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THE GROSTIC ERA



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Editorial Comment The Adjustment is a Gift

by Michael Thomas, D.C.

Consistent maximal correction of the upper cervical subluxation is the goal that bonds all of the various groups that follow in the Grostic tradition. This work is some of the most difficult in chiropractic. It is labor-intensive, focused, and disciplined. Income is no doubt compromised by these characteristics. Certainly, financial rewards are not ignored, but there are much easier ways to make money than hanging out a shingle as an upper cervical practitioner.

It is the effect that the adjustment has in people's lives that drives each and every upper cervical doctor. Correction of the atlas subluxation complex is a precious gift. Many men and women have sacrificed a great deal that they might offer this gift to humanity.

Dr. Grostic's death in 1964 resulted in a fragmentation of the doctors committed to practicing the results of his life's work. Honest disagreements arose. Dissension occurred among those who wanted to preserve and move the work forward. There was much fear that the work would not be taught in an accurate context; fear that others didn't do the work well enough; fear that it would be diluted. The intellectual temperament of a doctor who recognizes the significance of one-quarter of a degree in measurement is often not conducive to issues of compromise.

The urge to protect the adjustment has led to division and loss of voice, even within our own profession. The attempt to protect is honest. The exclusion of those who have moved in a slightly different direction is a result of this honest impulse. In these days of rapid change in healthcare and increasing self-regulation in chiropractic, this loss of voice will result in the loss of this gift to future generations of humanity.

I don't believe that the Academy of Upper Cervical Chiropractic Organizations (AUCCO) is asking anyone to change or dilute the work they do. Indeed, preservation of the voice of the individual is vital to preservation of the work. By their nature, organizations are conservative institutions. This conservation results in maximal safety and consistent corrections for the practitioners who follow the guidelines.

There are also some very bright people in our population who continue to push the envelope of innovation and research. This voice is also important, and it is indeed a part of the mission of the AUCCO to be a forum for this evolution, while acknowledging the profound value of the established protocols.

The AUCCO offers upper cervical doctors a way to grasp hands again with those who are truly their brothers and sisters. It offers a way to create the voice that will be necessary to navigate the coming years and preserve the gift that is the adjustment.

September 17th made it about 36,500 days since Dr. Daniel David Palmer first adjusted Harvey Lillard. He adjusted C-2, C-4, or T-4, depending on who you read and when they wrote it, but either way, this last century has taken this idea of D.D.'s and developed it far beyond his initial epiphany.

From the beginning, there has been a conflict between those who believe their job is to open the spinal articulations and relax

the spinal ligaments (Alva Gregory), and those who believe that vertebrae displace and find their goal is to return the vertebrae to their normal position (D.D. Palmer).

The question of whether vertebrae displace or approximate is not merely an academic question. Most chiropractic techniques today are based on the premise that vertebrae draw together. Most chiropractors may be unfamiliar with Alva Gregory, but they use techniques that relax spinal ligaments and separate the articulations.

Dye, in The Evolution of Chiropractic, described the first adjustments. He wrote that the patient was made to lie in the prone position on the floor. The adjustment was straight anterior. (There was no consideration of laterality or superiority.) D.D. Palmer thought that the subluxation would only be reduced by application of great force and weight, thrusting or pushing the subluxated vertebra into a normal relationship with its contiguous vertebrae. Early practitioners even put bags of sand or cement on their shoulders to increase the force. Straight thrusts to the neck often caused nosebleeds. D.D. was relatively unsympathetic, declaring it was the price they had to pay to get well.

Though cervical work appears to have been predominant in the beginning, the early chiropractors soon began to move down the spine, often manipulating 12 or more segments in a visit. Early on, B.J. cautioned not to adjust more than 5 or 6 segments at a time. Doctors at this time routinely manipulated C-4, C-6, T-2, T-6 or T-7, and T-10 or T-11, L-2, L-4 or L-5, and sometimes the sacrum. As they learned more, Palmer and Wishart began to divide the body into zones or vertemes.

Eventually, this began the metric system. Diseases were caused by subluxations of the vertebrae in a specific vertemere or combination of vertemes. Analysis was accomplished by nerve tracing (feeling the location of hot boxes or warmer places along the spine. D.D. had first written about these areas in 1910.) and spinal palpation.

Metric evolved into the idea of majors and minors when it was found that correction of certain subluxed vertebrae cleared up some of the others.

Though the atlas had been recognized as an important area even in the very early days, by 1910, it was B.J. who most often adjusted the atlas. B.J. developed the Palmer Recoil Adjustment when he realized the importance of relaxation in the patient. He reasoned that external force combined with internal innate recoil force within the patient would bring the spine into correction. In 1923, B.J. announced the introduction of the neurocalometer. The resulting firestorm of controversy over this device helped to split the chiropractic profession. By 1925, B.J. withdrew from the public fight for chiropractic and began to research the scientific solution to correction of the spine. This research culminated in the Hole-in-One technique, officially called Palmer-Torque-Toggle-Recoil.

Albert Wernsing began to research the upper cervical area in 1931. In 1934, he published his notes The Atlas Specific. Quoting from his book, "After considerable radiographic research, I

realized I must know exactly where our object, the atlas, was in relation to the central ray, to be able to give an accurate interpretation of the shadows as shown on the film." Wernsing took six views for his analysis: Scout AP, True Lateral, Scout Lateral, True AP (Nasium), AP 45 degrees, and Superior-Inferior view (vertex). Wernsing was also the first to recognize what he termed Atlas Side-Slip. To quote from his book again, "Due to the shape of the superior articular facets of the atlas, the atlas moves laterally as if on the rim of a circle."

Wernsing also invented a vernier side posture table, developed cervical measurements and measuring instruments, developed the first version of a triceps pull on C-1, and developed post x-ray procedures.

During the early 1940s, there was an effort to standardize the profession. Sound familiar? The Palmer Standardized Chiropractic Council was founded by Roy G. LaBachotte, D.C., as a forum for new ideas. Dr. John F. Grostic was a member. The council met yearly and current research was presented. This evolved into a pre-Lyceum program.

In 1941, Dr. Ralph Gregory introduced Dr. Grostic to Dr. Wernsing's book. These two were both Michigan chiropractors who had become friends and who adjusted each other.

An informal alliance began as they both worked to find a way to correct the upper cervical subluxation. By 1946, a package of the work was ready and the first Grostic seminar was in Ann Arbor, with 14 in attendance.

Dr. Grostic had realized that just as the atlas moved about on an imaginary circle identified by the occipital condyles, so the lower cervical spine moved about a circle described by the superior articulating surfaces of the axis. Grostic developed the self centering head-clamps for accuracy of measurements. By perfecting distortion free x-rays, rotatory measurement of the misalignment became possible. Use of a central skull line permitted a new method of determining laterality.

The use of recoil in the adjustment was discontinued. Other early work between 1941 and 1946 included the concepts of the Atlas-odontoid relationship, axis spinous position, the method for determining Atlas rotation, and the horizontal resultant.

The early days of the Grostic work laid a firm foundation for all that followed. This special issue of the Upper Cervical Monograph tells a few of the stories that have defined the lives of Grostic practitioners and their patients. Every doctor will have many such stories. Together we are part of something that is greater than any one of us.

And That Was Yesterday

by Albert A. Berti, D.C.

In this year of the Chiropractic centennial and the unfortunate early loss of Dr. Grostic, Jr., I would like to recall some of my impressions and experiences with the Grostic work and Dr. Grostic himself.

Initially, I was introduced to the Grostic work by Dr. E. Striplin, who was a close friend of Dr. Grostic and an instructor in the Grostic classes. Dr. Striplin had retired from practice and was living in Florida when he heard of Dr. Grostic's work. He traveled to Ann Arbor and was so impressed with Dr. Grostic's work that he became a student of Dr. Grostic. He disciplined himself to the degree that he became a good adjuster. He went to start a part-time practice in Florida. He was 65 at the time.

One of Dr. Striplin's pleasures was to assist practicing Grostic doctors in developing a good adjustment. He would leave his home in July and visit small groups of Grostic practitioners, hold a two-day work session and then travel to another location, where a small group would gather. He traveled throughout the United States holding these work sessions during the months of July and August, and on his return trip home, he would stop in Ann Arbor and assist Dr. Grostic with his classes. It was on one of his trips to the west coast that I was first introduced to the Grostic work.

