatomy, backed by a sound philosophy which explains its why, and proved correct by thousands of cases in clinics, as well as in actual practice of Chiropractors the world over. . . . The Chiropractic idea, briefly stated, is

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this: ‘The cause of dis-ease is in the person afflicted. Adjustments correct conditions that produce it. The function of every organ in the body is controlled by the brain, through mental impulses, which are transmitted over nerves. Any impingement, or pinching of the delicate nerve fibres, interfering with the free flow of Nature’s life giving force, results in impaired or abnormal function. This is dis-ease. This interference is produced by vertebrae which are out of their normal position (subluxated), pressing upon nerves at the point where they pass out from the spinal cord to vitalize various organs of the body. The trained adjuster, expert in his knowledge of the spine, locates the exact points of interference, and by adjusting the subluxated vertebrae, removes the cause. Normal condition, health, is the result.’”

At nearly every gathering of Chiropractors, Dr. Palmer is asked many times for his definition of Chiropractic. Where he is courageous enough to ask his hearers to suggest a topic for him to talk upon, nine times this will be asked. At the Pre-Lyceum Class in 1935 he devoted a morning session to the subject and in his characteristic way defined Chiropractic as it is conceived in the public mind after its experience in the offices of numerous Chiropractors of all types. He then paraphrased D. D.’s concept of Chiropractic—

“I would like to talk about this thought, ‘What is Chiropractic?’ I think everybody here knows what it is, but, technically, nobody seems to know what it is. We all understand very clearly what the working principle of Chiropractic is as laid down in 1895 by my father. However, the principle laid down will bear repetition: That subluxated vertebrae produce occlusions upon a foramen, produce pressure upon nerves, and interference with mental impulse flow between the brain and various parts and portions of the body, and the absence of the expression of normal flow of mental impulse brought about by the interference, at the periphery, is in direct ratio to the interference, in the creation of dis-ease at the end of the nerve.”

“I am not stating it exactly in his language, but the principle is that. He also established a working principle of practice, by saying that when the vertebra was adjusted BY HAND ONLY, at the subluxation, the adjustment of the subluxation would release the occlusion, release the pressure, restore the transmission of the normal flow of mental impulse, and when this reached the periphery of the nerve, in direct reverse or inverse ratio, the dis-ease would begin to disappear, and, given time, health would be restored to the body.”

“Nowhere, in none of my father’s books, in any of my father’s teachings to his classes, or in any of his few writings, did he ever, in any sense, in any way, contradict that working principle of practice. It has been said and one of his statements has been frequently quoted—perhaps I should say ‘misquoted’—regarding adjustment of the 300 odd articulations of the human skeletal framework. Knowing my father’s idea, and nobody else knew him as I knew him, I know that he never meant to infer by that statement that he adjusted or advised the adjustment of all the 300 odd skeletal articulations of the human framework, the osseous system of man.”

From conversations with the Founder, in the few months I had the opportunity of occasional chats with him, he never stressed, to me, the idea

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that the Chiropractic adjustment should be given at all of the 300-odd articulations in the bony framework of man. He knew, of course, of the possibility of trifling misalignments at all of the movable joints both in the spine and elsewhere throughout the body, and he knew that they could possibly be replaced to normal by something like the same movement used in giving a Chiropractic adjustment. But as for adjusting at all such joints for removing the cause of dis-ease, D. D. never had that idea. I cannot conceive why he wrote the one shore paragraph that he did—

“Chiropractors adjust any or all of the 300 joints of the body, more particularly those of the spinal column.”

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

“Chiropractors definitely locate displacements of osseous tissue, the cause of disordered conditions. When these luxated joints are replaced, the impinged nerves freed, there are no abnormal functions....”

—unless he was merely admitting a possibility of adjusting by a procedure resembling a Chiropractic adjustment at those misaligned articulations, other than the spine, that account for the remaining five percent of incoordinations which he estimates may be caused by interference with nerve transmission at points other than a spinal subluxation.

In the few sentences quoted above, the first of which is cited by those Chiropractors who have sought to make the arena of Chiropractic’s operation cover a more extensive area than merely the spine, it will be noted that the Founder stresses “MORE PARTICULARLY THOSE OF THE SPINAL COLUMN”. And I repeat, from conversations I had with the Founder, he never considered ADJUSTING for the CAUSE of DIS-EASE at any place other than the subluxated vertebra or vertebrae of the spine. Oh, yes, he did occasionally pull the toes when the patient had a corn, but he was more than apt to tell the patient to get shoes that fitted and the phalanges wouldn’t be thrown out of line and the corns wouldn’t appear. At no time did D. D. conceive the idea of the adjustment of every possible misalignment of every articulation in the skeleton as Chiropractic. He conceived a Chiropractic adjustment to be a realigning of the subluxated or misaligned articulations at such points where such misalignments created pressure upon nerves, and prevented such nerves from performing their normal function, so that the tissue cell, the periphery, could be motivated to perform its delegated function in the normal body functioning.

To get a concept of Chiropractic, and what it is,—from a practical point of view I mean, not philosophic or technical,—one must have a superficial knowledge of the Nervous System and the source of origin, the brain, of that vital nerve force, the operation of which is a necessity for the maintenance of

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life and its normal activities. One should also comprehend the system of distribution of that vital life force, the mental impulse current, from its place of origin to the tissue, organ or structure for which the particular manifestation of the particular nerve energy is destined, and the corresponding return message from the peripheral cell to the translating organ of Innate, the brain, in response to which the brain can generate the required impulses and return the answer to the cell, in the cycle of normal functioning.

To understand how this force is distributed throughout the human system after its generation within the brain, one must have a knowledge of the organic structure of the human brain, its convergence of energy into the medulla oblongata, thence its passage into the spinal cord, through the opening at the base of the skull, the magnum foramen, into the spinal canal, and its exit from the spinal cord through the intervertebral foramina in the form of nerve trunks, thence radiating to every tissue cell, every organ, every gland, every physical structure of the human body, carrying this vital nerve force from its point of origin, the brain, to its point of expression, the peripheral cell. The next step is an understanding of the spinal canal and the spinal column and its divisions and subdivisions. The spinal column of the normal human being is composed of twenty-six bony units or segments, called vertebrae—although the last two segments are not vertebrae in the sense commonly understood by the laity. The superior twenty-four segments are classified anatomically as the movable vertebrae, and these are divided into three sections or sub-divisions.

These sub-divisions are (1), the cervical vertebrae, composed of the seven superior segments of the column; (2), the dorsal or thoracic vertebrae, composed of the next twelve vertebrae, forming the base for protective framework of the thorax; and (3), the lumbar vertebrae, composed, again in the average human being, of the last five movable segments. Occasionally in the cervical region there may be one more vertebra, making eight bones there. Rarely there may be one segment less or one segment more than normal in the lumbar region, making four to six segments there. In the pelvic region, forming both the base of the spine and a part of the pelvic girdle, is located the twenty-fifth vertebra, the sacrum. The sacrum is, roughly, triangular in shape, with its base upward, its apex directed downward. Articulating with the apex of the sacrum is a rudimentary structure, the coccyx, hanging pendant and often described as the rudimentary tail, a remnant of the days when man in the first stages of his evolution graduated from the wild man or ape, perhaps, into the more intelligent form of life, the human animal or man.

In infancy and early youth the sacrum is composed of five segments which in early adult life are fused into one large bone, although occasionally

this fusing is not entirely complete. The coccygeal section is composed of from three to five segments,—normally four in the average individual,—and are purely rudimentary, presumably relics from the early life of mankind, as just stated, in man's evolution from his original status—whatever that might have been—to his present state in civilization.

The cervical vertebrae, from the Axis downward, are each composed of a bony mass, called the body. In the central part of each of these vertebrae is an opening, providing for the free passage of the spinal cord in its descent. The first cervical vertebra, the Atlas, does not have the distinctive large body, or bony mass, that is found in relation to all of the other vertebrae below. It is more irregularly ringlike in character, and also does not have the distinct articulations found in the other segments of the spinal column. The Atlas has articulation superiorly with the occiput, the bone forming the base of the skull. These articulations are shallow and do not have the regularity of contour found in the vertebral articulations from the undersurface of the Axis on down to the last lumbar. Neither has it well defined articulations, ordinarily, with the superior surface of the Axis.

The Axis has arising from it a large bony process, called the odontoid, which articulates with the anterior portion of the inner surface of the rings of Atlas in the fovea dentalis. It is frequently found, in misalignments particularly of the Axis, that this process produces pressure on the nerve fibres forming the spinal cord at its exit from the foramen magnum into the neural canal. Other pressures from the odontoid are caused by misalignments of the Atlas, forcing the spinal cord against it. This odontoid process is also subject to the same malformations as are the other articular processes and projections from the other vertebrae—the spinous and transverse processes. In Hole-in-One work particular attention is paid to these possible malformations of both the Atlas and Axis as well as their misalignment.

The dorsal, or thoracic, vertebrae, and the lumbar vertebrae are similarly developed as are the cervicals, although increasingly larger in size, and in the central part of each of them is an opening for the passage downward of the spinal cord.

In its position in the human body, the body of the vertebra is the most forward or anterior portion. The posterior portion of the vertebra terminates in a process, called the spinous process. Laterally from the two sides of each vertebra, from the Atlas downward, are projections, called transverse processes. These spinous processes in the cervical region are bifurcate, for the passage and attachments of the ligamentum nuchae, which assists in holding the head and neck in an erect position, and also acts as a cable or guyrope in controlling movements of the head and neck.

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Between each of the vertebrae is an opening formed by the peculiar construction of each of the adjoining vertebrae, called the intervertebral foramen, one on each side of the pair of vertebrae. In the adult there are several openings in the sacrum for the emission of the terminal fibres of the spinal cord, where it is described as the caudate equina, from its similarity in resemblance to a horse's tail. These openings, the intervertebral foramina, and the openings in the sacrum, provide for the exit of the spinal nerve fibres from the spinal cord to the contiguous related organs, tissues and structures of the human body.

The cervical vertebrae, other than the seventh or last, have no distinctive attachments or facets for articulation with other parts of the osseous framework of man. The seventh cervical, sometimes called the vertebra prominens from the size of its spinous process, has facets for articulation with the bones forming the shoulder girdle. In Chiropractic it is often termed the immovable vertebra, because adjustment under Meric or "shot gun" Chiropractic was practically impossible, so firmly is it attached to the shoulder girdle. Each of the dorsal vertebrae has facets on the transverse process for attachment of the ribs. Each of the lumbar vertebrae, as well, has a pair of transverse processes, one on each side, but they are more rudimentary in structure, without articular facets for any bony attachments thereto.

Because of the lack of a distinctive body and distinct articular facets, particularly on its superior surface, in the Atlas, nature or the Universal Intelligence, as the Chiropractor terms it, that designed mankind, has provided an anchor to hold it in its normal position under normal conditions of stress by this bony mass, the odontoid process of Axis, projecting upward into the atlantal ring.

I presume that broadly speaking we may consider the human skull as the superior vertebral segment, although of course, at least up to the present time, it is not considered an adjustable vertebra, and so far as anatomical investigation has gone no important nerve fibres are found to emit through any openings between the bony plates that form the human cranium and destined for the control of distant parts of the head. One of the basic movements of the Spears system of adjustment, however, was called an adjustment of the occiput, or base of the skull, but which, in reality, was but another form of adjustment of the superior cervical vertebra, the Atlas, for, of course, after the plates forming the skull are firmly united in early infancy no effective movement could be made of the occiput alone.

In a later chapter I will give a more complete description of the Atlas. I am not therefore more particularly describing it here, other than to say it is found roughly ringlike in contour, and does not have the distinctive articular facets or articulations found in all of the remaining twenty-three vertebrae.

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These segments of the spine, from the Atlas downward to the last lumbar, are so placed that the openings between the bony rings of Atlas and the central openings in the other vertebrae form one continuous canal, known as the spinal canal. This provides a conduit for the downward passage of the spinal cord after its emission through the foramen magnum to its terminus in the caudate equina at the sacrum. Bundles of nerve fibres, sometimes called nerve trunks, are given off at each of these vertebrae from the spinal cord, emerging therefrom through the intervertebral foramina for passage to all parts of the body, forming the telegraphic system by which the brain receives messages requiring certain forms of mental impulse current and by which Innate transmits the required answer to the periphery.

The brain in man and all vertebrates is located in the cavity formed by the bones, or bony plates, composing the skull. It is the organ in which is generated all of the mental impulse supply required by Innate for the functioning of all parts of the human body, itself included. The brain is divided into three main parts,—the cerebrum, the cerebellum, and the medulla oblongata, the first two sections of which are divided into lobes and subdivided by canals or convolutions, and each section of which has control over some other portion of the body. The nerve fibres originate in these two parts of the brain and converge at the base of the cranial cavity into the medulla oblongata, thence into the spinal cord. As stated the spinal cord has its means of exit from the cranial cavity through the magnum foramen into the opening through the ring of Atlas on into the neural canal, and at each vertebra gives off trunk nerves or bundles of nerve fibres. In the normal human being there are thirty-one pairs of these spinal nerves distributing the mental impulse current generated within the human dynamo from the main cable, the spinal cord, to every cell within the body.

These nerve fibres radiate from the spinal cord to all parts of the body in such volume that the prick of a pinpoint on any point on the flesh will strike several of them and the sensation is carried over the nerve fibres from that point to the brain, there to be interpreted as a pinprick, a pain, an itching and so on, so that Innate may generate the necessary mental impulse supply to effect a reparation of the injured part, if an injury had occurred, and at the same time direct the necessary motor functions so that the injured part may be removed from the scene to avoid continued injury. This external irritation, injury, excitation or other agency, causing the message to be sent to the brain, may be the pricking of a pinpoint, or it may be the irritation caused by the invasion or injection of some deleterious external agent, or it may be occasioned by the partaking of food, or any of the million and one invading external agencies.

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If in the course of the transmission of these messages to the brain and the transmission of the answering mental impulse from the brain, the transmission is not perfect, as intended by the Universal Intelligence that devised mankind, an abnormal expression of the message to Innate within the brain for interpretation may be delivered, or if a normal delivery is effected, Innate may be unable to transmit the normal answering mental impulse. Because of the structural build of mankind, interferences with these transmissions are occasioned at some point where there may be pressure, irritation or inflammation exerted on nerve fibres, sufficient to cause a derangement of normal transmission of incoming messages and outgoing mental impulses. In fully 95% of these cases of interference in transmission, the place of interference is at the spinal column or within the spinal canal.

If the spinal cord itself is impinged sufficiently, as may happen with a severe dislocation, and, of course, as does happen with a broken neck, whether occasioned as a result of accidental trauma or trauma intentionally inflicted through some external means, or however it happens, a total cessation of the transmission of mental impulse current may result. This may result in total paralysis of that portion of the body supplied with this necessary mental impulse current, or even in a total cessation of life and the final result of death.

If any of the nerve trunks or fibres which originate in the brain and pass onward into the spinal cord, into the neural canal, and thence to the cell, are impinged, this impingement will accordingly affect the parts of the body supplied by the injured fibres. The flow of nerve energy will be obstructed in much the same manner as the flow of water from the nozzle of a hose would be, should one step on the hose at some point between the source of water supply and the nozzle. To first restore the flow of water to the full normal capacity of the hose, one must first locate the interference and then remove it. So it is with Chiropractic. The Chiropractor locates the subluxation producing the impingement. Having located this subluxation, the Chiropractor then does his part in removing it by an adjustic process, placing the vertebra in normal apposition with its contiguous segments of the spine and/or with the occiput. When the interference is removed, then Innate may transmit the mental impulse current which will be received freely and unrestricted, or may receive the correct message from the peripheral cell, and make the proper interpretation as to what is required on its part in carrying on normal functioning. By the removal of this interference, Innate may be freely permitted to resume its normal control over the functioning of the parts incoordinated so that health may result.

Having located the cause of this interference by the means at his command, the function of the Chiropractor is to correct it or to remove it by

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adjustment. Having done this, health will be restored to the patient, and the patient may resume the normal, natural activities of life. So that Chiropractic, first, is the location of the CAUSE of DIS-EASE, and, second, its removal by a specific adjustment designed to restore the subluxated or misaligned vertebra to its normal, natural, proper position. Quoting again from Dr. Palmer, he defines a Chiropractic adjustment in the following language:

“A Chiropractic adjustment is the external application of force by the Chiropractor at the point of subluxation in exact inverse ratio to the direction in which the vertebra is subluxated, so that by an intelligent conjunction of the external force delivered by the Chiropractor and the internal force of Innate Intelligence within the body, the subluxated vertebra is set in its proper, normal apposition with the other segments of the spinal column, thereby removing the pressure upon nerve fibres occasioned by the subluxation, resulting in the restoration of the normal transmission of mental impulse supply from its point of origin within the brain to its point of expression in the dis-eased part of the body, or vice-versa, that the Innate Intelligence within the brain may receive correct, accurate, exact messages as to the external conditions existing at the periphery so that it may direct either the necessary reparative forces or the necessary cooperative forces from within that the tissues may be repaired or that the organ or structure may be properly directed that it may perform the normal functioning desired and indicated by the incoming message from the part without.”

This is substantially the quotation reported by me of an address given by B. J. in August, 1935, and is substantially a repetition of former definitions of a Chiropractic adjustment as given by him during the many years I have known him. It is, indeed, difficult to define the term, Chiropractic adjustment, in simpler language than that quoted.

Another definition and possibly one more readily understood by the laity is an answer to the question, “How is the Chiropractic adjustment given?” in “QUESTIONS AND ANSWERS”:

“Having determined that a subluxation of a certain vertebra exists, the Chiropractor next makes a careful study of this vertebra to ascertain the nature of the subluxation. For the correction of this deviation, certain movements, known as ‘positions’, are employed. The application of the adjusting move consists in a quick, spontaneous thrust with the hand upon the bony process of the misaligned vertebra. The effect of this thrust is not alone to move the vertebra back toward its proper position. The spontaneity of the thrust also serves to restore to a balanced tonicity the ligaments on either side of the vertebra, and thus permit it, automatically, as it were, to return to its proper position. The immediate effect of the thrust on the vertebra is, therefore, a momentary relaxation of the contracted ligaments on one side. This permits the ligaments on the other side, which have been screeched beyond the limit of their elasticity, to return to their normal condition. A slow continuous pressure or manipulation will not accomplish this. On the contrary, it will aggravate the contraction of the ligaments.

In the Meric System, this bony process most often used, on the patient’s

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spine, is that process which is felt down the central portion of the back, known as the spinous process. Also very often, because of mechanical difficulties, and also for ease of giving the adjustment and comfort to the patient in giving it, the transverse processes of certain of the dorsal vertebrae are used, either in the delivery of the single transverse where but one vertebra is sought to be adjusted, or in the double transverse where two contiguous vertebrae are sought to be simultaneously adjusted. In an earlier chapter I have described the mania of “new moves”, “breaks”, the Parker Lumbar, etc., where it is alleged the entire spinal column, or a great segment of it, may be adjusted in the one manipulation—note, I do not call it adjustment. If the theory of Chiropractic is correct—and all who call themselves Chiropractors should believe it correct—that the cause of dis-ease is an interference with the normal transmission of mental impulse current from the brain and peripheral messages from the periphery to the brain, a movement so general in nature as that delivered in these “mass productions” is possible of creating further misalignments and interferences, and is impossible of specific adjustment of THE misplaced segment that is creating the impingement or irritation of dis-eased nerve fibres. As differentiated from specific adjustment, I do not hesitate to state that “accidental” adjustments of subluxated or misaligned vertebrae do occur in the break forms of adjustment,—accidental because the break adjustment cannot be specific in its application or direction of application, yet a misaligned vertebra may be realigned to normal apposition with its contiguous vertebrae. It is also possible that in the T. M. adjustment of cervical and upper dorsal vertebrae, many an actual adjustment was effected of Atlas and Axis, which may have accounted for the many “cures” in those cases where neither of the two superior cervicals was sought to be moved in the “adjustment”.

In previous chapters I have described the development of the various improved methods of delivery of this external adjustic force by the Chiropractor from the old fashioned straight anterior stiff arm adjustment to the Palmer Toggle-Torque-Recoil, all of which since the advent of the Palmer Recoil are but improved modifications of that adjustic movement developed in 1909-10. A very few practitioners still use the old push or downward slow motion adjustment, seeking to force the misaligned vertebra or vertebrae into normal apposition with its mates. Some attempt it by manipulation of the extremities, the arms and legs, or by contacts on the ribs, many of which are but adaptations of osteopathic or orthopedic manipulation under the guise of Chiropractic—none of which can be specific Chiropractic. The efficient delivery of the adjustic force, whether it be with the Palmer Recoil or the Palmer Toggle-Torque-Recoil, or even the slow push, and the various forms of adjustment in between, is dependent to a very large extent upon the human

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and structural elements within the operator, the Chiropractor, just as are all other forms of human activities that involve the use of the motive power of man.

