

## The Harvey Lillard Story: Fact or Myth?

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The story of Harvey Lillard and the birth of the chiropractic profession is well-known. While some have suggested it is a mere myth, [similar cases](#) reported in the literature demonstrate that it is quite plausible. Here's how D.D. Palmer described the event:

"Harvey Lillard, a janitor, in the Ryan Block, where I had my office, had been so deaf for 17 years that he could not hear the racket of a wagon on the street or the ticking of a watch. I made inquiry as to the cause of his deafness and was informed that when he was exerting himself in a cramped, stooping position, he felt something give way in his back and immediately became deaf. An examination showed a vertebra racked from its normal position. I reasoned that if that vertebra was replaced, the man's hearing should be restored. With this object in view, a half-hour's talk persuaded Mr. Lillard to allow me to replace it. I racked it into position by using the spinous process as a lever and soon the man could hear as before. There was nothing 'accidental' about this, as it was accomplished with an object in view, and the result expected was obtained. There was nothing 'crude' about this adjustment; it was specific, so much so that no Chiropractor has equaled it."<sup>1</sup>

[DiDuro](#)<sup>2</sup> describes a series of 15 hearing-impaired patients (nine male and six female) ranging in age from 34-71 years. They were evaluated with [an audiometer](#)<sup>3</sup> at four frequencies and three standard decibel levels before and after a single chiropractic adjustment. At 40 dB, using the Ventry and Weinstein criteria, six had hearing restored, seven improved and two had no change. Unfortunately, the segmental levels adjusted and technique used were not reported beyond stating that "each patient received a high velocity, low amplitude thrust in the thoracic, lumbar spine and locomotor system, including extremities." The paper also cited papers in which improvements in auditory function were reported following adjustment or "manipulation."

[Terrett](#)<sup>3</sup> reviewed the literature concerning vertebrogenic hearing loss, noting that "a review of the medical and chiropractic literature suggests that hearing deficits may be associated with spinal joint motion restriction, spondyloarthritis, irritation of the sympathetic nervous system, decreased cervico-cerebral circulation and/or decrease in tinnitus. Search of the literature indicates that vertebrogenic hearing disorders are beginning to be investigated by medical researchers."

[Leboeuf-Yde, et al.](#),<sup>4</sup> noted improvement in hearing as one of several self-reported nonmusculoskeletal responses to chiropractic intervention. [Wagner and Fend](#)<sup>5</sup> reported a case involving a 36-year-old soccer player who developed deafness in his right ear and tinnitus after being hit in the head by the soccer ball. Following cervical (C2-C4), thoracic (T6) and SI joint adjustments, a "sudden improvement" in hearing was reported, and the patient could hear a whisper at a distance of 4 meters.

[Hulse](#)<sup>6</sup> described 62 patients suffering from vertebrogenic hearing disorders before and after chiropractic management. Results indicated that the hearing disorders were reversible as

demonstrated by audiometry and OAC (click-evoked otoacoustic emissions). The conclusion was that upper cervical chiropractic care was "the therapy of choice." In a retrospective long-term study, Hülse and Hölzl<sup>7</sup> reported on the outcomes of patients receiving spinal manipulation, including 49 with hearing impairment. They concluded that "a successful outcome after manual therapy is not based on a placebo effect."

[Svatko, et al.](#),<sup>8</sup> reported that 17 of 19 patients showing bilateral hearing loss had their hearing improve following upper cervical chiropractic care. And [Kessinger and Boneva](#)<sup>9</sup> published a case report involving a 75-year-old female who demonstrated improvement in audiologic function following a course of upper cervical chiropractic care.

Mechanisms postulated include sympathetic disturbances, central plasticity, and cortical, thalamic, and brainstem involvement. Whatever the neurological process involved, it's interesting to note that clinicians from such diverse locations as Italy, Germany and Russia have all observed cases in which hearing was improved or restored following spinal manipulation or chiropractic care. We may never know exactly what happened in the clinical encounter between Harvey Lillard and D.D. Palmer, yet it would be incorrect to dismiss Palmer's account as implausible.

### References

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MARCH 2012