My first introduction to Ann Arbor was the Allenell Hotel. If you were fortunate enough to make your reservation early, approximately six months early, you would possibly get one of the rooms with a bathroom, otherwise, it was the bathroom at the end of the hall. The angulating floors throughout the hallways and bedrooms always had a humorous effects on the people staying at the hotel. I believe the only level floor in the entire hotel was the floor in the bar, and sometimes, that floor felt angulated.

Dr. Grostic insisted that every doctor attending the class had to receive a Grostic adjustment; therefore, you arrived at Dr. Grostic's office on the Saturday before the class. Dr. Grostic would pre x-ray, adjust, and post x-ray on Saturday and Sunday. This became my initial introduction to Dr. Grostic and his office. I remember going up one flight of stairs into a room filled with chiropractors, and somebody walking across this room with x-rays in their hangers, escorting someone into another room. This appeared odd, for a doctor to walk across his reception room with x-rays on their hangers, sometimes dripping wet. I later realized the x-ray room and adjusting rooms were at opposite sides of the reception room.

Dr. Grostic's examination and adjusting area consisted of a moderate size room, divided into 3 cubicles, each having an adjusting table, an examination area with three-drawer filing cabinets stacked on top of each other, a neurocalograph, and a neurotempometer. The neurocalograph pick-up unit was held to

the gliding instrument (neurotempometer) with a section of a coat hanger, twisted to suit the task. I assumed the original part was somewhere for repairs, and the coat hanger was temporary. I later found out the unit had been like that for a number of years. He certainly was not out to impress anyone with his instruments. Following my first conversation with Dr. Grostic, I felt he was a humble man and very focused on what he was doing. The later years proved my initial impression was accurate.

Dr. Grostic's focus on his work and the classes he held, was demonstrated in many ways. One incident I recall had to do with his old, run-down car and Mrs. Grostic purchasing a new one for him. She purchased a new one since Dr. Grostic did not take the time and wasn't interested in a new one. At the time, Dr. Grostic was driving a Kaiser-Fraser car, approximately 10 years old, rusted body parts, and in desperate need of a new paint job and a motor. The car was parked in the parking lot adjacent to the American Legion Hall where the classes were held. Unknown to Dr. Grostic, Mrs. Grostic bought a beautiful, black Mercury car, had the vehicle delivered to the parking lot and had the old Kaiser-Fraser vehicle driven away. Following the morning session, we all walked outside to the parking lot to observe Dr. Grostic's reaction to the new car. Only one car was parked in the lot, the new Mercury. Dr. Grostic came out of the hall, walked to the space where he had left the Kaiser-Fraser, observed the new Mercury, looked around, couldn't find his car and proceeded to walk to the downtown area for lunch. He was finally informed of what had occurred. This did not alter Dr. Grostic's thinking, he just kept on walking and would deal with the new car later. A new car did not impress Dr. Grostic.

I attended Dr. Grostic's classes at least twice a year, sometimes three times a year. The only bad experiences were the long, 12 hour propeller-driven aircraft flights; the one to two hour bus ride into Ann Arbor, arriving at the Allenell Hotel at 2 o'clock in the morning, sometimes without my luggage. The over-all experience was great and well worth the effort, since I also met some fine people: Dr. McAlpine, now deceased; the Humber brothers; Dr. R. Sweat; Dr. Wentland; Dr. Lloyd Pond, and many others.

I feel privileged to have met Dr. Grostic and in having been a part of the Grostic era. He was a great man, his humility, his avoidance of the limelight, and his focus on the task given him have left a lasting impression on me.

In my brief meetings with Dr. J. Grostic, Jr., I had the impression that he had the same attributes that his father had—the humility and confronting the task set before him. These characteristics made these two men outstanding.

NUCCA-NUCCRA Historical Highlights

by Ralph R. Gregory, D.C.

(By permission of the R. R. Gregory Trust)

In 1941, when Dr. John Francis Grostic of Ann Arbor walked into the office of Dr. Ralph R. Gregory seeking an atlas adjustment, a close friendship began which lasted until Dr. Grostic's untimely death in 1964. A victim of Hodgkin's disease, Dr. Grostic had been unable to obtain a corrective atlas adjustment prior to his visit to Dr. Gregory other than at the B. J. Palmer Chiropractic Clinic in Davenport, Iowa.

While both doctors had practiced full spine adjusting, their real concern was the upper cervical spine. It was only natural, therefore, that they should collaborate on this spinal area, making every possible attempt to evolve a more biomechanically accurate system of upper cervical subluxation correction.

To achieve this end, the installation of perfectly aligned x-ray equipment and precise patient placement became essential, permitting distortion free x-rays to be taken and making x-ray analysis with rotatory measurement acceptable. The first collimation was designed and installed.

Dr. Gregory had been reading Dr. A. A. Wernsing's, The Atlas Specific about this time and was impressed by Wernsing's comment—due to the shape of the superior articular facets of the atlas, the atlas moves laterally as if on the rim of circle—"1941". He showed the Wernsing book to Dr. Grostic, the axis superior articulations were added, and the condylar-axial concept became the starting point for what was to become the Grostic technique.

In early 1943, Dr. Grostic, who was not satisfied with the former methods of determining atlas laterally, developed the prototype of the instrument which was to become the cephalometer, a skull-divider for establishing the central skull line. When joined to the atlas plane line, these two lines formed two angles with atlas laterally being on the side of the acute angle.

This system of establishing atlas laterally was checked for months by both Grostic and Gregory. It was found to be consistent and so remains today. Rapidly following, were the concepts of atlas-odontoid relationship, axis-spinous position, the lower angle, the method for determining atlas rotation, the discontinuance of the recoil for the triceps pull adjustment, and the horizontal resultant. Analytical instruments were perfected, adjusting tables modified, and adjustment coordinators made.

While this work between 1941 and 1946 hardly deserved the appellation "research", it did provide a biomechanical basis for the further evolution of upper cervical though mostly a trial-and-error procedure. Several chiropractors by this time had received personal benefit from the work, and they were asking for a seminar. In the fall of 1946, the first Grostic seminar was held in Ann Arbor, Michigan, limited to eighteen participants. From that time forward into 1964, seminars were held at various times yearly. Dr. Gregory assisted Dr. Grostic in nearly all these seminars through the 18 years.

Immediately following the death of Dr. Grostic in 1964, the group split into two factions, the larger one establishing headquarters in Atlanta, Georgia. Dr. Gregory did not wish to continue teaching seminars, but to concentrate on advancing the basic

work. In early 1966, however, he was contacted by phone by Dr. L. H. McLellan of Mesa, Arizona, who requested that Dr. Gregory conduct seminars for several chiropractors because of his close affiliation with Dr. Grostic during the developmental years of the work. Dr. Gregory finally agreed and held the first seminar in 1966 at the Howard Johnson Motel in Monroe. By 1978, the seminars were approved for license renewal by the Michigan State Board of Examiners.

Dr. Gregory felt that in view of recent schism among Grostic practitioners, an organization should be started to conduct future seminars and research. He consulted with Mr. Donald A. Miller, a Detroit attorney and former friend and legal adviser to Dr. Grostic, who with other interested chiropractors formed The National Upper Cervical Chiropractic Association, Inc., (NUCCA) a fraternal organization, on April 16, 1966. Mr. Miller completed all the legal arrangements and became the NUCCA attorney, providing counsel to the board.

Elected first president was Dr. Irvin Mathias of Indiana; Vice-President, Dr. Albert Dick of Michigan; Secretary, Dr. Robert Kemp of Michigan; Treasurer, Dr. Marshall Dickholtz of Illinois, and three NUCCA directors: Drs. Max Foster and Ralph R. Gregory of Michigan and Andrew Mathias of Indiana.

The newly elected board adopted the NUCCA emblem and authorized an official organ, NUCCA News, of which Dr. Gregory was appointed editor. The first publication was issued in December of 1966. Harry Long, Ph.D. was appointed the first research advisor in 1967.

As ever-increasing clinical observations arose, hypotheses were formulated that needed testing. Research expanded, re-examination of the original basic work had to be done, and newer methods of subluxation analysis and correction developed. To accomplish this task, the NUCCA board was advised by Mr. Miller that a research organization must be set-up. NUCCA, Mr. Miller stated, was a fraternal organization and could not conduct research.

The National Upper Cervical Chiropractic Research Association, (NUCCRA) was incorporated for research purposes only, due to the efforts of Mr. Miller, on October 6, 1971. Application for an exempt status was made to the federal government, and after examination, was finally granted. Professor Daniel C. Seemann of the University of Toledo was appointed research advisor in 1971.

It was decided that NUCCA should publish a more scientifically-oriented paper, and the name NUCCA News was changed to the Monograph, meaning "learned treatise on a particular subject" and proposed by Dr. Seemann.