No two Chiropractors can or will adjust exactly alike, although both may be equally efficient in the scientific, accurate, concise delivery of their part of the adjustive forces. It is mechanically impossible for them to do this exactly alike, for the simple reason that no two human beings are constructed mentally or mechanically exactly alike. So that just because an Chiropractor seems to give the patient a greater “kick” in his delivery of his adjustive force as compared with another does not necessarily mean that he is more efficient or that the other is less efficient as a Chiropractor. Neither will any two patients with a similar condition respond exactly alike, either in their promptness of recovery or even in their Innate recoil response to the external adjustment, because they, too, are subject to these same differences in mental and physical construction. Therefore simply because one patient with a given incoordination recovers in very short time while another with the same trouble lingers for months before recovery is not because of any fault in the premise of Chiropractic as a superior health service.

Now, in the foregoing paragraphs I have attempted to outline in simple, non-technical language my answer to the question, “What is Chiropractic”? In this I have not sought to discuss it, or to answer it from the standpoint of the mixer. In answering it from that point, I might state it briefly, that to the mixer Chiropractic contains some or all of the elements mentioned in the foregoing pages of this chapter, together with the application of some or all elements purloined from any other healing system known today, from medicine on through the entire gamut of healing and alleged healing agencies. That is not Chiropractic. That is a pseudo-Chiropractic plus some other agencies, which often work opposite to the principles put into operation by the alleged adjustment, so that in the finale the patient has received nothing for his time, effort and money.

Recently, within the past five or six years, Dr. Palmer has developed an additional technique and new facts, as to the CAUSE of ALL DIS-EASE, which is termed Scientific Chiropractic. It is properly termed that, because it is establishing as FACT much of what formerly was but theory. It is scientific, because it is establishing a system of health service that will be capable of duplication at any and all times it is desired to accomplish a certain thing, as in Chiropractic and the sick, health, its final duplication resulting dependent solely on the elements of time, the efficiency of the Chiropractor and the ability of the Innate of the patient to respond. Much of the discussion in this chapter has been in line with the Meric point of view, very little in line with the latest Hole-in-One procedure, which, after all, is but

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an evolution from Meric with new concepts of certain of its phases. But Scientific Chiropractic is the final—for the moment—evolution of the Chiropractic of 1895-1910 to the Chiropractic of 1937, a discussion that merits several separate chapters. Being an evolution of the procedure of Chiropractic, it cannot be discussed properly and clearly in conjunction with the older systems of Chiropractic procedure.

CHAPTER 17

B. J. Palmer, the Man; the Developer of Chiropractic

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The title to this chapter has been a difficult question to decide how it should be worded and have it descriptive of the man. To me, he is one of the most misunderstood men of all those men pre-eminent in the world's history. He could very fittingly have been styled, "B. J. Palmer, The Unknown Man." But the reason I did not use that as my title is because two other books having a large circulation throughout the Chiropractic profession have similar titles, one of them by B. J. himself, "The Known Man", and the other by Dr. Alexis Carrel, "The Man Unknown".

B. J. Palmer, the Man, has been condemned by his enemies as a Chiropractic Tsar, as a man bent upon having his own way in the leadership of the profession, or else one who would in retaliation destroy the profession. Many who have written anything about the profession, whether in articles for publication in Chiropractic journals or the local press, in booklets for distribution to their public, or in books for sale to either the public or the profession, have deliberately avoided giving credit to B. J. Palmer for any part in the development and evolution of Chiropractic. They feared that even to mention his name as one prominent in its development would detract from the article or affect its sale to either the public or to the profession.

It is needless to state that I do not hold any such view of the man himself, because I have made frequent mention of him—and I have done so with no apology. As stated in the very first pages, to write a history of the Chiropractic movement, or to trace the evolutionary steps taken in bringing Chiropractic forward from a logical theory to a proven fact, B. J. Palmer must be mentioned. He, more than any other among the leaders and teachers in the entire profession, has been most responsible for its advance to its present standing as a distinct healing science. This is true whether the acme of Chiropractic be accepted by the individual as Meric, Majors-and-Minors, Scientific Chiropractic or, yes, the rankest form of mixing.

Personally, I believe that B. J. Palmer takes precedence over his father, the Founder and Discoverer of Chiropractic. Of D. D., it must be remembered, he was of the old "rugged individualistic" school. He regarded Chiropractic as his own personal property, for his own private use. In the beginning he did not regard Chiropractic as a scientific form of healing, or as a philosophy of the workings of Universal Intelligence through the media of man, to be disseminated by him broadcast throughout the world. It was only at the insistence of his son, B. J., and a few of his most intimate friends and advisers, that the first school in Chiropractic instruction was organized. And

when that school got into financial difficulties the Founder of Chiropractic was content for it to die an unmourned death.

Where B. J. Palmer acquired his early ideas of a social duty of man to all the world, although I have made much private investigation of the man in his local environment, I have been unable to find any definite leads. For if ever there was a man having a right to feel bitter toward the vast majority of mankind, and toward those in his profession, B. J. Palmer is that man. But regardless of what caused B. J. to have a sincere desire to improve the social economy of his fellow citizen, the fact is that it is largely, if not entirely, due to his incessant aptitude for work and organization, that Chiropractic occupies its present standing in the scientific world as a proven scientific system of healing.

When D. D. left the Birthplace of Chiropractic, and deserted a school destined for bankruptcy, with over \$8000 of indebtedness to be met if it remained solvent, it was up to B. J. Palmer to meet this so the first school in Chiropractic, the Palmer Infirmary & Chiropractic Institute, might continue. It was through his inexhaustible energy and resourcefulness that B. J. was able to meet this terrific load of debt, to be met by a young man just barely out of his 'teens, to locate the funds with which to continue, and within a few short years organize and finance his new school, the Palmer School of Chiropractic, the school known throughout the profession as the Fountain Head School of Chiropractic.

That the reader may get my opinion of this man, I wish to give a little of the history of the man himself, as a youth and as a young man. I have discussed him throughout all of the chapters of this book quite fully, but that discussion has been largely confined to his work in each step taken in the evolution of Chiropractic. But now I want to give a definite impression of the man personally. A complete history of the man is not to be undertaken in the few words that I shall now write about him. To give a comprehensive history of the man would fill a volume considerably larger than this. To give even a brief story of his life would be a matter of more than I now desire to undertake. For after all, I have written this on the subject, the evolution of this latest member of the healing arts. B. J. Palmer is a many-sided man, a man of many qualifications, not limited solely to Chiropractic, its development and its evolution. A complete story of his life, its numerous trials, his unlimited energy for hard work, from a youth denied all of the luxuries and most of the necessities of life to a life of comparative comfort in this world's goods, would read like a Horatio Alger story—and they are out of date nowadays.

He is an author of several volumes devoted to his beloved Chiropractic. But this I will mention later. He is a world traveler, having been around the

globe several times. He has written a book about his travels around the world, a book that has had a large circulation, not confined solely to the Chiropractic profession. He is an able business executive. He is an accomplished musician. He is an able and interesting speaker on many subject foreign to the field of Chiropractic. He is the principal owner of two well-known radio broadcasting stations. In his "A LITTLE BIT O' HEAVEN", he has a showplace of interesting curios that is perhaps as well known as any similar exhibition in the world, at least of those privately owned. In recent years—but this is a part of his work toward the scientific evolution of Chiropractic—he has acquired a knowledge of the electrical phenomena that would place him above many a graduate electrical engineer, as far as his actual knowledge of electricity goes. So from just a casual observation of his many qualities, it can be seen that he is a man of numerous talents and capabilities, not a man of but a single special ability. While I would really like to discuss the man along all of the lines of these numerous activities, I simply cannot do it now. Because, as I have just stated, it would take me away from the objective of this book, that of a discussion on the evolution of Chiropractic, not a life history of its Developer.

When the Chiropractic principle was discovered by Daniel David Palmer, B. J. was but a lad who had just passed his fourteenth birthday. He was born in What Cheer, Iowa, on September 10, 1881. He was christened Bartlett Joshua Palmer—although for years he has been trying to live down both of those first names, trying to pare them down to the bare initials B. J. had not passed his tenth birthday when his father began his investigations and study of man, the intricacies of his body, and all available literature about them, that led to what has so often been termed his "accidental" discovery of the Chiropractic idea. You will note I have spoken of this as his discovery of the Chiropractic principle, not of Chiropractic. I do so because the term, "Chiropractic", comprises not only the art of adjusting but also includes the philosophical reasoning and the scientific fact. Of course, after D. D. had given adjustments to several patients, following his first adjustment of Harvey Lilliard, he began pondering the how and why he was accomplishing what he was with his new "hand practice". From this wondering came the first steps in the building of a Philosophy of Chiropractic, although the son, B. J., is the first writer of a book of organized thought on that philosophy, written soon after he took the helm of Chiropractic on his father's leaving the Birthplace of Chiropractic, in 1902.

I have related how D. D. made his discovery of the Chiropractic principle, when he adjusted that lump or bump that he found on the back of Harvey Lilliard's neck, of how Harvey's hearing was restored to normal within a very few moments thereafter, of how this astounding result led the

old gentleman to further experimentation, investigation and study on his other magnetic healing patients who would submit to the new hand practice. I have related the evolution of Chiropractic from that early adjustment of the fourth cervical of that negro janitor, carrying it through its many steps, to its latest development. But before continuing with my discussion of this latest step in that process of evolution, I want to give the reader the picture of B. J. Palmer, its Developer, as I see him.

When I first came on the scene of Chiropractic B. J. was a comparatively young man. He was just a few years older than I, but notwithstanding that fact he had already been most actively identified with Chiropractic since its discovery some fifteen years before and at its head for nearly a decade. In experience he seemed so much older that I could not assume the attitude toward him that one would normally assume toward one of near his own age. Everybody about him,—Faculty members, the lad on the street, the greenhorn Freshman, the sedate Senior, and the visiting Chiropractor from the field,—all called him B. J. He was known as B. J. to his employees from the janitor on up to Dr. Owens, the Dean of the P. S. C. I know, many times I have spoken of him as B. J., although I prefer calling him in face-to-face conversation, Dr. Palmer. I have used the familiar B. J., because that is the name he is best known by throughout the profession. He prefers it, too, to any other designation.

Now, I have very little respect for the title of “doctor”, because to me it smacks too much of medicine and medical quackery. On the other hand, to me the title takes the meaning with which it is clothed in the European countries, as one learned in science, literature and government. In my work I have come in contact with many learned men, and when I have had occasion to address them I frequently use the title, Doctor, because then it is a term of respect. Now, B. J. is in the healing profession, and the title of doctor there is too apt to confuse him with a man medically trained and educated (?), and I don’t want to do that. But, while he may dispute it, he is a “learned” man. To me the term is one that should be applied to the really educated man, whether he holds a doctorate by virtue of a college degree or not, and is not one to be handed out willy-knilly to the man who pushes, pulls and pours dope down a poor deluded victim’s neck under the pretense of curing him of an ailment, real or imaginary.

In my final years in high school I had a severe attack of shingles—herpes zoster to you who are so fond of diagnosis and the ability to name dis-ease with a long Latin, German, Greek or what-have-you unintelligible name. The family physician—I won’t mention his name because I still like him personally and he may see this book—gave me some diabolic concoction that when I think of it always reminds me of fecal matter because of its appear-

ance and its horrible taste. He was an eclectic physician, so—*similia similibus curantur*—the Lord only knows. Since that time until the present I have had little use for internal medication and, for that matter, externally. And I have not a sincere respect for the title Doctor for the same reason. That was in 1904, so my dislike of medicine does not date from my first identification with the Art, Science and Philosophy of Chiropractic as stenographic reporter of lectures for the P. S. C. Record Club in April, 1910. In a long experience in court, reporting all types of cases from murder in the first degree on down to mere automobile accident cases, I have formed an acquaintance with a large number of expert medical witnesses, many of whom I sincerely liked personally. I might call them “Doc”, just as they may have called me, if they happened to know that I am a Chiropractor licensed in New Jersey to bring people into the world and plant them in death, even though I haven’t practiced for many years. Or we might familiarly greet one another with a cheery “Hello, Quack!” in place of the usual hello,—and I suspect in many cases we both meant it. So in using the title, “Doctor”, in speaking formally of B. J. or to him, I do not attach the usual significance of his being a healer of the sick.

B. J. never impressed me as an uneducated man, even though he takes an obviously apparent pride in not being the possessor of a college degree, other than the D.C. and Ph.C. conferred upon him by his own school. True, he may commit some grammatical errors while making a speech to his students or to the public—but who doesn’t! Those who profess to be criticizing Chiropractic as a profession practiced by a lot of ignorant, scheming parasites, defrauding a deluded public of its hard-earned money,—you know, that money they weren’t able themselves to separate from the sick—take a particular delight in pointing to Dr. Palmer as the kingpin of all those who either practice or believe in the practice of Chiropractic as a means for removing the cause of dis-ease. I am sure that the reader, who takes the time for even the most casual scrutiny of B. J.’s past, present and his future prospects, will agree with me—even at the risk of disputing B. J.—that he is anything but an ignorant, unlettered ignoramus. Of course, if the legal right, conferred by a tax-supported State University, to add the letters A.B., B.A., B.S., LL.B., LL.D., etc., etc., back of his name is the only indication of an educated man, then B. J. is right in styling himself an uneducated man. So are his friends—yes, even his enemies,—right in joining with him in calling him uneducated. But if being educated is that quality of possessing a vast knowledge of life and its *modus operandi* in humanity, then you cannot call B. J. uneducated, even though he never attended a college of liberal education. In fact, B. J. did not have the opportunity of graduation from the local high school, because he was forced out into the world to make his own way at an extremely early age.

Family circumstances would not permit of his attendance at the local high school the necessary four years. It is perhaps difficult to understand why this should be, because the Founder had a large practice as a magnetic healer, and had had it for many years before he made his discovery of the Chiropractic principle. Nevertheless, he could not attend high school, much less a State University. Many a time B. J. had to sleep out in the bitter cold, poorly dressed,—in fact in rags and tatters—and undernourished. His rise is comparable to one who has risen from the gutter to the heights of wealth and fame, because today B. J. is comfortably fixed as to property and his name is known throughout the world wherever Chiropractic is known. B. J. has often related his early experience as a youth, how he often slept in an alleyway, curled up under a barrel or a box to protect himself from the cold of the wintry night or the snow and rain. Now, B. J. has the ability of a master showman, and I suspect that many who have heard him describe those early experiences have thought their relation just to be showmanship. But in making some of my investigations for the groundwork for this part of the story of the evolution of Chiropractic, I had occasion to talk with many old-time residents of Davenport, people who knew the Palmer family and who knew B. J. as a lad raised in humble circumstances. None would confirm B. J.'s statements as to his sleeping in alleyways on wintry nights, and the like, although they stated they would not question their truth. Regardless of all that, there is no question that B. J. has raised himself to his present recognized position in the world's social economy, buffeted by the most cruel, harsh knocks that a hard world can give one who aspires to leadership in the conduct of its affairs.

During early youth, B. J. pumped air for the bellows to the organ in the Methodist Episcopal Church in Davenport,—and here is where he formed his determination to master the organ. Because of that determination, he could today, if compelled to, make his mark on the concert stage as an organist within a very short time. He has often played the organ in his own home for broadcasting over his local radio station, WOC, and his larger station at Des Moines, WHO. If required by circumstances to make his mark as a professional organist in concert work, B. J. has that peculiar adaptability to sit down, concentrate and become a master at it.

Besides this, B. J. turned his hand to anything whereby he could earn an honest penny while still a lad in early 'teens. One of his early jobs was that of clerking in a local dry goods store, selling over the counters and delivering packages from that store to its customers in spare time. He also performed clerical work and other menial tasks in other stores in and about his hometown. He also traveled as an assistant to a mesmerist performer in the late '90's. It was while doing this work that he acquired much of his ability

as an entertainer and for his appearance before the public as a lecturer on Chiropractic and other topics. In fact, the early youth of B. J. Palmer was very much like that of any other lad of modest circumstances in any small midwest city—with this exception, that he had an ability to observe and to benefit from his observation, to raise himself far above his humble surroundings and environment. It was not long before he was far beyond the status of his former playmates who had become laborers of varying degrees of skill or clerical workers in the local business establishments.

Dr. Palmer has an exceptional ability of observation. It is perhaps to this one quality above all others that B. J. owes most credit for his rise from mediocre circumstances to that as the recognized head of an outstanding branch of the healing arts, to the place of being the principal owner of two radio broadcasting stations known in many distant points of the world, to the position of being the head of the dominant school in Chiropractic instruction today, and the directing head of numerous other interests. It is to this same power of observation that he owes credit for his ability to conduct the painstaking investigation, experimentation and research he is conducting today to still further evolve the scientific aspects of Chiropractic.

Coupled with this power of observation he also has a canny ability of foresight. Some of my readers may disagree with this thought, and say, “Well, why didn’t he perceive that the things he has done would result in an almost total loss of his student body? Why didn’t he perceive a tremendous loss in his personal support in the field? Why didn’t he see that it would almost wreck the profession?” There is no question that he did perceive many of these things, but, of course, he could not perceive that the period of depression that started in 1929, and has not yet ended, would last so long—in which he is not alone. There is no question that he knew his announcement, and his sponsorship, of the Neurocalometer campaign would create a tremendous furor in the profession; but he knew if he was right in its sponsorship and endorsement, he would recover far more support than he would lose, just as he had when he first announced Meric and the recoil. He knew he would lose more of that support when he came out with the thought of adjusting at but ONE place in the spine when for years he had been teaching throughout the world the adjustment of many. Because of the depressed financial conditions of the past eight years and more not yet ended, nor with a certain end of prosperity in business conditions in sight for many more years, he has been fortunate that he has been able to keep the school operating at all. Yet despite the depressed conditions in national and world affairs, there has been a healthy though slow growth in attendance at his school. Despite the slowing up of student enrollment, due to Basic Science legislation, he has had that same slow growth. It is my belief that

before many years have passed, he will note a rapid growth in that enrollment when the public is educated by the practitioners of today to the principle of Hole-in-One, or Scientific Chiropractic, not only to save their own practices but to save their Science and to prevent further inroads of restrictive legislation.

Back in the years 1909-16 were particularly hectic days for the Chiropractic profession. On the one hand, its successful practitioners were beset by persecutions from their local medical opposition, and prosecution by the law—urged at the behest of that self-same medical opposition. Those successful Chiropractors were, quite naturally, desirous of conserving both their practices and their investments. So they saw that legislation, granting them legal recognition, was the only way out. B. J. very readily foresaw that in getting this recognition, the straights were bound to seek cooperation from the mixer, to present a united front of all Chiropractors in the battle. He also foresaw to accomplish this battle for licensure, the united Chiropractic forces were going to have to make concessions to the medical opposition. He foresaw they were going to make concessions to those factors in and out of the legislative assemblies who believed Chiropractors were below the necessary mental calibre in their educational attainments for dealing properly with the sick. He foresaw that many of the state associations, in their battles for legal recognition, were going to be compelled to incorporate many things in the educational requirements to be proposed by the proffered bill,—subjects that he felt would be unnecessary to efficiently qualify a practitioner to successfully carry the idea of Chiropractic adjustment to the public. He informed the state associations on all these things, and many more, because I have not attempted to analyze all of the numerous problems that he foresaw. To do so would require page after page.

For Chiropractic has had to meet problems from all angles—angles almost too numerous to mention,—any further than to state from the legal angle, the educational angle, the persistent efforts of certain factions to inject into Chiropractic practices and elements not Chiropractic, and the persistent agitation in public circles that the profession was made up of deluded and uninformed men and women, the leaders of the profession men and women foisting an illogical, unscientific system of healing upon it through those deluded and uninformed men and women. While he doubtless foresaw all of these things, he had long before foreseen that to firmly and irrevocably establish Chiropractic in the public mind, he would have to eventually convince the educated mind, the professional mind, and the scientific mind that Chiropractic was more than a theory, that it was in fact a science. So that from 1925 on we find him devoting more and more his attention to the scientific angle, that of proving and irrevocably establishing Chiropractic as a proven,

scientific fact in healing, not merely a logical theory and not merely a system that accomplished its successful results through psychological reactions.

