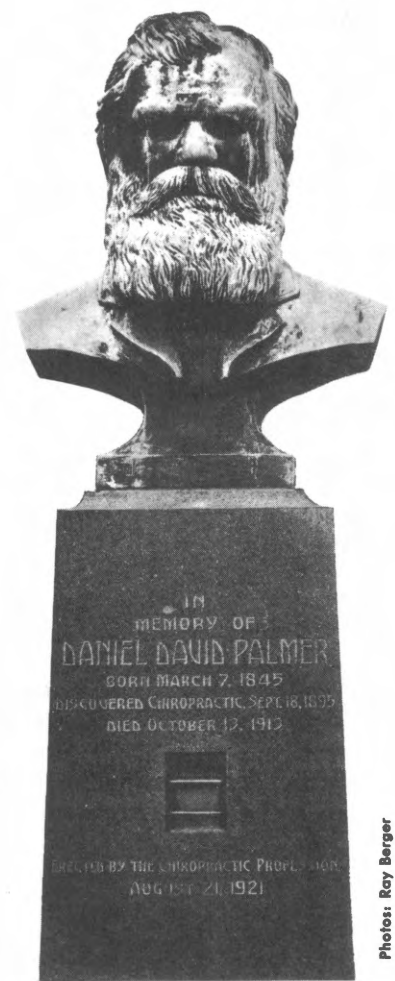


# Visit to a Bizarre World —Chiropractic Alma Maters

*Posing as a patient, the author visits clinics of the world's two leading colleges of chiropractic—and undergoes some revealing experiences.*

by RALPH LEE SMITH



Photos: Ray Berger



“Oof!”

I was kneeling with my head on a little headrest that reminded me of a chopping block. The student chiropractor in the Palmer College of Chiropractic Clinic, a young blond Hercules, stood over me with his hands planted, one over the other, firmly at a midpoint in my unsupported back. Suddenly he pushed down with all his strength and weight. “There must be a better way to get a story on chiropractic clinics,” I thought to myself as Hercules moved his hands a little further down my spine. But I didn’t say it out loud. Instead I said “Ouch!” as he did it again.

Actually, although I had a sore back for a couple of weeks, there probably was no better way to get the story than the one I chose—namely, to offer myself as a guinea pig. I visited the clinics associated with the Palmer College of Chiropractic, Davenport, Iowa, and the National College of Chiropractic, Lombard, Illinois. These are regarded with pride in the chiropractic world as offering the best in chiropractic care. At both I said that I was experiencing symptoms which are usually associated with the presence of certain serious conditions. The clinics’ response made me wonder if I were Alice and had fallen down the rabbit hole.

I chose the clinics of Palmer College and National College for several reasons. Almost from its inception, the chiropractic healing cult has been split into two groups, the “straights” and the “mixers.” “Straights” stick to spinal manipulation as the almost exclusive treatment of human disease. “Mixers,” the majority group, supplement spinal manipulation with such treatments as giving vitamins and minerals, and sometimes with treatments such as “colonic irrigation” (in layman’s language, an enema with the water under pressure), and other methods long ago discarded by medical science.

Palmer College—named for and founded by chiropractic’s founder—is

the headquarters of the "straight" approach, and the National College is the banner school of the "mixers." With a combined enrollment of more than 1300 students, 1019 in Palmer and 304 in National College in 1966-67, the two colleges currently provide half of all new persons entering the field. (There are 10 other U.S. schools of chiropractic, and one Canadian chiropractic college. The total enrollment of the 12 United States colleges of chiropractic was 2576 in 1966-67.)

The officers and faculty of both schools are prominent in the chiropractic world. Joseph Janse, president of National College, is co-author of *Chiropractic Principles and Technic*, a standard text in chiropractic colleges, and has recently been chairman of both the Committee on Public Health and the Committee on Chiropractic Standardization of the American Chiropractic Association. Galen R. Price, dean of the Palmer faculty, is a member of the Board of Control of the *International Review of Chiropractic*.

Thus, in going to the clinics of these two colleges, I could try both types of chiropractic treatment at institutions that are acknowledged leaders of each.