The accomplishments of NUCCA and NUCCRA have been many. Outstanding among them are: (1) The development of the double-pivot-point system in x-ray analysis; (2) The development of the triceps pull adjustment; (3) The designing of better film analytical instruments; (4) The development of biomechanical concepts in film analysis and adjusting; (5) The design and development over seven years of the Anatometer by Dr. Gre-

gory and Peter Benesh which measures bodily distortions before and after the C-1 adjustment, providing proof of the effects of a C-1 subluxation on the body and their correction; (6) The design and development of a multiple support headpiece for extreme subluxations; (7) The establishment of a vertical axis for C-1 subluxations; (8) The classification of C-1 subluxations into basic types; (9) The location of the skull center of gravity; (10) The identification of the components of the lever system and their relationship inherent in an occipital-atlanto-axial subluxation.

These developments, and many more, constitute an on-going process. Re-evaluation of the basic work is a constant procedure. Future goals in research now under advisement are an op-

tical scanning feasibility study to scientifically prove the NUCCRA system, a read-out instrument to test the adjustment, and a fool-proof system for checking leg disparity from which better correlations can be made.

NUCCA has given the profession more biomechanical data than probably any other chiropractic entity in the past 20 years concerning the subluxation, its effects on the spinal column and human body, how to restore its misalignments to the vertical axis, and has shown acceptable and measurable proof of the benefits of the chiropractic adjustment on the human body. This it has done for the benefit of the patient, the chiropractor, and the profession.

G. F. Wentland, D.C.

I hurried home from school because we were having a football game and my mother told me she was taking my sister to the chiropractor. My sister had spinal meningitis as an infant, and she was improving rapidly at age 8 under this doctor's care. I figured that chiropractors helped people with deformities and that is all I knew about it.

My next encounter with chiropractors was with myself. I got caught in an undertow in the ocean which snapped my neck backward, and my lights went out. Luckily, some fellow saw I was having difficulty staying afloat and grabbed my hair and pulled me to shore. Dazed, I struggled to get up but had difficulty adjusting to my surroundings. I wasn't the same person. From then on, vision was poor, I developed nervousness, and lastly, became fatigued and very irritable. My parents had me see doctors who said I was all right and that I should learn to relax. One doctor said I had growing pains. Usually after coming from school, I had to lay down because the tension of the day made me extremely tired. It was a normal thing for me to come home and lay down on a lawn chair and doze.

During one of these rest periods, I felt the presence of a person near me, and as I slowly opened my eyes, a neighbor was standing over me. He states that he had seen me several times lying on the lawn chair and wondered if I was all right. I told him that I got tired easily and had a lot of nervousness which had happened over a year ago when I had struck the bottom of the bay after a dive. This truck driver was well liked by my neighbors, and a person you could easily confide in. He always seemed to be a good listener, and in my case, he stated that I had malpositioned my head on my spine when I struck it in diving. He told me my head was not centered on my spine, and that I pinched nerves at the base of the skull. That made sense to me. But not only did he have a plausible answer to my problem, he also had a solution. He told me to go see Dr. Bleckschmidt in Sacramento and have my neck checked. I couldn't wait to see this man, and the next day, I went to his office without telling anyone what I was doing. Dr. Bleckschmidt was a man of few words. He mostly muttered and always said "aha," as if he was sure of himself. He told me to sit on a stool and put my chin down. I felt him put a probe on the back of my neck, then say:

Aha, your neck is out of place. He then took me into another room with all kinds of apparatus, positioned my neck on a board, and went behind a shield. After a brief time, he came out and placed me in another position and repeated the process. He then told me to wait in the entryway. After a lengthy wait, he came out and had me go into the probe room and reprobated my neck saying: Aha. He then placed me on my side on a long low table. He moved my head as if to position it at a certain angle. He put a finger on my neck, that was so sore I was ready to object, when all of a sudden he thrust downward on that sore spot and my eyes opened up, and I had great vision. After a good deep breath, he helped me sit up, and I knew I was back to my normal self. After I paid him, he told me to come back in a week. Leaving his office, I knew I had regained what I had lost, and I was overjoyed with what this old man had done for me. Having regained my health made life worthwhile, as I used to know it. My parents insisted I go back to see him for a checkup as he advised, but I knew it was corrected, and he confirmed it.

I was not adjusted again until I was about to graduate from Palmer College. Having frequent nose bleeds, Dr. Sherman at Palmer College adjusted me, and told me to go out and make the atlas your living, and that I did. It seems to me that if anyone is searching and seeking the best spinal correction, he would ultimately find that the atlas correction would be the best way to go. The idea of getting adjusted one way in the morning and another way later on in the day, would be poor chiropractic, and we should have been out of that stage long ago. In the past 10 years, NUCCA chiropractors are more convinced and dedicated, where before, many would join NUCCA and not be convinced because they did not want to discontinue old beliefs and techniques. Like anything else, you must grow and improve, because you can't stand still. Fortunately, NUCCA doctors are more dedicated and eager to learn than I have ever seen them. NUCCA instructors are constantly changing their ways to improve their deliveries. Only a vibrant organization can grow this way. Sure, we have our differences, but that is natural as you grow, and the end product produces dynamic changes for the better. We are fortunate to be associated with this great organization, not only for what it stands for, but for the direction it is going.

Lloyd C. Pond, D.C.

About 1952, Dr. Gordon Miller of Pampa, Texas gave me my first Grostic adjustment. I had a severe lower back condition from an injury in the military and the response was good. Dr. Miller interested me in chiropractic as a profession. I enrolled in Palmer College in 1953.

I opened my first practice in Farmington, New Mexico in August 1956, using some full spine and HIO with a drop head-piece. After a few months of not being satisfied with my results, I remembered Dr. Gordon Miller and what helped me. I loaded my family in the car and headed for Ann Arbor, Michigan for my first Grostic class. Upon arriving home, I re x-rayed all of my patients at my expense and told them this was the type of adjustment they would receive from now on. Some of the patients did not think I was doing anything, so they quit! I continued doing only the Grostic Adjustment. I drove to Ann Arbor, Michigan once or twice a year until Dr. Grostic died. Then I started attending Dr. Ralph Gregory's classes in Monroe, Michi-

gan, which evolved into what is now called the NUCCA procedure.

From my first Grostic class to this day, I have practiced the NUCCA/Grostic procedure exclusively, even though about 60 percent of our patients complain of low back pain due to heavy oil-field work. Having been on the NUCCA board for most of the organization's existence, I have had the great enjoyment and blessing of helping direct and teach the NUCCA procedure through the years.

The great dedication of Dr. Ralph Gregory has been the mainstay and development of this wonderful health benefit. We must never forget the sacrifices that he and Ruth have made, nor must we ever allow the restoration principle and the benefits to all of mankind through the correction of the C-1 subluxation ever to be weakened, watered down, or put aside through the rationalization of treating symptoms, or just plain lack of dedication to the work and helping sick people.

My History With Dr. Grostic and Dr. Gregory

by Marshall Dickholtz, Sr., D.C.

I became aware of the Grostic Technique through Dr. Tena Murphy of Little Rock, Arkansas. She got me interested in chiropractic in 1953. She sent me to the Palmer College of Chiropractic and then to start my first class with Dr. F. Grostic in 1956. At the time I went to Palmer, B.J. had been teaching the benefits of adjusting the atlas and axis for many, many years.

Dr. Gregory was helping with the instruction in the Grostic classes. From the start, I knew that working with a system of measurement was right. Even as a very beginner, my patients responded to a great extent, because I was moving the atlas in the right direction.

About 1961, Dr. Ralph Gregory started once-a-month Satur-

day afternoon classes in Monroe, Michigan.

After Dr. Grostic died and went to chiropractor's heaven, NUCCA was formed. In 1965, Dr. Gregory wanted a non-profit organization that would continue past his lifetime. His great endeavors left us with a legacy of upper cervical knowledge that should benefit mankind.

Now, after 38 years and hundreds of thousands of x-rays and the twenty thousand patients that I have examined, this system still proves itself, and with outcome studies and statistics, the world will acknowledge the benefits of this system that Dr. F. Grostic and Dr. R. Gregory developed together.

A Retrospective On Upper Cervical Chiropractic In My Career

by Hugh L. Crowe, D.C.

I graduated from the Palmer School of Chiropractic in February 1950. The D.C. degree was awarded following a concentrated course of study that encompassed in excess of 2100 classroom hours in 18 months. The Georgia law requires a four year course of study, for a minimum of 36 months. This afforded me the opportunity to remain at Palmer for advanced study and to do an internship in the B.J. Palmer Chiropractic Research Clinic. This clinic was established and operated for the expressed purpose of proving the efficiency of upper cervical chiropractic.