Because of his dropping out of the struggles in the public fight for recognition of his Art and Philosophy of Chiropractic, in the years following 1925, many of his sincere friends felt that B. J. had deserted the fight for Chiropractic. They could not see that he was devoting himself to giving his undivided attention to a solution of its scientific problem. It had long been a recognized fact, even in medical circles, that people did get well and become once more useful members of the social economy through Chiropractic adjustment. But medical propaganda claimed this recovery of normal health was merely due to psychological reactions developed within the patient, wherein the patient “cured” himself merely by thinking that getting a bump in the back was something healing. Since his withdrawal from association activities, both national and state, Dr. Palmer has been devoting more and more of his attention, the past decade and more, in establishing as a fact that people do really get well, not because of any psychological reaction created within themselves but because a scientifically delivered Chiropractic adjustment has permitted the normal transmission of the health-restoring mental impulse from its point of generation to its point of functioning. As will be explained in the later chapters on Scientific Chiropractic, B. J. is today accomplishing the solution of this problem, and is proving that a scientific adjustment is definitely followed by a change in the quality of the mental impulse transmitted over the impinged, irritated and inflamed nerve fibres when the irritating factor—the misalignment or subluxation—is removed, and that it is removed by the combined forces of the external adjustive movement by the Chiropractor and the internal recoil set in operation by Innate.

Another power that B. J. possesses to the nth degree. In an earlier chapter I state the early history of Chiropractic is almost unknown, that I doubted if the minute details were known by even B. J. himself, notwithstanding his closeness to its development. It is not, of course, unknown to him, but in the time of the making of Chiropractic’s history, his mind has been filled with a mass of data, struggles to keep Chiropractic on the road he conceived it should travel in its evolution, constant conflicts with the rank and file and other educators and “leaders” in the movement, and his work of research, he would have to be a super-normal man to remember the early history—and B. J. Palmer is not a superman.

This other power is the power of observation, because of which, coupled with his foresight, although he was but a mere lad of some ten years or so when the Discoverer started his early study and investigation some years before he made the discovery, B. J. formed the habit of collecting his father’s

notes after they had been crumpled up and thrown into the wastepaper basket. He smoothed them out and hid them away. They have since been classified, indexed and stored away in his Scrap Book, and filed in storage vaults. Some day they will again be opened to the light of day, when some historian undertakes the voluminous task of writing a complete history of the Chiropractic movement. That history will record those early investigations of the Founder, as well as the struggles, the failures and the successes, and the researches that will have finally culminated in the Chiropractic of the day that history is written. But with the present trend in literary endeavors toward the consolidation of historical data within a comparatively small number of pages, to be kept if possible between the covers of one small volume, the labors of such a historian will of necessity be a labor of love of the Chiropractic idea. The royalties he will get from the publication of such a voluminous work with the necessary research in its preparation will be hardly sufficient to remunerate him for the tremendous task its compilation will involve. Recorded, of course, it will be for future Chiropractors at some time.

B. J. Palmer is an omniverous reader, particularly of literature touching on or bordering the Chiropractic movement. His private library comprises all of the modern literature bearing on all phases of all healing professions. He is constantly adding, as well, to his already extensive collection of the more ancient literature. Now, B. J. has not collected this lore for the mere love of collection. He is not a bibliophile; he is a reader, a student. Instead he has burned many a midnight kilowatt while curled up under the covers, reading those books and underscoring parts of them for future reference. He also keeps up with current literature on matters foreign to Chiropractic, yet having a relation to his present research work toward its further evolution. While all of this is a voluminous task, sufficient to occupy the mind of a superman in his waking hours, B. J. nevertheless finds time to indulge in a considerable amount of light reading.

By 1910 B. J. was already the author of five large volumes on the Art, Science and Philosophy of Chiropractic, to say nothing of a vast number of articles for publication on various of the particular phases of Chiropractic, many of which have since been collected into tracts and booklets for distribution by the field practitioner. In 1910 he was the editor and publisher of a magazine devoted to Chiropractic, which has since been merged into the CHIROPRACTOR, a monthly journal devoted to Straight Chiropractic. Notwithstanding the fact that he is a very busy man with his research and other work, B. J. finds time to write an article every month, even today, for this magazine.

Up to 1910 B. J. had conducted a class daily in the P. S. C. on the Philosophy of Chiropractic, as well as frequently appearing as an instructor in the Art of Chiropractic on the Public Clinic platform nearly every afternoon he was in Davenport. In his fight for the welfare and protection of the Chiropractors in the field, B. J. spent many a day away from Davenport and his many duties at the school, assisting Tom Morris and Fred Hartwell in the defense of those on trial for their right to practice. At home besides his daily lectures on Philosophy, he was active in the management of the school and the U. C. A.,—either one of which, even then, was sufficient to require the full time of several men. To be free to continue with his research to establish Chiropractic as a scientific branch of the healing arts, he had for several years been seeking an instructor to carry on the bulk of his work in Philosophy, so that from 1911 on we find him appearing less and less in the classroom. But not content with having shifted a part of this classroom work, we find B. J. taking on an additional load in the publication of his personal organ, the FOUNTAIN HEAD NEWS. For many years, up until just recently, this came out monthly, every word of it either typed out personally by B. J. or clipped out of publications or letters sent him from the field, and pasted by him on sheets of paper before delivery to the Printery for printing and distribution to all Chiropractors the world over. Incidentally, the FOUNTAIN HEAD NEWS is assumed by many to be the house organ of the P. S. C., although B. J. on it classifies it as his personal paper.

B. J. is not a large man. Instead, he is rather slender, in almost direct contrast to his father. For, as I have said, D. D. was rather short but very powerfully built. B. J.'s sole resemblance to his father, physically, is that he is not a tall man. On casual inspection, one would assume him to be frail. But don't get the idea that he cannot put steam behind his adjustment. He is very deceptive on that score. Even in the days when the Palmer Recoil was the acme of Chiropractic adjustment, when it was frequently thought force was an absolute necessity, B. J. because of his skill and speed of delivery, was as able to put the necessary power behind his adjustic force as was the most powerful student or graduate.

I have mentioned that I thought somewhat about styling B. J. as the unknown man, the misunderstood man. Some of this misunderstanding of him, I believe, is his own fault. But the greater part is because many "leaders" in Chiropractic have chosen to give an entirely different interpretation of his language, both the spoken and written word, than anyone skilled in the English language would. The only real criticism I have to make of B. J. is his forceful way of writing or making a statement. Let me cite a few examples. I have before me No. 11, Vol. XIX, of THE FOUNTAIN HEAD NEWS, published in October, 1933, or, as B. J. styles it, A.C. 38, in

which appears an article entitled, "The Indictment", copied from an European Chiropractic publication, in which B. J. is reported saying:

"A year ago I was nasty and mean because I took it for granted that Chiropractors were opposing the Neurocalometer program that I had worked out to help them, simply because they did not care to help it, because it was too high for them and they were deliberately opposing it. I said, 'All right, you are going to take it whether you want it or not.'"

The article from which this quotation was taken by that European publication was contained in a questionnaire sent out by the National Chiropractic Association to the profession in America and abroad. This articles continues:

"Thus the use of FORCE is evidenced in every action being taken by B. J. at present,—N. C. M. advertising saying that Chiros without N. C. M.'s were dangerous, alliance with medical boards against mixers, etc.; B. J. finding out that Chiros had stopped believing in him, in trying to FORCE their conduct. That this way will get him no further than did the rest is quite evident."

Analyzed, according to the most approved grammatical procedure, this purported statement of B. J.'s, "All right, you are going to take it whether you want it or not", what does it mean? It simply means, and can only mean, convinced as he is of the merit of the Neurocalometer, he is eventually going to prove to the Chiropractic profession that it will come to the use of the instrument, regardless of whether they accept or condemn it now. It can mean nothing else. Neither B. J. Palmer nor anyone else can FORCE any individual in the Chiropractic profession to use the Neurocalometer, radionics, or any other analytic aid or alleged diagnostic device, but the patient himself. Yet we find the N. C. A. and others leading the anti-Palmer factions in the Chiropractic profession saying that B. J. is going to FORCE the Neurocalometer program upon them.

With regard to the latest evolutionary step in Chiropractic, Hole-in-One, B. J. is reported to have stated that if the profession did not accept Scientific Chiropractic, the medical profession would. Theoretically, I believe his statement is absolutely correct,—that is, if HIO is correct, and I believe it is,—that the medical profession, if it is sincere in its search for a specific cure for all diseases, would finally accept Hole-in-One as an agency in its practice. Of course, as a matter of fact, we know the medical profession will never adopt HIO or any other part or parcel of Chiropractic, to be sponsored by it—and "never" is a very, very long word. A most apt illustration of the logic of this statement is one made by Dr. A. B. Hender years ago, when addressing the old T. O. C. club of students and employees of the P. S. C. one evening at a banquet at the Country Club. Dr. Hender said the medical profession would be entirely too lazy to adopt so strenuous a work as adjusting its patients a la Chiropractic, "because, you know, it's a lot easier to push the pencil than it is the backbone". I cannot quote A. B. exactly, for no stenographic reports were ever made of a T. O. C. meeting, but the parts in

quotations convey the sense. Now, B. J. is not the man who would attempt to do the impossible, and he never has and never will attempt to sell the Chiropractic profession out to the medical opposition.

Dr. Palmer, all through the time he has had a prominent part as its leader and developer, has earnestly sought to keep Chiropractic pure, specific and unadulterated, free from outworn and antiquated osteopathic manipulation and massage, free from the curse of old, antiquated “new moves”, free from the thousand-and-one devices and practices sponsored by the mixers. To do so has been a constant struggle. And in his efforts to accomplish this, he has had to resort to many tactics that often caused him to be termed the Tsar of Chiropractic. In previous chapters I have related his struggle to keep the old U. C. A. operating within its purported purposes, that of promulgation and perpetuation of Chiropractic. B. J. felt that a Chiropractor who strayed from the straight practices ceased to be a ChiropracTOR and became instead ChiropracTOID, a traitor to the ChiropracTIC cause, and as such not worthy of protection against medical persecution and legal prosecution. He was not alone in this. He was supported in this concept by a vast majority of the membership of that association in the early years, who had no more use for the ChiropracTOIDS than did B. J., who felt their protection would not be carrying forward the objectives of that association.

But since the ChiropracTOIDS had no association worthy of the name at that time, and wanted the benefits that could only be obtained under U. C. A. membership, it was useless for them to apply for membership. The Board of Directors would have rejected their application under the clause defining the purposes of the association, that of propagation and perpetuation of ChiropracTIC, and under no conditions would the original boards conceive of mixing as having any part of Chiropractic. Because of this, the mixers and those either friendly to the mixers or the straight Chiropractors violently opposed to anything sponsored by B. J., said that B. J. was autocratic in his control of the association, and began vehemently condemning him as the Tsar of Chiropractic. As I have stated often, when the new science was gaining in public recognition as a legitimate member of the healing arts, numerous other teachers in Chiropractic, connected with or heading other schools than the Palmer school, sought to be accepted by factions in the ranks as “leaders”, and these factions in turn sought to have their particular leader accepted as the leader of the entire profession. Some of these men and women may have been teaching in a form that may be classified as straight Chiropractic, their main differences with Dr. Palmer being in the philosophy of their particular schools and in the form of adjustment. Naturally with fully a half dozen or so of these “leaders” seeking to wrest leadership of the profession from the remaining member of the Palmer family,

B. J., interested in its promulgation, they, too, joined with the mixing elements, seeking to foster the feeling throughout the entire profession—Palmerite and anti-Palmerite, mixer and straight,—that B. J. was seeking autocratic control of the profession. They also fostered, even in those early years, the feeling that B. J. was either going to compel the entire profession accept him as its leader or he would wreak vengeance, if necessary, by wrecking the entire profession.

To further this they began calling the U. C. A. a one-man organization, completely under the domination of B. J. Now, I will agree with the anti-Palmerites and the mixers that in those days B. J. did exercise a strong control over the affairs of the U. C. A. insofar as admission into its membership was concerned, and in seeing to it that the members already in lived up to the objectives of the association. But I must emphatically disagree with them that he conducted those affairs with any autocratic control. There were many members of the profession, even in those days, that did not accept the specific procedure of adjustment nor the Philosophy of Chiropractic as taught by B. J. at the P. S. C., but so long as those Chiropractors limited their application of the Chiropractic adjustment to either specific or general adjustment of the spinal column, B. J. considered them straight Chiropractors, and as such eligible to membership in the U. C. A. and entitled to benefit in its protection in days of trouble. Even today he holds the same attitude toward that Chiropractor who limits his practice of Chiropractic to specific adjustment of the spinal vertebrae, whether he be a Hole-in-One practitioner or a follower of Meric or its modified application, Majors-and-Minors, or the ancient “shot gun” Chiropractic, whether he adjusts a la Palmer recoil, the stiff arm or any other technique—it makes no difference to him, so long as the practice is straight,—that Chiropractor is welcomed to come into the C. H. B. fold which B. J. now heads as its president. Of course, B. J. is hopeful that he will be converted to the technique of Scientific Chiropractic and practice it only. That is but natural. But as for being autocratic in his administration of the C. H. B., he is anything but that, just as he was anything but autocratic when he controlled the business activities of the U. C. A.

I have stated that B. J. was more social in his views toward the promulgation of Chiropractic to the world than was his father, the Discoverer and Founder of Chiropractic. D. D. wanted to keep it as a family secret; B. J. wanted to give it broadcast to all the world. It was this conflict of opinion that was largely instrumental in the Discoverer deserting Chiropractic with an indebtedness of over \$8000 to be met if the more socially inclined son chose to continue with his objective of spreading the Chiropractic idea throughout the world. D. D. left the first Chiropractic school, the P. I. C. I., not because he wished to dodge his creditors or his responsibility as its head;

he left it in its time of trouble because he had never completely accepted the ideas of the Developer, that of training thousands of others to go abroad and spread the Chiropractic message throughout the entire civilized world. For when later developments convinced him that he was wrong, he again comes on the scene at Davenport and sought to wrest control of the school and the profession itself from B. J.

B. J. has a remarkable power of organization. Although he had just entered his majority when he was left with this load of debt to be met if he wished to continue with his concept of a social duty to the world, he took over the parent school, paid off its indebtedness, and then proceeded to go deeper into debt that he might organize and incorporate the Fountain Head School of Chiropractic, the P. S. C. When in 1912 it became necessary to enlarge the facilities of the P. S. C., and acquire new property and erect new school and administration buildings, B. J. met the new emergency and continued forging ahead. To do so he was compelled to issue a large amount in bonds to raise the needed funds, but to his credit every dollar of that bonded indebtedness was met in full several years before it was actually due. Despite the financial collapse throughout the world, which hit the United States with its full force in October, 1929, the P. S. C. had been going through several long years of depression following the advent of the Neurocalometer. But the tide had begun to turn before October, 1929, and the P. S. C. was meeting its own depression full steam ahead. When the depression came, and new students were not forthcoming, the P. S. C. somehow managed to go through the long eight years, still the dominant school in Chiropractic.

Despite the depression and the ensuing financial worries he must have faced, B. J. again displays his adaptability and continues with his research to establish Chiropractic on the sound scientific footing which he had been seeking all the years before. In 1930 we find him announcing his latest step in that process of evolution, Scientific Hole-in-One Chiropractic. From past experiences with every step forward he has taken in this process, he foresaw that such announcement would alienate the support of many professional friends. He knew, too, that this would result in a loss of prospective students. But beyond this he foresaw that in time those loyal friends would return with their support and that in the end the P. S. C. would remain the dominant school in Chiropractic, as it is today.

Penned largely by his hand, Chiropractic had been writing its history during its formative years, from 1895 to 1910, when it was going through its early stages of experimentation, investigation and its practices upon those who were willing to submit themselves to the painful ministrations of the old-fashioned stiff arm adjustment. Although but a mere lad, in his 'teens, B. J.

played an important part in assisting and working with and under his father, the Discoverer, until 1902. On his assumption of the leadership of the movement, we find B. J. immediately settling about to discover ways and means whereby he could broaden the scope of Chiropractic in the education of an enlarged number of students. Up to 1902 there had been little accomplished in an organized development of a Philosophy of Chiropractic. Yet among its early students there had been many an argument as to the how and why of Chiropractic. It was still adjusting the mysterious lumps and bumps found along the spine, and was beginning to talk about a Science of Chiropractic. On his taking the helm of Chiropractic, there soon ensued a distinctive philosophy. Within a very few years we find B. J. collecting his notes into several large volumes devoted to the Art, Science and Philosophy of Chiropractic. In 1904 we find him the owner of a large block of property on Brady street, and in 1905 we find the new school, the P. S. C., incorporated and going ahead in its process of training students for a new field of healing service.

His first step toward establishing the scientific principle of Chiropractic was to so develop its art that the tiny, frail, weak Chiropractor would be as efficient in delivery of the adjustic force as was the tall, strapping, strong man or woman. This was accomplished by his development of the Palmer recoil. His next step in its scientific development was the isolation of the CAUSE of DIS-EASE at a few places along the spinal column instead of at every suspected misalignment. This was accomplished by Meric. The next step, or, I might say, the coincidental step with Meric, was the introduction of the X-ray into the picture. Meric and X-ray both came into the Chiropractic arena in 1909-10 and were continually in the process of improvement and still are, for Hole-in-One is but a specialized form of Meric, to the present-day of Scientific Chiropractic.

I have related how even in the days when the Founder was most active; he was interested in the locating of "hot boxes" along the spine, in his endeavor to further isolate the CAUSE instead of taking every suspected subluxation as a part of the CAUSE. When Doss Evins suggested the possibility of a mechanical means to more accurately locate these "hot boxes", we find B. J., the Developer, heartily in accord. In 1924 we find him taking another great step forward in his work toward the evolution of the Chiropractic principle, in endorsing the Neurocalometer. Although he realized its endorsement would meet with tremendous opposition from both his friends and enemies in the profession, he took the step forward, because his keener mental vision foresaw the need of scientifically establishing Chiropractic. Because he felt the N. C. M. a step in that direction, he endorsed it, just as he felt Meric and X-ray were steps onward in 1909-10.

In a previous chapter I have pointed out how the Founder was interested in finding ONE place in the spinal column, how he deemed the locating of “hot boxes” as helpful in finding that ONE CAUSE. D. D.’s last book is but an illustration that he, too, in his own way with the facilities available was searching for the ONE, not many, vertebra to adjust. And in his announcement of the Hole-in-One principle, B. J. was but announcing the latest step forward in the combined though not simultaneous investigations of both the Founder of Chiropractic and its Developer. In his talk on “Objectives” at the opening session of the Pre-Lyceum Course in 1935, B. J. said in part:

“Away back, when I was a youngster, I made a vow that I would so utilize my life as to be able to leave behind a specific—not for the cure of any and all dis-ease, but that I would leave behind the specific for the CAUSE of ALL DIS-EASE. I have dedicated and consecrated my life to that goal. I have never allowed a single thought, a single detracting influence, a single bit of internal or external pressure of any or all kinds to swerve me from that objective. Throughout the forty years I have held to that one ideal.”

Every step forward made by Dr. Palmer, in the onward march of Chiropractic toward that goal, has been opposed by almost the entire profession. He has met with opposition, not only from those quarters consistently anti-Palmer but even in the ranks of his closest friends, his Faculty. Many of his most loyal and sincere supporters have cautioned him against going forward too rapidly. As illustrations, I need only refer to his introduction of the X-ray into Chiropractic, and to the NCM, probably in itself the most valuable analytical aid Chiropractic has had since the introduction of X-ray. In every form of business, in every development of government, and in every professional advance, there is always a vast majority opposed to any change. They are content to leave well enough alone, to state it charitably. I really believe they are too lazy to adapt themselves to change, to state it accurately. And, of course, every advance made toward that scientific goal set by B. J. in his early youth and worked toward by him in the passing years has naturally been opposed and ridiculed by those elements in Chiropractic who consider the Chiropractic adjustment as but one element of many needed in serving the sick.

One result of this agitated and often vituperative greeting accorded each forward step is that B. J. of recent years has been keeping his counsel to himself and to but a very few of his most trusted intimates. Following the period between 1925-30, on down to the present, he has resorted more and more to individual research, to further carry on his search for those facts that would solidify the scientific foundation of Chiropractic. Prior to 1925 he had devoted a very considerable part of his effort to assisting the profession in fighting its legal and legislative battles throughout the United States and Canada. He attended many state and national meetings of Chiropractors to

address them with “pep” talks, to liven the enthusiasm for their Art, Science and Philosophy. For diversion in his work of research, on his withdrawal from the secretariat of the U. C. A., he devoted his spare (?) time to management of his personal interests,—his two radio broadcasting stations, WOC and WHO. To further exhaust his apparently untiring physical energy, he built up another of the Palmer Interests, “A Little Bit O’ Heaven”, wherein he has placed for public exhibition the many curios and relics gathered by him in his numerous trips to foreign lands and around the world.