At chiropractic colleges students are told that most or all human illness originates in the spine. Chiropractors believe that illness is caused by vertebral misalignments called subluxations, which supposedly pinch the nerves leading from the spine to the afflicted area. The nerve function is thereby distorted, causing the sickness or disease. To cure disease, they believe, one must exert manual pressure on the spine to force the straying vertebrae back into line. This is called the chiropractic adjustment.

As the reader can easily guess, there is no scientific evidence to support this quaint and antique theory. It was dreamed up by an Iowa grocer and fishpeddler named Daniel David Palmer in 1895. (See "Chiropractic: Science or Swindle?" *TODAY'S HEALTH*, May 1965). Nevertheless, the nation's chiropractors follow it religiously in treating several million Americans a year for ailments ranging from sniffles to cancer.

Now, this theory has an interesting consequence. Medical doctors know that different diseases have different causes and require different treatments. Correct diagnosis is therefore central to successful therapy. But the chiropractor believes that most or all illness comes from a single source, and he is therefore not particularly concerned with making an accurate diagnosis. No matter what symptoms a patient might have, the chiropractor's task, as he sees it, is not to identify the affliction, but to roll the patient over and adjust the spinal subluxations that he rarely fails to discover. The illness, he believes, will then disappear, whatever it was, so why diagnose it?

"The Chiropractor pays little, if any, attention to symptoms or pathologies," wrote B. J. Palmer, son of Daniel David Palmer and longtime president of Palmer College (he died in 1961 and the school is now run by his son, David Daniel Palmer). "To the Chiropractor, there is only *one* disease—*one* cause—*one* cure . . . Patient can come to the B.J. Palmer Chiropractic Clinic, Davenport, Iowa, and be deaf, dumb, and blind—not telling or indicating anything—and we could and would



After examination and "treatment" at Palmer, author visited clinic of the National College of Chiropractic, Lombard, Ill., leading college of "mixers"—largest branch of chiropractic.

locate THE CAUSE [in the spine] of whatever, wherever he had: adjust him, and send him home well."

B.J.'s grammar may not have been perfect, but his meaning is plain, and it raises questions. Suppose a patient went to a chiropractor with symptoms that would clearly indicate the possible presence of a dangerous illness. Would the chiropractor recognize the symptoms? Would he try to find out if the patient actually had that illness? Or would he simply adjust the patient's back?

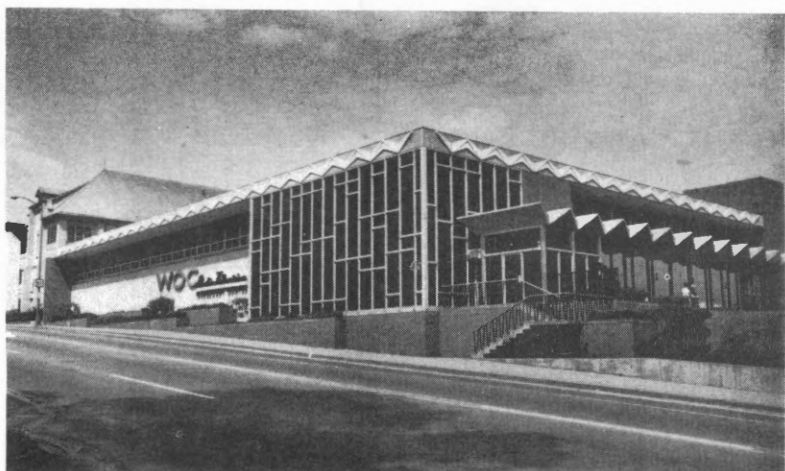
Again, suppose a patient had a spine with no detectable medical abnormality. Would the chiropractor nevertheless discover that it was subluxated in such a way as to cause disease? If the patient went to two chiropractors, would they both discover subluxations? Would they find them in the same place?

For many chiropractic patients the answers to these questions could mean the difference between sickness and health, between recovery and disability, even between life and death.