One day, Dr. B. J. Palmer called all of the interns together in the assembly room and proceeded to lecture us and to show us, collectively and individually, on a full spine, that all the vertebra had boney locks and were not freely movable and that the true subluxation could only occur at atlas.

He convinced me. I was further convinced by observing the patients entering and leaving the clinic; by seeing the results of the tests performed on them while they were there.

When I got ready to start my own practice, there was no question in my mind that the atlas was the true subluxation. I started my practice with a single Sherman side posture adjusting table. It soon became apparent that the patients that were attracted to my office were previous chiropractic patients who had been ac-

customed to being adjusted in the prone position, and as a consequence, did not understand why I was putting them on their side and working on their neck for all conditions. So I soon found that I needed a table to put the patient in the prone position so I could palpate their spines and relate their other conditions back to their necks, so they could understand why I was adjusting their necks for their back pain. This is the method of practice that I have continued throughout my 42 years of practice. After the first 10 years, I met Dr. J. F. Grostic at Dr. B. J. Palmer's funeral, became acquainted with him and enrolled in his class the following year. I still continue to practice those things that he taught me in Ann Arbor, Michigan during the two years prior to his death. Since that time, I have also been associated with the group known as Grostic Chiropractic Presentations, The Society of Chiropractic Orthospinology, and the Atlas Orthogonality Group. In addition to that, I have also attended NUCCA seminars and have enjoyed association with that group. I find that the common ground between all these groups is great enough that they can be a major force in the future of chiropractic. I feel that the future of chiropractic is dependent on scientific upper cervical procedures.

Dr. J. R. Coder's 50 Years of Chiropractic Experience

(From Monograph Archives)

I graduated from the PSC in 1925. I got the chiropractic inspiration because of my wife's results from an atlas adjustment. She went from 60 percent blood count to normal in a few months, after a lifetime of anemia under MDs.

The school course was general by today's standards, but teachers of all subjects were graduate chiropractics, and in all classes, subluxations and adjustments were stressed. Chiropractic philosophy was always stressed, and upper cervical adjustments were designated frequently.

"So many can't seem to understand that the "Universal Power" is controlled by the switch—atlas and axis—and can make the difference between health and disease." (BJ)

In the early thirties, "BJ" opened a chiropractic clinic, stressing the "Hole-in-One" upper cervical adjusting. There was much proof of the results on described effects, with diagnostic names and many x-rays to prove them. I studied the procedures carefully, and consequently, resorted to upper cervical technique exclusively in 1932; have practiced nothing else since, and the results create demands and serve the conscience with satisfaction.

One of my early experiences was with a lady about 45 with a thyroid condition. Her lower neck was swollen even with her chin. She had been under the care of MDs. An operation was recommended which could have left her under par physically for the rest of her life. In a few months, she was normal because of an atlas adjustment. Later, when I was arrested for practicing without a license, she appeared before the grand jury and saved me. Fifteen years later, two of her sons, after finishing college, became chiropractors. Their mother lived to the age of 86, and with chiropractic, her health improved.

In another experience, I had two other women with goiters. They came from MDs. They seemed hopeless, and again, an upper cervical adjustment restored them to health in a few months. Of course, nature's work had to wait until artificial pollution cleared, and the MDs effects ended. Around this period, I had many other experiences involving low back, sciatica, arm and leg paralysis, and many toxic conditions showing high fever. Believe me, correct adjusting took much concentration and study. X-ray, with careful interpretation, permitted "early thirty" adjusting to deliver something good. It also convinced me and secured my dedication to upper cervical complex. One thing was certain, manipulation could never be in my mind. A review of hundreds of these cases reminded me of the strife, and without doubt, points the way to true scientific chiropractic—know the subluxation and adjust it; then post x-ray for your complete satisfaction.

Specific, major, torques subluxation, a real causative factor, is caused by concussion of forces that enter the body anyplace, but travel to the place where they can do the most harm. They could affect locally, but the permanently damaging factors are subluxation in the weakest structures of the spine—upper cervical. This has been proven thousands and thousands of times in many cases, inside and outside the BJ Palmer Chiropractic Clinic. Adjusting promiscuously is a 1000-to-1 chance as against

subluxation under scientific proof. (BJ)

In the early thirties, I was preparing with two years as F&M for the MDs examination held at the U of P, which I passed and received a "drugless therapy" license. It helped until the Chiropractic Board was established. I then exchanged it for a proper chiropractic license.

In 1927, I had another memorable experience. Another young man came to me after visiting 40 MDs and a half dozen hospitals, including the U of P. There they gave him six weeks to live. His condition was shocking, with spells that knocked him down. I believe they occurred 50 times daily. After all of his experiences, it was hard for him to look at a chiropractor. He stated that I was just a robber, but his dad was paying and insisted that his son give it a trial. In two months, he was normal from a specific atlas adjustment. He later became a well-known chiropractor and had two sons follow in his steps. Specific chiropractic for some unknown reason, seems too much to comprehend. What follows? Inapprehensiveness.

This case is almost unbelievable. In the early forties—a TB case! One year in bed at home under an MD, then transferred to a sanitarium, where he was cared for by MDs for two years. He then was taken home because he was incurable, so parents took him to U of P for observation. Their opinion was that the only hope was to remove a lung. The boy, then 21, stated: I will not live with one lung, so again they took him home—hopeless. They then learned of my work and brought him in. I found a severe atlas subluxation and corrected it. Again, x-ray analysis, pre and post, proved the correction, and six months later, he was entirely well. And to this day, he has been in good health. The reason—there was dead lung tissue, and when life was restored, the TB scavengers could feed no more on filth. Why kill the scavengers and leave the filth? Remove the cause.

About this time, my son-in-law, then a LT. JG. in the Navy, had been in sick bay with the "flu". He was stationed in Virginia. He called and asked if I could help him. He was sick and depressed. I encouraged him to come up. He had been a medical student. After the proper atlas adjustment, he recuperated. He was here a few days, spent much time in my office with patients, and then he expressed a desire to study chiropractic. Of course, I encouraged him. After his discharge from the Navy, he finished college, then enrolled at the PSC. He has always been a very sincere chiropractor and has had a successful practice for many years. Now his son will graduate from PSC this fall, 1974, and we are expecting another dedicated chiropractor in the family. He already knows what specific adjustments mean, no need for adjuncts and manipulations.

In 1948, I attended homecoming, and for the record, I rarely missed and always enjoyed the programs while BJ was there with his chiropractic enthusiasm. In those days, the monetary question was not the subject and one came away with many questions and answers. I have always been a chiropractor looking for improvement, and there I learned of Dr. Grostic's classes. I immediately arranged to attend a class in the fall in Ann Arbor, Michigan. I am pleased to state it really gave me a boost in x-ray

technique and adjusting, and of course, improved atlas subluxation reduction.

The classes were well attended, with fine presentation. Dr. R. R. Gregory was always there, and I learned to know he was a big part in the development of all atlas techniques, as well as part of all the research, and after Dr. Grostic's last efforts, he continued the classes and continued to improve the quality of the work. I have missed few of his classes because I always need a boosting. Besides, I like to associate with many true chiropractors. Few know that Dr. Gregory lives chiropractic night and day, always improving our efforts. I have seen hundreds of his x-ray pictures, before and after, and I can tell you—"He has it." Now we have NUCCA, the class and social functions; then NUCCRA, the research department, which is in progress continuously. Believe me, this is keeping chiropractors with chiropractic, as well as assuring patients a better chance of recovering, and who knows better than me with my continuous association.

There is no excuse for any chiropractor to not know his profession and to become successful and satisfy his conscience by knowing the causative subluxation and proving a complete reduction. The great joy in our life is to see sick people recovering because of chiropractic efforts. This is a wonderful science, but remember subluxation.

I have been responsible for 52 young people entering chiropractic schools, and most of them graduated. I am sure most of them knew the true chiropractic definition before entering college, but later, their practice revealed otherwise. I can only believe that most of them were impregnated with material desires, thereby diverting them from chiropractic dedication to help the suffering with true scientific chiropractic. Most of them showed the characteristics of a good salesman, but again, inapprehensiveness.