Up until 1934, B. J. and Mrs. Palmer spent several months of every year in travel to some foreign land or in a tour around the globe. He has, in fact, been in so many of the out-of-the-way places on the earth that he is entirely at home with any globe trotter, not only in his knowledge of the usual places of interest known to all world travelers but also many of those places the average tourist does not reach. While those trips were primarily for relaxation from business cares and the turmoil in the Chiropractic world, yet he has made them a means for further advancing the Chiropractic idea wherever he has gone. Of course, there is hardly an important port or city that he could visit but that there would be one or more graduates from his own school to greet him and to insist on his addressing a group of the English speaking residents on that subject ever so dear to him—Chiropractic. Since the organization of his latest research laboratory, the B. J. Palmer Chiropractic Clinic, his travels have been limited to short business trips to nearby Chicago and Des Moines, with a rare trip to either the West Coast or the Atlantic Seaboard, and a fall vacation trip to the South for a few days, fishing in the Gulf of Mexico or the Florida Coast. But even on these trips, busy as he is or anxious as he may be for a little rest and relaxation from business care and research, he has to find time somehow or other to meet groups of Chiropractors and give them talks on Chiropractic.

Notwithstanding his incessant work, whether traveling at home in his own country or abroad, or in the privacy of his own office, trying to hold the profession into a homogeneous body, that it might work shoulder to shoulder for the perpetuation of the Chiropractic idea in the public mind,—simply because he was working for this as a part of his ultimate objective,—he was condemned as a Tsar of Chiropractic, most particularly by those opposed to the Palmer concept of the idea. Too often people who agreed with the Palmer concept have sided with the anti-Palmer factions, because of a desire for harmony in legislative campaigns. As the years went on, B. J. eventually came to the conclusion that the work of trying to maintain the entire Chiropractic profession in one homogeneous group, working as a unit for Chiropractic, was not worth the time and trouble involved. Not that he had decided to give up fighting for Chiropractors, no, but that he might work

undisturbed by outside factors in solving the problem of demonstrating Chiropractic as a true science of service to the sick. Convinced that the majority of the profession would not combine with him and work as an entity toward saving it from contamination of association with elements degrading true Chiropractic, he withdrew from nearly all extraneous activities in state and national association work and devoted his effort entirely to research.

Even since he withdrew from association activities, the ever recurring charge of desiring to be the Tsar of Chiropractic was hurled at him whenever he dares to lift his voice or put his pen to paper in condemnation of the tactics of those who he felt were but tearing down the Art, the Science and the Philosophy his father had discovered and he had spent so many years in developing. In recent years, since his announcement of the beginning steps of his work in establishing Chiropractic on that sound scientific base, in Scientific Chiropractic, this same opposition has resorted to a new type of tactics. It now proclaims to all who will listen, that since he found he could not be the Tsar of Chiropractic, he was now endeavoring to wreck it, to sell it to the medical profession, or to ridicule it in the eyes of the world.

One who listens but casually to his talks before a group of Chiropractors, whether in class or in a state or national meeting, or at his own Annual Home Comings and Lyceums, may get a wrong impression. Of course an analysis of what he says would speedily correct such an impression. But too often the mere casual or careful listener does not analyze, and is too often content to let some interested person do that. Too often that interpretation may be made by one who is more interested in creating a misunderstanding than he is analyzing the fact. I believe I understand the English language fairly well, having studied it thoroughly all of my years in school, and having been engaged in a work where the spoken word plays an important part—law reporting. Since 1910 I have reported many a talk given by B. J. to his classes and to public groups. All of those talks were contained in reports in large measure sold by the organization for which I was working to its student members, many of whom have doubtless kept them either in their files or packed away in storage. In none of those that I have reported has B. J. ever assumed an attitude that could be deemed autocratic or that could be interpreted as an intimation that he would wreck the profession unless it bowed to his dictates. Unfortunately, in the mannerisms used by him in putting over an idea, he does get a little bit too emphatic, with the result the listener may have trouble in getting the entire idea. The listener registers a phrase here and a thought there, and in putting two and two together gets five as his answer. But of recent years, I note he has developed a new technique in putting over the spoken thought, as well as in the written word, so there is less possibility for the listener or reader getting a wrong inter-

pretation—if he but listens or reads. Even the most casual member of the Pre-Lyceum or Lyceum Classes of 1936 and 1937 could not help getting the impression that B. J. was solely interested in the continued evolution of the Chiropractic principle toward a still more firm scientific foundation.

I was most interested this past year, 1937, in catching the reactions of the audience to Dr. Palmer's talks in the Tent. Previously I had been busy sitting at the reporter's table, writing his word, with no opportunity of observing the reaction. But this year I was freed from that preoccupation. And from the rapt attention given his every word, there is no doubt that the listener went away with the same impression that I did, that B. J. and the results of his research in his clinical laboratory were all pointed toward the objectives stated by him two years before, toward establishing the fact that Chiropractic is a demonstrated proven science rather than an uncertain theory—however logical that theory may have been. I say "uncertain" in that it was not supported by demonstrated scientific data, capable of repeated duplication, and because of inexactitude in its previous application, in the years gone by, not always demonstrated in the results upon that broad experimental base of the profession—the patient.

In closing this chapter on B. J. Palmer, the unknown man and the much misunderstood man, the Developer of Chiropractic, I have tried to give the picture of the man as I see him. I realize, yes, that I have often been critical of the man to my close friends, because I thought his tactics were wrong in putting over his thought. Yet, when I have given it serious thought, even of his mannerisms in putting the idea over, I have never had any doubt, however he may have said what he did, that he was but expressing himself sincerely, first, last and always, for the perpetuation of the Chiropractic idea. He never impressed me as hopeful of being autocratic, that he would put it over or else—. In putting across his idea, in dealing with the Chiropractic profession as a whole, he has a difficult task to handle his thought so that it will be grasped completely by his audience. Just as do the members of even the most learned, astute professions, all people do not grasp the idea the same, to say nothing of grasping it fully. Also, there is rarely a public audience of Chiropractors in which there is not some one person—often several—desirous of instilling in the minds of many an erroneous impression of what has been said.

I might have attempted a portrayal of the man as some others see him in a more critical mood. But frankly I cannot subscribe to those ideas. I might have criticized his style of haircut, his taste in neckties (as many do), but it would have meant nothing as to the man himself. A man is entitled to his eccentricities of dress and style of beard and haircut. A man may assume those eccentricities because he prefers that style or because he wants

to stand apart from the common herd. But in analyzing what is under the skin, and what is in one's cranial cavity, criticism of habits of dress accomplishes exactly nothing. I know B. J. has been consigned to eternal damnation by a larger percentage of the profession he has headed for so many years than any other leader or outstanding personality in any work of worldwide importance and service. But I also know he was never a Tsar in his work to hold the Chiropractic profession true to the principle of Chiropractic. I know he is not seeking to destroy the profession or the Art, Science and Philosophy of Chiropractic. I always have been firmly convinced of this fact, but am more so convinced from the facts brought out in later chapters on his latest announcements.

I have purposely avoided much mention made by others condemnatory of B. J., because I did not believe them justified in any degree. Even were it founded on fact, such would have no place in relating his work or the story of Chiropractic, in its evolution from what it was in its early years to what it is today. Since they would serve no real object, I have not discussed them, except in the briefest and most casual manner, where I felt I had to do so in order to convey the intended thought.

Having known B. J. for many years, and having observed him in those years, I have noted a remarkable change within the past decade. Of course, as any man grows older in years he becomes more mellowed towards the events that cast difficulties in his path in earlier years. B. J. is no exception to this rule. On the other hand, he has not borne the animosities that so many of us carry to our final day. He has apparently become more tolerant toward his enemies in the field of Chiropractic, and has wrapped himself more and more in his research and experimental laboratories at Davenport, seemingly content in the belief that he has done his best to advance the cause of Chiropractic before the public and to improve its efficiency in accomplishing its aim—ADJUSTMENT of the CAUSE of DIS-EASE. While he has little reason to venerate his father as a son usually does, because of difficulties between the two that I have related in earlier chapters, and because of other personal reactions in the treatment of the son by his father, aside from Chiropractic differences of opinion, I do not find him to hold the same resentment and almost ire toward the father that he would be justified in holding. Instead he has come to look upon his father as a son should upon a loving and sacrificing father (which D. D. was far from being), and to take the view that whatever his father did that he felt he should not have done, that D. D. did it because he was so wrapped up in his discovery that nothing else mattered, and that what D. D. had done in his declining years was done through a misunderstanding heightened by influence of others upon the

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Founder in order to prevail in their bitter competition with B. J. to lead in Chiropractic.

In closing my discussion of the man himself, I do think I should mention one other fact, that no one has ever questioned the personal honesty and morality of Dr. B. J. Palmer. He is recognized by his closest friend and his most bitter enemy alike, as one who meets every personal obligation to the utmost. Morally, there is no question but that the man is absolutely clean. Some may question his conduct ethically, but, after all, ethics is largely determined and measured by one's personal viewpoint of what is ethical and what is not. But the work he has done in Chiropractic in the time he has been at its head, and in the few brief years, in the formative stages, when he worked with the Founder, and more particularly in the research and developments in the evolution of Chiropractic in recent years, conclusively prove he has justly earned the title conferred upon him many years ago,—B. J. Palmer, the Developer.

CHAPTER 18

Scientific Chiropractic; Hole-in-One

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Scientific Chiropractic; Hole-in-One

Thirty years ago, the Atlas while considered a most important vertebra its adjustment was but rarely attempted by the student. Because of its location, under the base of the skull, it was too difficult in effecting contact for the student to attempt adjusting, and if the cause of the patient's incoordination was thought to be at Atlas, its adjustment was done by a faculty member. So to all practical intents the student was advised to leave it alone. Because of its peculiar construction, different in form from any other vertebra, it seemed too frail almost to stand the severe form of adjustment then in use—the beginning stages of the evolution into the Palmer recoil. But another reason, and a most important one in support of the logic of Hole-in-One, it was deemed too important a vertebra to risk adjustment at the hand of the novice, the student, and, in fact, its adjustment was but rarely attempted by the graduate. It was realized that an error in adjustment might do far more damage than a possible subluxation, if present, could cause. It was, because of its location, difficult of palpation so much so that one simply disliked to depend on its exactness. Oh, of course, it was palpated by noting the transverse processes—or what were thought to be transverse processes of Atlas; but students in the Osteological Studio realized the variations in those processes observed on the specimen vertebrae there. So when adjustment of Atlas was deemed imperative, in the Public Clinic, it was nearly always done by the Faculty member in charge or referred to some other instructor. That other Faculty member in nine cases out of ten was B. J. Palmer because of his recognized skill as the premier adjuster in Chiropractic.

It was realized, of course, particularly in mental cases, in epilepsy, and the like, in Meric, that Atlas most likely required adjustment, and such cases were usually under the direct supervision and adjustment of one or other Faculty member. The result was that few students considered Atlas as a segment of the spine to be adjusted by them. Any adjustment of Atlas was often sought through adjustment of Axis, the second cervical, hoping that by its adjustment a corresponding adjustment might be effected of Atlas. Just about 1910, however, there was considerable discussion as to adjustment of Atlas from the anterior, on the transverse processes, with the patient lying flat on his back. The contact points were what were assumed to be the transverse of Atlas, which any person can feel just under and slightly back of the ears,—although there is today considerable doubt whether they were really palpating the tips of the transverse processes of Atlas or the mastoid processes or some other bony mass projecting from the occiput at that region.

At the base of the skull, almost directly below the canal into the inner ear, and approximately below, on each side, can be felt in the normal individual two broad masses, one on each side. These processes for years have been palpated as the transverse processes of Atlas, and analyses as to its position have been adjudged from that interpretation—whether right or left, superior or inferior, posterior or anterior.

Chiropractically speaking, the Atlas is the only vertebra that can ever be misplaced anteriorly from its proper position in relation with the base of occiput and other cervical vertebrae. Mechanically speaking, of course, in the case of serious trauma, the other vertebrae can be misplaced anteriorly and thus be out of proper alignment with contiguous vertebrae. The Chiropractic procedure at the P. S. C. in correcting such misalignment was adjustment of the contiguous vertebrae, so as to realign the anterior segment. This is because there was no way in Chiropractic procedure of pulling the anterior vertebra out, although it was attempted by some Chiropractors—and taught in several of its schools—to adjust “anterior” vertebrae by contact on the ribs, from the anterior, patient lying on his back.

Atlas can be subluxated, or misplaced, anteriorly from its normal relationship with the other vertebrae of the spine, because of its construction, with no well defined articular processes or articular contacts with the occiput superiorly and with very little possibility of going very generally posterior on account of the anterior part of the inner surface of the atlantal ring, in the fovea dentalis, being in such generally close relation with the odontoid process of Axis. For the entire body to go posterior it was necessary for Axis also to be subluxated posteriorly. So that for posterior Atlases the proper adjustment was considered to be only of adjustment of Axis in an anterior direction, thus hoping to carry the Atlas anteriorly with it, because of the peculiar location and the not too well defined construction of the inferior articular facets of Atlas with the superior articular facets of Axis.

As may be noted in the most casual examination of the specimens in the Osteological Studio at the P. S. C., it can readily be noted that the transverse processes of Atlas are much less pronounced than they would have to be to be so readily palpable as the Chiropractic profession has generally believed in the past—today for that matter, particularly those who disbelieve in the philosophy of Hole-in-One. Close observation of these specimens will serve to convince one willing to be convinced of former error, that digital palpations made of these two bony masses, one under each ear, was not a palpation of the transverse processes of Atlas in most cases. Interpretations from such palpations therefore could have little, if any, bearing on the correct interpretation of the position of Atlas. Of course, attempting to palpate that portion of Atlas which corresponds to the spinous process on the other verte-

brae is impossible, because of its being buried so to speak under the processes of the occiput and the structure of the Axis.

Because of the decidedly controversial nature of the many factions in Chiropractic circles as to just what Chiropractic really is, its philosophy, its scope of operations, and the widely varying concepts as to what adjuncts are essential to a successful practice of Chiropractic, whether any of them or none of the entire gamut of adjuncts—I am speaking of treatment adjuncts and modalities now, not those analytical aids for the making of spinal analyses, such as the Neurocalometer, X-ray and the like—there have been numerous groups of Chiropractors in the field, working frequently toward entirely different objectives, yet all ostensibly engaged in research work, particularly during the past decade or so. Originally most of the organizations in Chiropractic circles were primarily engaged in seeking ways and means for contesting in the criminal and quasi-criminal courts the prosecutions by the legal authorities of its members indicted under the medical practice acts. But as legal recognition became more general throughout the country, these local, county, state and national organizations became less interested in the legal phases and more interested in the professional and scientific phases, or, as it was termed, Chiropractic research.

These organizations therefore engaged their attention more and more in research—whether in building up new procedures for adjustment, “new moves”, extension of the use of the X-ray for spinal analyses, or the scope of Chiropractic service in caring for particular types of dis-ease. Many of them were engaged in this latter, in the relation of Chiropractic adjustment to various specific incoordinations of the human system, with an idea of specialization. I have mentioned one of these, in the field of mental cases, Chiropsychiatry. These organizations also engaged in research in relation to the structure of the spinal column itself and the interpretations to be made from this later relationship from X-ray negatives as they were then taken. There are numerous local organizations, many of them county-wide and some state-wide, and one National Council of Chiropractic Roentgenologists for research in X-ray work. This national council is engaged in coordinating the Endings of the various local research organizations in that work, as well as looking after the possible legal restrictions that are sought to be written in local ordinances and public health regulations, seeking to limit the use of the X-ray to medical circles when used for any purpose, diagnostic or otherwise, on the human body.

General talk of Chiropractic research, however, first came into general discussion in Chiropractic circles about the same time that under sponsorship of the old U. C. A. there were formed the National Board of State Presidents and the National Board of Chiropractic Examiners. At that time there

were being formed various associations of X-ray technicians for the purpose of improving Chiropractic X-ray technique. In 1925 we find a few scattering research clubs and societies formed by Chiropractors in various localities and holding monthly or biweekly meetings for discussing Chiropractic in relation to adjusting for various types of dis-ease. We also find individual Chiropractors making research study of discoveries in their findings of peculiarities on X-ray films taken by them, and imparting their findings to other Chiropractors engaged in like activities, that of taking X-rays for themselves and the profession. These findings were widely discussed through the mails, at local meetings and the state and national conventions. These individual researchers were located in widely distant fields—one in Washington, D. C., another in Greater New York, one in California, in Utah, and some other large centers. The work of these clubs and individuals was centered generally in Davenport, particularly of those who were interested in the use of the Neurocalometer in their spinal analyses, the practice of Hole-in-One and the beginning stages of Stereoscopic Spinography. Now, of course, Stereoscopic Spinographic procedure in X-ray was not discussed generally until 1935, when the technique was publicly announced at Pre-Lyceum, but it had been considered privately in connection with the other research findings, both at the Palmer school and in the field.

These societies were corresponding with the research departments in their various schools,—the P. S. C. particularly—and were talking about their observations in local, state and national meetings. It was but to be expected that much of the findings would be duplicated in the various groups, which duplications showed that their work was along correct lines, even though much of the findings may have been that of individuals working alone. In this, B. J. Palmer was made a sort of an ex-officio clearing house, because it was known that his activities were devoted largely along the lines of Chiropractic research,—also because he is a bear for work and coordination of detail into conclusive findings.

When Dr. Palmer retired from association activities as secretary of the U. C. A., that association moved its office from its quarters at the Palmer School to the offices of its general counsel in LaCrosse, Wisc., and commenced holding its annual meetings at places other than the Tent on the P. S. C. grounds. The month of August is the time when most Chiropractors take their summer vacations. For those who wanted to spend a part of their vacation at the P. S. C., we find B. J. instituting the Annual Homecoming programs for the last week of that month. For some years before 1925, when B. J. retired from the U. C. A., its annual conventions had become more or less perfunctory, and the Annual Homecoming was the main feature of the week, with a program of lectures and entertainment. But when he ceased

his official connection with the U. C. A., and that association's meetings were held elsewhere, we find a change coming in the type of lectures and entertainment, becoming more or less educational in character and less of the hail-fellow-well-met type.

Broadly speaking, as I have outlined, I believe, in the foregoing chapters, the problems for solution in the evolution of the Chiropractic principle have been—

Development of an Art of Chiropractic;

Development of a Philosophy;

Medical persecution and legal prosecution;

Standardization, educational development, legislation; and, finally,—

Transition from logical theory into proven scientific fact. Annual meetings of Chiropractors and association organization enter into the third step of this evolution to solve the problems then presented. Following its organization in 1906 up until about 1921, the discussion at the annual meetings of the U. C. A. were generally concerning association activities, elections of officers, building up its membership, discussion of legal difficulties and how to avoid them, and the like. The most important topic was the need for legislation and its direction into channels designed to protect and perpetuate Chiropractic. There was also discussed the need of the schools establishing certain standardized courses, so as to enable the state associations to present bills to their legislative assemblies that would pass criticism from the "learned" professions. After legal recognition became more general throughout the country, the business sessions of the annual meetings became more or less perfunctory, and then enters the introduction of entertainment features with lectures from national celebrities.

At these gatherings there were lectures by men well known in public life, such as Clarence Darrow, the noted criminal lawyer; Elbert Hubbard, the noted publicist and orator, a man known throughout the world for his writings and his most prominent writing, "The Message to Garcia"; the Hon. William Jennings Bryan, several times Democratic candidate for President of the United States, Secretary of State in the Wilson Cabinet, and well known for his oratorical ability; Bernarr McFadden, the physical culture exponent and publicist; Gizella Webber, the well-known violinist, and, incidentally, a P. S. C. graduate, together with her husband, Joseph Webber, now President of the American Federation of Musicians and a power in the labor world, also a P. S. C. graduate; Jascha Heifetz and numerous other stage and concert artists. There were also exhibitions by well-known sporting world characters, such as James Corbett, Bob Fitzsimmons, and others. Thus the annual meetings of the U. C. A. and the Annual Homecomings became more of an

entertainment feature than a meeting for discussion of ways and means to further the interests of Chiropractic.

At the close of several of these conventions and annual homecomings that I had reported, B. J. often told me not to bother about writing up such and such a part of the proceedings, as it was felt by him to be of no professional value but was merely of momentary interest, just as promptly to be forgotten. He was anxious to get the meetings on a more fundamental basis, a real chautauqua, a meeting of education and exchange of scientific ideas. It was his desire to have them become of lasting value, for the discussion of the professional and research phases of Chiropractic, rather than conducting the business and legal activities of an association and having a rousing good time. He wanted them to become a meeting to enable those away from school for many years to return for an annual brushing up on the fundamentals of Chiropractic and keep abreast of its evolution, seasoned of course with some entertainment to bring the group and hold it together.

This mental operation of his Educated Intelligence—as he calls the self-trained mind of mankind—resulted in the annual home coming becoming an annual P. S. C. Lyceum, to carry out these objectives and also do away with the costly entertainment feature of having some national or world-wide celebrity present for amusement. At the introduction of the Neurocalometer, he started the practice of going to various sections of the United States,—one year to the West Coast, the next to the Atlantic Seaboard, another year to Europe or Asia,—and putting on in local communities where a hundred or more interested Chiropractors could be gathered, for the purpose of holding a several days' review course, coupled with drill work in the practical phases of Chiropractic,—the technique of adjusting, X-ray and the new instrument, the Neurocalometer.