I decided to find out. First I went to one of the nation's leading hospitals and submitted myself to a thorough physical examination. It included extensive laboratory work, and an especially careful examination of my spine, based on a detailed series of x-ray plates taken from every angle. The examination showed me to have no illness, and showed that my spine had no medically significant defects that could be detected by the finest facilities and equipment of modern science.

My first stop was the Palmer College of Chiropractic in Davenport. It occupies three city blocks on an attractive site at the top of a hill overlooking the Mississippi River. Across the street are the modern transmitting facilities of stations WOC ("Wonders of Chiropractic") and WOC-TV, founded by B.J. Palmer and owned by the Palmer family. One of the transmission towers is atop the D.D. Palmer Memorial Building, a classroom facility on campus.

The Palmer College is a monument to the immense energies and bizarre eccentricities of B.J. Palmer. Before his death, the exterior and interior of the buildings, and even the walls of the ladies' rooms, were covered with slogans and sayings (one in the ladies' room read,



*Across street from Palmer College are WOC (Wonders of Chiropractic) and WOC-TV, part of chain owned by Palmer family.*

"Beauty is only skin-deep. Many people need peeling.") . Many of them have now been removed, but some remain. One inlaid in marble and multicolored tile on the side of a building, says, "Anything you do I don't do is queer. Queer, isn't it? B.J."

The campus is studded—one is tempted to say littered—with the treasures and trash that B.J. shipped back to Davenport by the carload while traveling over a million miles around the world. The Clinic garden contains a torii—red wooden entrance gate—from a Japanese temple, bronze flamingoes, cast-iron elks, a goldfish pond, and an immense anchor. Another section of the campus, called "A Little Bit O' Heaven," contains, among other things, a 90-ton Buddha, eight Hindu idols carved from lava, a marble sculpture called "The Birth of Venus," a bench from King Tut's tomb, and "the world's two largest clamshells." Near the center of the campus are two marble shafts surmounted by immense bronze busts of Daniel David Palmer and his son B.J. In glass-enclosed niches in each one are urns containing their ashes.

I mounted the steps to the clinic building (a slogan on the steps said "Keep Smiling") and told the receptionist that I would like to see someone about a "back problem." A student in a white coat promptly appeared, whom we will call Dr. Tom Blake (all the students working in the clinic wore white coats, and name tags identifying them as "Doctor" so-and-so). We shook hands and Doctor Blake led me into the clinic, a large open area divided up into some 30 treatment cubicles. The place was busy. There were patients in a number of the cubicles, and student "doctors" were scurrying around everywhere. Doctor Blake told me that last year the clinic handled some 28,000 patient-visits.

We entered a treatment cubicle and sat down. I asked him if his work in the clinic was supervised, or if he was "on his own." He replied that his findings, recommendations, and plans for treatment in every case he handled were reviewed and approved by chiropractors on the college faculty and/or the clinic staff.

I then described my "symptoms" to him. I had, I said, an off-and-on back pain. Sometimes this pain was accompanied by pain extending through my hip, down

the back of my right leg, past my knee, and almost as far as my ankle. The pain, I said, never entered my other leg, and never extended upward in my back.

This set of symptoms, I had been told by several prominent physicians, would suggest the possible presence of a "disc lesion"—a damaged disc in my back. Such symptoms should be carefully checked because the condition is serious. The usual treatment is bed rest on a hard bed, sometimes accompanied by traction. Damaged discs rarely or never can be helped by manipulation of the spine by hand. In fact, manipulation is usually contraindicated, since pushing and jerking the spine is likely to aggravate existing damage.

Doctor Blake took my medical history. I then removed my shirt and undershirt and sat with my back to him. He ran his fingers slowly and evenly down my back, then began to feel the vertebrae of my lower spine. "Finding anything?" I asked. "Yes," he said. "There are subluxations in there (pressing my lower spine) and there (touching a spot in my mid-back, just below where I told him that the pain stopped)." He then felt my neck, turned my head to the left and right, and stated that there was a third subluxation in my atlas, at the top of the spine where it joins the head.

