

Appreciating a Legacy without Prejudice

In this issue, we have published a paper that highlights events in chiropractic a hundred years ago, including D.D. Palmer's conviction for practising medicine without a certificate from the state board of health. Because the law under which he was charged interpreted the practice of medicine as curing or professing to cure diseases (by any means whatever), the jury had no choice but to find him guilty. As a matter of principle, he chose to go to jail rather than pay the prescribed fine, thus becoming the first chiropractic "martyr." It was not until the following year that the landmark Morikubo case in Wisconsin set the crucial legal precedent differentiating the practice of chiropractic from both medicine and osteopathy.¹

"Old Dad Chiro," as he liked to be known, was feisty and outspoken to say the least, and his fierce adherence to principle was emulated by many early chiropractors, including his son B.J., inspiring them to deeds of great courage and sacrifice, including defying the law when necessary to call attention to injustice. B.J. never spent time in jail, but over the nearly seven decades that elapsed from D.D.'s conviction until chiropractic legislation had been enacted in all the American states, hundreds of other chiropractors did. Among our fellow students at Palmer College during the late 1950s were Chap Reaver, whose father had the distinction of being the most jailed chiropractor, and E.J. Nossler, who was destined to become the last of the "martyrs" in the United States.

But there are two sides to every coin: the same intense loyalty to chiropractic that inspired heroism and high ideals and enabled our profession to survive more than a century of opposition, suppression and ridicule also gave rise in some quarters to a dogged fundamentalism that invited medical accusations of "exclusive dogma" and "unscientific cult" and kept chiropractic isolated from the healthcare mainstream until relatively recently.

The irony is that, for all their faults that our generation can perceive with 20/20 hindsight, the Palmers, far from being static in their thinking, were continually searching for better explanations for what they observed in practice and better methods for correcting what they believed to be causing dis-ease. They were largely self-educated, and their ideas were unapologetically radical, but they were better informed and more actively engaged in their field of interest than many of their critics.

For example, the osteological collection begun by D.D. Palmer in the late 19th Century and greatly expanded over the years by B.J. came to be widely acknowledged as the most extensive collection of abnormal spines in the world. Study of this collection helped to inform their thinking about the spine: its structure and function and its adaptation to disease, gravitational stress and other noxious influences. To this day the collection is on view at the Palmer College of Chiropractic Davenport campus.

Also housed at the Davenport campus is the famous "wet specimen" prepared in 1934 in Germany according to B.J.'s specifications to test the hypothesis that pressure on the brain stem arising from malalignment of occiput, atlas and axis is possible in life.² Palmer wrote:

"This specimen is the next-to-best connecting link as proof of the atlas rotated wedge-side-slip subluxation. Palpation is largely conjectural; spinographs are shadowgraphs of the living subluxation, but they are of one direction or angle only, viz., A-P, lateral, or diagonal, being impossible to take from superior-inferior. But here is a third dimension, superior-inferior, transparent, visual subluxation as it was in life—immediately after death. It reveals ALL directions simultaneously, transparently. There could be but one more step to proving proof—the living proof—and that we cannot have."³

Soon afterward, Felix Bauer, a young graduate from Switzerland who remained at Palmer for an extra year to work with B.J., devised an x-ray view that would partially overcome this problem. B.J. enthusiastically embraced Bauer's base-posterior technique and added the view to the standard spinograph series.⁴ Bauer returned to Switzerland for a time, but left before World War II broke out and spent the rest of his life in Sydney.

The notion that B.J. was a serious clinical researcher is a source of mirth in some circles today, however given the limited financial and human resources available to him, his achievements were quite remarkable. On 15 August 1935, he opened a private research clinic on campus⁵ for the purpose of managing and documenting difficult cases and referrals from the field. Patients were given a thorough medical examination—including laboratory tests—on presentation, at prescribed intervals during care, and on discharge. Spinographs were taken at similar intervals according to strict protocols, and electroencephaloneuromyotomography (a form of EEG) readings were also part of the routine workup. Neurocalograph readings were taken pre- and post-adjustment in a shielded and grounded booth to prevent possible contamination from background electromagnetic radiation. Patients were adjusted only when an established heat "pattern" suggested neural interference in the occipito-atlanto-axial region. Post-adjustment rest and individually designed rehabilitation regimes were part of the management program. Results were impressive, as the collection of discarded braces, casts and mobility aids adorning some of the clinic walls attested.

The clinic was closed soon after B.J.'s death in May 1961, presumably to allow Palmer College to focus its limited resources on raising academic standards and pursuing a needed building program. A large number of the case records survived, however, and a decade ago at least one case report was written up and published to illustrate the clinic's work half a century earlier.⁶

It seems to be a quirk of human nature to deify or demonise the tall poppies—and the Palmers were certainly that. Historically the former led to the fundamentalism referred to above that even today undermines efforts to advance chiropractic; the latter is divisive and undermines, to the profession's detriment, cohesion of chiropractors across the spectrum. Perhaps a more mature generation will appreciate at face value contributions made in good faith and refrain from judging them according to the standards of a later age, or the people who made them for having the mixture of virtues, faults and eccentricities that makes all of us human.

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