In the early 40's, I was confronted by an RN from Florida, who had had several major operations, one for thyroid, after which she had hiccoughs. At that time, they divided the phrenic nerve, which incapacitated the diaphragm and made her helpless in bed for many months, under the constant care of many MDs and hospitals. She then became discouraged and decided to switch. She really looked hopeless, as well as helpless. Every breath looked like the last one, so I x-rayed upper cervical and found severe atlas subluxation. I followed through carefully with Hole in One, and sure enough, there was a complete recovery. She went back to Florida to again pick up where she had left off, helping MDs to treat effects.

Here is another case. "After giving birth, I broke down to become a physical wreck. Several different MDs and a couple hospitals said they couldn't find the trouble, but continued to give medicine, and I continued to fail. Then, a proper x-ray revealed a distorted atlas, and after it was corrected, I regained health in a few weeks." Why supplementation and operation—when cause is found, it is so simple.

From a young woman: Out of the blue, I began getting hysterical spells, and they continued getting worse and more frequent. I lost weight and got so weak that I was helpless. She lost the use of her right arm, and the right leg had to drag. After several months under MDs and hospital, she was forced to take some of her close friends' advice and resort to chiropractic. She

was certainly surprised to see how quickly health could be restored after the x-ray showed a distorted atlas, and it was corrected.

What hurts me is that many of these people drive 100 or more miles to get an atlas adjustment. Most of them had been manipulated locally and became discouraged. It took someone who knew what a true adjustment really is to bring them back to the science, so that they could become natural. I have learned and practice a science, and getting people well daily is proof.

This is the case of a young man. After a short illness, he lost control of his limbs, first his legs, then his arms. He had to be held up on crutches and could not feed himself. Several months of MDs and hospitals, but no cause found. He came to me for help. As usual, a precision x-ray showed a severe atlas subluxation. A Grostic adjustment, and later attention, checking, adjusting, and x-ray checking, and we secured an assessment. In a few weeks, there was great improvement, and in six months, he was able to walk and write with free hand control, completely well. He began to drive a truck, and to this date, he is still driving trucks—25 years later.

I have had hundreds of low backs, many diagnosed disk problems and found the majority have completely recovered, with an occasional check when they are doing heavy work. Always a precision x-ray and specific atlas adjustment, and they were completely reduced. However, most always severe rotation of axis and many lower cervicals with a slant of 10 to 12 degrees from vertical. Many whiplashes, usually bad atlas side-slip, also lower cervical vertebrae rotation with the bad slant—atlas adjustment and complete recovery. I wish to mention here, I find many badly rotated atlas's as a result of sleeping habits, especially from the use of a "sponge rubber" pillow.

A body standing with vertical lines straight with gravity pull would show horizontal lines at right angles, such as shoulders, hips, feet, even the eyes, and jaws. An atlas subluxation causes spinal distortions, throwing certain lines off balance and horizontal off of lever. With the atlas maintained in assetment, usually, observation can discern lines in order. Of course, abnormal anatomical conditions are a consideration.

Since muscle tone is the balancing factor, nerve interference could cause muscle imbalance, and thereby, much distortion. Millions of distorted spines have been put in order by an atlas specific adjustment, which is without a doubt the causative factor. I am only trying to show that one should always look for the cause and leave the treatment of effects to those not knowing the chiropractic science. Spinal distortion gives cause to lengthening the spinal cord, and in the accommodation, can cause traction on the vertebral arteries and brain—think of such effects.

My 50 years of experiences has given me reason to express myself. Much research has proven this principle to my satisfaction, and Dr. Gregory's classes are the best. If you wish to be serious-minded about chiropractic, it is the place you should go. I have been very truthful in my statements and have gone to the trouble of writing this so that you may know what scientific chiropractic means to the future of the science.

I will never be rich, but I have been abundantly supplied without splashing a great deal. My wife Jeanette has been with me in my office continuously and shared all of these experiences and many others that we didn't have space to describe. My daughter,

Jeanne Schemm, who has two sons, has shared in many chiropractic experiences since her husband knows and practices scientific chiropractic. One of my greatest prides is having George, my son, practicing with me. He is doing even better, following the research and chiropractic politics, to progress the science, and his scientific chiropractic is superb. I am absolutely dedicated to the science, with many happy thoughts about the thousands of patients I have attended over the years with "True Chiropractic". I am very closely related to many families within a radius of 150 miles.

Now, a short story of my life. I was born in Aberdeen, Washington in 1893, where I lived with my father, mother, one brother, and three sisters. I am now the last one to survive. My father had a timber claim in the vicinity, and during the Klondike strike in Alaska, he sold out and went to Alaska, shipping his family back to Pennsylvania, where he and my mother originated. I was raised in Brockway, Pennsylvania. I finished school there. I also had a year of business college. Then I went to Pittsburgh, and in a short time, I enlisted in the Marines for three years. I returned to Oregon, to the homestead. During the First World War, I was sent to France for two years and was married there. Later, I went back to Boise, Idaho for three years, and in 1923, to the PSC.

I have had plenty of excitement in my life, but none to compare to my experience in chiropractic, and I am still going stronger than ever—just 81 years old, and believe me, life is still worthwhile. I love chiropractic and have a wonderful feeling for "True Chiropractors".

I have had much experience with MS, and I am sure that most of them had some results, many with very noticeable results, and four complete cures. All of them were very far advanced, using crutches with extra aid to get around. The four complete cures were in the last group, having been under the care of many doctors and three or four hospitals, and diagnosed incurable. The ones who recovered had results very quickly. In three or four weeks, they were able to walk and enter their place in life. They were all x-rayed with precision and adjusted the atlas with very specific technique.

I know many chiropractors have these experiences and how nice it would be if we were associated to compare notes and definitely define the adjustic care, to relate them as we have done in years past. Chiropractic must be established as a science to survive in these days of research.

The History of My Life With the Atlas

by Roy W. Sweat, D.C.

I graduated from Palmer College in 1949, and in 1952, I began a course of study under Dr. John F. Grostic in Ann Arbor, Michigan.

I was successful in taking pre and post x-rays with 100 percent reductions of the subluxations. Dr. John F. Grostic asked me to help him present his hand adjusting seminars in the late 1950s. I assisted Dr. John F. Grostic until his death in 1964.

In 1965, we organized the Grostic presentation seminars in Atlanta, Georgia. I made our first Atlas Orthogonal Adjusting Instrument in 1970. In 1980, I organized the Atlas Orthogonal Programs and have presented these seminars through the present time.

I would like to take this opportunity to pay my thanks and respect to Dr. Ralph Gregory and his wife Ruth. Dr. Gregory was already an instructor in the Grostic Programs in the late 1950s and was always very friendly and helpful to me. I appreciated him very much.

I would like to give my respects to all the present members of NUCCA and their organizations.

In my opinion, NUCCA is our closest ally, and I think the NUCCA Association is doing a great job for chiropractic.

The Fox Clinic of Chiropractic

by Corbin C. Fox, Jr., D.C.

I have been a patient of chiropractic since about 1933, when I was 12 years old. My father had gotten benefits from chiropractic about that time from Dr. Billy Brownell, B.J. Palmer's nephew, who practiced in Washington, D.C. and had such patients as General Eisenhower, and other Washington dignitaries, over the years. Our story of how we got involved in chiropractic is a story in itself. My father, after receiving such dynamic results, was like an evangelist. During the depression, he had to take any job that he could, and he was driving a laundry truck. From time to time, his arms would go numb, and he would have to pull over to the side of the road and hang his arms down until he could use them. His customers would tell him that he should try chiropractic. My mother was a nurse, and we knew nothing about chiropractic. My mother asked our family physician what he thought, and the old rascal said: It might help in some cases, but it probably won't help in this case. As we know, a medical physician is not qualified to make a chiropractic determination. Anyway, on or about sometime in 1933, Dad did consult with Dr. Billy Brownell and began chiropractic care. His results were dramatic. In a short time, he was like a new man. My mother had neuralgia of the neck and shoulders, and was sometimes like an angry bear. Dad talked to her. She did not want to go, but through his persistence, she finally told him that she would go just to shut him up. When she did finally go to Dr. Brownell, she, too, got dramatic results, and like a lot of us who have chosen chiropractic as a career, was just as dynamic for chiropractic as she was against it. As a result, at the age of 40, Dad decided to become a chiropractor. In July of 1936, Dad, Mom, my youngest brother, and I all went to Davenport, Iowa to enroll Dad at Palmer. After getting him settled, Mother and my brother, Gene, went back to Washington, D.C., where my mother had a job with the Commerce Department so she could help Dad get through school. As I mentioned, we were still in the middle of the depression, and everyone was struggling to keep above water. Even Palmer was doing all it could to keep going, and one of the things they did was that B.J. Palmer started a mop factory there, as well as some other jobs that the students could do. One of the jobs that Dad had was a busboy in the Black Hawk Hotel Restaurant. They didn't pay him any money, but they arranged for him to get two meals a day. He arranged for me to have one of those meals, and I can't tell you how many meals I ate in the kitchen of the Black Hawk Hotel in 1936-'37. There weren't many places that I didn't know in the Black Hawk. I went just about every place that one could go to, and I knew the intricacies of the Black Hawk. I got to know the head bellman and wanted to be a bellhop, but I was only 14 at the time and was not old enough. I did work the coatroom from time to time at night, and that is a story by itself. I attended Sudlow Elementary School the year that I was there as well, as attend the St. John's Episcopal Church on Brady Street. This brings to mind many additional memories.