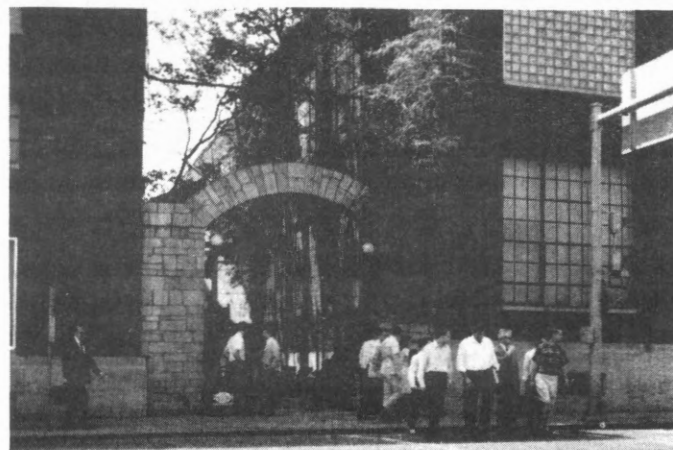
In less than a minute he had "found," by hand, pathologies that could not be detected by the most advanced scientific equipment and medical specialists.

I lay down on the chiropractic adjustment table in the cubicle and Doctor Blake went back over my lower spine. "There's edema (swelling) there," he told me.

I got up from the table and we arranged for me to have x-rays taken at 6:45 that evening. We then conversed for a while. I evinced great interest in chiropractic theory, and he obligingly explained it to me. Subluxations, he said, "cause the nerve impulses to go either too fast or too slow," causing the organs served by these haywire nerves to function incorrectly.

I asked if chiropractic treatment was good for things other than back conditions. "Oh, yes," he replied. "One of our big problems is to dispel the public's belief that chiropractic treatment is for back troubles only." For example, he said, chiropractic adjustments can cure ulcers. They can also cure gallstones.

*Toting books and attaché cases, chiropractic students leave two main buildings of Palmer College of Chiropractic, which house administration office, classrooms, laboratories, clinic.*







*"Wishing Buddha" in "A Little Bit O' Heaven," admission-charging tourist attraction on Palmer campus, is valued at \$250,000.*

"What about a heart condition?" I asked.

"Yes," he replied, "if it's caught in time."

At 6:45 that evening I met Doctor Blake at the clinic and we went to the x-ray department in another building. Following standard chiropractic procedure, he took two 14x36 "full spine" x-rays, one from the front and one from the side. Medical specialists rarely take such plates to analyze conditions in a specified area of the spine. A smaller plate carefully focused on the afflicted area not only yields far clearer and more detailed information, but exposes the patient to much less radiation.

When I returned to the clinic at one p.m. the next day, Doctor Blake said that the x-rays had been developed, and they confirmed his discovery of three subluxations. One was the fifth lumbar vertebra, the second was the ninth dorsal vertebra, and the third, as he had already stated, was the atlas.

We went into another treatment cubicle where, under the supervision of a senior student, we buckled down to the nitty-gritty.

For the first adjustment I lay down on a hard, flat couch, on my left side. Doctor Blake drew up my right leg, clasped it between his knees, bent over me, and placed his left hand in the small of my back and his

right hand on my chest just below my right shoulder. Suddenly he gave a sharp thrust into my spine with his left hand and arm, using his right to keep me from slipping. There was some pain, but even more predominant was the sensation of shock—a swift and ruthless taking of the body by surprise, before it can marshal its defenses. I wondered what such a thrust would do to a damaged disc if I had one.

The next adjustments were the ones described at the beginning of this article. They actually consisted of three heavy downward thrusts, one to adjust the supposed subluxation in my mid-back at the ninth dorsal, and two to adjust the fifth lumbar in the small of my back. It was at this latter spot that I experienced for about two weeks thereafter the soreness that one usually feels with a slightly pulled or strained back.

Doctor Blake then adjusted my atlas. I sat on a chair, and, standing behind me, he took my head in his hands and felt the area behind my ears carefully, pushing his fingers in firmly. He then rolled my head to the right and gave it a sudden jerk. This apparently did not produce the desired effect. The supervising student took Doctor Blake's place behind me and repeated the process, also (*Continued*)

apparently without success. My atlas, they agreed, was "very tight" on the right side.