It is a strange fact, however, that organizing large assemblies of any profession for purely educational and research phases of that profession's work is almost an impossibility. Naturally people on a vacation want to forget all about work, and most attendants at the Annual Lyceum Courses were out for a good time primarily, to get a little information of their life work if not too difficult. Realizing that in all these gatherings there were a few who were interested mostly in the educational and research features, B. J. found himself compelled to adopt a new activity in conjunction with the Lyceum. Thus in 1931 we find him holding the first Pre-Lyceum Course, at which these smaller groups could attend for a week or more of purely educational work and drills, discussion of the past year's research, and the like, undiluted with picnics and entertainment. During the class sessions for the past several years this work has been conducted by B. J. with a series of lectures on the researches of the past year, lectures and demonstrations by the

head of the Spinograph Department, Dr. Remier, and his assistants on the latest developments of X-ray and its technique as applied to Scientific Chiropractic, and the same by the head of the Neurocalometer Department, Dr. Heath, on the Neurocalometer. In the afternoon sessions drills on all phases of the practical work are held—adjustive technique, the NCM, spinal analysis, and the like. In the evening session another talk by B. J. or a talk and demonstration of Spinography and Stereoscopic technique is given. Interspersed with the drill work in the afternoon sessions may be a short talk by a Faculty Member or by B. J. Then, in the regular Lyceum, this work of the Pre-Lyceum course is hurriedly reviewed before the larger group, with some entertainment features as well.

One result of the scientific research work of the local research groups and the organizations of X-ray technicians, and the research conducted by B. J. at the school, and the collation of their findings, was the strange coincidences of closer attention in many of these groups being given to the vagaries of misalignments of Atlas and Axis. Also it was specifically noted the results attained following a still more thorough investigation and ascertainment of the true malpositions of these vertebrae and the results following a delivery of the adjustive force in the correct direction and the proper force, and speed, in its application,—that they were quicker, more lasting, and restoration to coordination more frequent. Whatever it was that put into operation these various activities of the several research groups and the collation of their findings in the one central point, and the one man, B. J. Palmer,—whether it was the advent of the Neurocalometer and an endeavor to correct the difficulties found in its early use, or the desire of B. J. and those closely associated with him to establish a basis of fact for what had previously been but theories,—is really immaterial. For, after all, they resulted in the discovery of the theory behind Hole-in-One. As has been so frequently stated by Dr. Palmer in his Pre-Lyceum and Lyceum talks, and perhaps in his classroom lectures, the discovery of Hole-in-One is attributed by him to the combined efforts of all these numerous researches, not only by himself and his assistants at Davenport, but by researchers throughout the world.

It was apparent as a result of these comparatively recent developments— within the past six or seven years in fact—that a new phase was entering into the Art and Philosophy of Chiropractic,—the evolution of theory into science. It has also brought about a new development in the business practices of the Chiropractor. Formerly he gave his patient an adjustment, or a series of adjustments, depending on the stage of the incoordination and the time for ultimate recovery of health. Today instead of going to his Chiropractor for an adjustment, the patient goes for Chiropractic health service—and, in fact,

he may not receive an adjustment at all after the first few visits,—as explained in a preceding chapter.

In all the years that I have been acquainted with the work of Chiropractic, aside from the question, “What is Chiropractic?” the question most frequently asked of B. J. is, “Will you explain over-adjusting, B. J.?” or “Can we over-adjust?” And frankly it is both a difficult question to answer, yet as well easy to answer. In his book, “THE CHIROPRACTIC ADJUSTER”, the Founder answered this troublesome question when he said:

“. . . Remember that you cannot adjust, replace, a vertebra that is not displaced. I desire that every Chiropractor . . . comprehend this statement. They will then be on the road toward special, specific, scientific adjusting, creating a science.”

“Why adjust eight vertebrae? I mean, why TRY to adjust eight vertebrae when only one is displaced . . . ?”

“If the displaced vertebra is adjusted properly ONCE, there will be no necessity for another, except in those RARE cases If we replace the displaced vertebra, how can we do more . . . ?”

“. . . To adjust five vertebrae where ONLY ONE is displaced is not scientific, is not Chiropractic. There is no need for adjusting five vertebrae, four of which, at least, are not displaced. Why DISplace those which are in normal position? It should be the Chiropractor’s business to relieve impingements, not to create them.”

“. . . The Chiropractor will in time learn to be specific in his work, making Chiropractic a science.... Why not learn Chiropractic as a science and an art? . . . to adjust every vertebra for a definite form of dis-ease betrays a lack of Chiropractic knowledge. Such adjustments are neither specific nor scientific.”

Now, I am not going to attempt answering either of those questions so frequently asked of B. J. I think the foregoing quotations from the Founder answer the question of over-adjusting from the Meric angle, also a phase of Hole-in-One. I might say, however, from my understanding of the Philosophy of Chiropractic, that one cannot “over-adjust” because a Chiropractic thrust that does not so move a vertebra as either to restore it fully to its normal position, or partially toward normal, is not an adjustment; and neither is it an adjustment if it moves a vertebra away from its normal, natural, correct relationship with contiguous vertebrae.

Under Hole-in-One procedure, the probabilities are that the patient may be given but a very few adjustments or even only one, even though he may go to the Chiropractor’s office for a period of but a few days to as long as many months. On most of the subsequent calls on his Chiropractor, the patient is merely given a rechecking with the Neurocalometer unaccompanied by an adjustment. I say “merely”. To the patient who has been accustomed to Meric adjusting, that is all it seems to him, unless he understands the reason for the rechecking and yet is not given an adjustment. That is

because, under the new technique, this rechecking shows the Chiropractor that the original adjustment has not yet completed its work. Perhaps I should more accurately state it in this manner—that the Innate Intelligence of the patient has not yet completed the work it had been enabled to do as a result of the first, the original adjustic movement, and until Innate has completed the work possible under that adjustment, no further adjustment is necessary or advisable. It is only when Innate has gone as far as it can that the Chiropractor then steps in once more with his external adjustic force, so that Innate may resume its work of completing the job of restoring normal” where incoordination exists. Thus the business procedure, and the practice of Chiropractic as well, has evolved from the frequent delivery of a specific Chiropractic adjustment service to a scientific Chiropractic health service.

In practice, B. J. and his associates and the independent researchers found that patients recovered from almost all conceivable incoordinations following an Atlas or Axis adjustment only, with no “manipulation” or adjustment at the other places formerly termed as subluxations, now termed more correctly as misalignments. Prior to the advent of Hole-in-One, Chiropractic always spoke of these malpositioned vertebrae as being subluxated. But when it was found that these malpositioned vertebrae recovered their normal alignment after adjustment solely at one or the other of the two superior cervical vertebrae,—Atlas or Axis—the term “subluxation” as descriptive of this malpositioning became superseded by the use of the word, “misalignment”, as being more truly descriptive. So that today those who follow Hole-in-One procedure, the word “subluxation” is used only to designate a malpositioning of one or the other of those two vertebrae,—even there the word “misalignment” is frequently used.

As a result of a more concentrated investigation of the large number of specimens in his Osteological Studio, and the results noted under Hole-in-One, Dr. Palmer accepted the generally accepted medical and anatomical theory that the subluxation of a spinal vertebra below the inferior surface of Axis is an impossibility, because of the many firmly interlocking articular facets on those vertebrae and their peculiar relationship with the related facets on the contiguous vertebrae. He now holds to the belief—and logically so—that these other vertebrae are so firmly interlocked by these articular facets that movement of the vertebra in any direction is very restricted, to but the infinitesimal part of an inch, such possible movements being insufficient to produce pressure on a nerve fibre as it emits from the intervertebral foramen, small as the fibre or bundle of fibres is compared with the size of the opening. The openings formed by these contiguous articular facets is not designed solely for the passage of these nerve fibres, or nerve trunks. They are also

designed for the passage of the necessary blood supply to and from the spinal canal and cord and the tissues within the canal. And all of those structures passing through this foramen are protected by fatty protective tissues, so that unless the misalignment amounts almost to a partial or complete dislocation, there is little possibility of either nerve impingement or nerve irritation at the intervertebral foramen.

In the chapter of "FADS AND QUACKERY IN HEALING", in which he purports to expose Chiropractic as coming within that category, Dr. Fishbein states:

"The nerves that emerge from the spinal column are much smaller than the holes between the bones of the column from which they emerge. The space about the nerve is padded with fat and soft tissue. The back may be bent into all sorts of angles and postures—everyone has seen the acrobatic dancer on the stage assume such angles—and yet these nerves are not squeezed or damaged because of the padding with which nature has protected them. Professors of anatomy have dissected thousands of dead bodies and have been unable to find any spinal nerves pinched or compressed in the manner which Chiropractors allege is responsible for disease. The X-ray has been used to search for the dislocations which the Chiropractors assert are present, but those dislocations cannot be found. Indeed, substances opaque to the X-ray have been injected into the canal within the spinal column, and photographs taken later have shown the fluid passing around the nerves that would be impossible if these nerves were impinged on by the bony structures with which they are surrounded. Today this method is used to locate accurately tumors of the spine. Moreover, experiments conducted in California have shown that a force of 1200 to 1300 pounds, while it will fracture one of the spinal bones, will not dislocate it or cause it to press on the spinal nerves. Thus the fundamental dogma of Chiropractic, that disease is caused by dislocations or subluxations of the bones of the spinal column, pressing on nerves, is simply a complete misrepresentation of the demonstrable facts. Any Chiropractor who tells an invalid that he is ill for that reason is either willingly deluding the patient or deluding himself."

Dr. Fishbein's book was written in 1932, incidentally, two years after B. J. Palmer had made his startling announcement of the latest development in the evolution of Chiropractic, the principle of Hole-in-One. Dr. Palmer first had to theorize after medicine had made its announcements in the early years, but here we find him ahead of medicine, because of his research, just as an earlier quotation that I have made shows him ahead of the medical experts in electrophysiological research in announcing his development of the latest addition to his clinical laboratory, the electroencephaloneuromentimpograph, which will be described later. When Dr. Fishbein becomes aware of the latest step in the evolution of Chiropractic,—Hole-in-One and Scientific Chiropractic,—within the next decade or so, say, he will be amending the paragraph just quoted, or rewriting it, saying the spinal cord at the superior cervical region, or at the foramen magnum, is equally impossible of impinge-

ment, pressure on any of its fibres, irritation and what-not, sufficient to cause a maltransmission of those spikelike mental impulses—or whatever they are— those electrophysiologists described recently at a meeting in Philadelphia,—sufficient to cause incoordination along the course or at the terminii of the nerve fibres.

In fact, shortly after the announcement of Hole-in-One,—a year or so perhaps it was—there were certain groups of Chiropractors, educators, etc., who set forth the hypothesis that an atlas could not, in any sense, produce pressure upon the spinal cord, because of the fact that the spinal cord was only about the size of a cigarette, and that the opening into the neural canal for its passage downward from the cranial cavity was so large that the cord took up but a small part of the entire space thus provided. In the summer of 1934 B. J. and Mrs. Palmer took their last trip abroad, and on that trip B. J., as usual, combined much work with a little relaxation. In order to continue with his research, there was but one place in the world where he could secure certain specimens and data,—the Spalteholtz laboratories in Germany. In his talk to the Pre-Lyceum Class of 1935, he says—

“On going into Germany last summer, there was another phase of work that I wanted to go into carefully. That was: ‘Is the spinal cord the size of a cigaret, and is it impossible for a vertebra to be subluxated and thereby produce pressure upon the spinal cord, in this great big hole called the neural canal?’”

After explaining to the Reich authorities and the scientists in charge of the Spalteholtz laboratories, Dr. Palmer stated that he wanted to ascertain whether an atlas subluxation did or did not produce pressure upon a spinal cord that had not shrunk. In his investigations in the states he had been told they could not help him in this phase of his work—

“Because at the very moment of death every tissue in the body begins shrinking. Within twenty-four hours your spinal cord has shrunk 50% in size. Within forty-eight hours this has stepped up to a 60% shrinkage, and the longer that body lies embalmed the more it keeps shrinking.... All tissues shrink, but your spinal cord will have shrunk 80% by the time we could perform the dissections and make the necessary measurements of its size in the neural canal, and 80% of the pressure value you want to show is not there.”

Shortly before the opening of Pre-Lyceum in August, 1935, B. J. had received the Spalteholtz Specimen, which had been ordered by him the year before, together with a series of some twenty-odd photographs showing the space occupied by the spinal cord in the neural canal at the superior cervical region at various stages,—immediately after death to a number of years.

This Spalteholtz Specimen is the head and neck of a man, taken from the cadaver very shortly after the man had died and been frozen. The object of quick freezing the cadaver immediately on death was that the process of

shrinkage of the tissues was kept at an irreducible minimum, to observe the conditions as nearly lifelike as they could be on a dead body. On removal of the specimen from the body, it was put through a series of chemical solutions, taking approximately one year, in which all inorganic matter was removed, leaving only the organic. The purpose of preparing this Spalteholtz Specimen was to make transparent an occiput, Atlas and Axis, in order to reveal its subluxation just exactly as it was in the living individual, to do which it was necessary first to anchor the Atlas with catgut to the occiput and the Axis to the Atlas. A visual analysis of conditions revealed by this specimen show:

The Atlas is not only a left wedge side slipped subluxation but is also in a rotation. The left transverse process of the Atlas is inferior, the right transverse process superior, to a plane level line drawn across the Atlas. Looking at the specimen from inferior to superior, the right transverse is immediately on a plane line to right mastoid, and the left transverse to the inferior of the apex of the right mastoid process. Looking at it from superior to inferior, the neural canal has been decreased in size and changed in shape by the moving of the Atlas to the left from median antero-posterior line. Rotation of Atlas on condyles is plainly obvious, best seen from a lateral view, looking downward on the specimen. The listing is AIL—left low (AIL-L lo).

At the latter part of this Pre-Lyceum (August, 1935) there were exhibited to the class by Dr. Palmer a series of photographic enlargements some twenty or more, showing various stages of the shrinkage process that takes place in the spinal cord after death, one of which taken immediately upon death showed the brain to be completely filling the cranial cavity and the spinal cord to have shrunk but a mere trifle, if any, completely filling the neural canal; another, taken after thirty days' shrinkage, in which the cord almost, if not entirely, filled the neural canal. Thus these photographs show that a misalignment of Atlas and/or Axis, in their relationship with the occiput and the remaining cervical vertebra, may produce a pressure on nerve fibres that are a part of the spinal cord, or an irritation of them, or set up an inflammatory reaction,—any or all of which can, and do, produce an interference with the ability of those fibres to carry the mental impulse current to the periphery of the nerve fibres to the same degree and of the same quality as when they were generated within the cranial cavity upon orders of the patient's Innate, with resultant dis-ease instead of health.

I had been more or less out of intimate touch with many Chiropractic activities from the time that B. J. withdrew from the official body of the U. C. A. until the opening of Pre-Lyceum on August 5, 1935. That class was keenly interested in the new developments in Hole-in-One, and was loyal to the principle. But following B.J.'s statement to that class that morning—

“In the spring of 1930 we proclaimed the principle of Hole-in-One, that there could be only one place in the spinal column that a subluxation could exist, and that was at the occipito-atlanto-axial region; that there could be a subluxation at no other place in the spinal column; that there never had been a subluxation below the inferior of Axis; that we have never adjusted a subluxation below the inferior of Axis. You have never got a sick person well by anything you ever did below the inferior of Axis”

—an atmosphere of bewilderment seemed to grasp the entire group, prepared as it was for any startling announcement that B. J. might make. But this announcement was too startling to most of the group, and the nooks and corners about the school premises buzzed with conversation for days and days thereafter, some astounded at the statement of a man who for years had taught adjustment at all misalignments of any of the twenty-four moveable vertebrae. Some were condemnatory of B. J. for publicly making the statement, that it would destroy the premise that the profession had been building up all of the forty preceding years.

Statements made by Dr. Palmer in recent years, following the advent of Hole-in-One, before the one just quoted, had created quite a stir in Chiropractic circles, that he was deliberately wrecking the Chiropractic premise on which it had stood for many years; but this statement, for a moment, left the entire class dazed and gasping, for they knew not what to expect to be coming the next moment. You see, up to the time Hole-in-One was first announced, all Chiropractors, regardless of whether they were mixers or straights, from B. J. and all down along the line, had accepted the theory that the CAUSE of DIS-EASE was at one or more of the numerous intervertebral foramina, through being occluded by a malpositioned vertebra, or vertebrae, causing a pressure upon the nerve fibres emitting therefrom, resulting in an interference with the normal transmission of messages from the peripheral cells to Innate and the carrying of normal supplies of mental impulse current from Innate to the peripheral cell, resulting in an abnormal interpretation of the message by Innate or an abnormal manifestation of life or functioning at the tissue cell, with the final result of dis-ease at the terminii of the impinged nerve fibres.

The Hole-in-One principle of Chiropractic was first publicly announced by Dr. Palmer in the early spring of 1930. He realized at that time the consternation it would create, particularly among those who were making good practicing Meric and Majors-and-Minors. He realized as well the consternation and the furor it would arouse would be so serious that he would have to establish it—not merely as theory but as fact, proven by anatomical and physio-electric findings. Then began his truly scientific research, but let me state it in his own words:

“In 1895 my father laid down fundamentally a new principle, and the reason we have gone so far ahead in our research is because that principle laid down in 1895 was correct. My father laid down this principle,—that a vertebral subluxation in the spinal column produced an occlusion, that occlusion produced pressure upon nerves, that pressure upon nerves interfered with the normal transmission of mental impulse flow; and in exact ratio as that mental impulse flow was decreased at the periphery dis-ease was created and increased in the same ratio at the periphery....”

“At the same time he laid down the working principle that an adjustment at the point of that subluxation would open that occlusion, release that pressure, restore that transmission of mental impulse flow and in exact ratio as that restoration took place at the subluxation its manifestation took place at the periphery, with Innate rebuilding a condition of dis-ease back to a condition of health.”

“My father laid down a principle that was fundamentally sound, so exact so correct, so accurate, that there has not been a clinical worker in our ranks from 1895 to this date that has improved upon it.... Because he laid down that principle, we were able to carry on. Although we found the principle was sound, and although the principle has not been changed, added to nor subtracted from, still we have found ourselves down through the intervening years working in a muddled path....”

“It was not until the spring of 1930 that we began to take Chiropractic out of the realm of guessing into the realm of scientific achievement. The fact is that every case you and I ever got well through adjustment was an accident. All of us, of course, have had many cases come into our offices side and leave them, after a course of adjustments well, restored to normal. Yet we have had another case just like it come in, with everything apparently exactly the same as in the first case, and we have attempted to adjust it and we have failed. We have failed oftener than we have succeeded on certain types of dis-ease.”

“Why? Why have we failed? Science has the ability of being able to duplicate itself. If it cannot duplicate itself, it is not a science.... Chiropractic in the past has been anything but a science. We have been pleased to speak of Chiropractic as an Art, a Science and a Philosophy. We have had our Philosophy, and we have been punching backbones as a part of the Art, but that punching of backbones as an Art has not been scientific, because we were rarely able to duplicate the thing we had set out to do. Therefore it was not a Science.”

“ . . . I had set my mind’s desire on ultimately reaching a specific for the CAUSE of ALL DIS-EASE. That meant we had to build a Science out of it, that we might be able scientifically to duplicate it in all cases. In the spring of 1930 we proclaimed the principle of Hole-in-One”

“ . . . The Hole-in-One principle embodied the beginning of the solution of the age old problem, that there was a specific for the CAUSE of ALL DIS-EASE in the human race. We laid down the application of that specific at one place, not at many We eliminated all other places as not being subluxations, . . . that subluxation is at but one place. It does one thing up here at the occipito-atlanto-axial region, producing the occlusion, pressure and interference, which can be located in but one way, and which can be

adjusted in but one way,—all to the point of establishing the ONE specific for the CAUSE of ALL DIS-EASE in the human race....”

“Disease *per se*, from the medical point of view, is a multiplicity of things. The latest Dungleson’s Medical Dictionary lists approximately 25,000 diseases. If it is true that there are 25,000 diseases, then ultimately we would have to have 25,000 specifics, because the disease becomes an entity. But disease is not an entity. Disease is not a thing. Disease is a condition of things. Now, disease—hyphenating the word to put a new interpretation upon it—is one thing, and one alone. Dis-ease is a condition that matter finds itself in. Dis-ease is a condition subsequent to change within matter, adapting itself to the point of formulating its quantity, and instead of doing as they do in medicine, instead of seeking to regulate the quantity of the stimulation or inhibition that is manifest in the disease and making a diagnosis of it, . . . the thing that we must do, the thing that is vital, is to understand mentally the condition, that abstract is behind all matter, and then get behind that condition to know its cause. That is our system laid down in 1895, at the beginning of our work, to KNOW the cause of all dis-ease, and to work to the end of obtaining a specific for the cause of all dis-ease.”