After Dad graduated in 1939, having to drop out of school

because of finances for a time, he did complete his D.C. degree, and to summarize, he did practice for about 30 years in Harrisburg, Virginia.

I graduated from Western High School in Washington, D.C. in February of 1942, which was the first graduating class following Pearl Harbor. On December 7, 1941, I was working as a motorcycle messenger for Radio Corporation of America and can remember riding down Massachusetts Avenue in Washington, watching the Japanese burning their classified papers.

January 1943 found me in the Army Air Corps, until I transferred to the Office of Strategic Services, now known as the CIA, where I served in Washington, D.C. for 13 months and lived at home on rations and quarters, since there were no facilities to house the military personnel. I was sent over to Sri Lanka (Ceylon), where I spent the remainder of WWII with the OSS. After discharge, I tried a number of jobs.

In the meantime, Dad had been trying to persuade me to become a chiropractor. After working with the Remington Rand Corporation as a tabulator mechanic for about two years, I came to the conclusion that if I worked there for 25 years, I would still be doing what the other men who had worked there for 25 years were doing. I finally got the "big idea," as B.J. Palmer used to say, and all I could think about was becoming a chiropractor. Since being there in 1936-'37 with Dad at the age of 14, I would hang around the school whenever I could. It was a fascinating place. I never dreamed that I would be going back 10 years later as a student. I remember that there were epigrams painted wherever there was a wall for them. They even had them in the elevator shafts. These epigrams had a lot of influence on my life, and they still do. One of the epigrams read: Why these epigrams? What is before you is read, what is read is thought, what is thought is acted, and what is acted is you. Each had to have something to say. I was very upset when Dr. Dave Palmer had them all painted over. They made Palmer unique, and I know that they did influence many people.

Just a little aside. I was very sickly as a child and would contract bronchitis for about two weeks every year and would have to stay out of school. I found it very difficult to breath. Fortunately, as I said earlier, after Dad got under chiropractic care, he took my brother and I to Dr. Brownell, and my general health improved dramatically. I was still having marked headaches on too regular a basis. During my military service, whenever I would be transferred, I would try to look up a chiropractor to get adjustments. I had a variety of different chiropractic procedures used on me throughout the country. I am thankful for this care.

However, in September of 1953, I was introduced to Dr. John F. Grostic in Ann Arbor, Michigan. He would hold his seminars in the basement of the Masonic Temple, which he did for several years. At that time, it was difficult to find a place that would meet his specifications, as Ann Arbor was a small college town with the University of Michigan located there. There were not too many overnight facilities in Ann Arbor at the time, although there has been great growth since then. We used to stay at a small hotel known as the Allenell Hotel. It was really antiquated and remained that way until it was torn down some years later.

I remember four of us drove to Ann Arbor for the first time. I had just bought a 1953 Studebaker Ambassador, which was the largest one they made. In our group of four, there was: Dr. Ed McGinnis of Sumpter, South Carolina; Dr. R. C. Bolan of Greenwood, South Carolina; Dr. Will Starr of Batesburg, South Carolina; and myself, from Georgetown, South Carolina. I believe we arrived on Saturday, and all of us were x-rayed and adjusted. The next week showed one of the greatest improvements in my health and well-being since I had begun chiropractic care in 1933. My health just turned around after having my Atlas adjusted back to normal, which was confirmed by the post x-ray. On Sunday, after getting checked, we all drove to Detroit and visited the Ford Museum, the Ford Rotunda, and Greenfield Village, and then went to Windsor, Ontario, Canada. None of us had been to Canada, so we went there. We ate and came back to the states. I remember we went over on the bridge and came back via the tunnel.

September 1953 was the beginning of probably one of the most exciting and challenging 11 years of my life. Dr. Grostic's elementary class began on Monday at 9:00 a.m. and went to 12:00. We then broke for lunch and came back at 2:00 p.m. and went to 5:00 p.m. We then broke for supper and came back for the evening session, which many times went to 11:00 p.m. This lasted until 12:00 p.m. on Saturday. Dr. Grostic contracted to give us 40 hours, but in his desire to give us a baker's dozen, we were quite often there until late at night. Dr. Grostic wanted us to be prepared to render the best service to our patients. One of his objectives, which unfortunately was never realized, was to have doctors in each state who were certified and would be able to help others to come along faster than we did.

After completing the elementary class, it would be necessary for us to qualify in order to get into the next class. Dr. Grostic would have four classes per year. The elementary each September, and then in October, we would have another class for those who had already completed the elementary class. We also had another class in April, and then one in May that he called the Advanced Class, where he would go into the greater intricacies of his work. In order to qualify, we would have to send in two cases that we had had about 60 days prior to the class starting. He had a series of forms that we would have to complete, and we had to meet a standard in order to qualify. We had to have a lateral, nasal, and vertex film, and we would have to analyze these films and fill in the forms. In addition, we would have to send in two alignment films to show that the equipment was in alignment. He had these forms marked to within 1/32 of an inch. The pre and post nasal and vertex did not have to be reduced to 100 percent, but would have to be accurate in the analysis. He would then go over all of the films himself to see the accuracy of the analysis. It would take Dr. Grostic about 300 hours to prepare for each class, as he would analyze the films and then grade each set. Then during class, he would go over each set so we could see where we were. He would block out the names on the films so we would not know to whom each belonged. I really liked this, because it held us accountable as to the accuracy of the work that we were doing. It would keep us on our toes. Dr. Grostic had a picture of the three-legged stool, somewhat like an old-fashioned milking stool, to which he assigned values as to his work. He said which leg was the most important. Of course, all of them were important in their respective places. The first

leg was for x-ray procedure, which included everything from first setting up the equipment, to setting the patient up for the films which was 40 percent. The next leg was the analysis of the films, which was 40 percent. The last leg was for the adjustment. Most chiropractors are adjustment happy, but he believed it was more important to have a good analysis and a poor adjustment, rather than a poor analysis and a good adjustment. His findings were that the more competent one became, the more dangerous he became if the analysis was not correct. In the elementary class, he spent more time on setting up the equipment and analyzing the films. About the last day of the class, he would go over the adjustment, including the 7 point roll-in for the hand adjustment. Then, in the next classes and the advanced classes, he would not only have us work on analysis, but he would go into the details of the roll-in, the adjustment, and the settleback of our body to complete the adjustment. Dr. Grostic had two parts to his philosophy: 1. Have a superior service for a reasonable fee. 2. Does the glow of the view box outshine the glare of the operating room?

Working with Dr. Grostic was an older retired chiropractor, Dr. Earl Striplin. Dr. Striplin had successful practices in Michigan and Louisville, Kentucky. When he found out about the Grostic work, he went into it with all his effort. He did not have to learn the work, but he wanted to do the best for his patients. When he was in Ann Arbor for the classes, he was like a mentor to each one of us. He would call the class to attention. He had a yardstick, and he would slap the yardstick on the table several times to get our attention. I don't remember how many times he told us this, but he had a saying which is still with me: How wonderful are our opportunities, and how great is our responsibility. He would say this at every class. Dr. Earl always went that extra mile. Not only would he be present at all of the classes, but between times, there would be a group of us from North Carolina, South Carolina, and Georgia who would meet with him on the weekends, sometimes in Greenville, South Carolina at Dr. L. B. Sims Clinic; other times in Atlanta, at either Roy Sweat's or T. O. and J. K. Humber's office in Atlanta. We also met at his house in Sarasota, Florida where he would work with us on the settle back and hand roll-in. He put out more effort than any of us did. He would drill, drill, drill us. When he first began to do the work, he would go to a motel and spend the weekend in there by himself, where he would not be disturbed, and drill, drill, drill, until he had mastered the work. This was by a man who was a successful chiropractor in every sense of the word, one who didn't have to do this. Dr. Earl Striplin was a great model for us to follow.