Doctor Blake then resumed his place behind me, rotated my head to the left, and jerked it. I felt and heard a snap in my neck. This was apparently what they were seeking—they pronounced the left side adjustment successful.

Back in our own treatment cubicle, Doctor Blake explained soberly that a subluxated atlas such as I had could pinch "the whole cord" and cause just about any kind of trouble.

I asked him what disease or condition I was suffering from. He replied that chiropractors do not seek to diagnose or identify illnesses; rather, they locate and remove the cause in the spine.

I asked him what types of conditions were treated at the clinic, assuming that they had been diagnosed and identified elsewhere. "They run the gamut," he said. "You name it."

He confided to me that they included patients who really had nothing wrong with them at all. The backs of these patients are adjusted, along with all the rest. "You don't often come across a back that doesn't have a subluxation," he said. As for actual illnesses, one of his current patients has sinus trouble. Other ailments that he had seen treated at the clinic included bursitis, ulcers, a malady that involved "spitting blood," headache, sciatica, and heart conditions.

As the reader will recall, I had asked him specifically about heart conditions before. There was a reason for my interest. I planned to present symptoms of angina pectoris—coronary artery disease—at my next stop, the National College of Chiropractic clinic at Lombard, Illinois.

As recent experiences with human heart transplants have shown, this organ can function perfectly without the help of the nervous system. "The origin of the heartbeat is in the muscle and the heart will beat in the absence of any nervous connection," says Hyman S. Mayerson, Ph.D., professor of physiology and chairman of the Department of Physiology at Tulane University Medical School. Furthermore, heart trouble is primarily heart-muscle trouble, whether the cause is disease of the muscle fibers or faulty coronary artery circulation. Heart trouble, therefore, could not possibly be treated by "relieving spinal nerve pressure," even if such pressure really existed.

As we parted, Doctor Blake told me that subluxations are rarely or never put permanently back into place by a single adjustment, and that I should

therefore continue treatment with a chiropractor back home. This, of course, meant that if the subluxations really existed, I would still have them when I visited the National College clinic, and the chiropractors there presumably would discover them.

The next day I presented myself at the National College clinic in Lombard, Illinois. However, they were booked solid for the rest of the day and could not take me. I made an appointment for 11 a.m. the following day.

When I arrived for my appointment I was met by a young chiropractor—we'll call him Dr. John May. At National College, I found, the clinic work is done by recently graduated students, who work at the clinic for 15 to 18 weeks before beginning their practice. As is the case at Palmer, their work is supervised by chiropractors on the college faculty and on the staff of the clinic.

National College's buildings and clinic are somewhat more modern than Palmer's. Instead of the one large, gymnasium-like room sectioned off into cubicles by wall dividers, in which the Palmer clinic is housed, the National clinic has individual patient-treatment rooms. We entered one, and I described my "symptoms."

For about a year, I said, I had been having dull, cramp-like pains in my chest. I had them sometimes two or three times a day, sometimes only once a week. They tended to come when I had been exerting myself heavily, or when I was angry or under strong emotional stress. The pains, I continued, would cause me to breathe deeply. They lasted for periods of time ranging from a few seconds to a few minutes. When they came, I said, they would go away if I simply stopped what I was doing—or, if they came when I was angry, they would go away if I just took it easy, sat back, and relaxed. I added that these pains would sometimes go up from my chest into my left shoulder and arm.

These symptoms, physicians told me, clearly suggest the possible presence of a coronary heart condition. I even helped Doctor May along by saying pointedly that the pains were never in my back, thus making it unlikely that my condition was arthritis.

Doctor May asked me no questions about my symptoms, and showed not the slightest sign of recognizing their possible significance. He took a brief medical history. As he finished it, Dr. Eugene Hoffman, a chiropractor who is assistant director of the clinic, came in. Doctor May told him that I had "dull chest pains, going up into his left shoulder

and arm." Doctor Hoffman was apparently as impervious to the possible meaning of the symptoms as Doctor May. He asked me no questions.