“Now, when that is done, it becomes a simple matter, not a complexity. What is this condition? It is interference with the supply of mental impulse that is back of every dis-ease, behind every condition of any and every kind, matter, quantity, character, type, classification or diagnosis. That is the ONE thing back of and behind all of the 25,000 different types of dis-ease listed in the latest medical dictionaries, back of and behind all interference with the supply of mental impulses.”

“Back of and behind that interference . . . is a vertebral subluxation which interferes with the supply which is being the 25,000 subdivisions of dis-ease, however they may be classed pathologically, symptomatologically or diagnostically. There is THE CAUSE expressed in a single denominator, and behind that is a common single denominator of a SPECIFIC for the CAUSE of ALL DIS-EASE in the body.”

“I have said to you we have a knowledge not only of a principle but of a true SPECIFIC for the CAUSE of ALL DIS-EASE. What do I mean by that? I mean to say to you in just this brief language, that it does not make any difference whether a person is black or white, red or yellow, whether he lives in America or Africa, Europe or Asia, on the mountain or in the valley, on the desert or on the sea, whether he is a child or an adult, a male or a female, regardless of what the disease might be, there is but ONE place you will find for which but ONE adjustment can be given, which, given time and given understanding, will eradicate this disease out of the human race and bring it from below par to par, from below its potential capabilities to its normal potential capabilities.”

Continuing on with the lecture, Dr. Palmer explained the reasons for his conviction that the only possible subluxation in the spinal column is in the superior cervical region, between the superior surface of Axis to the inferior surface of Occiput. He entered into a detailed, technical discussion of the articular facets of the various inferior vertebrae—those below Axis—demonstrating the impossibility of a subluxation existing at points below the superior

of Axis. Demonstrating on a specimen spine, he shows how, in his concept, a subluxation of any vertebra in the spine is impossible, except at Atlas and Axis, stating:

“Don’t you see Innate’s intelligence in building up this characteristic part of human anatomy, how she has always built it in this form, in this transmutation of the construction of the spinal column, that it does not matter how or where or in what part, you will note how Innate has built it up, that in so building it she has interarticularly locked these vertebrae so they cannot be subluxated?”

“It is an obvious fact that the more superior or the more correct is man, the greater is the flexion, the greater is the rotation, and the greater is the extension. Any normal movement throughout that spinal column exerts itself in ratio upward. You see up here we have the greatest normal movement in all these various directions, whereas down in the lumbar we have the same movement but in lesser ratio. So here Innate Intelligence has seen fit to do a very interesting thing. She has seen fit to build an overhanging lip on the inferior surface of the centrum of the vertebra above and fitted it into a groove on the superior surface of the vertebra below. Notice how that fits into that groove as I have demonstrated it here before you. You will notice if it were not for the articulation here, it would permit it to go posterior, but the tip locks it Every one of these vertebrae is locked in every direction, including the inferior surface of Axis. It is locked against any direction of subluxation”

Referring then to the Atlas, Dr. Palmer continues:

“But here we have the whole picture changed. All of the rules regarding the interarticular articulations we find everywhere below are entirely variant from the superior surface of Axis upward. What have we here? On the superior surface of that Axis we have two slip articulations, and in that direction the Atlas may slip anteriorly away from the Axis. With the odontoid process here, it is evident that the Atlas cannot go posterior. It is locked against the posterior direction. It is not locked against an anterior direction. There is no lock that prevents that Atlas from going anteriorly away from that Axis.... There is nothing that prevents this Atlas from rotating around the Axis. There is no lock against a complete rotation.... The Atlas cannot go posterior of the Axis but can go anterior. There is nothing which prevents the Axis from going posteriorly, away from this Atlas,—but the Axis cannot go anterior, because it locks against the fovea dentalis of the Atlas, . . . but when the Axis goes posterior and inferior (in relation with the Atlas) it throws the odontoid process into the neural canal. But the Axis cannot go posterior, away from the third cervical, because it is locked against any posterior direction in relation to the third cervical.”

“Now, one of the most interesting points of study is the relationship between the Atlas and the occiput. There are just two articulations there, and these two articulations are of such a character that there is nothing which prevents that Atlas from going in one of several directions or slipping from one side to the other. There is no lock of any kind or character to prevent that slip—which we commonly term a side slip, . . . no osseous locks of any kind or character. There is nothing which prevents that Atlas from rolling

forward or backward on those articulations. . . . Every provision we find which automatically locks against any possible subluxation below the Axis does not exist above. There we have motions for which there are no locks,—Axis, posterior, inferior; Atlas, anterior, left or right, in a sideslip off its center,—nothing to prevent them, no locks that stop them.”

It is, of course, obvious that the concept in the foregoing quotations are distinctly at wide variance from any of the prior concepts of subluxations existing at other points in the spine, from the superior surface of Atlas to the tip end of the coccyx, dating from the time when Chiropractic was first discussed as a science destined to remove the cause of all dis-ease. Everyone who went to a Chiropractor for examination had his spine examined from top to bottom. That picture is changed under Hole-in-One practice, because rarely is a digital examination made below the cervical region.

For B. J. to make this announcement from the public platform to that Pre-Lyceum Class was a distinct shock, even to his most ardent adherents. Discussion among its members was hot and furious for several days. The idea of having Chiropractic to sink or to survive, dependent upon giving the patient but one spinal adjustment at a call, at but one place in the whole spine, and that at one or the other of the two superior cervicals,—Atlas or Axis,—created quite a stir. To this day the profession is still in a quandary, although results, as results always do, are beginning to tell. Consequently, today, more and more Chiropractors are accepting this newer concept of the actual physical construction of the spine and the newer scientific and philosophic concept of the application of the Art. It is difficult for many Chiropractors, particularly those who have been in the field for many years, adjusting under Meric or Majors-and-Minors, at several places along the spine, to have to about face and admit the concept of the spine, and its construction, as taught by anatomists in the medical colleges,—that the vertebral segments were so strongly interlocked that what the Chiropractic profession had termed subluxations, causing pressure on nerve fibres as they emit from the spine at the intervertebral foramina, was an impossibility.

I attended that Pre-Lyceum solely in my capacity as a shorthand reporter, as a layman. For although I graduated in Chiropractic in 1912, and had been more or less identified with the work since 1910, from 1925 until 1935 I had had no association with the profession in a practicing capacity and had not reported any of its annual meetings in nearly a decade. I had, of course, kept somewhat in touch with Chiropractic through contacts with friends active in the practice, and for some years had been hearing about Hole-in-One Chiropractic adjustment, and had read about them in the FOUNTAIN HEAD NEWS, but, frankly, Hole-in-One and its familiar designation, H-I-O, were incomprehensible terms to me. It was a distinct surprise to me, I must admit, this new concept of B. J.'s. Yet in this class

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and the Lyceum class that followed, I found a number of my old friends, of years' standing, and found them in full accord with the new concept of Hole-in-One adjusting, that they were following it strictly in their practices, and all were strongly in favor of it. In the two years and more since that talk, at every opportunity I have talked with friends in the profession, both those using Hole-in-One and those who were not. I noted that those who claimed to be using only Hole-in-One had larger and better furnished offices and that my short visit had to be between patients, a situation not found in the offices of those who were mixing or practicing Meric. Now, the principle of Hole-in-One appealed to me from the start as most logical; since its practical application on myself this past summer, I know it is both practical and logical.

CHAPTER 19

**Scientific Chiropractic; Hole-in-One;
(Continued);**

The B. J. Palmer Chiropractic Clinic

CHAPTER 19
Scientific Chiropractic; Hole-in-One;
(Continued);
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Continuing his opening talk, Dr. Palmer says:

“Therein lies the specific for the CAUSE of ALL DIS-EASE, . . . the secret of the enigma of the philosopher’s stone. Myriads of men and countless minds and millions of money have been devoted to the task of finding a specific for the cause of all dis-ease. In part the medical men have been right in stating that vertebrae cannot be subluxated because their articulations locked them against any possibility of subluxation. But they did not consider this vulnerable point at the top. We Chiropractors were wrong in part when we said that every vertebra can be subluxated, and yet we had overlooked this vulnerable point at the top as being the specific for the cause of all dis-ease.” “Herein lies the cause of every disease in the human body, for herein is the only place where we can get a vertebral subluxation, wherein a vertebra can be moved beyond the normal elasticity of motion, wherein it is not locked, wherein it can and does occlude and does produce pressure upon nerves and does interfere with the normal transmission of mental impulse supply to some or to all parts of the body. Herein then lies the only place that you can, I can give an adjustment Herein lies the simple problem with its simple solution . . . when properly solved.”

“All of these pressures here are spinal cord pressures. There are no spinal nerve pressures. They are all pressures upon the spinal cord, upon some of the spinal cord nerves that proceed to some place in the spinal column as an exit....”

“Obviously, if you spend your time studying the effects at the periphery, on the conclusions, you will have spent a lifetime of work studying conclusions without arriving at a conclusion on the cause. Obviously, whether you are right or wrong in your diagnosis of those effects, there still remains the cause which must be adjusted.... Knowledge of the cause is supreme to knowledge of the effect, because that knowledge is of extreme value in eradicating the body of all its sickness—which is after all the objective of both the medical man and the Chiropractor.

“Now, if that be true, if those faces be as ewe as they are obvious, there is the important thing to study, the specific cause of all dis-ease and its removal. On the question of diagnosis I am not interested and never have been. I understand, of course, the way the patient looks at it, but that does not help me to aid him or to do the thing I have got to do. To me, knowledge of the cause of dis-ease is supreme to all the knowledge of the effects and names of all diseases That is the reason why I am so intensely interested in this sideslip idea, because there are some things that are tremendously interesting above it. I will try to give them to you briefly As this Atlas sideslips around to your right, it slips up and off of the right condyle, down and off of the left condyle. As it slips to the left, it slips up and off of the left condyle, down and off of the right condyle. It has got to. Mechanically it can do

nothing else. Mechanically that is the only thing it can do, and as it sideslips it occludes the neural canal.”

“When this Atlas sideslips, it also rotates in a peculiar rotation of its own because of the peculiar nature of the shape and the slip and the styles of these condyles and the superior articulations of that Atlas. When that Atlas sideslips, automatically that Atlas rotates. It rotates forward on the low side and posterior on the high side. It is not much but it is just enough to cause a rotation which affects that neural canal. The mere fact of the sideslip you seem to think of it just as a sideslip idea, but it is not. There is the peculiarity in the way it slips. It actually goes anterior on the low side, posterior on the high side. The very nature of that articulation forces it to take that position. So you will have to remember that.”

Continuing in his discussions during the sessions at both the Pre-Lyceum and Lyceum Classes, he discussed many technical features as to the sideslip of the Atlas, how when there is an Atlas sideslip there is a corresponding apparent shifting of the head superiorly and the vertebrae below to compensate for this shifting or sideslipping of Atlas, all in an effort to keep the body in balance, as it were, whether the shifting of the vertebrae below be sufficient to cause a misalignment, previously termed by him and all other Chiropractors as a subluxation, or a complete compensatory curvature of the entire column, a lateral curvature or a kyphotic curvature or other condition, or the numerous contortions and distortions of the spinal column noted in almost any human spine.

These sideslips and rotations of the Atlas, with a probable misalignment or subluxation as compared with the superior surface of the Axis, with the diversion of the odontoid process from its normal relationship of complete articulation with the anterior portion of the inner surface of the atlantal ring, at the fovea dentalis, produce or cause many stresses, pressures and irritations upon the nerve fibres constituting the spinal cord, at this point. There are an infinity of positions into which the Atlas can be misaligned in these sideslips, although as far as can be ascertained at the present time, the findings seem to be relatively constant—as far as any statement can be constant, when one considers the multiplicity of deviations from a concept of normal followed by Innate in the development of the human skeleton. Because of this multiplicity of possible deviations, Dr. Palmer and all concerned are continuing their investigations and research. They are doing this not only to train themselves to make more accurate determinations of the exact subluxated positions of these two vertebrae, Atlas and Axis, but also for the better training of themselves for directing the adjustic force in proper ratio, and in proper direction with proper speed, to effect the removal of the subluxation or misalignment, to effect a normal transmission of mental impulse current over the telegraphic network of fibres composing the nervous system of man. This investigation is resulting in a broader knowledge of the scope of Chiropractic. It has

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resulted in newer and more improved technique in the operation of the Neurocalometer. It has also resulted in the development of newer techniques in radiography, one of which is the vertex X-ray technique, wherein this all-important section of the spine can be viewed from another angle to make more accurate spinal analyses.

From the time he first acquired the technique of giving a Chiropractic adjustment under the instruction of his father, B. J. had been active in the practice of the Art of Chiropractic. As such his adjustments were in constant demand, not only from the students taking Faculty service but both in his private adjusting rooms and outside from the residents of the Tri-Cities—Davenport, Rock Island and Moline. About 1912 he ceased the active practice of his profession, and devoted the greater part of his time to a solution of the legal problems of Chiropractic and utilizing whatever time he had to spare from that to the development of the Art and Philosophy, writing new books and revising his prior books, and the like. Let me state the circumstances that led up to the founding of his Chiropractic Laboratory, the B. J. Palmer Chiropractic Clinic, in his own words. In an address to the Pre-Lyceum Class, and an intermediary class held that year just before the Annual Lyceum, on August 19, 1935, he said:

“I enter upon this new subject with somewhat of fear and trepidation, because what I am going to discuss now can be so easily misunderstood, can be so easily misinterpreted, and, in the minds of my enemies, will be misstated. I am going to depend upon you, whom I believe to be my friends, to understand and to correctly interpret, and to challenge whenever a misstatement is made. Up in the front end of this building you have been curiously looking and peeping through the doorways. You have observed on the front windows the sign—

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You have been wondering what all of the shouting is about. You are entitled to know what the purpose of this Clinic is.”

“Down through the years there has been a more or less constant, insistent demand for my personal service. Chiropractors more particularly than patients have an idea that I possess some little twist of the wrist, some little knack of doing the thing just a little quicker and a little better, a little more accurately, with less danger, than anybody else in the Chiropractic world. As a result there has been a more or less constant, insistent demand that I take many ‘such’ cases and assume charge of them.”

The cases to which he was referring are those cases in the adjusting of which the field Chiropractor has failed in getting the desired result, restoration to health, where the patient has asked the Chiropractor, “Isn’t there somebody that can correct the trouble? If so, won’t you send me to him, induce him to take me as a patient, so that I can get well through Chiropractic? Everything else has failed, but I am confident Chiropractic can restore me to health. Won’t you see if Dr. Palmer will take me as a private

patient?" Where for some reason or other the Chiropractor had been unable to get satisfactory results, which he felt was perhaps due to something that he did not have but that B. J. had, and where he was fully confident that Chiropractic would restore the patient to health but that he seemingly could not locate the cause to adjust it, and yet was not willing to give the case up, he was also continually insisting that B. J. take on these "problem" or "failure" cases.

Dr. Palmer continues—

"Chiropractic itself had not reached its acme of development. It had to be developed, and it seems to have been my job to carry that development along. At the same time, I could not adjust all of the spines in the world, and because of this, there has been another job put on my shoulders. I do not have the physical force to go out and carry my vision and message of Chiropractic into the highways and byways of the world, but I have made it my aim in life to impart this message to the world through you, to teach this message of Chiropractic and its possibilities to you, that you could carry the message and the vision into those highways and byways for me."

"Those two jobs of developing the principle and practice of chiropractic, and imparting the message of the principle and practice to you so that you could do the work of carrying the message to the world, have in themselves been a lifetime job. It has been a job that I think, I am frank in saying, there is not another Chiropractor in the world that has the will or the guts to do, or that could do, or that has ever attempted to do."

"But this last year my Faculty has been hopping on me and telling me, that the time has arrived when we are beginning to see the necessity for a clinic in which those cases can be cared for. Even though I am still convinced that Chiropractic has not been finished in its development, even though I am convinced the world has not yet been sufficiently educated to Chiropractic to make it a safe procedure to leave in the hands of the profession, I have yielded to the demand of assuming a third responsibility, the responsibility of building a personal private clinic."

"I have never wanted to take on that grave responsibility, because of my other job of developing it and imparting it to you, but nevertheless circumstances have brought the responsibility to me, between the insistent demand of my Faculty this year particularly and your constant, insistent demand for my personal services."

"Now merely to get sick people to come in here and give them SETMENTS and get them well without any further compensation that that would not interest me. Of course, it might bring in money that I would not otherwise get But somehow I have never been interested in money, and I have never been interested in just the educational development of myself. I have never been interested solely in getting sick people well for my own reward, because, as I have said, I have devoted my life to the development of the principle and the practice which would enable me to instruct you to carry the principle and practice out into the world."

"I am interested in something beyond the idea of merely getting a few sick people well, or merely to make a little money out of getting sick people come to this clinic and getting them well. That I never was and am not now

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interested in. So I have developed two scientific bases into this clinic. They are, first, the medical world and the scientific world have assumed the position that all of the Chiropractor's idea of giving adjustments to sick people and thereby getting them well is purely psychological Critics of the Chiropractic principle and practice in the medical and scientific worlds have always assumed that view. You and I have never been given the credit to which we were and are justly entitled. We have never been given credit for what we have actually done."

"A case of paralysis comes in, that is in reality paralysis—whatever that is—and it gets well. They say, in the first place, that it was a mistaken diagnosis, and, in the second place, that it was corrected by psychology. You and I have never received the honors justly due us, because the medical and scientific worlds have held out to the general public the position of saying that whatever we may have done was purely psychological. Well, I am going to break down that argument in this clinic."

"In building this clinic, it is something more than just a reception room. It is something more than where you merely set them down on a stool and read 'heat' with a Neurocalometer, then lay them down on a table and give an adjustment."

"In this clinic are laboratories, and in those laboratories are going to be every known, established, reliably scientific method which can build my record of the actual facts existing in every case that enters. Now, every week that case will go back through those departments and those laboratories, and there the records of that case will be checked, and when the case leaves, I will have records, and in five years, with the numerous cases that I will have put through that process, I will have records that I can throw into the teeth of the scientific and medical worlds, and say, 'I told you so'. I will say, 'Deny these records, if you can'. Get me clearly on this. There is no idea of introducing any recording device in that clinic with the thought of doing it to establish merely a case record, with any idea of being able to tell that case what is the matter with it."

"I am still just as bitter and just as intense against any thought of diagnosis as I have ever been, because diagnosis does not, will not, and cannot enter into this clinic in any manner, shape or form. I am not interested in diagnoses. That is one thought that cannot and will not enter into that clinic."

"But, for instance, here is a case comes in with his heart not functioning properly because of some disease of some kind or another. What do I care about what it is? I am not interested in that. But there I have an electrocardiograph. Now, this makes a picture on a moving picture film from week to week, and when we produce those films made week by week in front of you, there can be no denial of what actually did take place in that heart as the result of adjustment."

"We have every bit of scientific device in there, the very last word. I am sparing no expense, nor am I going to spare any expense in the future, to make those laboratories absolutely complete to establish COMPLETE RECORDS of all of those cases, with their own latest medical and scientific devices for establishing them."

"Obviously, as far as any case is concerned to me individually, that record does not mean a thing, in that layout in those rooms of a medical character,

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that will cause me to fall back upon any of them, because with me Chiropractic analyses still prevail, and Chiropractic adjustments will still prevail.”

“My second objective in this clinic is to establish with those records that there is no limit to what Chiropractic can do in all of those cases. The records will be unbiased. Being unbiased they will establish a record of what we want to prove, whether we are right or wrong, or whether Chiropractic is something more than merely a phase of psychology. There is no device of any kind introduced into this clinic that does not establish a record. I personally am not interested in the record merely as a matter of quantitative measurement, or why adjustments do certain things, or how an adjustment works itself out, only insofar as these devices will record those things and show the cases getting better week after week.”

“One thing I want to emphasize very clearly, and I want you to get it very concisely, and that is this: That practically every institution purporting to teach Chiropractic and to make Chiropractors out of their students, is building up the diagnosis factor as an intellectual factor in instruction and actually in practice. You go to those institutions and you will find diagnosis prominent as an essential factor, and inasmuch as such a thing is done it is being done with a purpose of playing up to and agreeing with, endorsing and supporting, the medical program.”

“But, on the reverse in this clinic, we are not supporting, maintaining or endorsing diagnosis in any respect. We do not regard it as a fundamental factor in our practice. In fact, the purpose of using this equipment is to deny that diagnosis has any merit. As we build this clinic with the establishment of records of a scientific nature, we are doing it—not to support medicine but to deny medicine. We are doing it—not to strengthen the educational standards or methods, but to deny that those educational standards and methods have any value.”