Another man who helped Dr. Grostic, was Dr. Ralph Gregory, founder of NUCCA. When I first went to Ann Arbor, in September of 1953, and began my first class, I met Dr. Gregory. I remembered that I had met him years before at Palmer when I was 14. He was in the same class as my father. If I remember correctly, Dr. Gregory had a heart condition, and on many occasions, Dr. Grostic would have to drive to Monroe, Michigan, where he would find Dr. Gregory lying on the floor. Mrs. Gregory was a small woman and was not able to lift Ralph onto the adjusting table. Dr. Grostic would have to lift him onto the table and adjust him. As I understand, he would come out of the heart attack. This happened on a number of occasions, as I understand it.

Another man who was most helpful to Dr. Grostic was Mr. Travis Utterback. Travis lived in Bedford, Indiana where he was a supervisor at the Bedford Arsenal, in the machine shop. If anyone knows any more details about Travis, perhaps, they can correct me if I am wrong. Travis had a health problem, and I am not sure just what it was, nor do I know the circumstances that led him to chiropractic. It is my understanding that it was a life-threatening problem. Dr. Pat Dayton was an old-time chiropractor who helped pioneer the GPC movement. This stands for God, Patient, Chiropractor, and those who were involved with this procedure had no set fees and would let patients decide their payment based on the honesty of the patient. Travis Utterback got such outstanding health benefits under Dr. Dayton's care that he really wanted to show his gratitude, and working with Dr. Grostic, he began making the Grostic equipment under Dr. Grostic's recommendations. Travis resigned his job at the Bedford Arsenal and outfitted a machine shop in Bedford. He began to manufacture the Grostic equipment. He would do everything, from casting the aluminum head clamps, to machining the parts and assembling them. He would also go to a doctor's office and install the x-ray equipment and align it according to Dr. Grostic's specifications. Travis Utterback was a unique individual and there wasn't anything that he would not do to help those doctors who were in the Grostic work. During the classes in Ann Arbor, Travis would bring his equipment and set it up for exhibit, and also, for training purposes. Dr. Grostic was always making us conscious of the safety of the patient during x-ray procedures, and Travis began to make lead-lined panels. These panels were 4'x8', and Travis would come in lugging those heavy lead-lined panels until Dr. Grostic suggested that he make a mock-up and leave the lead out for demonstration at the classes. For a long time, Travis was kidded about that. Travis had a good sense of humor, and not only did he pull practical jokes on the doctors, but he was also the recipient of the doctors' jokes. Travis was an outstanding guy, and we all loved him. He was a very important part of Dr. Grostic's team. We were all sorry when he decided to retire and move to Arizona.

I apologize if I seem to be rambling and do not have this organized, but I am writing down my thoughts as I think them. Dr. T. O. Humber of Atlanta, Georgia became interested in the work about 1951, and I could be wrong as to the correct dates. I believe, he took the work in Louisville, Kentucky at Dr. Earl Striplin's office when Dr. Grostic was on the road with his presentation. After Dr. T. O. became interested in the work, he introduced Dr. Roy Sweat, also of the Atlanta area. Both of these doctors had been full spine adjusters, but when they studied this work, they both moved to the Atlas only. After taking the work, T. O. and Roy, who were the best of friends, would meet once a week in Atlanta and spend the day working to perfect the procedure of the hand adjustment. T. O. and Roy were probably the best adjusters in the Grostic work. Dr. Grostic included in his fee of \$75 for the week, professional care, which is one of the things that I looked for when I went to Ann Arbor. T. O. and Roy would adjust each other when necessary, and they had a bet that when they came to Ann Arbor for the classes, that they would have Dr. John check them. If either one was out of adjustment and needed to be adjusted, the other one would have to buy him a dinner. If I remember correctly, they were always in adjustment. This is what I discovered – for those who had someone to

work with them between classes, they were the ones who made the fastest progress in becoming efficient in the adjusting procedure.

Getting back to what I have been saying about Dr. T. O. Humber and Dr. Roy Sweat. I had the privilege of being in Dr. Grostic's last two classes in September and October 1964. I was in the elementary class, having taken my nephew to the class, and then in the last advanced class in October. In the October class, we had 58 people, and 28 of them were from Atlanta or Georgia, due to the influence of Dr. T. O. and Dr. Roy from Atlanta.

If it had not been for Dr. Grostic's research in the Atlas area, I probably would not be writing this letter. After first getting adjusted in September 1953, my health turned around, and I looked forward to each class, not only for the classes, but for the professional care that he rendered. There were times between classes that I needed to have my Atlas adjusted, and frequently in the beginning, I would drive to Charlotte, North Carolina and catch an Eastern Constellation to the Willow Run Airport in Detroit. I would arrive about 6:30 a.m. and would catch a cab to Ann Arbor and be on Dr. Grostic's doorstep before he got to the office. Some people cannot understand the importance of my making the trip just to get my Atlas adjusted, but it kept me in good health. Now I have to go to Atlanta for Roy Sweat's excellent care when I need my Atlas adjusted. I am extremely careful as to who adjusts my Atlas. There have been only a few occasions when I would let someone manipulate my neck, and on several occasions, it has taken Dr. Roy greater effort on his part to get me corrected. But I do thank Dr. Roy Sweat for all that he has done, not only to help me, but for the monumental efforts that he has done to carry on Dr. Grostic's work for the profession. And those of you young doctors should be grateful to Dr. Grostic first, and Dr. Roy Sweat next, for keeping this work going.

There are three other case histories that I would like to share for the benefit of some of the young doctors or anyone who might be interested. In the body of this tome, I told about the story of my son Gerry when he was 16 months old and had a persistent cough, which cleared up after taking him to Ann Arbor and adjusting him under the supervision of Dr. Grostic.

Soon after my wife, Dr. I. Faye Fox, delivered our son Gerry, she developed a problem where she was not able to walk without marked pain in her lumbar region. She could not even lift her feet and was just able to shuffle along the floor with great pain. I adjusted her with the Grostic analysis and made little progress. I then took her to several very good full spine adjusters. I even went so far as to take her to a doctor in Lake City, South Carolina, which is about a two hour drive from Charleston. He did the very best that he could, with only minimal results. I then pre x-rayed her and sent the films to Dr. Grostic in Ann Arbor, Michigan for his analysis. I had analyzed the films before sending them to him. He agreed with my analysis which was just slightly different from her previous listings. After receiving the films back and adjusting her according to the new listing, in just a few days, the low back problem cleared up. She hasn't had any problem with that particular area since, and Gerry is now 38 years of age. The upper cervical procedure is superior to any other procedure in our profession.

In case number 2, I believe I have mentioned that all of our

children were x-rayed and adjusted when they were from one or two weeks old. Our daughter Lori, when she was just a few weeks old, developed colic. She was x-rayed with the Grostic analysis, and very shortly, she recovered and has not had any problem with colic ever since.

Lori was a very active child, and from time to time, she would be hit in the head with a ball or something which would knock her out of adjustment. When this happened, her head would invariably lay over to one side. This happened one time when she was about 10 years old, and unfortunately, I failed to check her this particular time. The next morning, she awoke with all of the symptoms of appendicitis. Her mother wanted me to call a medical doctor, but I said I would if necessary, but let's make sure that she is in adjustment first. I pre x-rayed her and found she had a major atlas subluxation. I began working with her about 9:00 a.m. and would adjust her and then have her lie in a reclining chair in my office while working with other patients. I worked with her until about 12:00 p.m., and finally, post x-rayed her, and the subluxation had been reduced substantially. Following the adjustment and post x-rays at noon, she went to sleep and slept for about three hours in the office. When she awoke she said she was hungry. She was fed and rested some more and was back in school the next day. She has never had a reoccurrence of the symptoms of appendicitis. That was about 23 years ago. Today, Lori is 33, and she and her husband are chiropractors in Dayton, Tennessee. If I had not known the Grostic procedure, I would not have known what to do for Lori. I am thankful that I was able to correct the subluxation. I think too often we take these cases for granted and forget how important it is to be able to correct the atlas vertebra.

As I write this, I am again reminded that we can see more results with an atlas correction than with any other procedure. Personally, it bugs me when I read these reports of how good we are with back pain. Chiropractic has so much more to offer than relieving pain. For 45 years, I have never given an adjustment to relieve pain. The purpose for which I adjust is to correct the cause of the problem. We need to tell more people just how powerful the power of God is in each living body.