I took my shirt off and Doctor Hoffman, the assistant clinic director, felt my upper left shoulder and my spine. He told me that the musculature of my left side was more developed than that of my right, and that that might well be causing my trouble. I told him that I was right-handed. He replied that perhaps my left-side musculature nevertheless had become overdeveloped by such activities as lifting.

He then felt my neck, pushing his fingers in firmly and asking me if it were tender. I said no. Doctor Hoffman then turned things over to Doctor May, and left the room. Doctor May took me in front of a mirror to show me that my left shoulder was higher than my right. In the mirror, it was clearly not so. "It shows when you sit down," he said.

We then went to another room, where I lay face down on a chiropractic adjustment table. Doctor May put a hot compress on my back "to relax" my spine, and left me there for about 10 minutes. In the next room I heard a man gasping in pain as he was adjusted. I resolved that, if I escaped alive from this project, I would quit journalism and go into a sane profession (like all good resolutions, it faded within 24 hours).

Doctor May re-entered the room, removed the compress, felt my neck and back, and settled his hands upon the area just below my shoulder blades. "Finding anything?" I asked. "Yes," he said, "you have a subluxation there." "Where is it?" I asked. "At the fifth dorsal," he replied. He found nothing at the ninth dorsal or the fifth lumbar, where the Palmer clinic, two days previously, had told me I had subluxations that would take a number of treatments to put back into line. Conversely, Palmer had found nothing at the fifth dorsal.

Doctor May gave a sharp thrust at the fifth dorsal, and my spine popped audibly. Next he moved to the bottom of my spine. "One down there?" I asked. "Your hips are slightly out of line," he replied, and gave me a wingding adjustment. He then took my head and jerked it left and right, getting a good sharp pop each time.

That concluded the treatment. I sat up and asked him if the subluxation at the fifth dorsal might be causing my chest pains. He replied that nerves lead from the fifth dorsal to "organs all around the chest area," and the subluxation there might well be causing my pain. Apparently the "overmusculature" theory had been dropped.

As was the case at Palmer, he told me that a series of adjustments would be necessary to get my subluxated vertebrae permanently back in place. I asked him if an x-ray of my spine would be advisable to establish that it was indeed subluxated. He said that it wasn't necessary.

I had intended to continue my research by offering myself as a guinea pig in the office of individual chiropractors. But as I left the clinic and got into my car I felt a sharp twinge from my lower-back adjustments at Palmer, and decided that enough was enough. I wondered

how many people each year go to chiropractors to have such ailments as damaged discs and coronary heart disease treated by vertebral piano-playing. As I drove away into the warm sunshine I counted my blessings. END



## **STATEMENT OF POLICY ON CHIROPRACTIC ADOPTED BY THE AMA HOUSE OF DELEGATES, NOVEMBER 1966**

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*It is the position of the medical profession that chiropractic is an unscientific cult whose practitioners lack the necessary training and background to diagnose and treat human disease. Chiropractic constitutes a hazard to rational health care in the United States because of the substandard and unscientific education of its practitioners and their rigid adherence to an irrational, unscientific approach to disease causation.*

*In 1965, a United States District Court, in upholding a state's constitutional right to refuse to license chiropractors, said that "since chiropractic claims to be a complete and independent healing art capable of curing almost all kinds of disease, the state Legislature may have felt that the requirement of a foundation in materia medica and surgery . . . would be a protection to the public." Without dissent, the United States Supreme Court affirmed the decision.*

*The wisdom of these decisions by the nation's highest courts justifies the medical profession's educational program of alerting the nation to the public health threat posed by the cult of chiropractic.*

*Patients should entrust their health care only to those who have a broad scientific knowledge of diseases and ailments of all kinds, and who are capable of diagnosing and treating them with all the resources of modern medicine. The delay of proper medical care caused by chiropractors and their opposition to the many scientific advances in modern medicine, such as life saving vaccines, often ends with tragic results.*

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