“The very purpose of introducing records into this clinic is for the complete fundamental purpose of breaking down everything that medicine accepts, and in that respect this clinic presents the very reverse of every other school purporting to teach Chiropractic. They support diagnosis and thereby support medicine. We build the records of our cases for the sole and exclusive purpose of breaking down the standards of medicine and proving that medicine is a complete failure as a science, or as a scientific factor to be considered in this great work of making the human race a race of well persons.”

The B. J. Palmer Chiropractic Clinic was opened to the public directly after this talk on August 19, 1935. Aside from establishing the records mentioned, it has also been instrumental in establishing Chiropractic as a scientific branch of the healing arts; and it is continually establishing new records and new data proving its scientific premise. Aside from being a Clinic, it has also become a Scientific Chiropractic laboratory, in that therein several improvements have been made in the equipment used by Chiropractors in their daily practices in the field,—in the line of its office table equipment, extra-Neurocalometer attachments, and other analytical aids. In this Clinic are also model dressing and rest rooms, a room devoted entirely to equipment for rehabilitation of those patients who must be readjusted to living a normal

life, as well as a model room for those who wish to inaugurate a system of lay education for their patients and friends in the Art, Science and Philosophy of Chiropractic. So far as office and scientific equipment goes, it has the latest improvements in all, to be a model for the as nearly perfectly equipped office as can be. Of course, it is not expected that many of the profession, in their field offices, will endeavor to duplicate the installations in this Clinic for the cost would be prohibitive, running into several hundred thousands of dollars, as it does.

To further the scientific research, the first distinctive development was the Neurocalograph, an electric recording device for automatically making mechanically-drawn graphs of the findings of the instrument, the Neurocalometer, as it is glided over the surface of the neck in making a "reading" of the cervical vertebrae. Formerly, before the development and perfection of this extra-Neurocalometer attachment, the operator of the N. C. M. was compelled to record mentally the fluctuations of the needle in the registration dial as he glided the detector points over the surface of the vertebrae he was reading, and after completion of the reading to record his mental impression of the findings in a hand-drawn graph. Here the human factor again enters the picture, in that too often the hand-drawn graph may not be a correct picture of the reading just taken. With the Neurocalograph, this mental factor is eliminated, as the graph is automatically recorded as the reading is taken.

Another extra-Neurocalometer device, perfected in this Clinic, is the Neurotempometer, a calibrating device that has been invented within the past year. This device regulates the speed with which the instrument is operated in the reading, so that it is glided over the surface to be read at a uniform speed, which with proper training in its use eliminates the human factor still further—the factor of possible hesitation in the advised gliding motion of the detector points over the surface being read. In the use of these two devices—the Neurocalograph and the Neurotempometer—the Chiropractor is enabled to record automatically the readings of the instrument on mechanically drawn graphs within the lines of a specially prepared form for such graphs.

On its completion, it was hardly hoped that it would be possible to construct the Neurocalograph for general distribution to the profession, because the construction and experimental costs ran into several thousand dollars. Of course, it is not to be expected that the average office could afford such a big investment. In fact, at first, it was not anticipated that it would ever be offered the profession as a part of the equipment for use in the field offices. It was developed primarily for the purpose of enabling Dr. Palmer to carry on his scientific researches with the most perfect instruments and devices possible, free from the human factor to which even he is subject.

However, on the insistence of several Chiropractors that they be able to get a similar outfit, the Neurocalograph was announced at the past Pre-Lyceum as available at a much smaller sum than anticipated, something like \$1250. The Neurotempometer, being much simpler of construction, is available at \$90. These are sold outright, not on a lease basis.

In line with the weekly and bi-weekly examination of the case made in all the laboratories of the Clinic, there has been put into effect the taking of complete X-ray pictures of the patient every two weeks during the stay of the patient under Clinic service. A hand-drawn graph is made of each of the 8 x 36 X-rays, for the purpose of visually recording the gradual realigning of the entire spine on one chart, notwithstanding the fact that but one place is adjusted—that in the superior cervical region, at Atlas or Axis. A book (Vol. XX) is now in course of preparation for sale to the field, showing a large number of these hand-drawn super-imposed graphs made from these 8 x 36 X-rays.

Probably the most interesting instrument announced at the last Pre-Lyceum and Lyceum was the electro-encephalo-neuro-men-timpo-graph (the hyphenating is mine). This instrument has many uses for the purpose of proving the scientific premise of Chiropractic. As its name implies, it is an instrument which records the mental impulses sent out by Innate, over the fibres of the nervous system. This instrument has another function, that of proving as a fact that which Chiropractic has always had to accept heretofore as logical theory, a theory which medical and scientific minds in agreement with the medical premise have always contended as being untenable. The Chiropractic profession heretofore had been compelled to accept the theorizing of its teachers that subluxated vertebrae produced occlusions and consequent pressures on nerve fibres, which interfered with the normal transmission over the impinged or irritated fibre of that mysterious energy generated in the brain and transmitted to the peripheral cell by Innate's direction.

Medical minds and those scientific minds in accord with the medical premise have ridiculed the Chiropractic principle, that specific adjustment at any place in the spinal column had anything to do with changing the tempo, the quality or the quantity of that mysterious force, known as nerve energy, mental impulse current, life or what-not, as it traveled from the brain to the periphery and used the nerve fibres of the nervous system as its conveyor. They consistently denied that the Chiropractic adjustment had anything to do with the restoration of health in the patient, contending instead that whatever benefit, if any, the patient got from a Chiropractic adjustment, was the psychological reaction it created in the patient's mind, that he merely thought he was getting something that would cure him, and that as a result of the psychological reaction some people did get welt following a series of adjust-

ments. In other words the medical profession has constantly held to the statement—note, I am not saying “belief”—that a person who went to the Chiropractor and recovered health because of adjustment was (1) not sick in the first place or else (2) he recovered his health through his own psychological reaction set in motion by the adjusting, causing him to think he was getting better and (3) he did get well, not because of adjustment but because of the psychological reaction created by himself within himself.

One of the objectives in installing this Clinic was the refutation of this often repeated statement of the medical profession and other scientists, and proving that people who recovered their health following adjustment were really sick in the first place and were actually getting well, and were on their way to normal health immediately following a scientific Chiropractic adjustment or series of adjustments. As I have so often stated in the foregoing chapters, Chiropractic has never made any claim to having “cured” any of its patients, either by the adjustment given by the Chiropractor himself or through any psychological reactions set up within the patient by the adjustment. The Philosophy of Chiropractic—I mean that philosophy as taught by B. J.—has always contended that it is the patient’s own Innate Intelligence that does the curing through the generation of the necessary curative mental impulses within the seat of Innate, the patient’s own brain, and its being able to freely transmit those impulses to the dis-eased part of the patient.

In the early days of Chiropractic, very few patients had a really sincere hope of getting well following a series of Chiropractic adjustments, no matter how strongly they may have been influenced to try Chiropractic through the advertising read, or how enthusiastically they may have been recommended to try Chiropractic by some “booster” patient. Most of those early patients when they went to Chiropractic had become discouraged with the other healing agencies they had tried, and had often been given up as “incurable”. They went to Chiropractic very much as the drowning man will grasp at the proverbial straw, not with any real hope of recovering health but just to make sure they had tried everything in their search for health before giving up the ghost. So in the beginning, at least, there was very little psychological reaction, yet strange to say—or, was it strange?—many of those “incurables” of the medical profession were found “curable” through Chiropractic.

To refute this medical contention of psychological reaction really having anything to do with the condition of the patient after his taking a course of adjustments, Dr. Palmer spent many thousands of dollars and twenty-four hours a day of his time during the past year, and worked his assistants to the limit of their physical and mental endurance, in building and perfecting this latest scientific instrument,—the electroencephaloneuromentimpograph—so that

he may check up on the mental impulse flow exhibited by the patient on entering the clinic, a weekly checking during the time he is in the clinic, and a final check up on his leaving the service.

Thus this instrument is establishing as a positive scientific fact another of Chiropractic's fundamental theories, that dis-ease is present in mankind because of an interference with the normal transmission over its nerve fibres of that mental impulse current generated within the patient's brain by his Innate. The mental impulse flow is actually measured in the sick patient on his admission to the clinic, and by observations registered on a motion picture film and many times magnified, the examining Chiropractor is enabled to determine whether the patient is really sick or is feigning sickness or merely thinks he is sick. By weekly examinations during the service, this mental impulse flow can again be measured, and the examining Chiropractor—who, by the way, is usually B. J. himself—is enabled to determine as a fact, by comparison with prior examinations, whether the patient is improving or not, even though the patient may be going through the process of retracing and thinking he is actually getting worse.

So that again, through the use of this device, developed and perfected by him at the cost of a considerable sum of money and countless hours of work and thought, this man that hundreds of Chiropractors have said in recent years is seeking to destroy Chiropractic, through his research is doing something no other leader or alleged leader in the movement has done or attempted to do—to scientifically prove the former logic of Chiropractic is now a scientifically proven fact,—that the cures effected through Chiropractic adjustment were not and are not induced solely by psychological reactions set into operation by the patient's thinking he is getting something that medicine and science had said could not be done.

Another thing that he is proving almost daily in this clinic is the former theory of the recoil forces of Innate having a part in the Chiropractic adjustment is a fact. He is establishing the fact that the Innate of the patient has a recoil force in the process of adjusting by use of the X-ray in addition to the immediate checking after adjustment with the N. C. M. Patients have been adjusted according to the interpretations made of the X-ray, and following the checking up with the N. C. M., a second set of X-rays are taken as soon thereafter as practicable, that is without any injury to the patient by a too strenuous a use of the X-ray. The second X-ray will show the subluxated or misaligned Atlas moved almost as far to the opposite side that without the former X-ray a misalignment would be interpreted as existing in the opposite direction. Then on the biweekly check-up with the X-ray, without any intermediate adjustment having been attempted or given, the Atlas is shown to be gradually assuming its normal

position in the occipito-atlanto-axial line-up, thus showing that some force within the patient is having an influence in the realigning of the subluxated vertebra, whether one chooses to call that Innate, Innate's recoil or what-not.

The Lord only knows what B. J. Palmer will develop next in his work toward the further evolution of the Chiropractic principle! Possibly it may be the ability to determine whether the prospective patient—note, he is not yet a patient—will be needing an adjustment. Even now, with the use of all these analytical aids—the X-ray before and after, the Neurocalometer, the electroencephalo-neuromentimpograph,—and a scientific study of their findings, the trained technician is enabled almost to forecast when another application of the external factor of the complete Chiropractic adjustment will be required.

The announcement of Hole-in-One, for a time at least, seemed to paralyze the entire profession. Some of its concepts were so widely variant from those that the profession had as a whole adopted as incontrovertible. It was particularly variant from the prior belief that all misalignments of vertebrae below the inferior of Axis were in fact subluxations, and being subluxations were capable of producing pressure upon or irritation of the nerve fibres as they emitted at the intervertebral foramina. The fact that vertebrae are misaligned below the inferior of Axis, the latest teachings of Scientific Chiropractic, or Hole-in-One, do not deny. All that its concepts deny is that there is possible a misalignment of such serious import as to produce pressure upon or irritation of the nerve fibres as they emit at the foramina where such misalignments exist. To prove the correctness of the Hole-in-One theory as to misalignments at Atlas or Axis being the specific cause of all dis-ease, and to make his theory more than mere theory and a scientifically proven fact, Dr. Palmer has devoted the major part of his time since 1930 to establishing the premise of Hole-in-One on a scientific base. The past several years since 1924 has seen many of the rough spots ironed out of the Neurocalometer and its technique. Just so, the years since 1930 have seen likewise the theory of 1930 evolved into scientific fact in part, at least, if not in all.

Chiropractic in its forty-odd years has seen many radical changes in the procedure of its practitioners. These changes have brought about wide breaches in the ranks of Chiropractic, but it has been these radical departures from former procedures into new procedures that has brought about the evolution of the Chiropractic principle discovered by the Founder of Chiropractic in 1895 into the Chiropractic procedure as practiced by the graduate of 1937, regardless of his school and the particular procedure taught there. The graduate of today, of course, is convinced the technique taught him is the latest and best, and he does not have to cast aside any of the technique

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used by those who graduated years before. But this the old-timer must do, if he elects to adopt the new technique and keep in line with the evolution of his Art, Science and Philosophy.

However the field practitioner may look at the B. J. Palmer Chiropractic Clinic, whether he be a mixer or a straight, or whether he views its inauguration favorably or unfavorably, there surely can be no denial that it has served a useful purpose to all factions in the ranks of Chiropractic. Throughout its forty-odd years, the principle of Chiropractic has been disputed, on the one hand, by innuendo of “educated” minds that it is but the figment of imagination of a small body of deluded, misled people, and supported, on the other hand, by people who had little but logical theory. True, thousands of people had recovered health through taking a course of adjustments from their Chiropractors, but those “educated” minds told them (1) they weren’t sick in the first place or (2) they recovered health through imagination, or psychological reactions, occasioned by the Chiropractor’s having punched them in the back. But today through the studies being made by its Developer, in his Chiropractic Laboratory, the B. J. Palmer Chiropractic Clinic, Chiropractic is being definitely and conclusively established as a science. So that regardless of the individual feeling of the Chiropractor toward either the Clinic or Dr. Palmer, he should give him credit for the tremendous investment he has made in this most scientifically equipped institution—an investment of the magnitude that no other Chiropractor or group of Chiropractors would have the courage to make—to establish that scientific fact, that in selling Chiropractic to their public, they have a distinct scientific service to offer them.

CHAPTER 20

**Scientific Chiropractic; Hole-in-One,
{Conclusion}**

CHAPTER 20

Scientific Chiropractic, Hole-in-One, (Conclusion)

So far I have not discussed some of the criticisms made of this latest evolutionary step in Chiropractic's march forward as a scientific principle of healing. There were many who could not accept the premise accepted by the advocate of Scientific Hole-in-One Chiropractic, not all of whom were mixers, not all of whom were enemies of Dr. Palmer. Those who are graduates of another school of Chiropractic, other than the Palmer school, and the leaders in those schools, particularly where they differed from the Philosophy of Chiropractic as taught at the Palmer school, could hardly be expected to agree with the Hole-in-One advocate at once,—although today many who are not graduates of the P. S. C. do practice Hole-in-One Chiropractic and are keen in its use as superior to their former practices. Several who have been practicing mixing Chiropractic have adopted Hole-in-One, confident in its practice as the real Chiropractic. But a good part of the criticism of B. J. came from those who had received their training in the Chiropractic principle and technique at his institution, the P. S. C., and were successful in its practice.

Not long after the announcement and endorsement of the Neurocalometer, many of B. J.'s loyal supporters withdrew their support from him and his school, and sent their prospective students to other institutions that were teaching more nearly the old Meric they had been taught prior to the advent of its later modification, Majors-and-Minors. Others who could not go that far in their withdrawal of support, but still would not support the latest teachings of Hole-in-One at their alma mater, simply refused to seek out prospective students for the P. S. C. or any other straight Chiropractic school. The effects of some of the restrictive features of Chiropractic legislation were also beginning to make themselves felt in the school field. Fewer people were taking up its study to become Chiropractors with the possibility confronting them of being unable to legally engage in its practice in their home state.

There was much dissension in the ranks as to what Chiropractic really was. Oh, yes, they all agreed that punching backbones was Chiropractic, but the dissension arose over the question of what was the proper procedure. Some, of course, believed and practiced their belief, of making a scientific spinal analysis and rendering straight Chiropractic service, either with or without the NCM. But of late years the Straight Chiropractor is in the minority, so far as numbers is concerned. The mixers are far in the majority. Since the mixers practice one or several phases of mixing, and disagree with

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other phases of it, there is far from a spirit of solidarity among them, when it comes to the question of agreeing what is and what is not Chiropractic—as they see it.

With the public noticing this same dissension—a dissension such as I have described in Senator Krause's experience as a member of the Legislative Assembly in Pennsylvania—there is little reason to expect prospective students to be as numerous as they were during the years 1910-20, when there was a greater solidarity in Chiropractic, particularly as to its arena of adjustment, its arena of correction of the cause of dis-ease, the spinal column. The public was not concerned with the fact that each school advertised and its boosters claimed it was the acme of schools in the propagation of the Chiropractic principle. For after all that is business ethics for each school or business having an article, a service or a training to sell, to claim their article, service or training superior to that sold by competitors. It is easy enough for the public to make its choice as to which it thinks superior, after making its investigation of all or relying on some booster or salesman. But when it notes that the profession itself does not know what it really is, the public is unable to decide, so remains on the sidelines.

All of this depressed condition of fewer students entering the study of Chiropractic naturally centered at the P. S. C. because it has always been, and is yet the Chiropractic school having the largest student attendance, notwithstanding the greatly lessened number of would-be Chiropractors. Coupled with this was the furor created by the introduction of the Neurocalometer, and its sponsorship by B. J., and the withdrawal of many of his formerly loyal supporters. With the extra overhead of idle or but partially filled classrooms, the loss of many loyal supporters and the resultant furor from the NCM's entry into Chiropractic, it was a load that would have been impossible for B. J. to bear had he not thrown himself more and more into the field of research, to evolve theory into scientific fact. In his talks before public assemblies of Chiropractors and in his classroom lectures, B. J. has often told how during this period to rest his mind from the combined strains of research, the financial load and loss of former supporters and friends in Chiropractic circles, he expended his physical energies in constructing "A Little Bit O' Heaven" and expanding his activities in Radio Stations WHO and WOC.

On top of all this came the depression of 1929 and the succeeding years, although his "depression" had begun some years before. October, 1929, finds him probably better prepared to buck the storm than almost any other business enterprise, because he had long before then consolidated his organization to withstand the loss of revenue from tuitions, sales of textbooks and advertising supplies. While he knew that its introduction in a period of business depression, and his own "depressed" state of affairs through lowered income,

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would result in further temporary depression, yet he was better prepared than many to back up his latest announcement, that of Hole-in-One and the beginning stages of Scientific Chiropractic, in the spring of 1930. He knew that he would lose the support of some of his remaining loyal supporters, but he also knew he was on the right track to continue the evolution onward of his beloved Chiropractic, that now he was nearer his ultimate goal of establishing Chiropractic as a really scientific Art and Philosophy.

Following his announcement of Hole-in-One, he was confronted with the argument of his opponents and critics that there was little possibility of Atlas misalignment creating any more impingement, pressure or irritation of nerve fibres than was possible at the intervertebral foramina. They contended that there was considerably more space provided in the upper part of the neural canal than was required for the passage of the spinal cord alone, that there was space for the passage of the blood vessels for carrying the supply of blood to the base of the brain and the other tissues, that the spinal cord was itself sheathed in its protective coverings, and that it was bathed with the spinal fluids for its protection and lubrication.

He was also confronted with the criticism of those who were making good in the practice of Straight Chiropractic by which they had stood, shoulder to shoulder, with him in the long struggle to maintain Chiropractic pure and unadulterated with any of the other forms of health service, that in so widely disturbing the Chiropractic premise of dis-ease being caused by subluxations along the entire spine and not merely at the one small restricted section of the superior cervicals, Atlas and Axis, would totally destroy the public's confidence in Chiropractic. In short, and to the brutally cutting point, they accused B. J. of selling out Chiropractic to the medical profession in adopting their teachings in part, as he did, that a nerve impingement or irritating reaction could not be produced at points in the spinal column other than at the superior and inferior of Atlas and in the neural canal by the odontoid process of Axis.

Following his inauguration of the B. J. Palmer Chiropractic Clinic as a part of his research activities, because of his wide publicizing of it in his monthly talks over his Radio Station WHO, at Des Moines, he has also been accused of seeking to capitalize it to his own personal gain, rather than using it for the avowed purposes of research; and that by so doing he was entering into competition with his own graduates and with the rest of the profession for patients at his private clinic. In answer to this, permit me to quote again from his talk introductory of this clinic, to record clearly the type of case he is seeking for it. He said:

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“I am perfectly frank in saying to you that to get the case well that you can get well would not interest me. I do not want those easy nuts to crack. What I want is the failure. I want the problem. I want the impossible. I want the cases you cannot crack. That is the kind that makes me get down and work and study, that makes me develop something better for you next year. That is the sort of cases that I want.”

“I think every Chiropractor has a case or two at home that ate problem cases that they cannot get well, that it is very important to them, in a professional way and in a commercial sense, that they get well. Of course, where you have one of those cases that you have not succeeded in getting well, it is continuing to be a black eye to you locally. What would be better for you to do than to send that case up here and let us get that case well and send it back to you so that they can become a booster for you rather than a sore thumb all of the time? That is the kind of a case we are wanting you to send us. That is the kind of a dilemma we want you to correspond with us about.”