Prior to going overseas, I met and married a Tar Heel from Black Mountain, North Carolina. When I decided to go to Palmer to become a chiropractor, both Faye and I entered chiropractic college together, and we both got our D.C. degrees. After completing my Doctor of Chiropractic degree in 1949, I opened up in Georgetown, South Carolina, where I practiced until May 14, 1956. When we were at Palmer College of Chiropractic, I heard about Dr. John F. Grostic's work. Dr. Grostic had graduated sometime in 1936 and had spent from 1936 to 1946 researching and developing his work. He started presenting it sometime in 1946. There was a student from Palmer who had apparently heard about his work and took it while still in Palmer. I can remember that, for many years, I suffered from severe headaches. I had all types of chiropractic procedures used to try to help me. I don't remember the student's name, or how I hapened to ask him about the work. He did attempt to adjust my Atlas, although it was very crude. Like all of us, while in school, one hears about various techniques that are being used in the field. For some reason, this procedure stuck in my mind. I do remember that one of the doctors who took Dr. Grostic's early work was Dr. McClellan from Mesa, Arizona. I had heard that he was a very close friend

of the Palmer family and had taken care of Mabel Palmer while she was recovering her health for several years. I learned that Dr. McClellan had been very successful and had an outstanding reputation, not only as a chiropractor, but as a gentleman as well.

During my time in school and during Lyceum, which we now call homecoming, I would be a gofer for Dave Palmer and/or his staff. I learned that Dr. Mac was going to be there for Lyceum, and I looked forward to meeting him. Finally, I did meet him. After spending all day together, we were standing in front of the administration building near the clock and I said to him: Dr. McClellan, I have heard that you have taken the Grostic work. He turned to me and replied: Young man, I have been in practice for 25 years, and it is the first time that I have felt like I knew what I was doing. Now, that took a big man to say that and that stayed in my mind until September 1953, when I applied to Dr. Grostic for his procedures. I would have liked to have taken it before, but graduating, setting up practice, and getting some money together took me a few years. Getting back to Dr. McClellan briefly, Dr. Mac was a small dapper man who affected the western dress. He was deeply tanned, wore a western businessman's cowboy hat, and a very neat western-style dress suit. He had a small twisted and waxed mustache. He always looked impeccable. I remember that after I began the classes in September 1953, until Dr. Grostic passed away on October 31, 1964, Dr. Mac was always at the seminars, and what a friend he turned out to be. It is my understanding that he practiced way up into his late 80s. I have had patients who used to live in Mesa, Arizona who knew him and were his patients. He continued to have an outstanding reputation as a chiropractor and a gentleman. I don't know of anyone who did not like Dr. Mac. After Dr. Grostic passed away, and we had our first class in Atlanta, Georgia in May of 1965, I believe Dr. Mac was also in this first class.

There was another outstanding pioneer chiropractor who had her life saved by Dr. Grostic, and that was Dr. Tina Murphy from Little Rock, Arkansas. Dr. Murphy and her first husband graduated sometime in the '20s and always had a large practice. Dr. Murphy's first husband died at an early age, and Dr. Murphy continued to practice for many years. I am told that as a young woman, she had flaming red hair, and she was as fiery as her red hair. She helped to get one of the first chiropractic laws passed in the state of Arkansas, under some very difficult times. Later on, her health began to decline, and she just about passed away until one of her friends, Dr. Nell – I can't think of her name, but if I remember correctly, she was Dr. Roy Sweat's mother-in-law. I may be wrong about that, however – anyway, Dr. Nell tried to give her a Grostic adjustment, but Dr. Tina was a difficult case, and it was Dr. Nell who recommended she see Dr. Grostic. When she saw Dr. Grostic, after he adjusted her – and she couldn't see how a little peck in the neck could do much – she said that she went to her room in the Allenel Hotel in the afternoon, and when she woke up, it was late at night. She became one of Dr. Grostic's staunchest believers.

After a leader passes away, the group usually scatters. I can remember on October 31, 1964, when Dr. T. O. Humber called me and told me Dr. Grostic had passed away, it was such a shock to me that I came near passing out. It is difficult to describe the pain in my heart. Dr. John F. Grostic was not only a scientist in the true sense of the word, he was a gentleman, also in the true sense of the word. Dr. Grostic loved each one of us, and with his

method of record keeping for his procedure, he knew just how each one of us was progressing in his work. Words are not adequate to express my gratitude to Dr. John F. Grostic and what he meant to me those 11 years that I had the privilege of knowing him. I believe one of the reasons that Dr. Grostic's work progressed as it did, was the support that he got from his wife Grace. Even though she did not understand it, she was like a sounding board for him. She told him how he would have his work spread all over the floor, and she would not touch it, as she knew how important it was to the completion of his work.

As I mentioned, after Dr. T. O. Humber called and told me about his passing, the thought came to me as to just what would happen to his work and how we would carry on, as there was much to learn. I believe when he passed away, there were many things that he had not even begun to teach us. He was so far ahead of us in his research. He would invariably say sometime during his classes, that it is later than you think. It is my understanding, that he didn't think he would live long enough to complete his research.

We did not know just what would happen to the work following Dr. Grostic's passing. However, a group of dedicated Grostic doctors got together and put together a class. We had our first class in May of 1965, at the downtown Holiday Inn in Atlanta. Dr. Grostic had died intestate, which meant no one could get to his research papers. They were locked up for one year. However, Dr. T. O. Humber, Dr. J. K. Humber, and Dr. Roy Sweat, all of Atlanta, got together with Dr. C. T. Craven of Winter Park, Florida; Dr. George Wentland of Fresno, California; and Dr. Jim McAlpine and put together the first class. It took six men to do what Dr. John had done all by himself. Dr. Grostic would have been proud of them with the way they put the class together. They all worked hard for Grostic chiropractic. They put together an eleemosynary organization consisting of the doctors mentioned, along with Mrs. Grace Grostic, Johnny Grostic, and Cheryl Grostic as board members. This was known as the Grostic Presentations. This organization went on for several years and then was disbanded, and the Ortho-spinalogy group was formed. Unfortunately, there was some dissension among some of the leaders, and there was a split. It was during this time that Dr. Roy Sweat formed his Atlas Orthogonal Group. I was always distressed because all of the folks involved had so much to offer chiropractic in the upper cervical research, and I had friends on both sides.

We held our classes in the downtown Holiday Inn for about 10 years, meeting each May and October. We literally saw Atlanta build its tall buildings during this time. We actually watched the excavation and building of the Peachtree Plaza Hotel, as well as the Hilton Towers. I can remember when the Regency Hyatt's blue bubble was "the" place to be, but now it has been dwarfed by all of the other tall buildings. After about 10 years, we moved to the Airport Sheraton on Virginia Avenue, and it was almost like home as we met there so many years. I do not remember the dates. As I write this, it brings back many memories. I wish that I had the capacity of bringing all of these memories together.

Somewhere along this time, Dr. Roy Sweat began to develop his adjusting instrument, which has developed into quite a sophisticated adjusting instrument. Roy also began to put his work on computers, and he began to work with Georgia Tech engineers, mathematicians, and physicists to fine tune the work. With

all due respect to anyone else who is doing upper cervical research, I believe that Dr. Roy Sweat is probably one of the foremost upper cervical researchers that we have in our profession. I did forget to mention that after Dr. Johnny Grostic got his degree and began his research at Life College, that it was always a pleasure to sit under his teachings. I had known Johnny ever since he was a teenager and was proud of him as he began to research his father's work. One of Dr. Grostic's desires was to do computer research long before this was well known. This was one of the reasons why Dr. Johnny studied computer science. What a combination it would have been had they been able to work together to bring this to the suffering public.

I don't know if I have contributed much with my rambling, and if any of the readers of this epistle finds me wrong or inaccurate, please feel free to correct me, as I am digging out of the recesses of my mind.

I hope that the young doctors will be diligent to take up the baton and go forward and learn even more about the most complicated area of the spine, the Atlas and Axis vertebrae.

May God bless all of you, as you help the suffering masses who need this type of care.

In Memoriam

Dr. John D. Grostic



1943 - 1995

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Announcement

Dr. Michael D. Thomas announces the opening of his practice, Thomas Chiropractic Care, in Belleview, Florida. The practice opened in November of 1994.

Dr. Thomas graduated with research honors from Palmer College of Chiropractic in October 1990. He studied with Dr. Keith Denton in Monroe, Michigan until August 1991. Dr. Thomas has published papers in Manual Medicine and The Upper Cervical Monograph.

Dr. Thomas is also a founding member of the Academy of Upper Cervical Chiropractic Organizations and urges all upper cervical practitioners to become active in giving upper cervical work a voice in our profession.