As to his seeking to be a competitor for patients that properly might be prospective patients for the local Chiropractor refutes the criticism once made of his private clinic. In such of his talks as I have heard over the air, he has not and is not bidding for those cases that can get successful results from their local Chiropractic health service. From talks with some of his patients while they were at the clinic, I know that just as soon as he believes it proper to do so, the patient is referred back to the local Chiropractor, if there is one in the patient's community capable of rendering efficient Scientific Hole-in-One Chiropractic health service. Parenthetically, I might say that this statement of clinic patients was made voluntarily by them to me, not in answer to any direct or indirect question of mine.

Now, personally, to myself I have been somewhat critical of the vast equipment that B. J. has installed in this clinic, for fear that it might deter future students from taking up the study of Chiropractic, as well as being discouraging to those at present engaged in its study. At the time of its inauguration his original or initial investment was approximately \$50,000, in itself a sum to discourage the most prosperous Chiropractor for his own office equipment. By the time the first year had passed, B. J. had put several thousand dollars more into additional equipment, additional laboratory facilities, and experimental costs, so that by Lyceum time in 1936 his investment had mounted to nearly \$100,000. In the past year he had continued to pour money into this investment and experimental costs, so that for the Clinic alone it mounts to well over \$125,000. These figures, which are only approximations conservatively under the actual costs, do not include the costs of building up the Osteological Studio, which through the years from the time Daniel David Palmer first began his study that led to his discovery of the Chiropractic principle up to the present has mounted to a figure that I doubt even B. J. could closely approximate without reference to the capital accounts

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of the school's ledgers. They do not include the costs of the building in which it is housed, which as all who are familiar with the properties know amounts to a very considerable sum.

Considering the rapidity with which improvements are being made in the laboratory equipment, the advances made in chemical investigation and the necessity of continually adding new equipment and scrapping the old, the experimental costs of developing new Neurocalometer and extra-Neurocalometer equipment—the Neurocalograph and Neurotempograph—the rapid changes and additions made to X-ray and its technique,—the depreciation in much of these costs will be much greater than the usual percentages normally allowed by the Bureau of Internal Revenue for depreciation for income tax purposes—considering all of these factors, B. J. knows as well as any professional accountant that he is not actually making any money out of the revenues from this Clinic.

But he did not go into the business of operating a private Chiropractic health service with the idea of making a fortune out of it. He went into its development for one purpose only, that of establishing Chiropractic on a proven scientific basis, that of proving that subluxations, or misalignments, creating nerve pressure and irritation at the superior cervical region really do exist. He went into its development for the purpose of establishing Chiropractic on a proven scientific basis, that the patient entering Chiropractic Health Service at the Clinic is really suffering from an abnormal expression of mental impulse current at the periphery—dis-ease—and of proving that under adjustment the patient is restored to health, with a normal expression of that mental impulse current at the periphery—with a corrected positioning of the misaligned vertebra, and not as a result of psychological impressions created by either the adjustment or reactions set up within the patient.

In closing my discussion of the B. J. Palmer Chiropractic Clinic I hope that I have left the impression in the reader's mind that it is a distinct advancement of the research facilities of the entire Chiropractic profession, not only for advancement of the personal researches of Dr. Palmer; that it is not an institution designed to advance the personal fortune of its organizer, but designed to advance the knowledge of the entire Chiropractic profession; that it is not an institution designed by an embittered man to overthrow an Art and Philosophy that he had spent upwards of forty years in developing; that it is designed to add results of research in developing a real Science of Chiropractic.

As far as adding to the cost of equipping a Chiropractic office for the graduating Chiropractor or the one already in the field, knowing B. J. Palmer as I think I do, he does not hold to the present-day philosophy of some of raising costs to boost the income of the underprivileged third of our

population. He is an advocate of the philosophy of reduction of production and distribution costs so that even the underprivileged third may avail themselves of the products of labor, industry and science. He is making available all of this equipment to the entire profession for a small fee, so that it is not an absolute necessity for the field Chiropractor to invest in the more expensive features of the Clinic to make them available to his patients. That is presently being inaugurated in a Consultation Service in the Clinic, whereby the field Chiropractor can send those cases that are unsolvable problems to him with his facilities to the Clinic that its facilities may help him solve the problem.

To review some of the developments in the evolution of Chiropractic that have led up to this latest step, Scientific Chiropractic, the Atlas has long been considered the most important vertebra of all the spine. It was so considered when I first became acquainted with the subject, although its adjustment was rarely attempted by the novice student, that being left to the faculty member and the graduate or one just about to graduate, after months of adjusting. But at that time the X-ray was entering the scene of Chiropractic, and the adjuster did not have to rely solely on digital palpation of the transverse processes—of what were thought to be transverse processes of Atlas. The medical profession had long taught that a vertebra could not be moved out of its proper alignment with a force such as that to which the spinal column is generally subjected under normal conditions of stress in the ordinary walks of life, that to even partially dislocate a vertebra a force of 2000 pounds or over would be required. When Chiropractic came on the scene of caring for the sick, stating that the cause of dis-ease was the impingement of nerve fibres and trunk nerves as they emerge from the cord at the intervertebral foramina, the medical profession responded that such a thing was impossible, that to misplace a vertebra sufficient to cause an impingement of a nerve trunk or fibre at the foramen was an impossibility without its being caused by such a displacement that it would be impossible of correction by a Chiropractic adjustment.

In the later developments of Hole-in-One, its opponents in the ranks of Chiropractic and most of its educators contended that impingement or irritation of the spinal cord, or fibres composing it, was impossible, because the cord, as they claimed, occupied such a small portion of the neural canal in the superior cervical region that misalignment of either Atlas or Axis was impossible of such degree as to merely cause impingement or irritation of the fibres that make up the cord, that any misplacement of either sufficient to cause such impingement or irritation would be sufficient to cause termination of all mental impulse current traveling through the body of man. That part of the research for B. J., conducted by the Spalteholtz Laboratories in Ger-

many, resulting in the specimen that I have briefly described and the photographs to which I have alluded in an earlier chapter, contravert this contention of the opponents of Hole-in-One, and prove that the spinal cord with its protective sheathing occupies so much of the neural canal in this region that a misalignment of Atlas or Axis can produce a pressure on or an irritation of the fibres composing the cord at this section. And of course any misalignment of either Atlas or Axis also brings into play the possibility—even the extreme probability—of the odontoid process of Axis having an equally similar effect on the nerve fibres making up the spinal cord.

In 1910, or but a short time following the time that I became acquainted with Chiropractic, there was much discussion in the profession about anterior adjustments of Atlas, and a very considerable part of the profession were learning this adjustic procedure, although it was not taught at that time, nor at any time as far as I can ascertain, at the P. S. C., at least as a part of the approved technique of the art of adjusting. I have mentioned the incident of Dr. Newsalt's adjustment of me, with a modified form of the anterior Atlas, in 1918 or thereabouts.

About 1911-12 I well remember there was considerable discussion about cord pressures being occasioned to the spinal cord itself by misalignments of the vertebrae, caused by the subluxation itself or by distortion and interference with the normal free descent of the spinal cord through the neural canal,—twisting the cord, pulling on it, or exerting an internal force upon it. You see, in its several years of public presentation, there were many inexplicable reasons for Chiropractic's frequent failure in many cases notwithstanding the fact that even then almost every known type of dis-ease had been successfully cared for by Chiropractic service. The profession was wondering why this was, that adjustment at certain vertebrae, or Meric zones, were successful in one case and a failure in others, and why results were sometimes achieved by adjustment at apparently unrelated vertemes or zones.

The subject of cord pressure became a much-mooted question in Chiropractic circles shortly after it was first broached. Many schools of Chiropractic thought held it totally impossible, while others maintained not only its possibility but its probability. Under the theory of Hole-in-One that misalignments of spinal vertebrae, other than at Atlas and Axis, are impossible of producing interference with the nerve fibres as they emit from the spinal cord through the intervertebral foramina, it is also unlikely that there are cord pressures within the canal caused by other vertebrae than Atlas and Axis, unless (1) the misalignment amounts to more than what was formerly interpreted as a subluxation, or (2) through some reparatory process of exostosis of injured vertebrae this reparation may produce internal cord irritation or interference with some of its fibres. Or (3) possibly with the con-

torted spines so frequently observed, the twisting and turning of the column as a whole in itself may produce constriction with consequent incoordination or irritation of the nerve fibres. Suspended as the cord is within the neural canal, and surrounded with protective tissues, and connective tissues, immersed with the spinal fluids within the canal, unless there be some extremely abnormal twisting and contorting of the column itself, or (4) a severe partial or complete dislocation of one or more of its segments, pressure on the spinal cord at places other than at its exit through the magnum foramen and below the odontoid process of Axis seems unlikely.

To the old time practitioner, who had practiced with marked success under Meric, or to those who have practiced for years along the lines of mixing other therapies with Chiropractic adjustment, Scientific Chiropractic or Hole-in-One is anathema. They are anathema because, in the strictest sense of the presentation today, all of their successful results must have been solely as a result of accident and not as a result of the scientific application of the principle first advanced by its Discoverer and developed by B. J. Palmer and other teachers in the Chiropractic movement. The theory of Chiropractic had been proven right for so many years that it was difficult for many to believe that misaligned vertebrae at places other than the superior cervical region cannot cause nerve impingement, pressure or irritation. That is particularly true when there is hardly a practicing Chiropractor but what has observed the after effects of an occasional spinal adjustment where the movement of the vertebra adjusted was perceptible to the naked eye, to say nothing of the sense of touch and verification by digital palpation and X-ray after-examination. Of course, the majority of those visible instances have been in acute cases where there was probably a partial dislocation without complete tensing of the ligaments, etc., so that the simple adjustic movement was but applied Chiropractic Orthopedy able to properly set an acute dislocation—acute even though it may have existed for years.

The strict adherent of Hole-in-One makes no attempt at manual adjustment of misaligned vertebrae below the superior cervical region. He believes, and practices his belief, that since Hole-in-One is absolute, he is right in not doing so, because it would then be merely treating an effect. One notable instance of this was in the case of J. F. Humphrey, D.C., of Griswold, Iowa, Dr. Humphrey had been seriously injured in an automobile accident during the course of preparation for the annual parade held in August, 1934, at the P. S. C. Lyceum. In this accident, as proven by X-ray, one of the lumbar vertebrae was fractured, so that no adjustment could have been made there, even had the vertebra been misplaced or subluxated. There is no doubt that it was out of its normal alignment. Dr. Humphrey was given but one adjustment by Dr. Palmer—that at Atlas. At Pre-Lyceum in 1935 he stated

emphatically that but one other adjustment was given later—at the same location, Atlas. Yet complete recovery had followed, notwithstanding the fractured lumbar. At the Pre-Lyceum of 1936 Dr. Humphrey was again present, and participated in the normal activities of the two weeks, stating that following this adjustment of Atlas by Dr. Palmer once and one subsequent adjustment at the same location, he had regained complete restoration, even to complete healing of the fractured lumbar. Numerous similar incidents have been cited by other Hole-in-One practitioners.

All of these findings under actual Hole-in-One adjustment, and the criticism of both his friends and enemies within the ranks of Chiropractic, coupled with the age-old criticism of the medical profession and allied scientific minds that whatever good was attained through Chiropractic adjustment was psychological, but served as added factors to urge the Developer of Chiropractic to continue on with his research, to establish the Chiropractic principle discovered by the Founder as Scientific Chiropractic. The fact that Chiropractic is scientific has been within the past few years demonstrated by the research of its Developer. A large part of this research has been conducted by him in that great Chiropractic laboratory that he has instituted by his private clinic,—if it can be considered a private B. J. Palmer affair. In a sense it is his private clinic, of course, in that he is the only one who adjusts in it, and I have occasionally spoken of it in that sense. However, I feel it is vastly more than a private clinic; I think the expression Chiropractic laboratory more aptly describes it. Because it is a laboratory wherein he has made all of his investigation and practical research within the past two years or more, wherein he has demonstrated not only Hole-in-One but all straight Chiropractic to be scientific.

Now, the term Scientific Chiropractic is most generally deemed to mean that Chiropractic practiced by the Hole-in-One adherent. If the premise of Hole-in-One is correct—and I believe it is, both from observation and investigation and from personal experience,—then it is Scientific Chiropractic, and all other forms of Chiropractic are either Straight Chiropractic or mixing. This Chiropractic laboratory, however, has been of service to the entire Chiropractic profession, regardless of its form of application of the principle, mixing or straight, inasmuch as it has conclusively proven that Chiropractic is no longer merely logical theory but demonstrated fact.

Regardless of whether or not one accepts Hole-in-One, or Scientific Chiropractic, by adjusting solely at the superior cervical region, there is no question but that this region should be examined along with other portions of the column, even by those who do not or will not entirely accept its theory or procedure in his practices. Now, I do not mean to imply by this that the Hole-in-One practitioner ignores the remainder of the spine—for he

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does not; he merely confines his adjustic procedure to the superior cervical region, leaving it to the Innate recoil forces of the patient to realign any other malpositioned vertebrae. This examination should be under the latest technique developed in conjunction with the development of Hole-in-One, particularly with X-ray. This means that in this phase of spinal analysis, the Chiropractor should have taken lateral and antero-posterior views of this region, also the diagonal and vertex views,—a complete stereoscopic set of X-rays,—and he should conduct his examination with the equipment designed for that purpose, the stereoscopic view-boxes. Accompanying the stereoscopic X-rays, the pre- and post-checking should be made with the Neurocalometer or similar analytic aid.

I say this because the results attained even at this early date under Hole-in-One have proved at least that it does get a greater percentage of favorable results in quicker time than any other form of practice. The profession, as a whole, should not allow itself to become blinded to the proven, established facts, against an acceptance of this examination, simply because of a rabid dislike of Dr. B. J. Palmer, whether the dislike is justified or is merely assumed for the sake of differing from his views.

On the other hand, the procedure under Scientific Chiropractic should be attempted by no Chiropractor, and no patient should permit it to be used on him, unless that Chiropractor has first had an extensive training in the technique of adjustment under Hole-in-One and has the proper equipment for making a scientific spinal analysis. This is too important a section of the spine to adjust to permit of possible error in interpretation of the X-ray or to permit of error in the speed, force and direction of the adjustic movement. If error is present in any of these particulars, this is probably the only region in the entire spinal column wherein such error may result in the attempted “adjustment” itself producing a greater misalignment. And there is too great a possibility of the error being one that cannot be corrected at the time or at any time in the future.

Even though the service of a competently trained Hole-in-One practitioner may not be available to the patient, there is one way in which he doubtless will benefit through the advent of Hole-in-One and Scientific Chiropractic. That is that its advent will cause exponents of other forms of practice to use greater care in their technique, particularly in adjusting at or near the superior cervical vertebrae. This is certain, although an error in judgment at other locations than this particular region cannot do nearly as much injury as is possible under an error of judgment in Hole-in-One.

In conclusion, regardless of whether or not the reader, if he is a Chiropractor, accepts the technique and the philosophy developed by Dr. Palmer within very recent years as the latest step in Chiropractic, there is no question

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that there has been a tremendous evolution in its principle since its discovery by the Founder over forty-two years ago. But a disbelief in these latest steps being the latest known advance in that evolution is not sufficient, in my mind, to justify its exclusion from their practices, without first they have made a thorough investigation of the fact.

One of the greatest errors committed by members of the Chiropractic profession, both in the field and in the school, is that they too often permit their dislike of a person to amount to an ardent disbelief of any discovery made by one with whom they may not be in complete accord. Particularly is this true of the factions outside of the Palmerite ranks. For this reason perhaps there is much unjust opposition among Chiropractors and Chiropractic schools to the theory and practice of Scientific Hole-in-One Chiropractic. It would seem that a more liberal attitude should be assumed throughout the entire profession. There is no question that Hole-in-One deserves some meritorious consideration from all, so that the entire public may have opportunity to receive its benefits, in part at least if not entirely. Even though the theory and philosophy of Hole-in-One may not be entirely acceptable, as being the SPECIFIC for the removal of the CAUSE of ALL DIS-EASE, the fact that it has demonstrated a stepping up in results is proof of an advancement in the evolution of Chiropractic.

If Chiropractic is to continue as a separate and distinct branch of the healing arts, as it has so far succeeded in doing in its brief forty-odd years, there must be a greater cooperation among all factions in Chiropractic, because by the normal operations of life, the remaining span of life of many of its present leaders is short. It is just a question of how limited is that time before the profession must have new heads, new leaders, new research, new discoveries. The multitudinous petty jealousies now prevailing in the profession are not conducive to developing real leaders in the ranks. In fact, in the face of those jealousies, it is remarkable to me that even B. J. Palmer, as strange a personality as he is, has been able to carry on his work in the evolution of the principle discovered by his father. Now, when I characterize B. J. as having a strange personality I do not mean to imply that he is exceedingly different from the average man; I mean he is a person who has that peculiar capability of working to improve a Science, an Art and a Philosophy, even when he is deserted by hosts of loyal supporters of former halcyon years.

If the present trend of proposed Chiropractic legislation is to continue in the future as it has in the past, in some of the states, the danger is that the profession will suffer an irreparable setback, in that (1) new students, who may have had in mind the study of Chiropractic, thus bringing new blood into the profession, will instead divert to the study of medicine, and (2) there will be no replacements to take the place of those compelled to

retire, whether by age or death. As a practical matter, if one must spend as much time learning Chiropractic as he does in learning medicine, he will naturally take up the study of medicine, because on graduation and licensure he will be enabled to take up any branch of the healing arts he may choose—Chiropractic included, regardless of whether or not he has one iota of intelligent understanding of its particular technique. Chiropractic legislation is so disorientated that even in those states having only Chiropractic examining boards are unable to grant reciprocal rights to those licensed by similar boards in other states, to say nothing of those states in which it is licensed under composite boards or under the medical board as a restricted branch of the medical arts.

Chiropractic has stood these forty-two years as a separate and distinct school of the healing arts, with its own Art, Science and Philosophy, solely because there once was a common platform for all—the perpetuation of their right to practice. But if the legislative restrictive elements continue along the present trends, so that no privately financed school can continue with its instruction, or so that the average prospective student would elect medicine instead since he would have to spend no more time in getting a medical degree, there is danger that new blood will not come into its practice sufficient even to replace those compelled to discontinue its practice through death and retirement. The result then will be that instead of Chiropractic being taught as a separate Art, Science and Philosophy in a Chiropractic school, if taught at all, it will be taught in a state tax-supported institution merely as an adjunct to medical training. In that event Chiropractic would eventually suffer the fate of homeopathic medicine, where some few decades ago it numbered many successful colleges and today is taught in but two— one in Philadelphia, the other in Cincinnati, and neither of those two adhering strictly to the principles laid down by Hahnemann.

If Chiropractic is ultimately to suffer this fate of absorption by medical institutions and complete eclipse, as will soon be the fate of Hahnemannism, it will also suffer the result that there will be no further evolution of the principle of Chiropractic, and the continued advance onward from today's Scientific Chiropractic will cease. Above all this, the public will suffer more from its loss than will the individual practitioner. It is my sincere hope that the factions will again unite on the principle, even if they cannot unite on the mode of application of that principle, so they may present a united front toward that organized opposition that would like to wipe Chiropractic— mixing and straight—off the map of health service to the sick.

In writing the foregoing pages of the evolution of Chiropractic I have sought to establish as well that the work of B. J. Palmer since he took the helm of Chiropractic in 1902 has been constantly toward impelling Chiro-

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practic forward in its evolutionary process to its present standing as a recognized science of healing. At the same time I have sought to establish logical reasons for the loyal supporters of Scientific Chiropractic to deny the statements made by some that B. J. is deliberately seeking to overthrow the principle that his father discovered and which he himself had spent so many years in developing. That one result of his study through the years has led B. J. Palmer to accept the anatomical fact that subluxations, as once claimed by the entire profession, below Axis are impossible, is no justification for believing that he is now seeking to wreck Chiropractic or sell it to the medical school of thought.

I have also sought to show that in his work,—particularly that of the past decade—he has been working toward establishing Chiropractic as a scientific principle, not merely as a theory. In so doing, in its evolution, much of what had seemed logical theory has had to be thrown overboard, because proven facts have shown it to be in error. But in jettisoning the illogical part of the old theory he has, in my opinion, established incontrovertible fact to take its place. In the evolutionary process which Chiropractic doubtless will travel in the coming years, it may be that theories generally accepted and believed throughout the profession today will also be cast aside as impracticable, because further scientifically proven facts will have cast them overboard.

I have sought to show the evolution of Chiropractic from the day its principle was first discovered, forty-odd years ago, to its present scientific standing, without prejudice toward those who cannot accept the principle as it is understood today in Scientific Chiropractic. I have also sought to do this with a mind free from bias toward those who have condemned at every step the man most responsible for that evolution, whether because of professional jealousy of the man himself or because of disagreement with the position taken by him. I hope I have done it so that it will encourage the sincere members of the profession to so conduct their work that they and future Chiropractors for many generations to come may continue carrying their message of Chiropractic to the sick and suffering public, just as did the early pioneers and martyrs of the Chiropractic cause in those first troublesome decades following its discovery.